

Agenda

Locality Board – Meeting in Public

Date: 2nd February 2026

Time: 4.00 pm – 6.00 pm

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

Chair: Dr Cathy Fines

Item No.	Time	Duration	Subject	Paper Verbal	For Approval Discussion Information	By Whom
1.0	4.00 – 4.05	5 mins	Welcome, apologies and quoracy	Verbal	Information	Chair
2.0			Declarations of Interest	Paper	Information	Chair
3.0			Minutes of previous meeting held on 1 st December 2025 and action log	Paper	Approval	Chair
4.0			Public questions	Verbal	Discussion	Chair
Place Based Lead Update						
5.0	4.05 – 4.15	10 mins	Key Issues in Bury	Paper	Discussion	Lynne Ridsdale
6.0	4.15-4.30	15 mins	VCFE focus – Bury Age UK	Presentation	Discussion	Ania Stark-Ketcher
Locality Board Priorities						
7.0	4.30 – 4.40	10 mins	Neighbourhood Working	Paper	Discussion	Kath Wynne-Jones
8.0	4.40-4.50	10 mins	Greater Manchester Commissioning intentions	Paper	Discussion	Will Blandamer
9.0	4.50 -5.15	25 mins	Mental Health			
9.1			Mental Health GAP Analysis	Verbal	Discussion	Will Blandamer
9.2			GMICB Mental Health commissioning priorities / intentions	Paper	Discussion	Will Blandamer
9.3			Bury Mental Health commissioning priorities / intentions	Paper	Approval	Will Blandamer
10.0	5.15-5.25	10 mins	Maternity report	Paper	Discussion	Cathy Fines

Integrated Delivery Collaborative Update						
11.0	5.25-5.30	5 mins	Integrated Delivery Board Update	Paper	Discussion	Kath Wynne-Jones
12.0	5.30-5.40	10 mins	Draft NCA Clinical Strategy and update on Clinical Led Model	Paper - members	Discussion	Alice Bloor/Lorna Allan
Committee/Meeting updates						
13.0	5.40-5.50	10 mins	Strategic Finance Group update	Paper	Discussion	Simon O'Hare
14.0	5.50 – 5.55	For Info	Population Health and Wellbeing update	Paper	Information	Jon Hobday
15.0	5.50 – 5.55	For Info	Clinical and Professional Senate update	Paper	Information	Kiran Patel
16.0	5.50 – 5.55	For Info	SEND Improvement and Assurance Board Minutes	Paper	Information	Will Blandamer
17.0	5.50 – 5.55	For Info	Primary Care Commissioning Committee update	Paper to follow	Information	Adrian Crook
Closing Items						
18.0	5.55 – 6.00	5 mins	Any Other Business		Verbal	
19.0	_____	_____	Date and time of next meeting in public - Monday, 2nd March 2026, 4.00 - 6.00pm on Microsoft Teams		_____	
		5 mins	Post Meeting Reflection		Verbal/All	

Meeting: Locality Board			
Meeting Date	02 February 2026	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
<p>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).</p> <p>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.</p> <p>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.</p> <p>Taking into consideration the above, a register of Interests has been included detailing Declaration of Interests for the Locality Board.</p> <p>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.</p> <p>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.</p> <p>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.</p>
Recommendations
<p>It is recommended that the Locality Board:-</p> <ul style="list-style-type: none"> • 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 2nd February 2026 and

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

OUTCOME REQUIRED <i>(Please Indicate)</i>	Approval <input type="checkbox"/>	Assurance <input type="checkbox"/>	Discussion <input type="checkbox"/>	Information <input type="checkbox"/>
APPROVAL ONLY; (please indicate) whether this is required from the pooled (£75) budget or non-pooled budget	Pooled Budget <input type="checkbox"/>	Non-Pooled Budget <input type="checkbox"/>		

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	<input checked="" type="checkbox"/>
Drive prevention, reducing prevalence and proactive care – supporting Demand Reduction through primary intervention, secondary preventions and tertiary prevention	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
Optimise Care in institutional settings and prioritising the key characteristics of reform.	<input checked="" type="checkbox"/>

Implications						
Are the risks already included on the Locality Risk Register?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
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	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>



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	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
N/A		



Committees and Sub-Committees

Locality Board

Declaration of Interest as per policy:
 - Concur 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 Planning Board		X	Direct	Member	15/01/2025			
				No Barriers Foundation		X	Direct	Trustee		Present		
				CAFOD Salford		X	Direct	Member		Present		
				Calderin Association		X	Direct	Member				
				USCAM		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
Health Watch Oldham	X		Direct					Manager	Aug-20	29-Jul-24		
Prody Life Trust	X		Direct					Employed		Present		
Action Together CIC			Direct					Employed		15-Jan-25		
The Derby High School			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	Jan-07	Present		
Bury Council		X	Direct					Councillor		Present		
Business in the Community		X	Direct					Member	July 2023	Sep-23		
The Christie NHS Foundation Trust			Indirect					Related to Spouse		Present		
Labour Party			Direct					Member		Present		
Cllr	Smith	Lucy	Executive Member of the Council for Children and Young People	Community in the Union			Direct	Member		Present	As per policy - see details above	
				Co-operative Party	X		Direct	Member	Jul-24	Present		
				Socialist Health Association			Direct	Member		Present		
				Good Campaigns Company	X		Direct	Employed	Jul-24	Present		
				Campaign for Labour			Direct	Member		Present		
				GMB Union			Direct	Member		Present		
				GP Federation	X		Direct	Practice is a member	2013	Present		
				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	Subsidiary to employed		Present		
				Northam Care Alliance			Indirect	Partner is a Director at the Northern Care Alliance	2019	Present		
				Bury Council		X	Direct	Chief Executive	Mar-23	Present		
Dr	Fines	Cathy	Associate Medical Director and Named GP	Stratford Shore Holdings LTD	X		Direct	Director	Apr-19	Present	Declaration of interest as per policy as detailed above (Y,Y,Y,Y)	
				None Declared				Nil Interest	Aug-24	Present		
				Great Sport			X	Direct	Trustee	2018		Present
				FC United			X	Direct	Director	2021		Present
				Associate Director of Nursing, Quality & Safeguarding			Indirect	Partner is a Director at the Northern Care Alliance	2019	Present		
				Chief Executive for Bury Council		X	Direct	Chief Executive	Mar-23	Present		
				Locality Finance Lead	X		Direct	Director	Apr-19	Present		
				Director of Finance/Section 101 Officer				Nil Interest	Aug-24	Present		
				Chief Officer for Strategy & Innovation				Trustee	2018	Present		
				FC United			X	Direct	Director	2021		Present
				As per policy - see details above (Y,Y,Y,Y)								
				Voting Members (Aligned & Non-Pooled Budget)								
Dr	Howarth	Vicki	Medical Director - Bury Care Organisation, NCA	Unihubs 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)	
				Tameside and Oldham Integrated Care NHS Foundation Trust	X		Direct	Bank Consultant Histopathologist performing Coronar Post	2015	Present		
Francis	Joanna	Nina	Divisional Managing Director - Bury Community Services Division	None Declared				Nil Interest	Nov 23	Present		
				None Declared				Nil Interest	Nov 23	Present		
Alan	Lorna	Chief Digital and Information Officer Digital Services, NCA	Trustee at St Leonard's Hospice in York			X	Direct	Trustee	Dec-23	Present	As per policy - see details above (Y,Y,Y,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)	
				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		
				None Declared				Nil Interest	Nov 23	Present		
Hargreaves	Sophie	Helen	Chief Operating Officer, Penine Care NHS Foundation Trust	Manchester & Trafford LCO			Indirect	Spouse works as Transformation Manager	Sep-18	Present	As per policy - see details above (Y,N,N,N)	
				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		
Blandamer	Will	Deputy Place Based Lead & Executive Director Health and Adult Care	Anton on Mesley Football Club Trafford		X	X	Direct	Chairman	2024	Present	As per policy - see details above (Y,Y,Y,Y)	
			Manchester Football Association		X	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			
			None Declared				Nil Interest	Nov 23	Present			
Richards	Jeanette	Jon	Executive Director of Children and Young People, Bury Council	None Declared				Nil Interest	Nov 23	Present	As per policy - see details above	
				None Declared				Nil Interest		Present		
Bulman	Richard	Richard	Director of Public Health	None Declared				Nil Interest	2025	Present	As per policy - see details above	
				None Declared				Nil Interest	2025	Present		
Crick	Adrian	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)
				None Declared								
Non-Voting Members												
Wynne-Jones	Kath	Chief Officer, Bury Integrated Delivery Collaborative	MMU Coaching and Consulting	X			Direct	Director	July-21	Present	As per policy - see details above (Y,Y,Y,Y)	
			Riscoe and Biscoe CIC	X			Direct	Director	Nov 23	Present		
			The University of Manchester - Elizabeth Garrett Anderson programme	X			Direct	Tutor	Oct-22	Present		
Richardson	Shaft	Chief Executive, Bury Hospice	None Declared					Nil Interest	Mar-25	Present		
			Bury GP Practices Limited	X			Direct	Chief Officer & Director	Jul-21	Present		
Beestley	Mark	Chief Officer	Greater Manchester GP Federation	X			Direct	Director	Oct-21	Present		
			None Declared									
Invited Members												
Cllr	Smith	Mike	Attendee of the Locality Board as Leader of Radcliffe First	Angels and Anches	X		Direct	Director	16/10/2009	Present	As per policy - see details above (Y,Y,Y,Y)	
				St Philips Community Centre Radcliffe		X	Direct	Member of Sub Committee	Jul-24	Present		
				Androsing 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 Lifer Power		X	Direct	Member	2019	Present		
				Growing Older Together		X	Direct	Member	2019	Present		
				Conservative Councillor Association		X	Direct	Member	Jun 25	Present		
Cllr	Arif	Shahbaz	Cllr Bury Council, Conservative Leader	Conservative Muslim Forum			X	Direct	Member	June 25	Present	
				None Declared								

Meeting: Locality Board			
Meeting Date	02 February 2026	Action	Approve
Item No.	3	Confidential	No
Title	Minutes of the Previous Meeting held on 1 st December 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 1 st December 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:- <ul style="list-style-type: none"> • 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 <input checked="" type="checkbox"/>	Assurance <input type="checkbox"/>	Discussion <input type="checkbox"/>	Information <input type="checkbox"/>
APPROVAL ONLY; (please indicate) whether this is required from the pooled (S75) budget or non-pooled budget	Pooled Budget <input type="checkbox"/>	Non-Pooled Budget <input type="checkbox"/>		

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	<input checked="" type="checkbox"/>
Drive prevention, reducing prevalence and proactive care – supporting Demand Reduction through primary intervention, secondary preventions and tertiary prevention	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
Optimise Care in institutional settings and prioritising the key characteristics of reform.	<input checked="" type="checkbox"/>



Implications						
Are the risks already included on the Locality Risk Register?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
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	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
N/A		



Draft Minutes

Date: Locality Board – Meeting in Public 1st December 2025

Time: 4.00pm – 6.00pm

Venue: Microsoft Teams

Title	Draft Minutes of the Locality Board		
Author			
Version	0.1		
Target Audience	Locality Board		
Date Created	1 st December 2025		
Date of Issue			
To be Agreed			
Document Status (Draft/Final)	Draft		
Description	Locality Board Minutes		
Document History:			
Date	Version	Author	Notes
December 2025	0.1	Mrs E Kennett	Draft Minutes produced
Approved:			
Signature:			
		 Add name of Committee/Chair

Locality Board

MINUTES OF MEETING

Locality Board
Meeting in Public on Teams
1st December 2025
4.00 pm until 6.00 pm
Chair – Cllr O’Brien

ATTENDANCE

Voting Members

Cllr Eamonn O’Brien, Leader of Bury Council (Chair)
Dr Cathy Fines, Senior Clinical Leader in the Borough
Cllr Tamoor Tariq, Executive Member of the Council for Adult Care and Health
Cllr Lucy Smith, Executive Member of the Council for Children and Young People
Ms Lynne Ridsdale, Place Based Lead
Ms Lorna Allan, Chief Digital and Information Officer, NCA
Dr Nina Parekh (PhD), Divisional Managing Director Bury Community Services Division
Ms Winsom Robotham, Network Director of Operations, Pennine Care Foundation Trust (deputising for Ms Sarah Preedy)
Ms Helen Tomlinson, Chief Officer, Bury VCFA (Voluntary, Community, Faith & Social Enterprise)
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 Catherine Jackson, Associate Director for Nursing, NHS Greater Manchester (Bury)

Non-Voting Members

Ms Kath Wynne-Jones, Chief Officer, Bury IDC
Mr Mark Beesley, Chief Officer, Bury GP Federation
Ms Ruth Passman, Chair, Bury Healthwatch
Ms Catherine Wilkinson, Director of Finance, NCA

Invited Members and Observers

Cllr Arif, Conservative Opposition Party
Cllr Mike Smith, Leader, Radcliffe First
Mrs Chloe Ashworth, Democratic Services, Bury Council
Mrs Emma Kennett, Head of Locality Admin & Governance, NHS Greater Manchester (Bury)
Mr Ian Trafford, Head of Programmes, NCA
Mr Gary Malcolmson, Citizens Advice Bury & Bolton
Ms Katy Alcock, Interim Divisional Director of Nursing and Allied Health Professions
Bury Community Service
Dr Jason Raw, Elderly Care Physician, NCA

MEETING NARRATIVE & OUTCOMES

1.	Welcome, Apologies and Quoracy
1.1	The Chair welcomed all to the meeting.
1.2	Apologies were received from Dr Kiran Patel, Mr Stuart Richardson, Ms Sarah Preedy, Mr Simon O'Hare, Mr Neil Kissock, Dr Vicki Howarth and Ms Sophie Hargreaves
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 1st December 2025 and the previous meeting 3rd November 2025.

ID	Type	The Locality Board	Owner
D/12/01	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 3 rd November 2025 were considered as a true and accurate reflection of the meeting subject to a couple of minor amendments being made.
3.2	There were no further updates received in respect of the Action Log.

ID	Type	The Locality Board	Owner
D/12/02	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/12/03	Decision	Received the update.	

5. Place Based Lead Update	
5.1	<p>Ms Ridsdale presented the latest Place Based Lead update to the Locality Board. It was reported that: -</p> <ul style="list-style-type: none"> • In relation to the NHS GM transition, at the last Locality Board, the meeting received the draft NHS GM operating model for consideration. • Since the last Locality Board, the availability of a process and funding for redundancy of ICB staff had been confirmed nationally. This meant that in the context of the revised Operating Model, NHS Greater Manchester was required to deliver a 39% headcount reduction which was equivalent to 440 roles across the organisation. • NHS Greater Manchester has confirmed a timeline for the organisational change, including 2 phases of VR (before and after Christmas) with the deadline for applications for the first VR scheme being the 5th December 2025. The formal consultation on organisational restructure and a compulsory redundancy scheme would be undertaken as required following that element. • In the meantime, NHS GM Chief Officer restructure had now concluded. The final Chief Officer portfolios were confirmed as follows to be effective from 1st January 2026: - <ul style="list-style-type: none"> - Deputy CEO and Chief System Reform Officer: Colin Scales - Chief Clinical Officer: Manisha Kumar - Chief Finance Officer: Kathy Roe - Chief Healthcare Commissioning Officer: Katherine Sheerin - Chief Strategy, People & Partnerships Officer: Charlotte Bailey • In the light of the very significant challenges the ICB was considering moving into a formal Business Continuity and have indicated 4 key priorities for the second half of the year namely: - <ol style="list-style-type: none"> 1) Finance & performance 2) Reform 3) Strengthening our anti-racism culture 4) Getting ready for next year

5.2	<ul style="list-style-type: none"> In Bury as VR applications were submitted, there would be a need to assess the risks to resilience and sustainability of some local services and functions and provide mitigating actions as required. The Locality Assurance Meeting (LAM) took place on the 11th November 2025. It was noted that NHS Greater Manchester undertakes a regular assurance meeting of the performance of the locality team against a range of key indicators. This was a parallel process to the performance oversight meetings with providers. A focus of the meeting was financial performance of the NHS Greater Manchester Bury budget where it was recognised to be challenged through demand in relation to CHC/Complex Care packages but actually benchmarking well against other Greater Manchester localities in terms of performance, application of eligibility criteria and appropriate joint funding arrangements. The meeting also reviewed key indicators associated with the urgent care system, elective care, and mental health. The Bury partnership was commended for transformation and innovation and partnership in relation to urgent care, with the model of urgent community response (rapid response) particularly commended as class leading in GM. The Bury partnership was also commended for significant progress in key mental health indicators, particularly average length of in patient stay and reductions in delayed discharges. The partnership was commended for the work now moving quickly on advice and guidance in elective care and particularly the utilisation of consultant connect. <p>The following comments/observations were made by Locality Board members:-</p> <ul style="list-style-type: none"> NHS Greater Manchester (Bury) staff were commended for their efforts during this period of uncertainty/time of change. It was important to continue to support staff in the coming months as the local position becomes clearer.
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	Type	The Locality Board	Owner
D/12/04	Decision	Received the update.	

6.	VCFE focus - Citizens Advice Bury & Bolton
6.1	<p>Mr Gary Malcomson, CEO from the Citizens Advice for Bury and Bolton was in attendance to provide an overview of the key work undertaken by the service. It was reported that: -</p> <ul style="list-style-type: none"> Citizens Advice is an Independent charity providing local, regional & national services. It provided free, quality assured advice & information. Specialisms included Welfare Benefits, Money Advice, Energy, Housing and Community Care. The Bury office is situated in Castle Building in the Town centre with an office also available in Bolton. An out of hours advice service was also available 6-9pm daily. The number of clients and issues logged per ward was set out with Moorside and Radcliffe having the most issues requiring support. Neighbourhood engagement work is undertaken with established relationships in place between local, community and statutory services. In terms of health inequalities, it was known that people were not claiming all of the benefits they were entitled to. There is a well established link between health and poverty. A six month pilot had been conducted in Bolton targeting people thought to be eligible Attendance Allowance.

6.2	<ul style="list-style-type: none"> Local innovations being used involving IT, Digital and AI were set out. <p>The following comments/observations were made by Locality Board members:-</p> <ul style="list-style-type: none"> It was interesting to hear about all of the work being undertaken within this area to support the people of Bury and Bolton. This support received could improve individual circumstances and have a positive impact upon health. There was an opportunity for the work of the Citizens Advice to further link in with the work of GPs in the borough. It was noted that previously there had been Citizens advice presence within some GP Practices which had been really well received. It was agreed that a further conversation would take place with Dr Fines in relation to this matter. Healthwatch highlighted that they would be keen to work more closely with the Citizens Advice, Primary Care and VCFA in terms of the support available to residents. It was reported that there was a quarterly neighbourhood workshop scheduled to take place on the 8th December 2025 that Healthwatch would be welcome to attend. A query as to how experiences/issues within this area linked to poverty can be linked in with the Greater Manchester discussions in relation to the Marmot developments and the Health and Wellbeing Board discussions. There was also a need to consider her data/figures are reported into the key organisations/meetings to support the existing work and priorities. It was noted that there was a quarterly return submitted to the Council in this regard and there was ongoing work in terms of tracking trends and data sharing between organisations. There was a real opportunity as part of the Public Service Reform agenda to use this intelligence as part of the neighbourhood working model and Voluntary sector.
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ID	Type	The Locality Board	Owner
D/12/05	Decision	Noted the update.	
A/01/01	Action	It was agreed that a further conversation would take place with Dr Fines in relation to how the Citizens Advice and GPs can further collaborate.	Dr Fines

7.	Population Health and Wellbeing update
7.1	<p>Mr Hobday presented an update in relation to Population Health and Wellbeing update. The update included: -</p> <ul style="list-style-type: none"> Healthy Life Expectancy and Life Expectancy update Tobacco control update Winter vaccinations
7.2	<p>In relation to Life Expectancy, it was noted that this was 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.</p>
7.3	<p>There were Inequalities in relation to Life Expectancy in Bury with women likely to live longer than men and some areas having lower levels of life expectancy compared to others. The important causes of the gap in life expectancy within Bury were Liver diseases, Lung and other cancer, Heart disease, Accidental poisoning (including overdoses), Dementia, Other</p>

	external causes, such as accidents and Respiratory diseases, like chronic obstructive pulmonary disease (COPD).		
7.4	Healthy Life expectancy was a statistical measure of the number of years an individual was expected to live in good health, without significant illness and disability. This measure considered contemporary mortality rates and prevalence of self-reported good health		
7.5	There were a number of key actions undertaken within this area in the last 2 years which included 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 and Improving the uptake of screening.		
7.6	In terms of Tobacco Control, the Smoke-Free 2030 Government and Greater Manchester's 'Making Smoking History aims were set out.		
7.7	It was noted that smoking rates had risen, and inequalities in prevalence were widening. The Alliance would address these through 4 workstreams		
7.8	Overview of the Local Stop Smoking Services and Support Grant (LSSSG) Implementation 2024/25 was provided including the key deliverables for 2025/26. This included the availability of Allen Carr Easyway Seminars and collaboration with Bury FC to promote stop smoking support to fans and raise awareness in the community		
7.9	In relation to immunisations, the current status of the rollout programme was discussed in the context of the flu vaccine, RSV and Covid. Targeted work with GP Practices was being undertake in improve overall uptake rates.		
7.10	<p>The following comments/observations were made by Locality Board members:-</p> <ul style="list-style-type: none"> • These three areas of the Population Health agenda were good examples of where integration with partners was key in terms of striving towards improved health and wellbeing. It was important to ensure that the role of the Locality Board was clear in this regard in terms of how it links to the Health and Wellbeing and Children's Boards. • Bury was fairing better with vaccinations than other areas in Greater Manchester however improvements were still required and this would be discussed in greater detail at the next GP Engagement Event. • Some of this work could feed in to the risk stratification work being undertaken at the quarterly Neighbourhood workshops. • It was helpful to see this information in this format and there was a query as to how this information could be communicated with the workforce in terms of gaining their supportive innovations. It was noted that these conversations had taken place in the context of obesity and how the workforce could be used as an asset to drive change. 		
ID	Type	The Locality Board	Owner
D/12/06	Decision	Noted the update	

8.1 Integrated Delivery Board Update			
8.1	<p>Ms Wynne-Jones presented the latest Integrated Delivery update to the Locality Board which 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. It was reported that: -</p> <ul style="list-style-type: none"> • There was a requirement for each Locality to develop neighbourhood plans in line with national guidance by the 14th February 2025. 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. • 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 for the Committee were set out and was noted that a a highlight report from this meeting would replace the full performance report which will be received quarterly by IDC Board and Locality Board. • Work on strengthening communication channels had commenced. • 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 different lenses. • 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 continued before formal approval. 		
8.2	<p>The following comments/observations were made by Locality Board members:-</p> <ul style="list-style-type: none"> • That it was pleasing that there was a significant amount of work ongoing with the VCFE however was a need to ensure there was also a Children’s focus as well as that of all age as part of work programmes. It was noted that there was connectivity with the children’s work however this needed articulated as part of an overarching plan. 		
ID	Type	The Locality Board	Owner
D/12/07	Decision	Noted the update	

8.2 Operation of the Place Based Partnership Model	
8.1	<p>Ms Wynne-Jones submitted a slide deck in relation to the Evolution of the Bury Place Based Partnership. It was reported that: -</p> <ul style="list-style-type: none"> • The slide deck intended to update the Board on the emerging proposals from the Greater Manchester ICB, with regard to the development of Place Based Partnerships.

- The emergence of these proposals was key to inform how to take forwards the next stage of our partnership development within the Bury Locality.
- The significance of the 10 year plan was highlighted in the context of these proposals.
- There was a need to refresh the Bury memorandum of understanding.
- There are already 9 agreed principles for a new model of place-based working.
- We were able to describe what the function of place-based partnerships is.
- It was known that effective place partnerships required the contribution of all partners, and probably required a formal partnership agreement.
- Work had commenced to describe and agree what the role/contribution of NHS GM (as one of the partners) was to each of the 10 place-based partnerships in terms of skills and capacity.
- There was a need to describe on what place-based partnerships can rely on from the ICB strategic commissioning function.
- It was recognised that the precise configuration in each place might be different but, in the end, the operating model needed to describe a level of funding supporting the NHS GM contribution to the place partnership.
- The strength of Place lies in its diversity, not a single team, but a shared system where all contribute to transformation...
- 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.
- Alongside the emergence of the proposals for Place Based Partnerships, it was important to consider the proposed ICB workforce changes which were likely to see a 39% reduction in headcount. It was not yet clear how this would 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 would reduce.
- Once the exact resource allocation and structures were known, a Task and Finish Group would be established to oversee the next from an implementation perspective.

The following comments/observations were made by Locality Board members:-

8.2

- Given the significant reduction in resources as part of these changes, there was a need for a collective effort from partners to ensure the good work within the locality continues.
- There would be a challenge from a priority setting perspective given this reduction in available resources which could lead to some difficult decisions having to be made.
- There was a need to ensure that the Locality Board were regularly kept up to date with developments in this area given the potential for this impacting on programme/service delivery. It was noted that this would be monitored via the regular Performance reporting process which includes a number of key indicators.

ID	Type	The Locality Board	Owner
D/12/07	Decision	Recognised the likely asks of the Place based Partnership from GM ICB.	

D/12/08	Decision	Recognised 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.	
D/12/09	Decision	Considered any potential resource contribution from individual partners to a Place based delivery team.	
D/12/10	Decision	Considered any leadership gaps that may appear as a result of organisational restructures currently taking place.	
D/12/11	Decision	Considered how to 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.	

9.	Performance Report		
9.1	Ms Wynne-Jones Submitted the latest Performance report to the Locality Board		
ID	Type	The Locality Board	Owner
D/12/12	Decision	Noted the Performance report.	

10.	Hospital at home/VW Paper		
10.1	Ms Alcock, Interim Divisional Director of Nursing and Allied Health Professions Bury Community Service was in attendance to present a report in relation to the Bury Hospital at Home (Virtual Ward) service. Dr Jason Raw, elderly care physician was also in attendance for this item.		
10.2	<p>It was reported that: -</p> <ul style="list-style-type: none"> • The Bury Hospital at Home (Virtual Ward) service was set up in October 2022 and a paper was presented to the Locality Board in February 2025 to provide the background context of the National and Greater Manchester picture, and provide information about the Bury service. This paper is intended to provide an update to that information. • To date, the Bury Hospital at Home service has managed over 5,000 patients. • The service continues to manage patients across four mandatory Greater Manchester clinical pathways namely Frailty, General Medicine, Respiratory, and Cardiology and offers a 'step up' (admission avoidance) and a 'step down' (early supported discharge) model. • The service was a good example to support the 'left shift' agenda. • Patient experience feedback continued to be collected and continued to show high levels of satisfaction. In addition to the patient satisfaction ratings included in the last paper, more detailed patient stories and case studies have been collected. This included a recent patient story has been shared across Northern Care Alliance and 		

10.3	<p>Bury Local Authority of a Bury resident who had been managed in the service on two occasions.</p> <p>The following comments/observations were made by Locality Board members:-</p> <ul style="list-style-type: none"> • This service was a good example of how strong partnerships between Primary and Secondary Care can improve patient care, experience and outcomes. • Recent national data had shown Bury to have lower admission rates for older adults which was a huge achievement. • There was a need to continue to build on the successes of the Bury Hospital at Home service in terms of the wider voluntary sector involvement and communication. It was noted that the team were always looking for ways to innovate and improve to ensure that the best service is provided for the people of Bury. 		
ID	Type	The Locality Board	Owner
D/12/13	Decision	Noted that there was commitment across the Bury system to support to the continuation and ongoing development of the service.	

11.	Adults and Children Neurodiverse pathways		
11.1	<p>Mr Blandamer submitted a presentation that provided an overview of the current GMICB led transformation programmes relating to:</p> <ul style="list-style-type: none"> • Adult ADHD assessment and treatment pathways. • CYP neurodevelopment pathway redesign. • Financial recovery arrangements in relation to so called right to choose activity. • 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. 		
11.2	<p>The following comments/observations were made by Locality Board members:-</p> <ul style="list-style-type: none"> • A query as to who would be undertaking the triage and what the associated protocol would be in this regard. It was reported a specification was currently in development and this would be picked up as part of the procurement. • There was a need to take into account health inequalities within this area especially where there are services that rely on there being a diagnosis. • There was concern in relation to the increased demand for services and the impact this could have on Community Paediatricians. • The need to ensure that access to services are needs led which was important given the waiting times within this area 		
ID	Type	The Locality Board	Owner
D/12/14	Decision	Noted the update	

12. Strategic Finance Group

12.1	A written update would be provided at the next Locality Board meeting.		
ID	Type	The Locality Board	Owner
D/12/15	Decision	Noted the information	

13.	Clinical and Professional Senate update		
13.1	Members received a highlight report from the recent meeting of the Clinical and Professional Senate.		
ID	Type	The Locality Board	Owner
D/12/16	Decision	Noted the update.	

14.	Primary Care Commissioning Committee (PCCC) Update		
14.1	Members received a highlight report from the recent meeting of the Primary Care Commissioning Committee		
ID	Type	The Locality Board	Owner
D/12/17	Decision	Noted the update	

15.	SEND Improvement and Assurance Board Minutes		
15.1	The latest minutes would be circulated to Locality Board members outside of the meeting		
ID	Type	The Locality Board	Owner
D/12/18	Decision	Noted the update	

16.	Any Other Business		
16.1	There were no items raised.		
ID	Type	The Locality Board	Owner
D/12/19	Decision	Noted the information	

17.	Date and time of next meeting		
17.1	Date and time of next meeting in public - Monday, 2nd February 2025, 4.00pm at Bury Town Hall.		

Locality Board Action Log – December 2025

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

Date	Reference		Action	Lead	Status	Due Date	Update
21 st 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.
1 st 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	
1 st 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	Agreed at the agenda setting that this would be discussed further via the IDC Board.
1 st December 2025	A/12/01	Action	It was agreed that a further conversation would take place with Dr	Dr Fines		February 2026	Discussed at the GP Engagement Event

			Fines in relation to how the Citizens Advice and GPs can further collaborate.				
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Meeting: Locality Board			
Meeting Date	02 February 2026	Action	Receive
Item No.	5	Confidential	No
Title	Place Based Lead Update - Key Issues in Bury		
Presented By	Lynne Ridsdale – Place Lead, NHS GM (Bury) and Bury Council Chief Executive		
Clinical Lead	Dr Cathy Fines		

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

Links to Locality Plan priorities	
Scale our work on Population Health Management - Improve population health and reduce health inequality of those in the most disadvantaged areas.	<input checked="" type="checkbox"/>
Drive prevention, reducing prevalence and proactive care – supporting Demand Reduction through primary intervention, secondary preventions and tertiary prevention.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
Optimise Care in institutional settings and prioritising the key characteristics of reform.	<input checked="" type="checkbox"/>

Implications						
Are the risks already included on the Locality Risk Register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>



Implications						
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
N/A		



1) SEND - Bury SEND Improvement and Assurance Board

Work continues through the SEND Improvement and Assurance Board to improve outcomes for children, young people and families. The Bury SEND partnership board is expecting a reinspection at some point before Easter following the judgement in May 2024, and the focal point for the reinspection will be the extent to which Effective Action is being taken by the partnership as a whole against the performance improvement plan previously shared with the Board.

The partnership participated in an Area SEND engagement meeting led by CQC and Ofsted in October and the report from that meeting is attached for reference in Appendix 1 to this report. The partnership was able to provide assurance on significant action being taken and also recognised areas for further work and refinement. NHS partners will be pleased the progress made in waiting times pertaining to the SEND cohort and broadly good, and there are other examples of best practice reference particularly in relation to the SEND HV team in NCA.

The context for the improvement work on SEND is the Bury SEND Strategy and this is attached once again for reference of the locality board as Appendix 2 to this report.

The notes of the Bury SEND improvement and Assurance board are as always attached as a paper to the meeting. The more recent SIAB had a particular focus on the GM wide proposed ND pathway, and this was also the subject of consideration at the Health Scrutiny Committee on 28/1/26. Parents and Carers are particularly concerned to see details of the process of implementation of the triage process for the current and future waiting lists. We are working with partners including NCA, Pennine Care, and First Point who provide our ND hub, to explore opportunities for codesigning the process of triage such that it is undertaken in the full knowledge of the range of support arrangements in the borough. We recognise it is essential all childrens get the support appropriate to their needs.

Thanks to all partners, particularly NCA and Pennine Care for their continued support for this important programme of work.

2) NHS GM Transition

The transition to the new operating model and new organisational structure for the ICB is progressing rapidly. Last week saw the commencement of the 21-day consultation on structures following publication, and the departure of a number of valued staff under wave 1 redundancy. In Bury the proposed place-based structure, following the potential aggregation of some functions to pan GM portfolio, focuses on three pillars – neighbourhood working, new models of care, and a smaller place governance and administration function. I would like to place on record my thanks to the 10 staff from the Bury locality team who have left or are leaving under VR for their outstanding contribution to the partnership in the borough.

It will be noted that the potential to move NHS GM teams to an alternative employer is recognised in the consultation documentation but is not formally part of the consultation. Further work is required with partners on this point, including with organisations in Bury.

3) Place Partnership Agreement, Place Outcomes, and Place funding.

Work is progressing to inform the mobilisation of place-based working.

3.1 Place Partnership

The operating model for the ICB describes the requirement to strengthen the partnership commitments and accountability in each of the 10 places in GM. The Partnership Agreement will be the anchor for the entire Place Mobilisation programme, providing the single framework through which all other components are aligned.

The intention is to establish a consistent Agreement across all ten Places, while allowing each locality the space to reflect its own priorities and operational nuances. The ICB is reviewing existing locality partnership agreements to build from a familiar and credible foundation rather than starting from scratch. As part of this, we will consider where specialist legal and governance input, including support from Mills & Reeve, can strengthen the Agreement and ensure it is both robust and workable.

Alongside this, engagement has begun with Acute Trust Directors of Strategy, Local Authority Legal Officers along with Governance / Legal Services colleagues to ensure the Agreement reflects provider responsibilities, supports collaboration, and aligns with the emerging system operating model.

3.2 Place Outcomes

The partnership working agreement will be supported by a consistent set of place outcomes. It is intended the outcomes are SMART and system-relevant, making sure they reflect real pressure points, system aspirations, and can be evidenced through existing data rather than creating new burdens.

The agreed outcomes will be embedded directly into the Place Agreement, positioning them as the shared commitments partners will deliver against and the basis for demonstrating progress.

This will also support developing a simple, credible approach to tracking delivery, with the intention that this becomes the mechanism that will potentially replace POMs/LAMs, as a “Place Outcomes Framework”, once the outcomes and Agreement are bedded in.

3.3 Place Funding

The intention is deliver a single, coherent Place “Grant” that brings together out-of-hospital services, BCF elements, primary care enhanced services, Live Well programmes, VCFSE contributions, left-shift funding, and place workforce budgets.

Place Partnerships will hold direct budgets for key services, with risk and gain shared through the partnership and governed through the Place Partnership Agreement.

Hosting arrangements (anticipated to be local statutory partner) will likely be underpinned by Section 75 agreements, with further details to be worked up.

A transparent “jigsaw” view of total place spend will support joint decision-making and enable Place Partnerships to influence population spend beyond the scope of Place Funding alone.

The model will mature through continued co-production with partners, supported by dedicated workstreams as required, with the end state being a stable, trusted, and jointly governed funding framework that enables Place Partnerships to manage demand, improve outcomes, and shift resources upstream.

4) Team Bury Priorities 2026/2027

Team Bury is the partnership of statutory, voluntary and business partners in Bury seeking to drive forward improved outcomes for the residents in the borough in the context of the agreed Bury Let’s Do It Strategy. Team Bury has proposed the following key priorities for the year 2026/27.

- Good Level of Development
- Inclusive Economic Growth

Each part of the partnership structure in Bury, including for example the Community Safety Partnership and the Bury Business Partnership will be invited to reflect on their own contribution. The integrated delivery board will review and ensure all partners to the Bury Integrated Care Partnership are sighted on the opportunity to make a contribution to the priorities.

5) Funding of Independent Sector provision for routine elective care.

Locality Board members will be aware of the GM Stakeholder briefing from the ICB relating to information published on the website regarding temporary delays to NHS-funded care delivered by independent hospitals in Greater Manchester.

Due to financial pressures and high demand across the system, some independent sector providers of routine planned (elective) care have been asked to pause new routine NHS referrals and the start of new treatment pathways until **31 March 2026**. This temporary measure supports fair and clinically appropriate management of waiting lists across Greater Manchester.

The web information explains:

- Why some appointments at independent hospitals may be delayed or postponed and re-booked.
- Which services are *not* affected, including cancer referrals, urgent or time-critical care, emergency care, and ongoing treatment
- What patients should do if their symptoms worsen or they are concerned about their health
- Answers to some frequently asked questions

The information can be viewed on the [NHS GM website](#)

6) NHS GM Achievement of Undertakings Commitments.

I am pleased to advise NHS Greater Manchester has reached an important milestone in its improvement journey, demonstrating real progress across several core areas of system leadership and delivery. NHS England has now confirmed that NHS GM – the Integrated Care Board for the city region – has successfully met the undertakings it set out in July 2024 relating to governance, performance, quality, leadership, and programme management.

These achievements are the result of sustained effort across the partnership – including local authorities, NHS providers, primary care, the VCSFE sector, and wider community partners – and I extend a sincere thank you to everyone for playing their part in Bury and across GM.. This is a significant achievement in just 18 months.

Lynne Ridsdale
Place Lead NHS GM (Bury)
Chief Executive Bury Council
2/2/2026

Bury Area SEND Engagement Meeting
20 October 2025

Attendees:

Ian Hardman

Senior His Majesty's Inspector for Schools, Ofsted.

Bethanie Sidebottom-Milligan

Delivery Support Officer for Schools, Ofsted.

David Roberts

Children's Services Inspector, Care Quality Commission.

Jeanette Richards

Director of Children's Services, Bury Local Authority.

Beth Speak

Children's Improvement & Transformation Manager, Bury Local Authority.

Will Blandamer

Executive Director (Health and Adult Care) & Deputy Place-Based Lead.

Kirsty Jankowski

Designated Social Care Officer.

Wendy Young

Head of Service of SEND and Inclusion, Bury Local Authority.

Linda Evans

Director of Social Care and Early Help, Bury Local Authority.

Joanne McMaster

Designated Clinical Officer for Special Education Needs and Disability.

Jane Bernhardt

Chair of Parent Carer Forum and Bury2gether.

Robert Arrowsmith

Head of Strategy, Assurance and Reform Children's Services, Bury Local Authority.

Ben Dunne

Director for Early Years Education and Skills, Bury Local Authority.

Ian Trafford

Head of programmes, Bury Local Authority.

Petra Hayes Bower

Assistant Director of Nursing for the Northern Care Alliance (NCA).

Martin McAndrew

Director of Bury Together (Parent Carer Forum) and the Northwest Regional Director for the National Network of Parent Carer Forums (NNPCF).

The purpose of the meeting was to discuss SEND provision in your local area and: how the local area partnership is meeting the needs of children and young people with SEND in the local area; how you are improving services for children and young people with SEND and their families; to identify any issues of concern; and how the partnership is remaining up to date with any changes to the local SEND system.

You shared with us some aspects of the partnership's work, which you consider to be current strengths.

You told us about the 'change maker' group. This group has helped to establish a SEND strategy which has been coproduced with the parent carer forum. The group has also been central in creating an outcomes framework which is helping you to measure the impact of the partnership's work. We discussed partnership working and collaboration. You told us that there is a more-embedded partnership approach with ongoing challenge and support between partners. You said that partnership working is collaborative, which has led to improved communication between services.

You explained that there are now established mechanisms to capture children and young people's feedback. You told us that young people are therefore directly able to influence the partnership's strategic planning.

We discussed the following key strategic priorities in Bury:

1. Expanding feedback mechanisms across Bury schools.
2. Strengthening the voice of children in your planning.
3. Developing a co-production charter.
4. Improving support for transition.
5. Enhancing an integrated graduated approach to services.

We discussed how the SEND strategy, the workforce strategy, the integrated graduated approach plan and the communities of practice model are supporting your drive for improvement. You believe that your self-evaluation document emphasises a collaborative, solution-focused approach with a strong commitment to continuous improvement, including meaningful engagement of children, young people, and families in service development. You were clear that the document reflects a partnership which acknowledges progress, while remaining committed to addressing ongoing challenges in SEND service delivery.

The action the local area is taking to address the areas for improvement and/or priority action set out in the full inspection report.

We discussed how the local area is taking several actions to address improvements and priorities, further to the last inspection, as below:

You shared that Bury has maintained strong statutory compliance with education, health and care (EHC) assessment timelines, while progressing quality improvements. To tackle common quality issues, such as unclear aspirations and limited social care input, a new EHC plan template has been introduced to improve clarity and completeness. Training has been delivered to all SEND officers to write legally compliant EHC plans. You have appointed an EHC plan link officer and a

designated social care officer to strengthen contributions and compliance of these plans.

You shared that foundations are now in place to enable improvements in communication. An interim communications strategy and working group have been established to enable insights. Service users, parents and carers have co-produced the strategy and help to drive delivery. SEND newsletters have been produced and published. A programme of regular updates to the Local Offer is being implemented and publicised via social media pages. This is enabling opportunities for widespread communication and dialogue, which is positive. You did however clarify that, although there has been an uplift in communications and engagement activity via mass communication methods, a challenge remains around direct relationships and networks.

You told us that a high-level workforce strategy has been developed to define the required training levels for specific staff cohorts. An implementation plan is in development. You shared that the programme sets a clear framework, although it is too early to assess impact. Work is underway to complete a stocktake of current training provision. You said that while the implementation plan is under development, training remains at the heart of your efforts to support inclusive practice and continuous learning.

You explained that there has been an increase in statutory compliance across the local offer, with the roll out of an enhanced graduated approach toolkit and targeted training, leading to growing uptake in schools. You shared that the development of Section 23 notifications and follow-up support has strengthened early identification pathways. Inclusion services have been redesigned to include a community of practice model and expanded capacity. Finally, establishment of a specific SEND health visiting service, is receiving very positive feedback from families.

You told us that long waiting times for health services have consistently been flagged by young people and families. Leaders have been routinely updated on the steps taken to improve the position. You shared that progress is being made, but you also understand that progress is hard for stakeholders to recognise, when the waiting times remain too long.

You explained that significant progress has also been made for individuals transitioning to adult social care, highlighted by the establishment of a preparation for adulthood (PfA) transition team, which facilitates a smoother shift into adult care services. You reflected that although progress has been made in improving information about PfA and in developing guides for annual reviews, you are still working to ensure that this information is effectively integrated into children and young people's annual reviews.

You shared information about key transitions. You said that there is a more standardised approach to transition and the exchange of quality information between primary and secondary schools. That said, you are concerned that the current system for this information sharing is at risk due to funding pressures. You

explained that further support has been provided by education services in a continued endeavour to improve the effectiveness of transition. You added that all relevant health agencies have implemented standard operating procedures for transition. A system for ongoing quality assurance is planned to ensure these remain effective, including SEND health visiting and school nursing.

You shared that amendments to EHC plans, for those pupils moving from one key stage to another, were largely completed within statutory timelines, supporting smoother transitions. You said that over 70% of EHC plans had a completed annual review in 2024-25, reflecting stronger engagement. You shared that notifications for key stage transfers for the forthcoming academic year have been issued in advance, to enable timely planning and preparation. You also said that a new template has been introduced, to ensure that annual reviews address all aspects of the EHC plans and are supported by evidence.

You explained that the co-production and formal approval of the educated other than at school (EOTAS) policy by the local authority marks a significant step in ensuring inclusive and consistent educational provision. You said that there has been comprehensive training for case officers and that this has enhanced understanding and implementation of the policy. The establishment of a multi-agency panel ensures that all EOTAS requests are considered through a collaborative and holistic lens. You added that the formation of the alternative provision (AP) strategy group and the drafting of a strategic framework, demonstrate a proactive approach to improving outcomes for learners who require alternative education pathways.

You acknowledged that there is still work to do to deliver stronger outcomes. You said that you are actively working on addressing the previous inspection recommendations through your strategic initiatives.

What the local area partnership is doing to maintain or improve good practice.

We discussed a number of actions which you are taking, to maintain or improve good practice. These include:

- strengthening strategic partnerships
- ongoing engagement with children and young people
- focusing on workforce and strategic development
- ensuring collaborative governance of the partnership's work

You emphasised the partnership's collective, collaborative approach to maintaining and improving practice across the system.

How local area leaders are monitoring the impact of their actions.

You outlined how leaders are monitoring the impact of their actions. This includes:

Strategic Governance

There are monthly strategic improvement assurance board meetings. You also complete regular reviews of the priority impact plan and track progress against the SEND strategy outcomes.

Feedback Mechanisms

You engage with the change maker group to receive direct input from young people. You use youth cabinet and pupil boards to gather ongoing feedback. In addition, you involve the parent carer forum to provide an important perspective.

Performance Tracking

You monitor school engagement (for example, there was 95% attendance at a launch event). You track the implementation of new approaches, like the integrated graduated approach. You also review the effectiveness of new initiatives like communities of practice.

Collaborative Oversight

The National Health Service locality board receives routine updates on SEND improvement work. Cross-agency representation ensures multiple representatives are aware of impact. There is regular communication between different service leaders.

The Bury locality board is jointly chaired by the council leader and NHS Greater Manchester's (GM's) senior general practitioner. The board is attended by NHS provider organisations, as well as the director of children's services, the director of adults' services, the chief executive in her joint role as place lead for NHS GM, and others. Attendees routinely receive updates on the work of the SEND improvement programme. There is regular communication between different service leaders.

Continuous Improvement Approach

You acknowledge that there is more to do to deliver stronger outcomes. You actively seek ways to improve and refine strategies. Furthermore, you maintain an open and solution-focused approach to monitoring progress.

Emerging local and/or national SEND issues that affect delivery of services.

You shared the following issues which affect the delivery of services:

- a 'broken system' with significant uncertainty around future policies
- ongoing financial challenges, with children and young people's needs significantly outstripping available resources
- uncertainty about the upcoming white paper policy changes
- the sufficiency of specialist places, despite efforts to build additional inclusive provision
- competing demands on senior leaders across multiple priorities (including improvement, transformation, workforce difficulties, budget constraints)
- challenges in the health sector regarding future structural changes

- increased demand: services are experiencing a 400-500% increase in demand, particularly in mental health services, which is straining capacity
- waiting times: there are significant challenges with waiting times across various services, though Bury benchmarks relatively well compared to other Greater Manchester areas
- ongoing challenges in developing workforce capacity, consistency and skills to meet the growing and complex needs of children with SEND.

Bury SEND Strategic Vision 2025-2028

Approved by Bury SEND Improvement & Assurance Board - September 2025
For Review – September 2026



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Creating a positive and sustainable future for our Children and Young people

“We are a group of young people who come from Bury. We work with decision makers to ensure strategies like this deliver outcomes that matter to us. These are things like feeling healthy and well, freedom to choose our next steps, and feeling safe.

We, as young people, understand how everyone is impacted differently by their additional needs and disabilities. We want everyone to have aspirations and goals, and to be supported with those, with their individual needs taken into consideration.

This SEND strategy which has been co-produced by Bury Changemakers, Bury Youth Service and the SEND Improvement and Assurance Board is the result of conversations with young people about social reform and improvement to SEND for children and young people in Bury.

We hope this strategy will improve the lives of children and young people in Bury. The strategy is for them, and for parents/carers. This document is also for anyone who interacts with children and young people with SEND in the public and voluntary sectors. We hope they will better understand, accommodate, support and respect children and young people with SEND, their families, and those who support them.”

The Changemakers & Bury Youth Service



This document has been co-produced by:

- Children and young people with Special Education Needs
- Bury2Gether
- NHS Greater Manchester
- Bury Council

Strategy on a page



Our goal is to deliver on the things that matter to children and young people. Our goal is to work as a partnership so that children and families can take control of their lives, access the support that they need, and reach their potential.



The outcomes we are trying to deliver are the ones that our Children and Young People want:

- I am **safe**
- The people that care for me are **respected** and supported
- I feel **healthy** and well
- I have **fun**
- I have the **freedom** to choose my next steps and I am as independent as possible
- I have my say and feel **heard**
- I feel **included** at home, school and in the community

We promise that we will ensure children and young people are **informed** and understand the service that they are being offered and how it will help them.

We recognise that **good relationships** with children and young people are key to all who work with them and we promise that professionals will endeavour to build a strong, transparent and honest relationship with the young person they are working with.

We promise that staff who engage with children and young people will have the appropriate engagement **skills and training**”



Our priority focus is delivering improvements to our SEND services and support through our work:

- Co-production of improvements to service and support, and better communication with children and parents
- Ensuring the right support for children is available at the right time
- Ensuring effective transport to ensure children can access education
- Supporting our parents and carers
- Supporting children and young people to have fun

Our most important partners are our children and young people, and parents and carers. We are working with them through Youth Cabinet, Changemakers, Bury2Gether, Co-production events, and school visits.

The organisations working together to deliver these improvements are Bury Council, NHS, Primary and Secondary schools, Early Years settings and Post-16 settings

1 Purpose of this strategic vision

Positive outcomes means adults valuing what we have to say, being supportive and encouraging.

This strategy is a key tool for us as a partnership to deliver the best outcomes we can for our Children and Young People with Special Educational Needs.

It will ensure that our local SEND system is focused on identifying the needs of children and young people as early as possible, meets their needs as soon as we can, and ensures there is a range of support available that can best meet their needs (known as a 'Graduated Approach').

Supporting children at all levels of our Graduated Approach requires partners from across our schools, the council and the NHS and others to work with children and young people, their parents, and/or carers to ensure that they have everything they need to live good lives and to thrive both in and out of school.

We know that we have changes that we need to make, and that these changes will not be simple to do. It is important that all the work we do as a partnership fits together.

This strategy will help us do that, ensuring that we are all working towards a shared goal, and providing the link between the different parts of the system.

By ensuring that all of our teams are working to this strategy we are confident that we can make a positive impact working alongside our children, young people, parents, carers and families.

2 Our co-production promise

We promise that we will ensure children and young people are **informed** and understand the service that they are being offered and how it will help them.

We recognise that **good relationships** with children and young people are key to all who work with them and we promise that professionals will endeavour to build a strong, transparent and honest relationship with the young person they are working with

We promise that staff who engage with children and young people will have the appropriate engagement **skills and training**.

Adults should talk to me before talking about me – that way they can take my perspective into account.

As a partnership we are committed to delivering on the promises above for all engagement.

The co-production scale below covers the different ways in which people can be involved in changes to their system. Our promise means we will always work to the right-hand side of the scale, and wherever we can to co-design and co-produce change.

To deliver on our promise we will:

- Engage with the ‘Changemakers’, our Children and Young Person Group supporting SEND improvement, and Bury2Gether - Bury's Parent Carer Forum, as a minimum.
- Be honest and clear about any limitations that we need to work within and the reasons why they exist.
- Communicate effectively with families throughout this period of change.
- Ensure there are effective feedback loops that keep people up to date on the work that is happening and how their views and input has influenced what we do.



3 Our goal

Our goal is to deliver on the things that matter to children and young people. Our goal is to work as a partnership so that children and families can take control of their lives, access the support that they need, and reach their potential.

Independence is about getting qualifications to get a job, living independently, and being trusted in the community

The outcomes we are working to are the things Bury's children and young people with Special Educational Needs have told us is important to them:

- I am safe
- The people that care for me are respected and supported
- I feel healthy and well
- I have fun
- I have the freedom to choose my next steps and I am as independent as possible
- I have my say and feel heard
- I feel included at home, school and in the community

4 Where are we now and what are we doing?

Following an Ofsted and CQC inspection in February 2024 the Partnership is working on a programme of improvements – called our Priority Impact Plan (see plan [here](#)) to tackle the issues identified.

We are committed to making improvements:

- The Council, the NHS and schools must work better together to provide the support and services that children and young people need
- Needs must be identified earlier and support provided as soon as possible through a graduated approach
- Children and young people need to be better supported while they are waiting for assessment, diagnosis and/or care
- Children and young people must be better supported when transitioning through key stages in their life, and/or changes in their needs
- Children and young people should receive greater help in preparing for adulthood
- The process for assessing needs and reviewing needs should work more effectively

Progress has already been made and was recognised by the DfE in a stocktake held in December 2024 and in July 2025

Our Priority Impact Plan will improve our outcomes by:

The most important thing to us is being safe and well

Safe

Bringing together leaders and teams from across our partnership to work together to ensure children are safe, including responding to individual children at risk.

Respected

Putting parents and children at the heart of our work, with Bury2Gether as key partners in our group, and a focus on effective communication to reach and support all parents.

Healthy

Tackling waiting times in NHS services, supporting people while waiting and developing our Local Offer and Graduated Approach to ensure all needs can be met.

Fun

Ensuring that we communicate all of the opportunities available to children and young people, particularly through improvements to our Local Offer and its website.

Independent

Improving our reviews process to ensure Children and Young People's plans meet everyone's changing needs, and creating clear transition pathways and guidance at all stages.

Heard

Actively involving children and young people in our programme and through our review and assessment improvements we are ensuring support plans are built on what children say matters.

Included

Delivering a 'Graduated Approach' in Bury that provides a range of support in a variety of settings to best meet the diverse needs of the children and young people in Bury.

5 Our future areas of focus

Delivery of the Priority Impact Plan is the start of a journey to improving our local system and delivering better outcomes for our children, young people and families. Our future areas of focus for making these improvements are:

Our dream future is having the support we need at school, everyone understanding our needs, and being independent

Co-production and communication

We will co-produce our strategies, and changes to our services and support offers.

We will improve our approach to and standards of communication, including the development of the Local Offer, and improving contact points into the partnership and services.

Support for children and young people when it is needed

We will co-produce changes to services and support so people at all stages of their journey are supported as best as possible.

We will make the Greater Manchester Post-Diagnosis Autism standards a reality.

We will spread a Graduated Approach across Bury, ensure we are utilising our inclusion teams as best as possible, and increase the number of children and young people we support in Mainstream settings.

Ensuring effective transport to education

We will improve the information guidance on transport options and how to access them.

We will tackle the staffing shortages that have caused transport cancellations.

We will confirm transport arrangements earlier, alongside the school transfer confirmation.

We will improve the experience of accessing and using transport for children and parents.

We will improve the transport offer for 16+ year olds.

Supporting our parents and carers

We will improve the support to carers, including specifically for sibling carers and for parents/carers at the point of diagnosis, and embedding the Greater Manchester carers standards locally.

We will ensure there is a clear and transparent pathway to social care support, healthcare support and financial support where needed.

We will improve the standard of information or advice available, particularly to families waiting for assessments. We will improve how we communicate.

Supporting children and young people to have fun

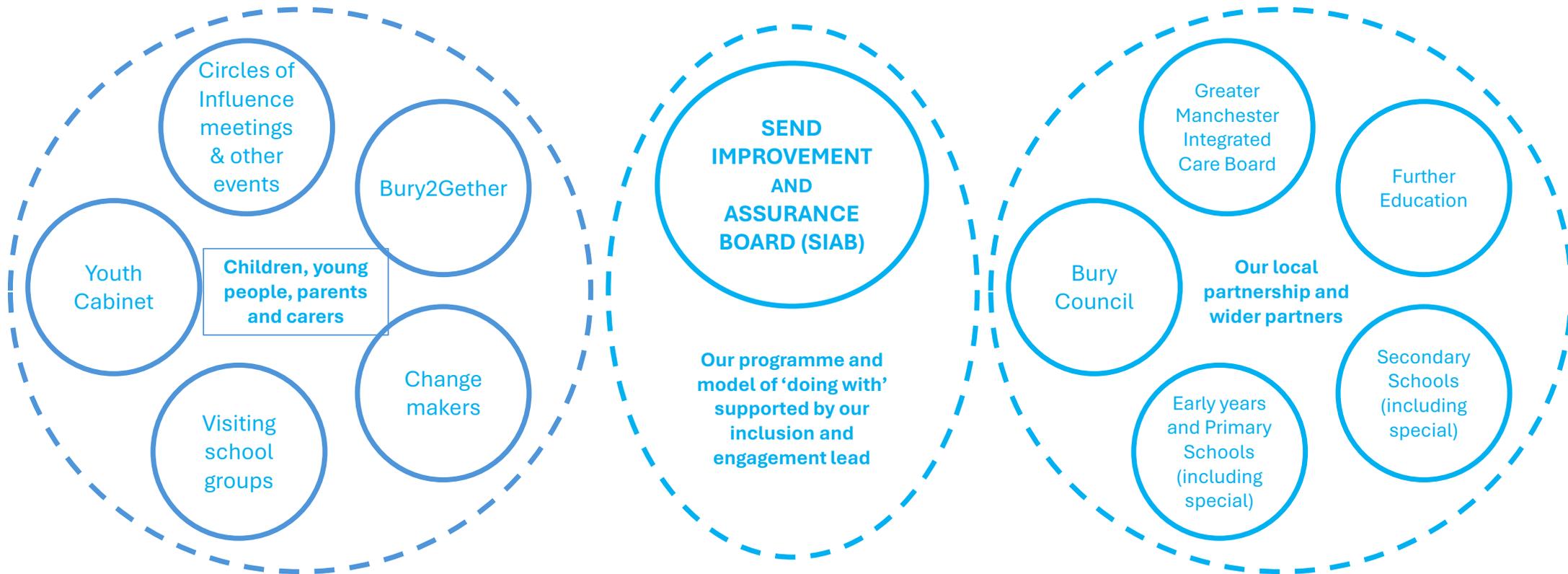
We will develop our Holiday Activities and Food programme (HAF) to ensure eligible children with SEND have access to a range of accessible activities

We will improve the social opportunities for young people over the age of 16 with SEND.

We will make local spaces more accessible for all of our children, such as ensuring safe outdoor space to play, or increased Changing Places.

We will ensure we support SEND families as well through improved short breaks opportunities and after/before school clubs.

6 Our partnership arrangements to delivery our strategy



WELCOME



CEO: Ania Stark-Ketcher

AGE UK BURY

Agenda

- ▷ Who are we?
- ▷ Our commitment
- ▷ Our services
- ▷ Getting involved
- ▷ Jubilee centre/Our shops
- ▷ Activities and events
- ▷ Questions?

Who are we?

- **Age UK Bury was formed in 2011 after a merger with Age Concern, which began in 1971**
- **A trusted independent local charity working across the borough of Bury**
- **Supporting people 50+, their families and carers**
- **Helping everyone love later life and retirement**
- **Every penny goes back to the community supporting people 50 and over**



Registered Charity Number 1141901

Our Commitment

- Provide support to people over 50+, offering advice, physical and emotional to improve well-being and reduce isolation
- Promote independence and dignity, helping people remain active, confident and involved in their community
- Combat loneliness by creating opportunities for social connection, engagement and companionship
- Strengthen community connections



Our Services

- Information & Advice
- Home from Hospital
- Befriending
- Keeping-in-touch
- Friends Together Hubs
- Dumers Lane Community Centre
- Handyperson
- Jubilee café
- Variety of activities
- Social Events



Getting Involved

Ways to get involved...

- Volunteering
- Fundraising
- Newsletter
- Website
- Donating

Some of our local partnerships...



Jubilee Centre

The Jubilee Centre is situated at Clarence Park overlooking the beautiful location at the lido

The centre was opened on 19th September 1996 and to date it is a vibrant community hub bringing people together offering a range of services and activities

Our Shops

- ❖ Bury Town Centre
- ❖ Ramsbottom
- Assortment of items
 - Open 5 days



Activities & Events

❖ The Jubilee Centre

- 19 weekly activities
- Over 13,000 people participating each year
 - 6 annual evening entertainment events
 - Monthly Saturday afternoon events

❖ Jubilee Café

- Lively café, with large selection of homemade food and drink
 - Chef's specials each week
 - Open to visitors of all ages
- Over 300 people attend the Café per week
 - Great social hub



Any Questions?



THANK YOU

Let's change how we age



www.ageukbury.org.uk



BURY
INTEGRATED CARE
PARTNERSHIP

The Bury Whole System strategy for Neighbourhood Working

Part of Greater Manchester
Integrated Care Partnership



The Strategy for Borough – Lets Do It



The Let's Do It vision for 2030 recognises the considerable strengths people and communities in the borough and to collectively tackle deep-rooted issues by giving everyone the encouragement and support to play their part, joining together the delivery of all public services and voluntary services as if as one and delivering an ambitious plan for both social and economic infrastructure.

- Lets Do it sees us deliver services **Locally** and targeted to the needs to the local population.
- It ensures we use **Enterprise** to develop an economic strategy, a skills strategy and ambitious regeneration plans for our towns.
- We have also committed to deliver these **Together** with our population and our public sector partners. This sees us deliver joined up health and social care services in our Integrated Partnership, alongside wider public sector reform.
- And finally, we are committed to always taking a **Strengths** approach. Our vision is for a place in which people are helped to make the best of themselves, by recognising and building on strengths, not deficits.

The Lets Do It Strategy committed to a vision of integrated working and a strengths based approach in each of the 5 places in Bury. This is neighbourhood working.

Locality Plan Priorities for Health and Care



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The Model of Neighbourhood working is a cornerstone of the Locality plan – the strategy for the health and care system in the Borough.



We work together across the Bury Integrated Care Partnership to :-

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

Neighbourhood Working – our principles



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- The neighbourhood level is the **building block** for organisations to work together and the **foundational unit for delivery** recognised across public service organisations and working with the voluntary sector
- There is a **look and feel of one public service workforce functioning together and with the voluntary and community sector**, unrestricted by role titles or organisational boundaries – working for the place and people.
- **Aligning services** within and around neighbourhood areas allows partners to have a **shared understanding of the strengths of communities and people** in that place – because our 5 places are different.
- The benefits to our populations are both **better integrated and joined up delivery, which is what the public expect of us and is a precondition for prevention and early intervention.**
- Neighbourhood working also allows the identification of particular risks and harms to people in places, and provides multi-agency and **targeted approaches to enable early intervention** to prevent future problems.
- This approach will **help to reduce pressure on a range of public services characterised by unplanned, expensive intervention**, allowing them to focus their resources on those who need it most.
- It relies on a level of **integrated leadership, accountability, performance and governance structures.**

Neighbourhood Working – our approach



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- Reflective of the **5 main towns in the borough – Whitefield, Prestwich, Radcliffe, Bury and Ramsbottom** – each of which has its town centre masterplan thus connecting reform to growth
- Creating opportunities for front line staff to know each other and problem solve and not just refer to each other
- Multi-agency teams having a shared appreciation of the strengths and assets of the community
- Co-location of teams and partner agencies where possible. Shared resources, skills and strengths
- Huddles and MDTs – bringing partners together to get to the root cause of issues and support those in the community most at risk
- Combining models of risk stratification to identify cohorts of avoidable risk, harm and cost, with the knowledge and experience of people in the place
- A more strategic approach to investment– for example scaled up investment in housing with care. Investing in prevention and community resilience – including through VCFSE partners (see VCSE MOU)
- Improving economic activity and participation – for example, DWP trailblazer opportunity
- Better organised public services but with a shared approach to engaging communities and residents differently.
- A mechanism to allow us to respond to Borough, GM, or national priorities – e.g how to improve School Readiness,.

The Neighbourhoods



The demographics of the neighbourhoods vary significantly. North neighbourhood has the oldest age profile, with around 10% of residents over the age of 75. East and Prestwich neighbourhoods have a much younger age profile, with more than 20% of residents in these neighbourhoods under the age of 15.

North neighbourhood is the most affluent, with the highest average household income. Conversely, East and West neighbourhoods are far more deprived, with parts of these neighbourhoods (particularly Bury town centre, Radcliffe, and the M66 corridor) within the most deprived ten percent of areas in England. Average household income in East and West neighbourhoods is around £36,900 – almost £10,000 less than in North neighbourhood. Whitefield and Prestwich neighbourhoods sit roughly in the middle of these figures, although there are still pockets of relatively high deprivation, particularly in Whitefield.

Life expectancy in North neighbourhood is around 82 years, four years longer than the 78 years in East neighbourhood. In terms of healthy life expectancy, the average resident of North neighbourhood is expected to reach age 67 in good health, whereas in East neighbourhood this figure is only 59 years. West, Whitefield and Prestwich neighbourhoods are closer to the borough-wide average of 63 years of healthy life expectancy.

Within the Bury JSNA, we have profiles for each of the 5 neighbourhoods. We have placemats for each ward in each neighbourhood

Our Neighbourhood Model Focus



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Implementation of the Live Well model



Neighbourhood Leadership Teams (formerly public service leadership teams) connecting a range of public and voluntary organisations in places



Integrated Health and Care Adult Teams (INTS)



Neighbourhood approaches to supporting Childrens and Families



Estates Strategy and Alignment Supporting the model in each of 5 places

Implementation of the GM Live Well model in Bury



- The flagship initiative with the city-region is that of the Greater Manchester Live Well Model. Live Well is a cornerstone of the 10-year Growth & Prevention Delivery Plan and the Greater Manchester Strategy, aimed at reducing health, social, and economic inequalities across Greater Manchester
- The vision for Live Well is that by 2030 it will provide, “a comprehensive, connected, and equitable support system for all residents of Greater Manchester, fostering a supportive, inclusive, and thriving community environment. By integrating support, focusing on prevention, and promoting economic and social inclusion, 'Live Well' will ensure that every resident can live as well as possible”
- There are 4 key components of the model.
 - 1. The establishment of Live Well centres, spaces & offers
 - 2. Integration of support through an optimum Neighbourhood Model
 - 3. A resilient VCFSE eco-system
 - 4. A culture of prevention – with workforce and organisational development geared towards prevention
- To support the implementation of this approach NHS GM and GMCA have identified and created a £10m fund. This will sit alongside the £10m regional investment from DWP Economic Inactivity Trailblazer work.

Implementation of Live Well by 2030



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- ✓ 2026 - Live Well in Whitefield builds on some excellent community capacity, on a number of years of community capacity building and development, and recognises gaps in provision of public services particularly in Besses. A live well centre will be open in April, and other community assets are opening.
- ✓ 2027 - Live Well in Radcliffe will build out of not only exemplar community capacity but also the substantial opportunity of the hub, the enterprise centre, the school, and an improved provision in the GP Centre
- ✓ 2028 - Live Well in Ramsbottom – again building out of strong VCSE capacity and likely to require an articulation of the virtual network of centres and capacity in the town
- ✓ 2029 – Live Well in Prestwich - to build out of the opportunity of the Hub
- ✓ 2026-2030 – Live Well in Bury – a series of investments and projects increasingly described as joined up and integrated.

Live Well Hub: Services



Services that could be increasingly available within the Live Well Hubs:

- Integrated Neighbourhood Team
- Adult Safeguarding
- Adult Social Care
- Revenue and Benefits
- Public Health
- Children and Young People
- Live Well Leisure
- Cafes
- Libraries

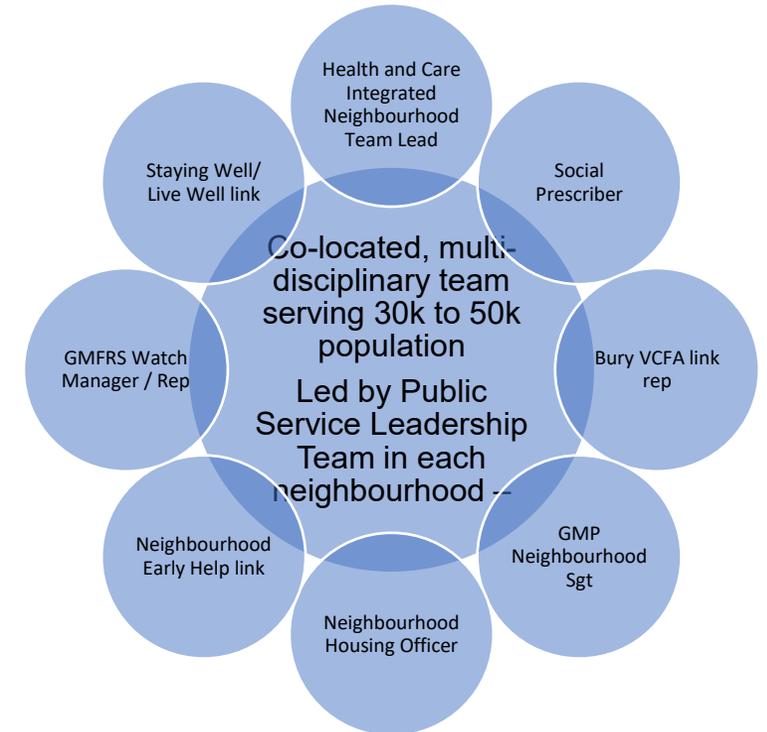


Neighbourhood Leadership Teams

(formerly public service leadership teams)



- ✓ We have established PSLT multi-agency teams working in each Neighbourhood. Include representatives from the Council, DWP, VCSE, GMP, GMFRS, Public . In addition it includes the operation (on the same footprint) of integrated health and care teams including primary care, community care, adult and children’s care, mental health services, and aspects of secondary care delivered in neighbourhoods.
- ✓ Enables front line public service staff know each other, can work collaboratively with each other, and have a shared understanding of the community strengths in the place.
- ✓ Creates models of joined up and person-centered services, with a particular focus on the delivery of new joined up multi-agency working addressing segmented cohorts of the population in order to reduce, delay, or eliminate risk of escalated harm, poor outcomes, and unnecessary use of costly and reactive public service spend.



Integrated Neighbourhood Teams in Health and Care for Adults



AIM:

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



FEATURES:

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

Neighbourhood Integrated Health and Care Model: Our priorities



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

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

Priorities:

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

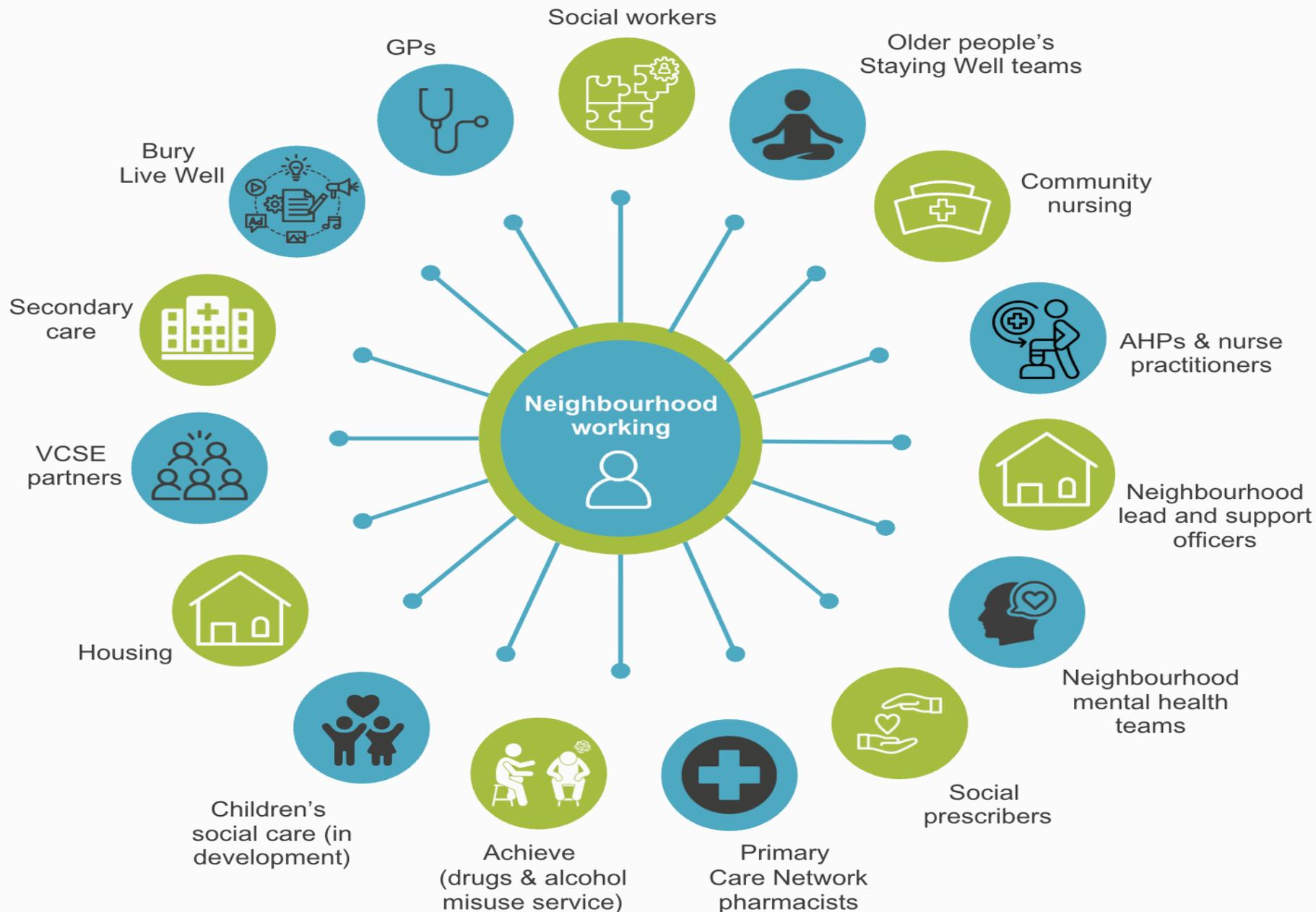
Integrated care delivery

An improvement in the health and social care system in recent years has been the introduction of active case management, with multiple agencies coming together to support people and prevent their conditions getting worse.

People are put at the centre, with a plan created around them to help them achieve their goals, gain independence and improve their quality of life.

Good progress has been made, but there is a need to quicken improvements with a sharper focus on **reducing health inequalities, prevention, transforming care in community services and optimising care.**

The case studies on the following pages show how we aim to support people with different scenarios in future.





BURY INTEGRATED CARE PARTNERSHIP

North INT



Linda Prescott
INT Lead



Dr Wiz El-Jouzi
GP Lead



Rachel Robinson
NSO



East INT



Gemma Iliadis
INT Lead



Dr Fazel Butt
GP Lead



Daniel Bower
NSO

West INT



Janet Stanton
INT Lead



Dr Ade Rotowa
GP Lead



Amanda Stott
NSO

Whitefield INT



Jane Wilson
INT Lead



Dr Alistair Webley
GP Lead



Mafooz Bibi
NSO

Prestwich INT



Clare Rayson
INT Lead



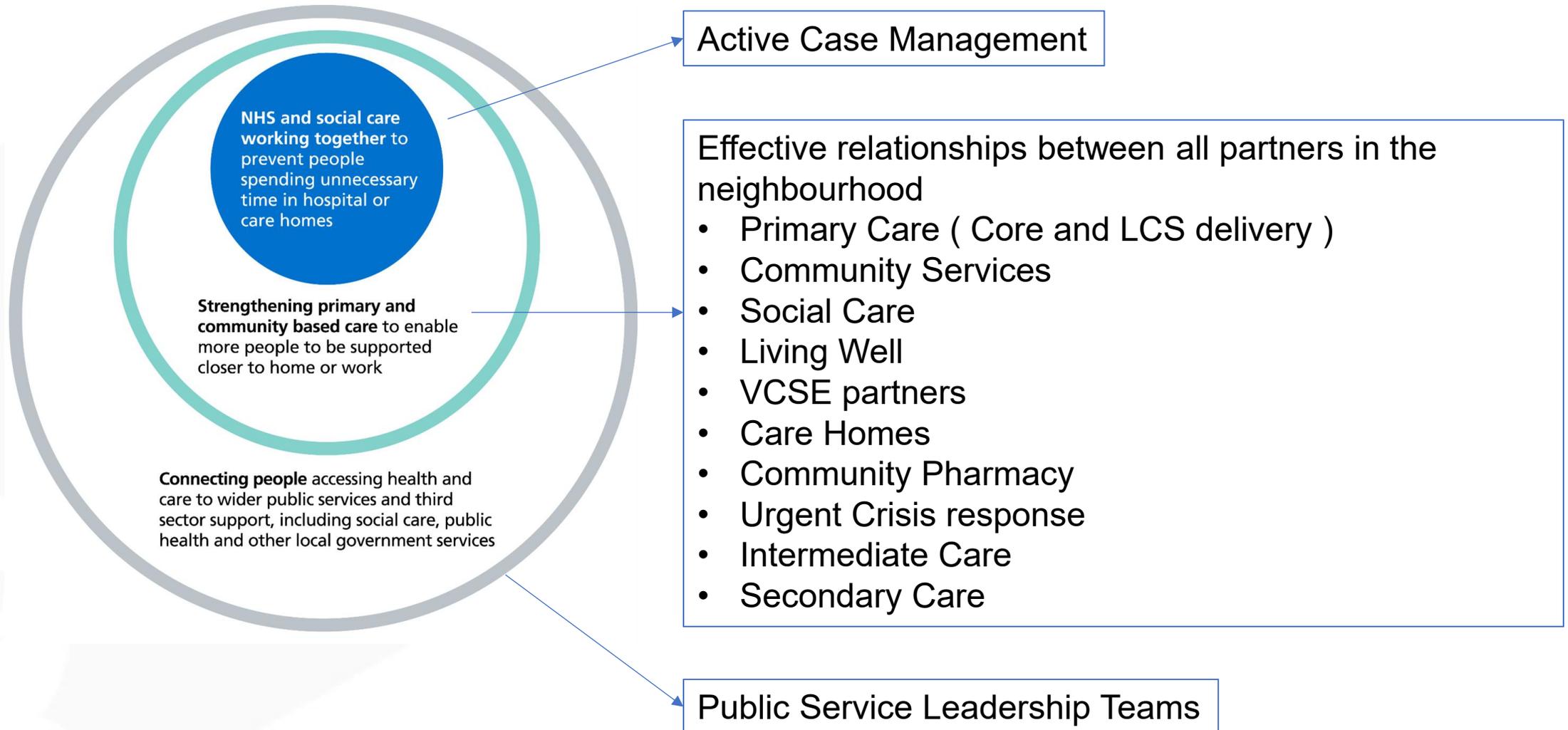
Dr Richard Deacon
GP Lead



Dawn Adderley
NSO

25 GP Practices

Implementing the national approach



Desired outcomes



Increasing coordination, consistency and scale in delivering health and social care to specific sub-cohorts should result in the following benefits over time:

- avoiding or slowing health deterioration, preventing complications and the onset of additional conditions, and maximising recovery whenever possible to increase healthy years of life
- streamlining access to the right care at the right time, including continued focus on access to general practice and more responsive and accessible follow-up care enabled through remote monitoring and digital support for patient-initiated follow-up
- maximising the use of community services so that better care is provided close to or in people's own homes
- reducing emergency department attendances and hospital admissions, and where a hospital stay is needed, reducing the amount of time spent away from home and the likelihood of being readmitted to hospital
- reducing avoidable long-term admissions to residential or nursing care homes
- reducing health inequalities, supporting equity of access and consistency of service provision
- improving people's experience of care, including through increased agency to manage and improve their own health and wellbeing
- improving staff experience
- connecting communities and making optimal use of wider public services, including those provided by the VCFSE sector

Next Steps for INTs



The NHS 10 year plan is reflective of our local ambition. We have made progress made on integrated neighbourhood working through our active case management approach and single line management arrangements, connected to the reform of wider public services. We have had a relentless focus on addressing population health and health inequalities and will continue to so . We will also focus on increasing connectivity across the age spectrum.

We have strengthened primary care capacity and enabled a shift of services from hospital to the community . Where possible we have utilised technology – as evidenced in our adoption as a GM pilot of dementia care planning records using the GM Care Record, though we still have more to do.

Moving forwards, we will deepen our processes and relationships that enable integration, and have a stronger focus on the shift of diagnostic capacity and outpatient provision out of hospital, supported by digital and estates strategies.

Neighbourhood Team Working for Children and Families

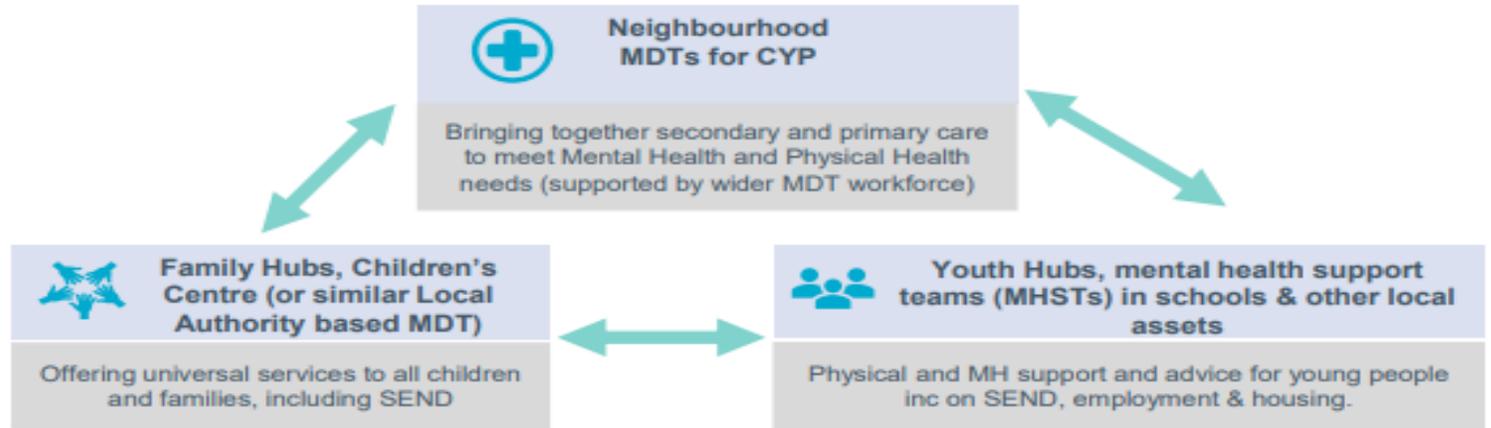


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Greater benefits are realised when neighbourhood MDTs are also integrated with wider local services. MDTs for CYP, Family Hubs and Youth Hubs have fundamental differences in their function and purpose but collectively can offer a complementary suit of services to support CYP and their families/carers.

- **Best Start Family Hubs and MDTs** may have an overlap in workforce, including midwifery, health visiting and early years professionals, wellbeing and mental health practitioners.
- Family Hubs can link in with MDTs to refer onwards for further MH/PH support.
- MDTs to refer into Family Hubs if needs are identified.

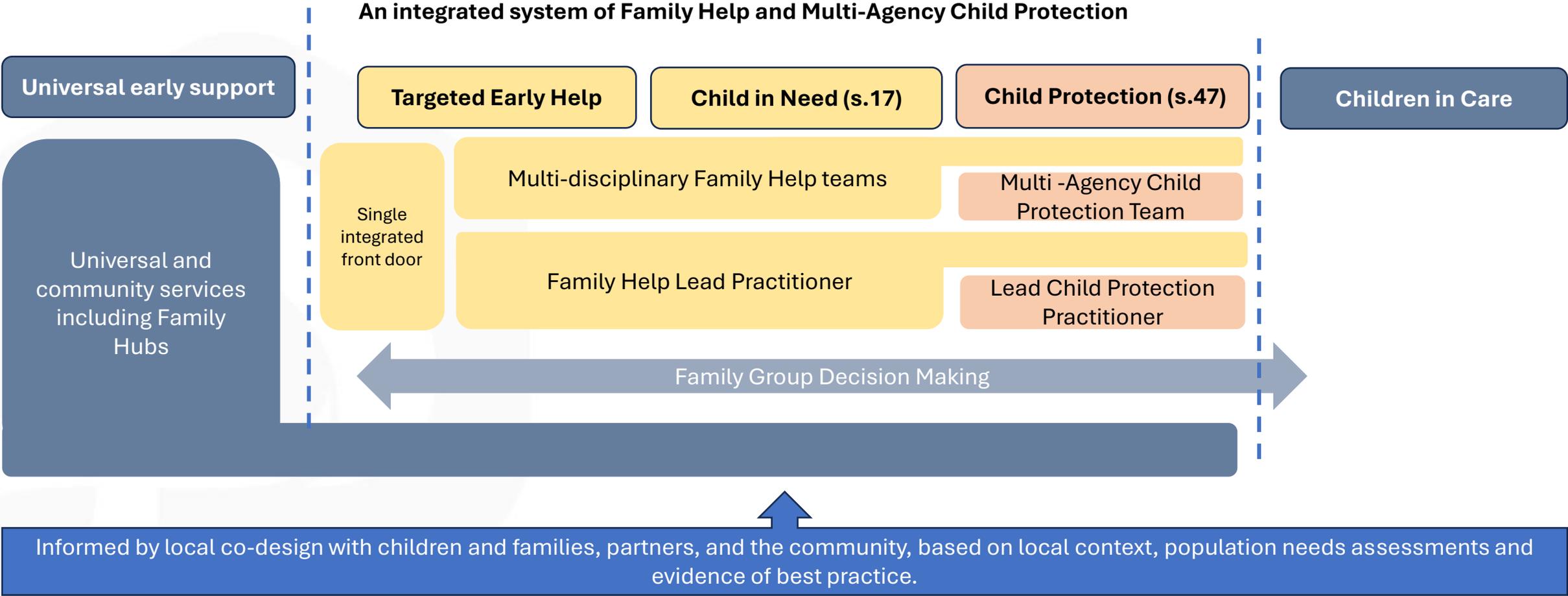


- **Local community assets and MDTs** may have some staff roles such as mental health practitioners that are shared across both.
- Local community assets and MDTs may refer into each other to broaden the range of support provided.
- MHSTs may also reach out to MDTs or Youth Hubs.

- Staff across all models need to work together.
- Some of the workforce may overlap.

Local design of an end-to-end system of support and protection to rebalance the system towards prevention whilst keeping

Designing a system locally to meet the needs of the population with effective, integrated and joined up services with partners.



Families First Partnership



The Families First Partnership (FFP) programme comprises three key reform strands - implementing Family Help, Multi-agency Child Protection Teams and Family Group Decision Making.

FFP Reforms



Family Help

- Family Help will take place at the heart of communities, bringing together local services under a combined, multi-disciplinary practice.
- It will wrap support around the whole-family at the earliest opportunity – using the expertise of multi-disciplinary practitioners.
- Family Help will ensure consistency of relationships between children, families and their lead practitioner;
- One plan will be adopted for children and families, but adapt as needs change.



Multi Agency Child Protection Teams (MACPTs)

- Multi-agency child protection is a system where the right decisions are made at the right time for children, bringing experts together across agencies.
- MACPTs should seek to protect all children from actual or likely significant harm, inside and outside of the home, including online.
- MACP should also engage and empower parents, family networks and others in a transparent and compassionate way to care safely for their children, wherever this is possible.



Family Group Decision Making

- Family group decision-making (FGDM) is a voluntary process that enables a family network to come together and make a family-led plan.
- The plan will include offering practical support to parents and carers, whilst prioritising the safety and wellbeing of the child.
- FGDM helps to ensure a family network is engaged and empowered to participate in decision-making while a child and their family is receiving help, support or protection.

Location and timelines for Family Hub Implementation



Neighbourhood	Location	Date of implementation
Bury	Redvales	
	Chesham	
Whitefield	Live Well Centre and Ribble Drive	
Prestwich		
North		
Radcliffe		

A model of family hubs is in development, predicated on the 5-neighbourhood footprint but in practice delivered at a much more local community level (for example Chesham). This programme of work is currently being finalised

Estates Framework to support neighbourhood working



We have Borough wide estates strategy, which is supportive of our ambition of neighbourhood working. A lead officer has been identified to complete the estates framework on behalf of the Borough. The programme of work and timelines are currently being determined.



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Governance, Risks, Next Steps

Part of Greater Manchester
Integrated Care Partnership



Governance for delivery



Programme	Lead	Governance
Live Well	Will Blandamer	Public Service Reform Board/Locality Board
Neighbourhood Leadership Teams	Chris Woodhouse	Public Service Reform Board
Integrated Health and Care Adult Teams	Kath Wynne-Jones	Neighbourhood Design and Delivery Group and IDC Board/Locality Board
Neighbourhood approaches to supporting Children's and Families	Jeanette Richardson	Public service Reform Board/Childrens Strategic Partnership Board
Estates strategy	Claire Postlethwaite	Strategic Estates Group

Quarterly Portfolio boards will be established to align the strategic ambition of the 5 neighbourhood programmes

*Quarterly neighbourhood delivery collaborative workshops are now in place to bring together teams working on the delivery of different the components at an operational level.

Risks



- Lack of shared understanding of neighbourhood model by all partners including council functions
- A risk of replacing psilo agency working with the psilo working of multiagency teams
- Limitations of estates strategy
- Capacity to implement the model, especially in the midst of organisational change in a number of key partner organisations
- Digital capability to support neighbourhood development
- Communication and engagement capacity and capability

Outcomes



An outcomes framework is in development at GM relating to neighbourhood delivery, connected to the National Neighbourhood Health Implementation Programme.

Our local framework will be agreed once we have seen the outputs of this work.

Summary



There is a lot to be proud of relating to neighbourhood working in Bury which we need to celebrate.

There are multiple opportunities through national guidance (in relation to family hubs or neighbourhood working in the NHS 10 year plan) to build on a solid platform of integrated delivery in the borough.

We have opportunities to strengthen the connection between our work on neighbourhood leadership teams, integrated neighbourhood teams in health and adult care, and in neighbourhood model for children and families.

We have an opportunity to bind that together through the implementation of live well in each of our 5 places.



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Appendices

Part of Greater Manchester
Integrated Care Partnership



The Health of our Population

Demographic Profile Bury

Population
195,500

The total population of Bury (2023 ONS Mid-Year Estimates)

Deprivation
10%

The percentage of areas in Bury among the 10% most deprived areas in England (12 out of 120 LSOAs) IMD 2019

Life Expectancy

77.2 **80.9**
Years **Years**
(2020-2022)

Growth
2.96%

The percentage that Bury population is expected to increase by 2033



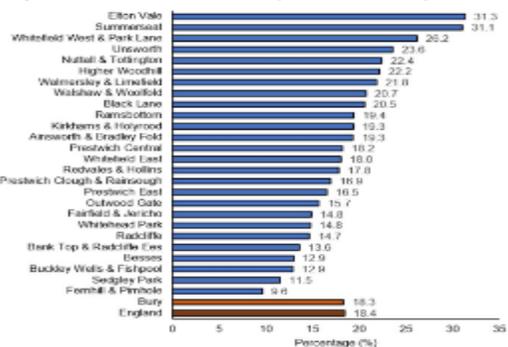
The population of Bury is **195,500** (2023 ONS Mid-Year estimates). Bury has a relatively young population.

- **22.5%** aged under 18 years
- **59%** aged 18-64 years
- **18.5%** aged 65+ years

Since 2003, the most notable demographic change has been a **33% increase** in the 65+ years age group. In contrast, the growth in the under 18 and 18-64 years age groups has been more modest at **1.9%** and **3.9%** respectively.

35,447 (18.3%)

There are **35,447 (18.3%)** older adults aged 65 years and over in Bury, similar to England average of **18.4%**. Figure 1 below presents the proportion of population aged 65 years and over living in each Middle Super Output Area (MSOA) in Bury as a percentage of the total population in that MSOA (Census 2021).



Elton Vale (31.3%) and **Summerseat (31.1%)** have the highest proportion and **Fernhill and Pimhole (9.6%)** have the lowest proportion of older adults in Bury (Census, 2021).

Life expectancy at 65 years

17.4 Years **19.7 Years**

Life expectancy at 65 years of age measures how long an individual who has reached the age of 65 years can expect to live on average.

- **Life Expectancy at 65 Years – Male in Bury: 17.4 years** (lower than the England average of **18.4 years**)
- **Life Expectancy at 65 Years – Female in Bury: 19.7 years** (lower than the England average of **20.9 years**)

(Source: ONS, 2022)

Inequality in life expectancy at 65 years

6 Years **5.9 Years**

On average, those living in the most deprived areas of Bury can expect to live shorter lives than those in the least deprived.

- **Male in Bury:** The life expectancy gap between the most and least deprived decile is **6 years**, compared with **5.2 years** in England.
- **Female in Bury:** The life expectancy gap between the most and least deprived decile is **5.9 years**, compared with **4.8 years** in England. (Source: ONS, 2022)

- The population of Bury is growing and ageing. The proportion of the population aged 65 and over is projected to grow from 18% to 21% (a relative increase of 16%) by 2040, and the proportion of the population aged 80 and over is projected to grow from 5% to 7% (a relative increase of 40%) by 2040. Over the same time the proportion aged under 20 is projected to fall from 25% to 23%. This is almost certain to result in increasing numbers of deaths and more people needing healthcare and social care.

- The leading causes of death in Bury are cardiovascular diseases and cancers. The main causes of disability are musculoskeletal conditions and mental illnesses. Diabetes and liver disease are increasing rapidly as causes of disability and death, respectively.

- Health in Bury is somewhat less equal than across England as a whole. This likely reflects the diversity of population that Bury contains, ranging from urban to rural and affluent to deprived. The main causes of the gap in life expectancy between rich and poor are cardiovascular diseases, cancers, and liver diseases (the latter particularly for women).

- The main behavioural causes of these illnesses include poor diet, excess alcohol consumption, lack of physical activity, and smoking. These in turn are driven by low incomes, poor access to good food and housing and other building blocks of health.

Integrated Strategy Ahead of 2026/27

Draft: January 2026

The Strategic Picture Ahead of 2026/27

Greater Manchester Strategy – 2025 to 2035

10 Year Health Plan 2025-2035

GM's Health and Care plans are connected and build on each other to ensure the delivery of GM and national strategy and objectives

Annual Plan 2026/27 including NHSE Operational Returns

DHSC/NHSE will engage with ICBs and providers on the specific requirements

Five-year organisational plans will be expected to fully align with and support numerical returns.

There will be separate returns from ICBs and trusts. ICBs and providers will need to work together to ensure that these are fully aligned.

Neighbourhood Health Plans (Localityx10)

These will be drawn up by local government, the NHS and its partners at single or upper tier authority level

The plan should set out how the NHS, local authority and other organisations, including social care providers and VCFSE, will work together to design and deliver neighbourhood health services.

Five-Year Integrated Delivery Plans (GM NHS provider trusts)

Demonstrates how the organisation will deliver national and local priorities and secure financial sustainability. Specific guidance to follow.

Providers will be expected to refresh these plans annually as part of establishing a rolling five-year planning horizon for the NHS

5 Year Clinical Strategy (GM Level)

Reviewing and refreshing the organisation's clinical strategy to ensure it is up to date and aligned to the 10YHP.

Perform a refresh of the clinical / organisational strategy as required to ensure they are updated to reflect changes in national policy (e.g. the 10YHP) or local context.

5 Year Strategic Commissioning Plan 2026-31 (GM Level)

Describes how, as a strategic commissioner, the ICB will improve population health and access to consistently high –quality services across its footprint.

ICBs will be expected to refresh these plans annually as part of establishing a rolling five-year planning horizon for the NHS.

This plan will be the single commissioning plan for the GM health system – drawing on the ICP Strategy 2023-28 and the Sustainability Plan 2024-29

Strategic Commissioning Plan – Starting with the Outcomes

Improved health outcomes

- To improve Healthy Life Expectancy (HLE) (male/female/all) in GM so that it at least matches the NW of England by 2030
- To reduce the gap in HLE between the richest and poorest areas of GM in line with a 10-year ambition to at least halve that gap by 2035 (10 Year Health Plan Ambition) (*Alternative is gap between most advantaged and most disadvantaged*)
- Raise the healthiest generation of children and young people (10 Year Health Plan ambition) *Metric needs to be developed*

Improved patient experience

- GP experience scores to be in best quartile
- Hospital experience scores to be in best quartile
- Mental Health services experience scores to be in best quartile

Improved effectiveness

- Average LOS (physical and mental health) to be in best quartile in all providers
- Non-elective bed days to be maintained at 25/6 levels
- Outpatient rates (first and follow-ups) to be at or below England average
- All national targets to be met over the course of the Strategic Commissioning Plan

Improved efficiency

- To deliver the deficit reduction targets set by NHS England
- To move towards upper decile performance for nationally publish efficiency metrics
- Deliver the corporate savings reduction targets

Strategic Commissioning Plan 2026-2031 – on a Page



Greater Manchester

Strategic Context	Greater Manchester Strategy 2025-2035	10 Year Health Plan (2025)	
Our Vision	A thriving city region where everyone can live a good life		
Our Priority System Outcomes	To improve Healthy Life Expectancy in GM so that it at least matches the NW of England by 2030	To close the gap in HLE between the most and least advantaged in GM in line with the 10-year ambition to at least halve that gap by 2035	Raise the healthiest generation of children and young people (10 Year Health Plan ambition) <i>Detailed Metric in Development</i>
Our Missions	Strengthen our communities Recover core NHS and care services Help people get into – and stay in – good work	Help people stay well and detect illness earlier Support our workforce and our carers Achieve financial sustainability	
Our Strategic Commissioning Priorities	Preventative and Proactive Care in Neighbourhoods: <ul style="list-style-type: none">• Live Well• The Neighbourhood Model• Primary Care Blueprint• Community Services Transformation	Targeted Action on Population Health and Inequalities <ul style="list-style-type: none">• Population Health Transformation Programmes• Improving Outcomes for Children and Young People• Mental Health and Well-Being Strategy• Improving Cancer Outcomes	System Transformation: <ul style="list-style-type: none">• Secondary Care Transformation• Elective Care• Urgent and Emergency Care• Digital and Innovation• New Models of Commissioning and Provision

Neighbourhood Health Plans – Overview

- The NHS Planning Guidance for 2026/27 set out, for the first time, a requirement for Neighbourhood Health Plans.
- We are anticipating guidance to be released shortly at national level (following some delays) with greater detail on the content of neighbourhood plans and the specifics on the timetable for their development.
- In the meantime, working with system partners, we have developed a framework for the plans in GM – and a template for the plans to be captured on. This is reflected in the Strategic Commissioning Plan
- Localities have been asked to produce the first draft of the plans for GM by 13th February 2026. This gives flexibility for us to adapt our approach based on the national guidance when released. Local Health and Well Being Boards will be responsible for signing of the local plans when finalised.
- In GM, neighbourhood working has always been about more than health. We will maintain this approach. Plans will reflect a full Live Well approach - bringing together all the elements of support across health and care, public services and VCFSE
- The first iteration of the plans will cover the structure, governance and operating model for neighbourhood working. The second phase of the plans will then move into the quantification of impact as part of an overall approach to quantify Left Shift in GM

Population Health Needs Assessment – Quadrant Analysis



Greater Manchester

	Worse than Average or Target	Better than Average or Target	
Improved	<ul style="list-style-type: none"> • Life expectancy at birth (male) • Life expectancy at birth (female) • Life expectancy at 65 (Male) • Life expectancy at 65 (Female) • Under 75 avoidable mortality rate • Under 75 mortality rate from causes considered preventable • Smoking Prevalence in adults (aged 18 and over) (%) • % of children achieving a good level of development at the end of reception • Reception prevalence of overweight (including obesity) (%) • Year 6 prevalence of overweight (including obesity) (%) • Percentage of physically active children and young people (%) • Percentage of physically active adults (%) • Under 75 mortality from cancer • Percentage of cancers diagnosed at stages 1 and 2 • Cancer screening coverage: breast cancer • Cancer screening coverage: cervical cancer (25 to 49 years old) • % of 5-year-olds with experience of visually obvious dental decay • Under 75 mortality rate from liver disease 	<ul style="list-style-type: none"> • Under 75 mortality rate from liver disease considered preventable • Hospital Admissions for violence (including sexual violence) offences per 1,000 population • Sexual offences per 1,000 population • Emergency Hospital Admissions for Intentional Self Harm • Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 14 years) • Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 4 years) • Abdominal Aortic Aneurysm Screening Coverage • Emergency hospital admissions due to falls in people aged 65+ • Air pollution: Estimated fraction of mortality attributable to particulate air pollution • Fuel poverty (low income, low energy efficiency methodology) • Total prescribed LARC excluding injections rate / 1,000 • Chlamydia detection rate per 100,000 aged 15 to 24 years • HIV late diagnosis in people first diagnosed with HIV in the UK • Proportion of drug sensitive TB notifications who had completed a full course of treatment by 12 months 	<ul style="list-style-type: none"> • Smoking status at time of delivery (%) • Homelessness: households in temporary accommodation • Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15 to 24 years) • Estimated dementia diagnosis rate (aged 65 and older)
Worsened	<ul style="list-style-type: none"> • Under 75 mortality from cardiovascular disease • Under 75 mortality from respiratory disease • Under 75 treatable mortality rate • Low birth weight of term babies • Infant mortality rate • MMR (one does at 2 years) • MMR (two doses at 5 years) • Children in absolute low-income families (u16s) • Children in relative low-income families (u16s) • Under 18s conception rate • Overweight (including obesity) prevalence in adults (%) • Diabetes QOF Prevalence • Deaths from drug misuse • Alcohol Specific Mortality 	<ul style="list-style-type: none"> • TB incidence (three-year average) • Cancer screening coverage: cervical cancer (50 to 64 years old) • Cancer screening coverage: bowel cancer • Percentage of people in employment (Male) • Percentage of people in employment (Female) • Homelessness: Households owed a duty under the Homelessness Reduction Act • Percentage reporting a long term Musculoskeletal (MSK) problem • Mortality rate from a range of specified communicable diseases, including influenza • Suicide rate • Sickness absence% of employees who had at least one day off in the previous week 	<ul style="list-style-type: none"> • Hospital admissions for alcohol related conditions (Narrow) • Emergency readmissions within 30 days of discharge from hospital • Sickness absence: the percentage of working days lost due to sickness absence

1. Where we have undertaken evidence-based and comprehensive action, we can see a demonstrable improvement in key metrics (i.e. Smoking; Dementia Diagnosis; Physical Activity; 0-5 Oral Health; Violence; HIV; Fuel Poverty; Demand Management).
2. There are some clusters of metrics that point us towards areas that, as a strategic commissioner, we might want to place greater emphasis:
 - Children and young people during pregnancy and early years, particularly in the context of increased exposure to poverty and deprivation.
 - People who are experiencing “*lives (and deaths) of despair*” and the most significant inequalities characterised by alcohol harm; drug misuse, homelessness, communicable disease such as tuberculosis, financial hardship, and severe/multiple deprivation.
 - The opportunity to contribute more fully to economic growth and productivity in GM by addressing health-related barriers to employment and sickness absence, and with a particular emphasis on Musculoskeletal (MSK) conditions.
 - Making the most of missed opportunities for (a) preventing the spread of communicable diseases through vaccination, (b) intervening early in non-communicable diseases through screening, and (c) reducing mortality associated with communicable diseases through improved approaches and models of care.

- These intentions for 2026-27 are framed in the context of:
 - Current ICB Strategic Priorities
 - NHS Planning Guidance for 26/27 requests ICBs to “set commissioning intentions and outcome-based service specifications to enable providers to undertake effective operational planning aligned to national and local priorities”
 - Developing ICB Clinical Strategy
 - Developing the 5yr Strategic Commissioning Plan building on the GM ICP Strategy and GM Sustainability Plan
 - Improving our strategic commissioning and how the ICB adds value in driving better outcomes, reducing health inequalities and improving efficiency
 - Continuing challenged financial position and requirement to move towards financial balance in 2026/27
- Commissioning intentions for 26/7 will by year one of the delivery of the 5yr Strategic Commissioning Plan
- Several commissioning intentions are still subject to an investment decision and so may be subject to further prioritisation

- To be included as a commissioning intention, there must be a decision to be made (either something new, a continuation or a ceasing) which results in at least one of the following:
 - Contractual change e.g.; increasing or decreasing funding within a contract or continuing to fund a contract which has expired
 - Shift of activity from one contract to another e.g.; moving activity/service from hospital to community or primary care/neighbourhood setting
 - Implementation of a new model of care or service redesign or quality improvement which impacts on a contract

26/27 Commissioning Intentions:- Elective Transformation Programme



Greater Manchester

We will proactively manage elective care growth in trusts by doing the following:

- **Extension of the BeCCoR elective initiative** – 2nd year of the GP peer review initiative to address outlier referral rates through GP education and the use of alternatives to secondary care, monitored via locality-specific targets
- **Expansion of Advice and Guidance** – use option to extend pan-GM Consultant Connect service and ensure secondary care providers have job-planned local services where these are required
- **Support shift to “Single Point of Access”** – work with secondary care, primary care and locality teams to implement the NHSE model of specialty-specific SPoA’s, including development of straight-to-test pathways incorporating CDC capacity
- **Commissioning of community-based alternatives to secondary care** – ensuring Dermatology community service is embedded, commissioning ENT Tier 2 and Gynaecology community services, implement new community MSK model and develop other services such as in Respiratory, Urology and Cardiology
- **Implementation of new GIRFT pathways for common pathways:** application of GIRFT follow-up protocols with FU activity outside best practice not being funded

26/27 Commissioning Intentions:- UEC Improvement Programme



Greater Manchester

We will restrict UEC demand growth in trusts by doing the following:

- Continuing to increase hospital@home access and utilisation. Ensuring that these pathways are used for “step-up” admission avoidance, as well as supporting early discharge. This will be supported by reducing the variation in referrals from primary care and other community services. Compliance against the core standards for Hospital@Home will be improved, and a consistent payment model will be implemented, to reduce variation and to maximise efficiencies across Greater Manchester.
- Implementation of ‘model UCR’ principles, maximising referral rates and utilising the versatile clinical skills that these models deliver for patients. Building capacity and improving referrals rates into UCRs, will reduce admissions and support demand coming from HCP and Care Homes.
- Maximising the use of community SPOAs, supporting the reduction of urgent care pathways into each trust. We will work with NWAS and other Health Care Professionals to ensure patients are navigated to available alternatives (such as UCR & Hospital@Home), when clinically appropriate. We will continue to drive a consistent approach across Greater Manchester, utilising the single digital platform and reducing variation.
- Embedding Live Well and Neighbourhood health models across all 10 localities, ensuring the delivery of core standards, such as falls prevention. Leading to reduced ambulance call outs, ED presentations and possible admissions.

*note that activity levels will be specific to each trust

26/27 Commissioning Intentions:- Cancer and Diagnostics Programme



Greater Manchester

We will deliver the national requirements relating to cancer and diagnostics and manage activity in GM trusts by doing the following:

- Agree activity plans which are sufficient to meet national standards for cancer and diagnostic pathways, including the national **Cancer Waiting Times** standards for faster diagnosis and treatment.
- **Diagnostics:** Commission diagnostics services through network wide operating models. Recommission direct access diagnostics to ensure effective and efficient use of resources and to support the 'left shift' in GM. Consideration of new commissioning models in discussion with providers. Ensure all contracts due to expire in 2026-7 are recommissioned in line with GM commissioning strategy and national direction. To include optimising the use of the GM CDC resource.
- Commission sufficient activity to address the level of suspected cancer referrals required to meet the national standards for **Early Diagnosis** of cancer, as measured and reported using the Rapid Cancer Registration Dataset and to meet national standards in the 4 cancer screening programmes. Reduce the gap in % early diagnosis of cancer between our least and most deprived communities.
- Ongoing expansion of the GM **Single Queue Diagnostics** programme
- NHSE Providers responsible for operationalisation and tracking of **PSFU** (Personalised Stratified Follow Up)

26/27 Commissioning Intentions:- Children and Maternity



Greater Manchester

Children & Young People

- Continued delivery of the Greater Manchester Children & Young People Joint Forward Plan
- Increase in Paediatric Surgical Capacity for key pressured areas such as ENT and Oral Surgery
- Review of Paediatric Audiology – development of new model of care / standardised service specification and continuation of interim arrangements to ensure service continuity
- Review of Community Paediatrics (incl. CYP Therapies)

Maternity

- Undertake strategic commissioning review of provision of maternity services including antenatal education, estates, home birth provision

26/27 Commissioning Intentions:- Mental Health, Learning Disabilities and Autism Programme



Greater Manchester

- Continued system focus on reducing the use of Out of Area Placements and Local Spot Placements as well as Length of Hospital stay (which will include rehabilitation beds and high cost/s117 care package reviews in 2026/27) to deliver system savings into the Mental Health Integrated Fund as the vehicle for the funding of the system priorities (including community services, step up and step down capacity and working with Local Authorities on ensuring appropriate housing is available (Medium Term Planning Framework [MTPF] priority)
- Full implementation of the First Response model and 111/text crisis service (MTPF priority)
- Adult community crisis service expansion and enhancement including Home Treatment Teams and MH ED support - building on the successful Regional Transformation Fund Business Case in 2025/26 (MTPF priority)
- Adult Community Mental Health services expansion - including Assertive Outreach and EIP and linking to the GM Live Well/Neighbourhood model (MTPF priority)
- Deliver of appropriate Shared Care arrangements across MH providers and General Practice – together with more SMI/LDA Annual Health Checks and Action Plans (MTPF priority)
- Improved recovery for people accessing Talking Therapy services (MTPF priority)
- Expansion of specialist peri-natal services and parent infant services to improve access, quality and outcomes.
- Quality transformation of all age inpatient services (including rehabilitation) with a move to a therapeutic model of care and implementing the 10 high impact changes to ensure people are only in hospital when they need to be and receive high-quality, person-centred care, to enable safe and timely discharge as soon as possible.
- Expansion of Mental Health Support Teams to reach 70% of all schools/education settings by the end of March 2027 (MTPF priority)
- Implementation of the mental health support into the Skyline Homes and delivery of the enhanced CAMHs offer to Cared for Children.
- Adult and CYP Eating Disorder services to ensure equitable access across all GM localities
- Expand Individual Placement Support (MTPF priority)
- Reduce the number of people with Learning Disability/Autism in inpatient mental health beds and implement the outcomes of CLDT/LDA services review (MTPF priority)
- Full implementation of the new models of care for neurodiversity for adults and Children and young people, delivering the shift from a medicalised model to a needs-led thrive model

26/27 Commissioning Intentions:- Specialist Commissioning

- GM and East Cheshire Arterial Vascular Surgery Service reconfiguration to improve performance and resilience
- GM and East Cheshire Electrophysiology and Ablation (EP) procedures for heart rhythm conditions, Transcatheter Aortic Valve Implantation (TAVI) for aortic valve stenosis and Cardiac surgery Service reconfiguration to improve performance and resilience
- Specialised Neurorehabilitation Services continuation of case management as a core feature of service delivery to ensure that patient needs are met appropriately and adequate patient flow across the pathway
- Optimising Stroke Pathways. Undertake a review of resilience and sustainability of Mechanical Thrombectomy services between 22:00 and 08:00 across all NW services. Continued pathway improvement to comply with national standards.
- Complex Termination of Pregnancy Service. Provider selection exercise to ensure that the NW has regional network capacity to provide locally-based, medically-complex terminations up to 23 weeks and 6 days gestation compliant with national service specification standards
- Establishment of a NW Placenta Accreta Syndrome Service at MFT compliant with national service specification standards

26/27 Commissioning Intentions:- Specialist Commissioning

- Adult Critical Care Transport Service Establishment of a single service for the population of the NW compliant with national service specification standards.
- Paediatric Critical Care Develop improved and consistent models of care to increase capacity and improve safety and resilience of services across the NW
- Implementation of the Renal Transformation Programme Addressing unwarranted variation and pressures in services. Earlier intervention and medicines optimisation for CKD patients. A&E avoidance initiatives.
- Arterial Vascular Surgery - Reconfiguration of adult Vascular Surgery services across Lancashire, South Cumbria, and Wigan in order to improve the safety and quality of services and to ensure the sustainable provision of acute and emergency services into the future.
- Neonatal transformation Programme - NW Neonatal Services to meet national service specification activity standards to ensure best outcomes for our babies, including reducing long term disability and mortality. Supports recruitment, development and sustainability of a multidisciplinary neonatal workforce.

Other services subject to review / new commissioning arrangements in 26/27

Primary Care

Continuation of Beyond Core Primary Care 'BeCCor' – GM scheme

Continuation of BeCCor – Pillar 1 and locality retained schemes

Urgent & Emergency Care

- Undertake a review of GP Out of Hours services within the context of the wider Primary Care strategy, ensuring integrated urgent care access, consistent standards, and seamless links with NHS 111 and community urgent care pathways
- Review of Walk-in Centres to ensure effectiveness informing future commissioning decision

Community Services

- Implement GM standard service specification for District Nursing
- Implement a set of core standards for Intermediate Care

Other services subject to review / new commissioning arrangements in 26/27

Long Term Conditions

- Frailty / MSK - Commission fracture liaison services in all GM localities
- Implementation of a multi-year, population health approach to obesity and weight management (all age) including prevention, lifestyle and behaviour support, specialist intervention (medical and surgical)
- ME/CFS and Long Covid - commission a new, combined model across GM with dedicated psychological input to support diagnosis and treatment – this will require a redistribution of non-recurrent Long Covid funding
- Commission new GM structured Diabetes Education Service in line with new GM specification

Population Health

- Continuation of in hospital-based support to reduce Alcohol Harm, building upon the current Alcohol Care Team model and Treating Tobacco Dependency. Providers to absorb within existing allocation.
- Continuation of ADVISE service for victims of Domestic Abuse whilst embark on the development of a multi-year plan as part of the 5 year commissioning strategy

Meeting: Bury Locality Board			
Meeting Date	02 February 2026	Action	Receive
Item No.	9.2	Confidential	No
Title	Planning and Prioritisation for Mental Health, Learning Disability and Autism for 2026/27		
Presented By	Gary Flanagan, Assistant Director – Mental Health Strategic Commissioning, NHS Greater Manchester		
Author	Melissa Maguinness, Programme Director – Commissioning Development, NHS Greater Manchester		
Clinical Lead	NA		

Executive Summary
The report sets out the process undertaken for agreeing the Greater Manchester priority programmes for Mental Health and Learning Disabilities and Autism for 2026/27
Recommendations
NA – for information

OUTCOME REQUIRED <i>(Please Indicate)</i>	Approval	Assurance	Discussion	Information
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
APPROVAL ONLY; (please indicate) whether this is required from the pooled (£75) budget or non-pooled budget	Pooled Budget <input type="checkbox"/>	Non-Pooled Budget <input type="checkbox"/>		

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	<input checked="" type="checkbox"/>
Drive prevention, reducing prevalence and proactive care – supporting Demand Reduction through primary intervention, secondary preventions and tertiary prevention	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

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	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, please give details below:						
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	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Governance and Reporting

Meeting	Date	Outcome
Greater Manchester Mental Health Partnership Group	13/01/2026	
Bury Mental Health Programme Board	20/01/2026	Noted

Planning and Prioritisation for Mental Health, Learning Disability and Autism for 2026/27

GM Mental Health Partnership Group
13 January 2026

MEETING:	Greater Manchester Mental Health Partnership Group
TITLE OF REPORT:	Planning and Prioritisation for MH and LDA 2026/27
DATE OF MEETING:	13 January 2026
FILE CLASSIFICATION:	-
FILE VERSION NUMBER/DATE:	-
AUTHOR/S:	Melissa Maguinness, Programme Director – Commissioning Development
WHICH GROUP HAS PRODUCED THIS PAPER (IF APPLICABLE):	N/A
PRESENTED BY:	Melissa Maguinness, Programme Director – Commissioning Development
PURPOSE OF PAPER:	
Decision Requested:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
For Discussion:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
For Noting/Information:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Financial Implication:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

PURPOSE OF REPORT:

- The report sets out the process undertaken for agreeing the Greater Manchester priority programmes for Mental Health and Learning Disabilities and Autism for 2026/27
- The GM Mental Health Partnership Group is asked to note the process undertaken to determine the priorities for 2026/27 and endorse the prioritised schemes/service developments and the system oversight arrangements.

KEY ISSUES TO BE DISCUSSED:

- Recognise the need to ensure prioritisation of the commissioning plans for 2026/27 (and beyond) within the overall financial envelope
- Recognise the need to ensure alignment with the National Planning requirements for 2026/27
- Note that difficult decisions are required to be made across the GM system in order to balance operational priorities within the funding available, while continuing to lay foundations for future system transformation of preventative, early intervention and sustainable community services.
- Ensure ongoing system collaboration to deliver the gain share from the Mental Health Integrated Fund (MHIF) to fund key system MH priorities

RECOMMENDATIONS:

The group is asked to:

- Endorse the prioritised schemes/service developments and the system oversight arrangements.

CONTACT OFFICER:

Melissa Maguinness (melissa.maguinness@nhs.net)
Programme Director – Commissioning Development

Planning and Prioritisation for MH LDA 2026/27

GM MHPG 13 January 2026

1. Purpose of Paper

This paper sets out the NHS Medium Term Planning Framework (MTPF) priorities for Mental Health, Learning Disability and Autism services for the period from 2026/27 to 2028/29 (which focuses on improving health outcomes and financial sustainability) and the proposed prioritisation of GM's Commissioning Intentions for 2026/27 in line with the national plans.

2. Medium Term Planning Framework

The Medium Term Planning Framework (delivering change together 2026/27-2028/29) sets out the priority deliverables and the reform opportunities that ICBs and providers need to deliver for the next 3 years (alongside the broader strategic aims that will need to be reflected in 5-year plans developed by each organisation).

The national priorities focus on longer term planning, financial sustainability, improved productivity, neighbourhood working (the shift from hospital to community care) and from the increased investment into prevention and early intervention (to reduce spending on ill health).

High level objectives are set out in - [Medium Term Planning Framework – delivering change together 2026/27 to 2028/29](#) (more detail is included in the metric technical definitions).

Technical definitions for all mental health activity metrics are set out in the documentation shared via the [NHS planning Future NHS site](#), which also set out the aims each metric will be assessed against.

Summary slides and webinar recordings clarifying specific priority and required action details are available from the [mental health Future NHS planning pages](#).

These priorities fully align with the GM Mental Health and Emotional Wellbeing Strategy and wider GM system plans and have informed the GM Commissioning Intentions, system plans and priorities for 2026/27 and beyond

3. Key National MH LDA Performance Targets for 2026/27

The table below details the 19 national standards for 2026/27 (of the 29 total standards ICBs are assessed against) relating to MHLDA and GM's target for these.

Planning Metric	Metric ID	Current Performance ICB	Current Performance Providers	Period	2026/27 Ask	2026/27 Ask Date Range	ICB 26/27 Plan	Provider 2026/27 Plan	2027/28 Ask	2027/28 Ask Date Range	ICB 27/28 Plan	Provider 2027/28 Plan
Mental Health Support Team coverage of total pupils/learners	E.C.1	48.40%		March 25, end of period position	77% Mar-27	2026/27 Annual Total	77.03%		89% coverage by Mar-28	2027/28 Annual Total	89.22%	
Reliable recovery rate for those completing a course of treatment and meeting caseness	E.A.4a	43.60%	43.10%	Oct 25, in period activity	51% Reliable recovery rate	Mar-27	51.01%	51.08%	52% Reliable Recovery rate	Mar-28	52.01%	52.12%
Reliable improvement rate for those completing a course of treatment.	E.A.4b	65.70%	66.00%	Oct 25, in period activity	69% Reliable improvement rate	Mar-27	69.01%	69.12%	70% Reliable Improvement rate	Mar-28	70.00%	70.29%
No. completed courses of treatment	E.A.4bx	13,530	Query on Tableau data	Aug 25, in period activity	Nationally 805,000 courses of Talking Therapies by the end of 26/27	2026/27 Annual Total	46,156	14,580	Nationally 855,000 courses of Talking Therapies by the end of 28/29	2027/28 Annual Total	12,273	3,450
Number of patients accessing Individual Placement Support services	E.H.34	2,880	3,515	Sept 25, 12 month rolling	Nationally 63,500 accessing IPS by the end of 26/27	Mar-27	3,641		Nationally 70,000 accessing IPS by the end of 28/29	Mar-28	3,823	
Number of active inappropriate adult acute out of areas placements (OAPs)	E.A.15	2	5	Dec	Reducing the number of OAPs Baseline is Aug-25 latest Actual	Mar-27	2.00	2.00	Reducing or maintaining at zero the number of inappropriate out of area placements	Mar-28	-	1.00
Reliance on mental health inpatient care for adults with a learning disability	E.H.32	40		Q2 25/26, end of period position	Deliver a minimum 10% reduction year-on-year (equivalent to a 30% reduction from March 2024 baseline) unless already met 29 per million rate across 2 metrics combined	Mar-27	36.00					-
Reliance on mental health inpatient care for autistic adults	E.H.33	55		Q2 25/26, end of period position		Mar-27	39.00					-
Number accessing (1+ contact) Mental Health Support Teams for Children And Young People (age 0-17) - rolling 12-month	E.A.6	6,290		Aug 25, 12 month rolling	Increase access compared to baseline Baseline is latest Actual Aug-25	Mar-27	12,950	2,349	Increase access year-on-year Baseline is Mar-27 plan	Mar-28	16,640	9,396
Number of Children And Young People (0-17) accessing (1+ contact) mental health services (12-month rolling metric)	E.H.9	55,010	57,090	Sept 25, 12 month rolling	Maintain access vs. baseline (Aug-25)	Mar-27	62,000	26,865	Maintain access vs. baseline (Aug-25)	Mar-28	69,150	26,865
Number of Children and Young People with mental health waits over 104 weeks (help-based clock stop) at the end of the reporting period	E.A.7	No data on template - checking			Eliminate waits over 104 weeks by Mar-27	Mar-27	0.00	800.00			0.00	0.00
Number of women accessing Specialist Community Perinatal Mental Health Services (12-month rolling metric)	E.H.15	2750	2720	Sept 25, 12 month rolling (Oct for GM providers)	Maintain access vs. baseline (Aug-25)	Mar-27	3,554	2,785	Maintain access vs. baseline (Aug-25)	Mar-28	3,741	2,785
Average Length of Stay for Patients in Adult Acute and PICU Mental Health Beds	E.H.38	68.84		Aug 25, 3 month rolling, Oct for providers	Year-on-Year reductions Baseline is latest actual (3-months to Aug-25)	3 months to Mar-27	53.36	53.36	Year-on-Year reductions Baseline is Mar-27 plan (3-months to Mar-27)	3 months to Mar-28	53.11	53.11
Average Length of Stay for Patients in Older Adult Acute Mental Health Beds	E.H.39	136.5		Aug 25, 3 month rolling, Oct for providers	Year-on-Year reductions Baseline is latest actual (3-months to Aug-25)	3 months to Mar-27	108.96	108.96	Year-on-Year reductions Baseline is Mar-27 plan (3-months to Mar-27)	3 months to Mar-28	105.40	114.94
People with a learning disability and autistic people in mental health hospital with the longest lengths of stay	E.K.4	52%		Q2 25/26, end of period position	Year-on-Year reductions Baseline for 2026/27 will be end of Q4 2025/26 position	End of Q4 2026/27	44%		Year-on-Year reductions Baseline for 2027/28 will be end of Q4 2026/27 planned position	End of Q4 2027/28	0%	-
12-month admission rate for adults with a learning disability and autistic adults	E.K.5a	26		Q2 25/26, 12 month rolling	Year-on-Year reductions Baseline for 2026/27 will be 12-months to Mar-26 position	2026/27	25.79		Year-on-Year reductions Baseline for 2027/28 will be 12-months to Mar-27 planned position	2027/28	23.10	-
12-month admission rate for under 18s with a learning disability and autistic under 18s	E.K.5b	23		Q2 25/26, 12 month rolling	Year-on-Year reductions Baseline for 2026/27 will be 12-months to Mar-26 position	2026/27	13.58		Year-on-Year reductions Baseline for 2027/28 will be 12-months to Mar-27 planned position	2027/28	13.58	-
Reliance on mental health inpatient care for under 18s with a learning disability and autistic under 18s	E.K.1c	10		Q2 25/26 end of period position	Year-on-Year reductions Baseline for 2026/27 will be end of Q4 2025/26 position	2026/27	9.00				-	-
Percentage of Annual Health Checks and Health Action Plans delivered to patients aged 14+ on the GP Learning Disability Register	E.K.6	25.50%		Aug 25, in period activity	Increase cumulative coverage by end of each year	Cumulative 2026/27 total	75%		Year on year increase	Cumulative 2027/28 total	76.06%	-

4. Financial Overview

4.1 Mental Health Investment Standard (MHIS) 2026/27

ICBs are required to meet the Mental Health Investment Standard (MHIS) and also to spend their delegated specialised commissioning allocation on mental health and learning disability and autism.

The total Mental Health Investment Standard (MHIS) financial envelope in 2026/27 is £845.9m (based on forecast 2025/26 outturn with a 2.03% uplift applied).

For 2026/27, targeted SDF has also been confirmed for the following areas:

- NHS Talking Therapies for Anxiety and Depression – Indicative funding allocations for 2026/27 (£3.3m) and 2027/28 have been released as part of financial planning materials. [Allocations](#) will be updated and confirmed in year based on actual trainee numbers.
- Individual Placement Support (IPS) - Confirmed funding [allocations](#) have been released for 2026/27 (£2.5m) along with indicative allocations for 2027/28.
- Mental Health Support Teams in Schools (MHSTs) indicative allocation of £3.1m in 206/27

The MHIS includes a starting Mental Health Integrated Fund of £42.8m, based on 118 IS beds included from April 2026. We have a system plan to reduce this number by at least 50% throughout 2026/27 (the details by bed type and provider are being worked through and will be agreed in principle by end January 2026 once the plans have been triangulated with the Length of Stay targets and reductions in admissions).

This would deliver an additional year benefit of over £11m in 2026/27 for reinvestment into agreed priority areas.

This builds on the successful delivery of the first year of the MHIF in 2025/26. The current MHIF (as at month 8) is forecasting a total c.£13m gainshare. On this basis of these gains remaining recurrent, the financial plans commit £8m of this in 2026/27.

4.2 Capital Funding

The Spending Review settlement provides c.£6.0bn across to help fund transformation and additional capacity needed in primary, community and acute settings to support the return to elective constitutional standards and improve Urgent and Emergency Care (UEC) performance through delivering a shift from hospital to community. This includes a dedicated minimum MHLDA capital allocation of £473m to fund:

- One Neighbourhood Mental Health Centre in every place by March 2029.
- 50% coverage of MH EDs for Type 1 EDs by March 2029 (including Health Placed Bases of Safety as needed with additional revenue included in ICB general allocations uplift).
- At least 24 new units of LDA Crisis Accommodation.
- Capacity management software & digitised MHA pathways by 2030.

This is designed to benefit MH planning targets and UEC recovery.

Plans are being worked up collaboratively for the GM capital allocation (expected total allocation of £26m from 2026/27 to 2029/30). These will be brought back to the GM MHPG for review.

5. Process to Identify Priorities for 2026/27

A workshop was held on 5th December (with a follow up on 12th December) with the Trust Directors of Strategy, Directors of Finance, Chief Operating Officers and the NHS GM Strategic Lead Clinical Commissioner, the Programme Director for Commissioning Development, senior Finance Leads and VCSE leads to undertake a review of all Commissioning Intentions for 2026/27 against the agreed priorities and within the total available MHIS, namely

- Pre-commitments for services (including those which started part way through 2025/26 and require recurrent full year funding)
- Services which have quality/safety issues which require funding to resolve
- National Must Dos
- Services where there is significant and unwarranted variation in provision across GM
- Services/schemes which will deliver cash-releasing savings in year (which will increase the Mental Health Integrated Fund [MHIF] to enable further investment in community services and other priority areas)

6. Priority Programmes

2026/27 is year 2 of the GM 5-year strategic MH LDA transformation programme. This is underpinned by the Mental Health Integrated Fund as the vehicle to enable the continued investment in early intervention and community service transformation through prevention of inpatient admissions and reducing length of stay.

2026/27 focuses on adult community crisis service expansion and enhancement including Assertive Outreach and EIP alongside planning for wider transformation of core adult community Mental Health services.

Specific Commissioning Intention priorities alongside community Mental Health transformation include the expansion and enhancement of Mental Health Support Teams, improved access to Children and Young People's mental health and emotional wellbeing services and expansion of the specialist perinatal services and parent infant services to meet the national target and improve quality and outcomes.

The quality transformation of all age inpatient services (Mental Health and Learning Disability/Autism) including rehabilitation will continue to be a system priority, including moving to a therapeutic model of care and implementing the 10 high impact changes which ensures people are only in hospital when they need to be and receive high-quality, person-centred care, to enable safe and timely discharge as soon as possible.

In 2026/27 we will fully implement the new models of care for neurodiversity for adults and Children and young people. This will drive the shift from a medicalised model to a needs-led thrive model which will significantly reduce reliance and costs of Right to Choose with an early support model.

To deliver the left shift and ensure best use of our GM £, our strategic focus will remain on demand management – both reducing inpatient admissions (and investing in community Mental Health services) as well as also through fully integrating Mental health and emotional wellbeing through Live Well (as a holistic, person-centred approach alongside physical health and social wellbeing).

Throughout our strategic commissioning process we will embed the principles of

- Evidence based, clinically-led service transformation
- Ensuring implementation of Modern Service Frameworks and service specifications focused on quality, equity and improving population outcomes
- System working and integration of end-to-end pathways which are outcome focused

The following are the strategic commissioning priorities which have been agreed in principle

Inpatient Safer Staffing Levels

Provision of safely staffed services providing quality and therapeutic support – funding in 2026/27 whilst wider inpatient quality transformation work is undertaken

PCFT: £1m

GMMH: £1m

First Response Crisis Response Service

VCSE: £1.3m (pre-commitment from 2025/26)

Adults Mental Health Crisis Services

Investment to ensure core fidelity across all Community Mental Health Crisis Response and Home Treatment Teams (CRHTs)

PCFT: £1.7m

Adults Community Mental Health Teams (CMHTs)

Levelling up core service provision, safe staffing (including Early Intervention and Intensive Assertive Outreach)

GMMH: £0.9m

GMMH: £1m EIP (pre-commitment from 2025/26)

Alternatives to Inpatient Admission including Gatekeeping

Priority to be funded from Mental Health Integrated Fund in order to continue to drive reductions in admissions to inpatient settings and release further savings (for reinvestment into community services)

GMMH: £0.4m

Digital Transformation including CPA replacement

Non recurrent for 2026/27 to enable completion of programme

PFT: £0.5m

GMMH: £0.5m

Expansion of Mental Health Support Teams in line with national ambitions

Across all 3 NHS Providers: Ring-fenced SDF funding in 2026/27 £3.1m (to achieve 77%)

Expansion of Perinatal Mental Health Services in line with Long Term Plan Commitments

To address safety and quality issues and increase access. Critical due to quality/ safety issues and recent maternal deaths

GMMH: £2m (pre-commitment from 2025/26)

Parent Infant Mental Health

Review and redesign of consistent personalised offer across GM

Across all providers: £700k (Pre-commitment from 2025/26)

Full implementation of the CAMHs service specification (including the neurodiversity triage and assessment)

GMMH: £0.3m

MFT: £0.9m

PCFT: £0.6m

Phased implementation of the mental health offer into the Skyline Homes

SIROC model to be procured for start date of April 2026.

£0.5m (pre-commitment from 2025/26)

Childrens community eating disorders

To also address gaps in ARFID provision. Sharp rise in need across GM with current inequitable provision. Critical due to Quality/ Safety Issues. Significant variation in provision across localities

MFT: £0.6m

Children and Young People's neurodiversity new model of care

All GM localities: £1.6m (pre-commitment from 2025/26)

Adult ADHD/Autism services implementation of new model

Implementation of triage model pan GM

NHS GM: £1.1m (pre-commitment from 2025/26)

Enhanced Thrive/Early Help and Support offer for Children and Young People and Transition including Parents and Carers

Early intervention prevents crises, reduces inequality and supports CYP and their families/carers

VCSE: £1.5m

Adult VCSE capacity and sustainability to ensure sufficient capacity to meet demand

This is a key priority and underpins delivery of new models of care, the "left shift" and neighbourhood models of care/Live Well

GMMH: £0.4m

Increased capacity in Talking Therapies services to meet national access and recovery targets

Community - Increased access to Talking Therapies, particularly for patients with Severe Mental Illness

Additional ring-fenced SDF funding in 2026/27 (£2.5m)

IPS

PCFT as LPC - Additional ring-fenced SDF funding in 2026/27 (£3.3m)

Shared Care

Model to support shared care with GPs.

PCFT: £0.4m

GMMH: £0.4m

Redirection of previous Living Well funding and non-ARRS capacity.

Implementing NHS 111 and text service

GMMH/VCSE: £0.1m

PCFT/VCSE: £0.1m

7. System Oversight and Assurance

We have also agreed to work collaboratively to ensure sustainability of mental health services across Greater Manchester. This includes reviewing contracting/subcontracting arrangements and putting in place alternative models/services where this will make better use of resources and improve outcomes.

There is still significant variation in service delivery and access across the 10 GM localities (due to differences in historic commissioning arrangements). It is imperative that these are identified, and plans put in place to address this unwarranted variation. This may require a different approach where existing resource is managed more equitably across localities according to need.

It is proposed that the current MHIF operational group and Part A and Part B MHIF groups are disbanded and that a single monthly meeting is established to oversee delivery of the key programmes and national standards and the sustained delivery and enhancement of the MHIF.

8. Recommendation

The GM Mental Health Partnership Group is asked to note the process undertaken to determine the priorities for 2026/27 and endorse the prioritised schemes/service developments and the system oversight arrangements. The final approval for the schemes and funding will be taken through the NHS GM Finance Committee in early 2026.

Meeting: Bury Locality Board			
Meeting Date	02 February 2026	Action	Approve
Item No.	9.3	Confidential	No
Title	Bury draft Mental Health priorities and commissioning intentions 2026.27		
Presented By	Ian Trafford, Head of Programmes, Bury IDC		
Author	Ian Trafford, Head of Programmes, Bury IDC		
Clinical Lead	NA		

Executive Summary
<p>The table sets out the local high level priorities and commissioning intentions for mental health for 2026.27.</p> <p>In most instances the priorities are local implementation of GMICB priorities and commissioning intentions (see paper AI 9a. NHS GM Planning and Prioritisation for MH and LDA 2026.27). this reflects the GM Mental Health and Wellbeing Strategy 2024 - 2029 as a guiding document and the central role of NHS GM as budget holder and commissioner.</p> <p>Where priorities are specific to the Bury Locality this is identified in the table.</p>
Recommendations
<ol style="list-style-type: none"> 1. Consider the priorities. 2. Approve the high level priorities and commissioning intentions as the basis for more detailed programme planning.

OUTCOME REQUIRED (Please Indicate)	Approval <input checked="" type="checkbox"/>	Assurance <input type="checkbox"/>	Discussion <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
APPROVAL ONLY ; (please indicate) whether this is required from the pooled (£75) budget or non-pooled budget	Pooled Budget <input type="checkbox"/>	Non-Pooled Budget <input type="checkbox"/>		

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	<input checked="" type="checkbox"/>
Drive prevention, reducing prevalence and proactive care – supporting Demand Reduction through primary intervention, secondary preventions and tertiary prevention	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
Optimise Care in institutional settings and prioritising the key characteristics of reform.	<input checked="" type="checkbox"/>

Implications						
Are the risks already included on the Locality Risk Register?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any quality, safeguarding or patient experience implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, please give details below:						
<ul style="list-style-type: none"> • Relevant risks are logged on the Bury MH Programme Risk register with risks scoring over 12 reported to the Bury IDC and Locality Boards. • Relevant risks are logged on the GM MH & LDA Programme Risk register with reporting to the GM MH & LDA Partnership Board and ICB. • Where required an appropriate Equality, Privacy or Quality Impact Assessment will be undertaken e.g. in the event of significant service redesign or decommissioning in line with GMICB governance arrangements. • Some of the priorities are subject to additional investment through GMICB – where agreed this is set out at a high level in the accompanying paper: AI 9a. NHS GM Planning and Prioritisation for MH and LDA 2026.27. Where additional investment needs to be identified this is referenced in the table. Ongoing or additional expenditure will be subject to approval via GMICB governance arrangements and / or locality arrangements in line with the financial scheme of delegation (NHS) and / or Bury Council standing orders. 						
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	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
Bury Community Transformation Delivery Group	14/01/26	Reviewed and discussed by locality partners including PCFT [adult services], BIG, Creative Living Centre
Bury Mental Health Programme Board	20/01/2026	Reviewed and agreed with a request for more detailed plans to be developed with partners and brought back to the Bury MH Programme Board: <ul style="list-style-type: none"> • Adult community services transformation • Patient flow on MH inpatient wards

Bury draft MH priorities / commissioning intentions 2026.27

Workstream	Overview	Objectives	How - 2025/26 Plans	Indicators	Risks / Issues
Strategy development	Develop refreshed Bury all age 3-year MH strategy				
Coping & Thriving	Describe and promote a core offer of mental wellbeing initiatives and services at a place and Neighbourhood level	Improve access and uptake of mental wellbeing services to provide early help for people with emergent mental and emotional wellbeing issues	<ol style="list-style-type: none"> 1. Describe and promote core offer inc Connect 5, Helping yourself to Wellbeing & Silver Cloud 2. Describe and promote additional provision at a Neighbourhood level as part of wider Live Well offer. 3. Given Funding is available Mental Health prevention to be piloted 	Connect 5, Helping yourself to Wellbeing: <ul style="list-style-type: none"> • Number of sessions delivered • Number of people attending • Participant feedback Silvercloud: <ul style="list-style-type: none"> • Locality uptake. • KPI's attached 	<ul style="list-style-type: none"> • Identifying providers for Connect 5 delivery. • Helping yourself to Wellbeing course through Bury Adult Learning only available free for people on low income. • Lack of funding for train the trainers.
Suicide prevention	Continued development and implementation of the Bury suicide prevention plan including programme of suicide prevention training.	<ol style="list-style-type: none"> 1. Maintain or increase delivery and uptake of training. 2. Target training at those parts of the workforce / community most likely to be in contact with groups at higher risk inclusive of neurodiversity 	<ol style="list-style-type: none"> 1. Shining a Light on Suicide and Zero Suicide Alliance training distributed from GM Leads 2. Face to Face training 1 hour lunchtime learning and 3-hour options. 3. Possible in school provision also from mandatory legislation from central government from April 2026. 	<ul style="list-style-type: none"> • Number of sessions delivered • Number of people attending • Participant feedback 	<ul style="list-style-type: none"> • Capacity from teams to participant in the training provided and lack of appropriate communication support. • Lack of funding for face-to-face training delivered by Big Fandango.
Talking therapies	Comparatively high level of prevalence of depression in Bury. Access and waiting times for NHS Talking Therapies are below the GM average.	<ol style="list-style-type: none"> 1. Improve reach of NHS Talking Therapies to people with common MH problems. 2. Improve timely access of NHS Talking Therapies. 	Improvement plan TBC with PCFT	<ul style="list-style-type: none"> • Access rate • 6w wait • 18w wait • Secondary wait 	<ul style="list-style-type: none"> • Ongoing capacity challenges reported by Bury NHS Talking Therapies.

Workstream	Overview	Objectives	How - 2025/26 Plans	Indicators	Risks / Issues
Adult community services transformation	Continue to embed and refine the Neighbourhood MH model	<ol style="list-style-type: none"> 1. Ensure effective integration crisis services, specialist services and the wider Neighbourhood model including GPs 2. Ensure clear pathways of care for patients and referrers. 3. Increase overall capacity within community services across PCFT, MBC and VCSE. <p>To be agreed with PCFT, Bury Council and VCSE partners.</p>	<ol style="list-style-type: none"> 1. Develop and implement comms and engagement plan esp with GPs. 2. Review Living well VCSE element of Neighbourhood MH Teams. 3. Agree commissioning intentions for VCSE crisis service for VCSE element of Neighbourhood MH Teams for 2027.28. <p>To be agreed with PCFT, Bury Council and VCSE partners.</p>	To be agreed with PCFT, Bury Council and VCSE partners.	<ul style="list-style-type: none"> • Very high demand for services. • limited new investment planned by GMICB in Neighbourhoods MH Teams.
Adult mental health crisis services	Reduce demand on hospital-based crisis services, specifically MH Liaison, through the provision of safe and effective, community-based crisis resolution and support services.	<ol style="list-style-type: none"> 1. Increase capacity in community-based crisis resolution services. 2. Ensure integration of crisis services with clear pathways for patients and referrers. 3. Reduced A&E attendance [by people in MH crisis] 4. Reduced acute inpatient admissions. 	<ol style="list-style-type: none"> 1. Implement locality Crisis Response Team aligned with Home Treatment Team. 2. Ensure local crisis pathways are reviewed and updated. 3. Review existing VCSE crisis service. 4. Agree commissioning intentions for VCSE crisis service for 2027.28. 5. Work with ICB leads and providers on development potential linked to medium term planning guidance inc MH EDs and step-up crisis provision. <p>To be agreed with PCFT, Bury Council and VCSE partners.</p>	<ul style="list-style-type: none"> • Crisis response team referral numbers • Peer Led Crisis Service referral numbers • MH Liaison referral numbers • 12hr ED breaches 	<ul style="list-style-type: none"> • Initial funding for crisis response teams is non recurrent. • Lack of step-up crisis beds may be a limiting factor.

Workstream	Overview	Objectives	How - 2025/26 Plans	Indicators	Risks / Issues
Patient flow on MH inpatient wards	<p>There has been positive progress in 2025.26 in improving patient flow with reductions in average LOS, OAPs and bed days occupied by people who are CRFD.</p> <p>The emphasis is on maintaining current performance and delivering improvements where possible, largely within existing resources.</p>	<ol style="list-style-type: none"> 1. People are provided with acute inpatient care closer to home. 2. People are discharged from inpatient care in a timely way. 	<ol style="list-style-type: none"> 1. Implement inpatient safer staffing levels 2. Implement agreed GM and locality plans for reducing CRFD / OAPS / LOS 3. Days Away from Home Hospital Discharge Pathway Pilot – developing clear discharge pathways on Mental health wards. 4. Map gaps in relation to step-down provision inc MH IMC / enablement to inform commissioning intentions. <p>To be agreed with PCFT.</p>	<ul style="list-style-type: none"> • 12hr ED breaches • Inappropriate OAPS. • Bed days occupied by people who are CRFD. • Average LOS – adults & older adults • Patients with a long LOS - over 60 days. 	<ul style="list-style-type: none"> • Access to suitable placements on discharge may be a limiting factor
Neurodevelopmental [ADHD / ASD] provision for adults.	<p>Implement transformed pathways for neurodevelopmental assessments [ADHD / ASD] for adults.</p>	<ol style="list-style-type: none"> 1. Maintain a managed pathway for transition of young people on shared care [ADHD medication] for young people discharged from CAMHS. 2. Provide access to triage / assessment over time for those patients originally referred to LankUK. 3. Ensure those with the greatest need have more timely access to assessment. 	<ol style="list-style-type: none"> 1. Complete commissioning of NES service for 2026.27. 2. Agree arrangements in relation to the remaining LANK UK legacy patients. 3. Agree commissioning arrangements for 2027.28. 4. Support implement GM pathway redesign [ADHD]. 5. Support implementation of new standard service specifications [ADHD and ASD]. 	<ul style="list-style-type: none"> • Provider contract KPIs 	<ul style="list-style-type: none"> • Demand for assessments is likely to exceed commissioned capacity.

Workstream	Overview	Objectives	How - 2025/26 Plans	Indicators	Risks / Issues
Dementia	Current memory assessment pathway delivered by GP practices. Limited MAS provision through delivered by PCFT. Dementia United are undertaking a review of MAS provision with a view to developing a recommended model for the whole of GM.	Work towards having a pathway of care / service model which is compliant with recommended standards.	<ol style="list-style-type: none"> 1. Agree funding arrangements for existing model for 2026.27. 2. Participate in Dementia United review. 3. Agree preferred model and commissioning intentions for 2027.28 		<ul style="list-style-type: none"> • Funding via BeCCoR for 2026.27 not confirmed. • Existing model may not meet ideal standards. • No additional funding identified for MAS provision at this stage.
myHappyMind / myMindcoach	Currently operating in all primary schools and 10 high schools. Primary school delivery is part funded by schools and part nonrecurrent. High school provision is currently unfunded. Feedback from teachers, parents and pupils is excellent.	Sustain existing provision in Bury Schools	Plan to be agreed	<ul style="list-style-type: none"> • Provider impact reporting 	<ul style="list-style-type: none"> • No recurrent funding source identified
MHSTs	Implement the new model of care in line with national guidance. Extend provision to up to 77% of schools [ICB level target]	Extent the provision of evidence-based, accessible early help for CYP with MH issues in school in the context of a whole school approach	Plan / locality actions to be agreed	<ul style="list-style-type: none"> • School coverage. • Outcome reporting 	<p>Risks / Issues:</p> <ul style="list-style-type: none"> • Ability to deliver required expansion with available investment. • Ability to recruit suitably qualified workforce.

Workstream	Overview	Objectives	How - 2025/26 Plans	Indicators	Risks / Issues
Neurodevelopmental [ADHD / ASD] provision for CYP.	Locality implementation of GMICB transformation programme.	<ol style="list-style-type: none"> 1. Enable those in the greatest need / risk to have more timely access to assessment and treatment. 2. Provide early help, guidance and support without the need for a diagnosis. 3. Provide simpler, more consistent pathways for advice, guidance, assessment and support / treatment. 4. Improve outcomes for children and families. 	<ol style="list-style-type: none"> 1. Local implementation of multi-disciplinary triage. 2. Review and develop plan for provision of community-based assessments at sufficient capacity. 3. Full implementation of Bury Neurodevelopment Hub. 4. Develop and promote new pathways of care. 	<ul style="list-style-type: none"> • Numbers of referrals. • Waiting times for assessment. • ND hub referral numbers. • CYP / parent carer experience 	<ul style="list-style-type: none"> • Capacity of community provision to undertake assessments. • Capacity of ND Hub.
Sensory processing	Optimisation of a graduated approach to sensory processing support as part of a redesigned service offer.	Provide early help and bespoke support for children and families with sensory processing needs	<ol style="list-style-type: none"> 1. Recommission existing provider for 2025.26. 2. Review existing pathways. 3. Implement improvement recommendations. 4. Agree commission intentions for 2027.28. 	<ul style="list-style-type: none"> • Numbers of referrals. • Uptake of Sensory toolkit • Waiting times for assessment / consultation. • CYP/parent & carer outcomes & experience. 	<ul style="list-style-type: none"> • Capacity and willingness of existing services to use the Sensory toolkit. • Ability to meet the demand in a timely and sustainable way.
Domestic abuse support	Provider currently out of contract but with funding committed pending outcomes of wider review of domestic abuse services led by Bury MBC	<ol style="list-style-type: none"> 1. Agree sustainable approach to supporting children and young people who have experienced domestic abuse. 1. Agree sustainable approach to intervening with young people who exhibit harmful behaviours. 	<ol style="list-style-type: none"> 1. Review provision as part of wider LA led review of domestic abuse services 2. Develop commissioning intentions 		<ul style="list-style-type: none"> • No recurrent funding identified. • Provider operating out of contract with funding only committed to Sept 2026.

Workstream	Overview	Objectives	How - 2025/26 Plans	Indicators	Risks / Issues
Mental health provision for CYP involved in the criminal justice system	The Youth Justice Board is a statutory function currently spanning the Rochdale and Bury authority areas. There is an inequity in provision – in Rochdale there is a designated CAMHS service in relation to Youth Justice – in Bury there is not.	Provide appropriate mental health assessment and support for CYP involved in the criminal justice system.	TBC		<ul style="list-style-type: none"> • No recurrent funding identified. • Needs of children and young people not being met. • Potential failure to meet regulatory requirements.

Bury Overview and Scrutiny Committee **Wednesday 28th January 2026**

Bury Maternity Service Update

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

Bury Maternity Services Update



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Contents

- 1) National, GM and Local Priorities
- 2) Bury Level Maternity Statistic
- 3) Greater Manchester Maternity and Neonatal System
- 4) Maternity Pathways
- 5) Main Provider Level Maternity Infrastructure
 - Manchester FT (NMGH)
 - Bolton FT Main Provider Level Maternity Statistics
 - Manchester FT (NMGH)
 - Bolton FT
- 6) Quality and Safety Assurance
- 7) Maternity Voices Partnership

National, GM and Local Priorities

Bury Maternity Services Update

National, GM and Locality Priorities



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National Priorities

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

- Increase fill rates against funded establishment for maternity staff

GM Priorities

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

Locality Priorities

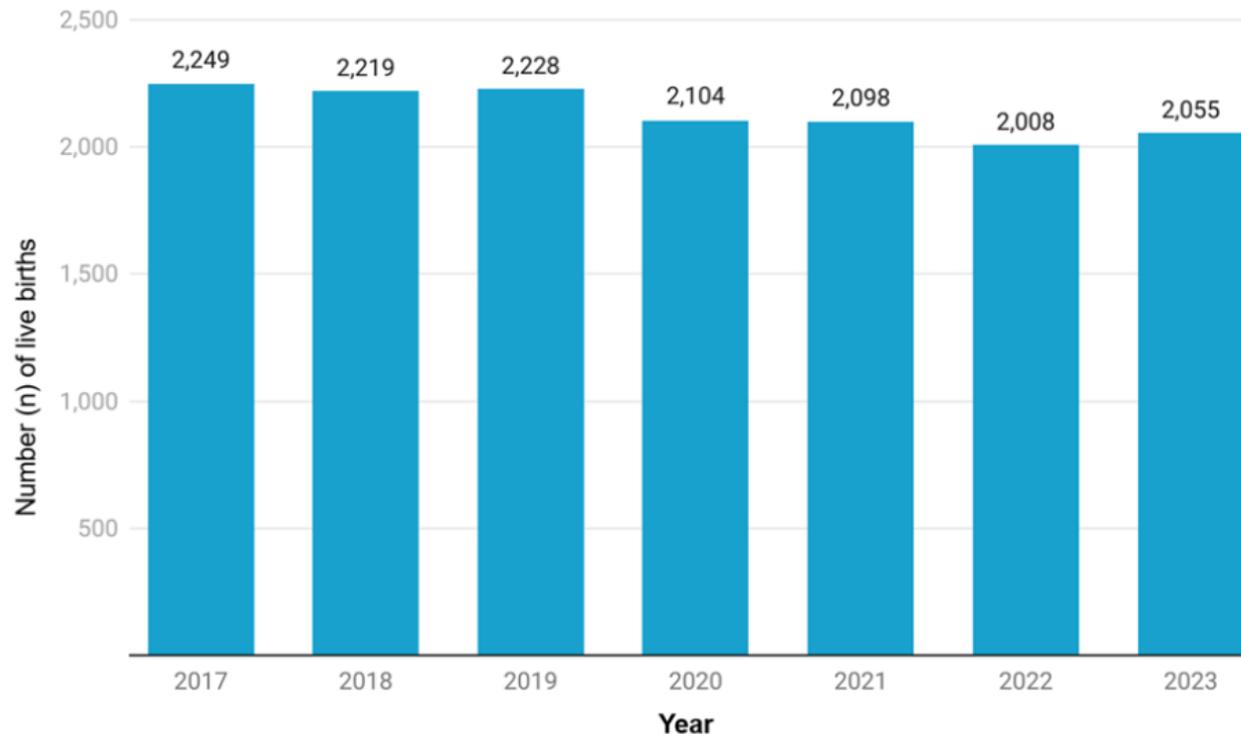
- Choice of Provider
- Continuity of Care
- Early appointment booking
- Pursuing Bury patient level data by provider
- System partner communications
- Link to Maternity Voice Partnership Bury Leads
- Support GM Maternity Network
- Support Midwifery Services Delivered at locations in Bury

Bury Level Maternity Statistics

Bury Maternity Services Update

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

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



Bury Maternity Statistics

(Source Bury JSNA: [Pregnancy and Birth | Bury Directory](#))

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

Bury Maternity Services Update

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



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



About

SATOD - Time Series

SATOD v2 - Map

Select Sub-ICB

NHS Greater Manchester ICB - 00V

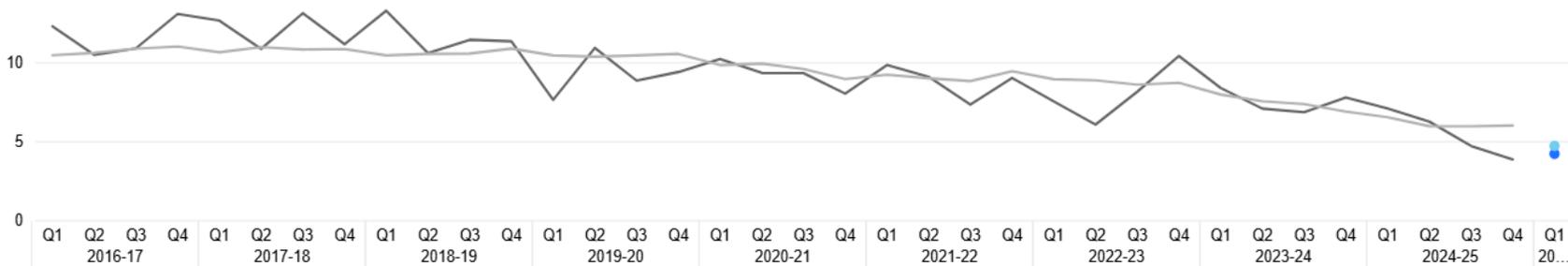
Select financial year and quarter for table

2025-26 Quarter 1

Data source changed from Q1 2025-26

Percentage of women that were smokers, by quarter

v1 % Smokers - Sub-ICB v1 % Smokers - England v2 % Smokers - Sub-ICB v2 % Smokers - England



Click here to view by financial year

Click here to compare data for unknown statuses

Sub-ICB, ICB and national comparisons

2025-26 Quarter 1

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

Source: Clinical Outcomes and Indicators, NHS England.

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Bury Maternity Statistics

(Source NHSE: [Microsoft Power BI](#))

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

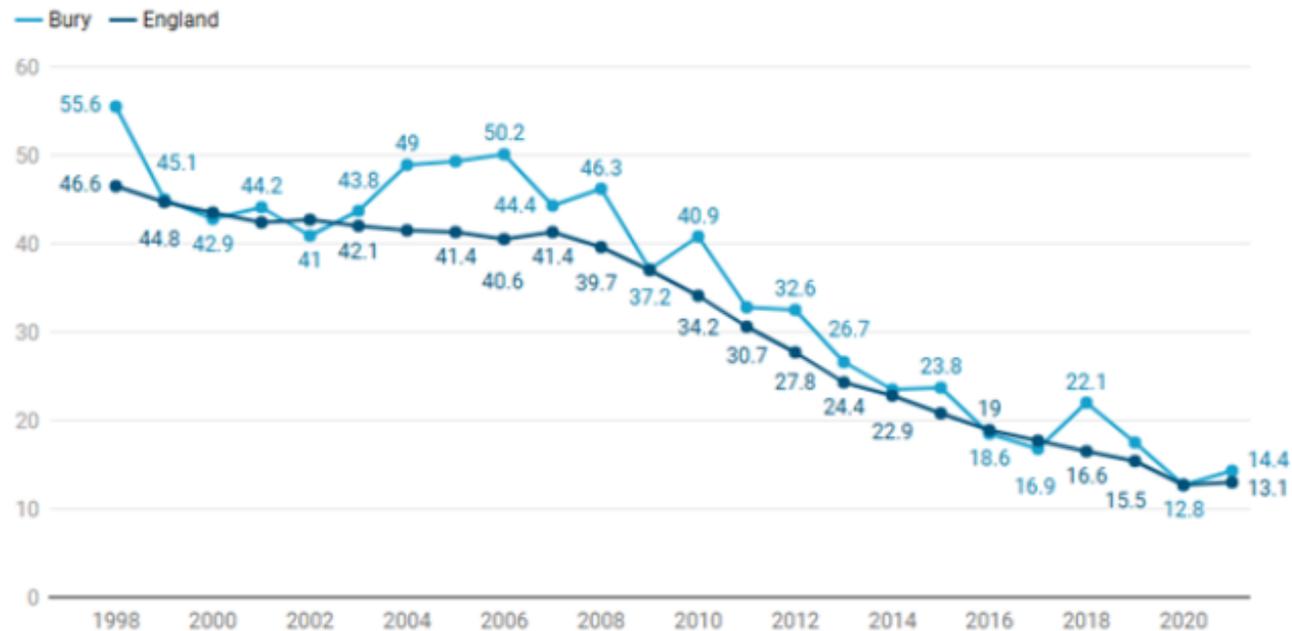
Bury Maternity Services Update

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



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



Bury Maternity Statistics

Source (Bury JSNA: [Pregnancy and Birth | Bury Directory](#))

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

Bury Maternity Services Update

Bury Level Maternity Statistics: Termination of Pregnancy Statistics



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



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

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

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

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

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

5. GP registered		
Yes	30	100%
No		

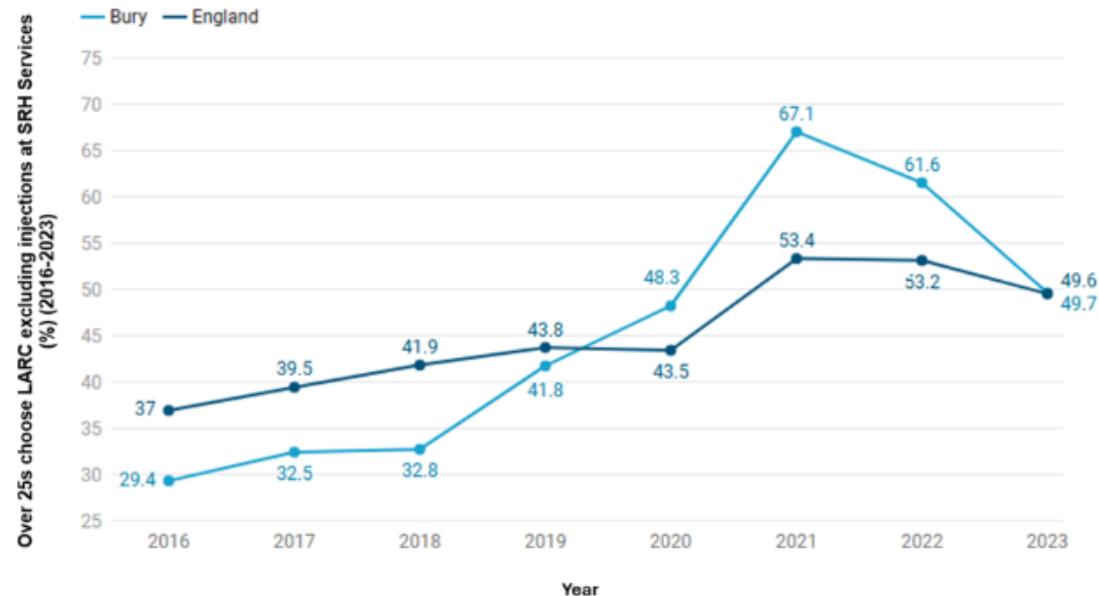
7. Gestation at time of call		
0 to 9 weeks	30	100%
10 to 12 weeks		
13 to 19 weeks		
20 to 23 weeks		
Not recorded		

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

Bury Maternity Services Update

Bury Level Maternity Statistics: Over 25s Choosing LARC

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



Bury Maternity Statistics

(Source Bury JSNA: [Pregnancy and Birth | Bury Directory](#))

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

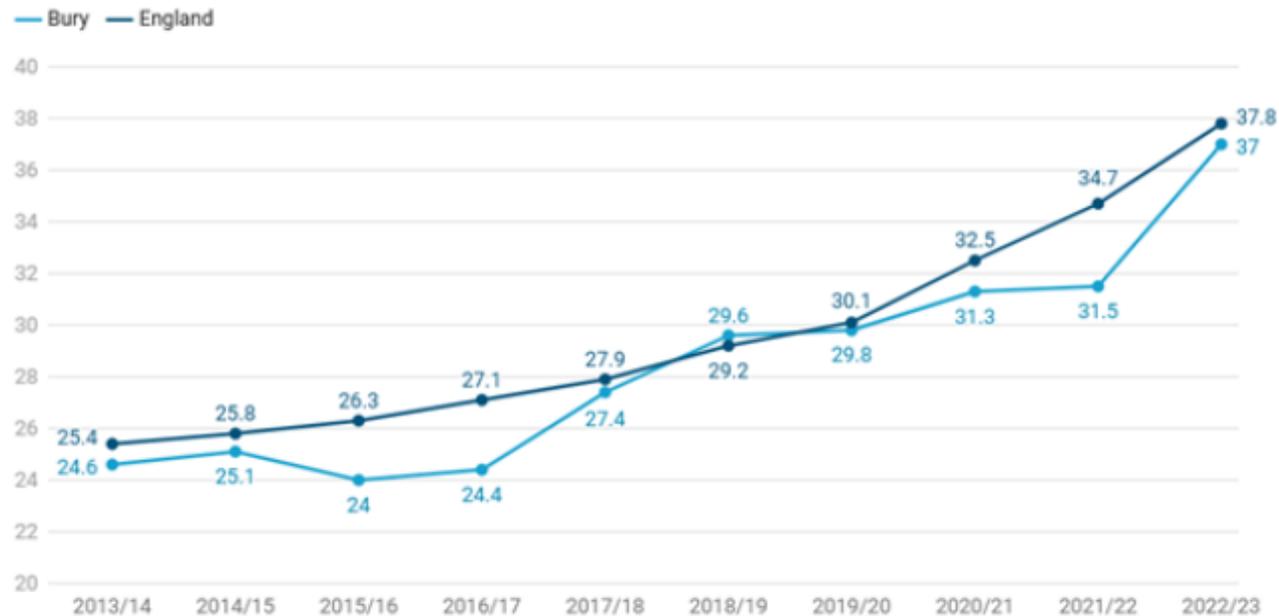
Bury Maternity Services Update

Bury Level Maternity Statistics: Percentage of C- Sections



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



Bury Maternity Statistics

(Source Bury JSNA: [Pregnancy and Birth | Bury Directory](#))

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

Bury Maternity Services Update

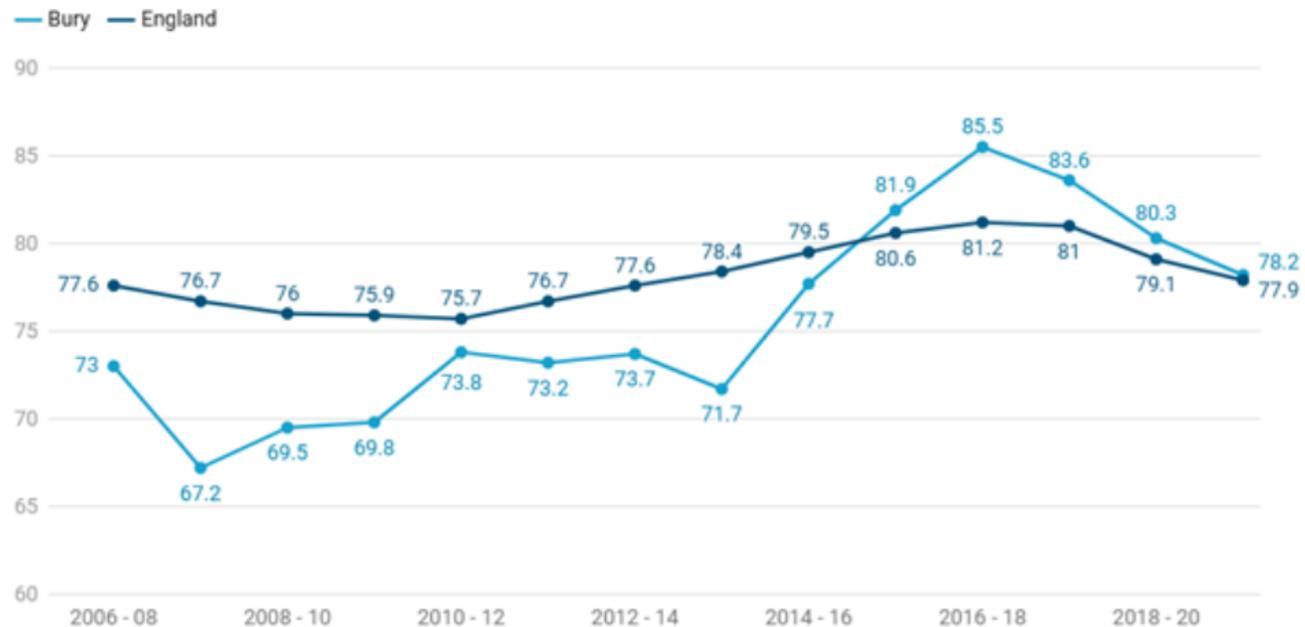
Bury Level Maternity Statistics: Premature Births



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

[\(Children and Maternal Health, 2021\)](#). [↗](#)



Bury Maternity Statistics

(Source Bury JSNA: [Pregnancy and Birth | Bury Directory](#))

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

Bury Maternity Services Update

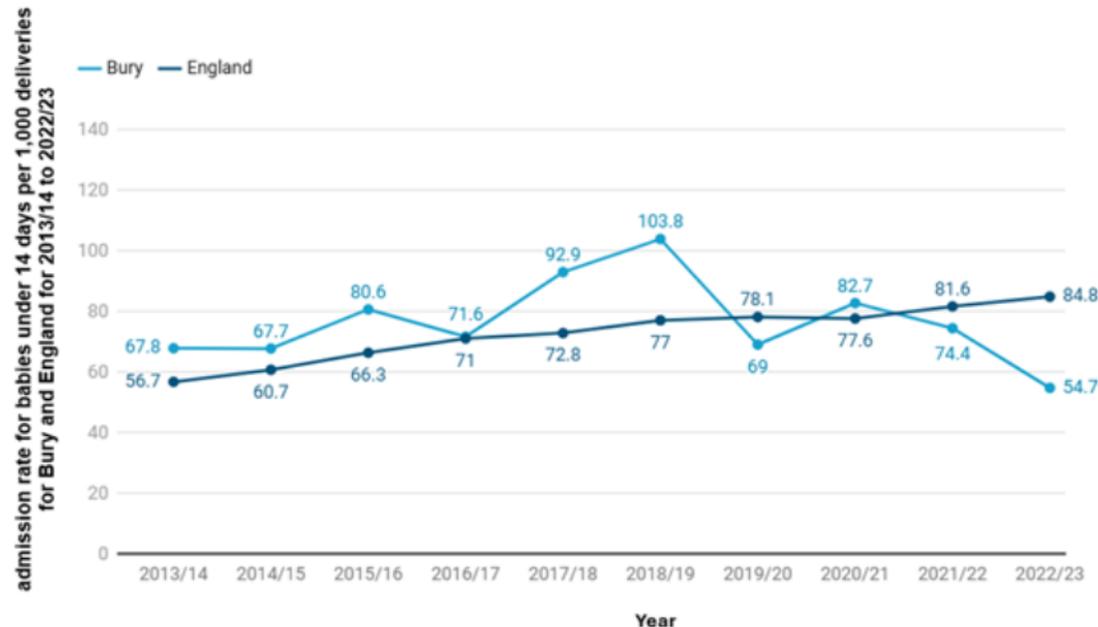
Bury Level Maternity Statistics: Admission Rates



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Figure 15: Crude admission rate for babies under 14 days per 1,000 deliveries for Bury and England for 2013/14 to 2022/23

[\(Children and Maternal Health, 2023\)](#). [↗](#)



Bury Maternity Statistics

(Source Bury JSNA: [Pregnancy and Birth | Bury Directory](#))

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

Bury Maternity Services Update



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Bury Level Maternity Statistics: Low Birth Weight by Bury Ward

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

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

Bury Maternity Statistics

(Source Bury JSNA: [Pregnancy and Birth | Bury Directory](#))

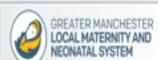
- This indicator is defined as percentage of all live births with a recorded birth weight under 2500g as a percentage of all live births with stated birth weight, pooled over five years.
- The percentage of low birth weight of live babies in Bury for the five year pooled data from 2016-20 is 6.2%, slightly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

Greater Manchester Maternity and Neonatal System

Bury Maternity Services Update



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GM New targets aim to drive system-wide improvement in:

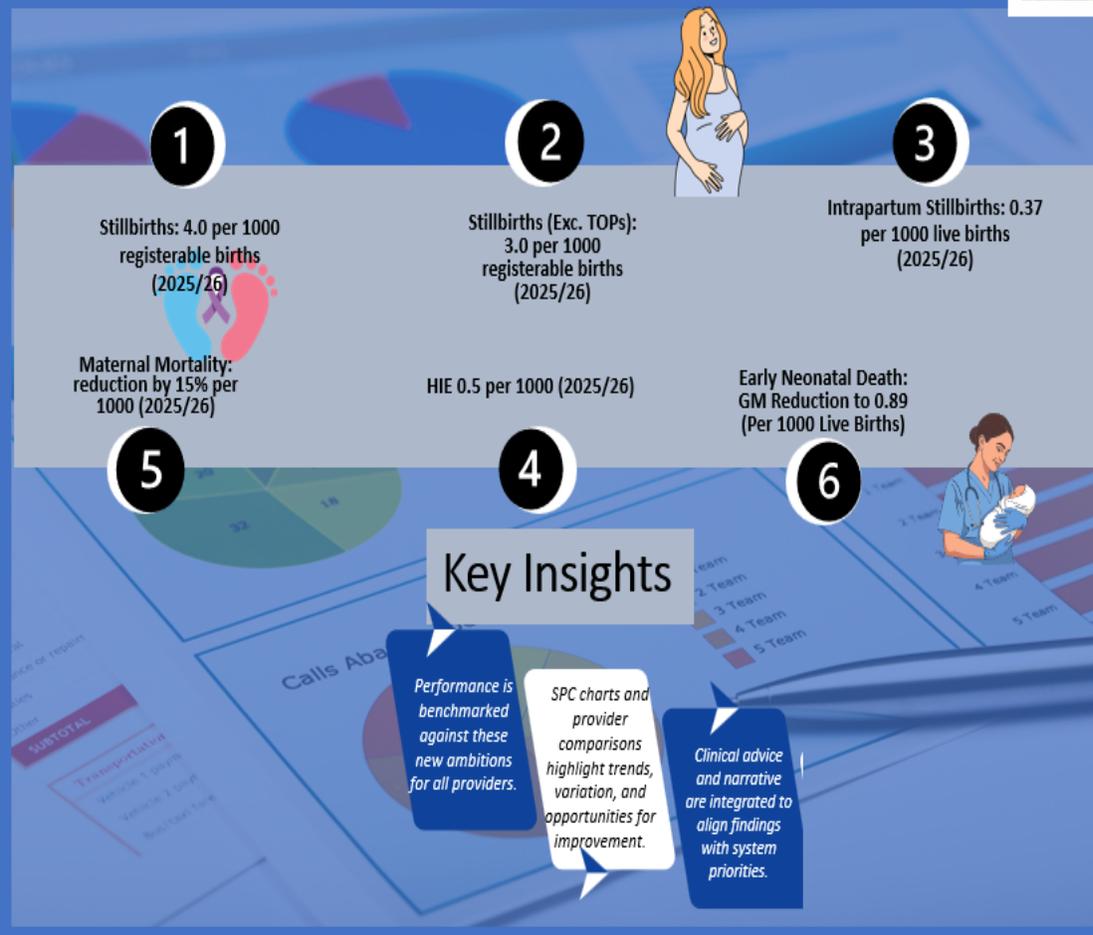


National Planning Objectives 25/26



1
Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury

2
Increase fill rates against funded establishment for maternity staff



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

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

Bury Maternity Services Update



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Summary



Key Escalations to note:

- GM performance against 2025/2026 key performance metrics

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

- Below is the provider breakdown driving this data.

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

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

Maternity Pathways

Bury Maternity Services Update



Greater Manchester
Integrated Care



•Venue: Bury
•Commissioner: Bury

Main Provider Level Maternity Infrastructure

Manchester FT (NMGH)

Bolton FT

Main Provider Level Maternity Infrastructure Manchester FT (NMGH)

Bury Maternity Services Update



Greater Manchester
Integrated Care

MFT Midwifery Services – Community Based Maternity Service

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

Contact details: Bury Fairfield Base 0161 778 3706/ Main NMG base 0161 720 2133

- Rachel Wadkins : Bury Team Leader Rachel.Wadkins@mft.nhs.uk
- Mel Coleman: Community Ward Manager 07977644545 Mel.Coleman@mft.nhs.uk
- Farhana Faruque: Community & Birth Centre Matron (North Manchester site) 07973695232 Farhana.Faruque@mft.nhs.uk

Main Provider Level Maternity Infrastructure Bolton FT

Bury Maternity Services Update



Greater Manchester
Integrated Care

Provider Updates: Bolton Foundation Trust Maternity Services – Community

- **Locations operational:**

- Radcliffe Hub, Bury West & North Hub, Farnworth Start Well Centre (for women living in BL4 and M26 1). The team cover the M26, BL2, BL8 and BL0 postcodes of the Bury locality.

- **Team Composition:**

- 1 WTE Band 7 Team Leader
- 9.17 WTE Band 6 Registered Midwives.
- 0.61 WTE Maternity Support Worker (MSW)

- **Services offered face to face:**

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

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

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

All clinics have a Named midwife to provide continuity of care.

- **Services offered virtually:**

- Nil.

- **Current service development:**

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

Bury Maternity Services Update



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

- **Current service or pathway issues:**

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

- **Contact details for the team (mobile numbers are work phones and only responded to when the staff member is on duty)**

Community Midwives Office at Bolton Hospital (clerical staff only) – 01204 390 023

Nicola Doherty (Team Leader) – 07920182610

Email- nicola.doherty@boltonft.nhs.uk

Non urgent information sharing email address (checked daily) –

BFTmidwiferydischarges@boltonft.nhs.uk

Farnworth Start Well Centre (Team base) – 01204 334 955

Bury West & North Children's Centre Midwife Line – 0161 253 7734 (BL8 and BL0)

Lindsay Wyatt (deputy) – 07919 598 609, Lindsay.Wyatt@boltonft.nhs.uk

Geraldine Wilkes – 07471 522 936, Geraldine.Wilkes@boltonft.nhs.uk

Enhanced Midwifery Team (safeguarding) –

01204 390390 Ext 4170, email- boh-tr.emt@nhs.net

Nicola Ainsworth (team leader) –07824897295

Email- nicola.ainsworth@boltonft.nhs.uk

Radcliffe Hub Children's Centre Midwife Line – 0161 253 7467

Jessica Robb- 07920182608, Jessica.robb@boltonft.nhs.uk

Eloise Davenport- 07824561184, eloise.davenport@boltonft.nhs.uk

Main Provider Level Maternity Statistics

Manchester FT (NMGH)

Bolton FT

Bury Maternity Services Update



GM LMNS Provider Reports – MFT North Manchester

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Integrated Care

[GMEC QSS Toolkit](#) | [Quarter comparison](#) | [GM Avg Comparison](#) | [Quarter Details](#) | [2 Quarter comparison](#) | [Data Submission](#) | [Surveys](#) | [Nursing & Midwifery Survey](#)

Maternity Quality Surveillance | Updated: 31/01/22 (Quarterly update - next update due Apr/May 2022) | Provider Choice: **MFT North Manchester**

Latest 12 months: **Oct, 2024** to **Sep, 2025**

Stillbirth (per 1,000)
4.170

Early Neonatal Deaths (per 1,000)
0.782

MIE (per 1,000)
0.905

Maternal Deaths (per 1,000)
0.000

Further Maternity services available here

Stillbirths Total FHWDE: 4.154
Maternal Deaths: 0.782

Neonates with a diagnosis of HIE Grade 2 and ...
Appears <7 at 5 minutes, <=37 weeks: 11.43
Major haemorrhages >250mls: 3.67
Admissions to neonatal unit, <=37 weeks: 4.68
Emergency LSCS: 27.91
Pre-Term Births: 6.49
Women smoking at time of delivery: 6.01

96 Compliant as of Jan 2024:

Element 1	90%
Element 2	100%
Element 3	100%
Element 4	80%
Element 5	96%
Element 6	100%

All Elements: 96%
CNST Met: 100%

STBIS and Diverts

Date	Total number of diverts	Total number of STBIS excluding diverts
01/01/2024	1	1
01/02/2024	1	1
01/03/2024	3	3
01/04/2024	0	0
01/05/2024	1	1
01/06/2024	1	7
01/07/2024	1	1
01/08/2024	1	1
01/09/2024	2	2
01/10/2024	2	2
01/11/2024	0	0
01/12/2024	0	0

No. of STBIS/Divert INCIDENTS:

Oct-21	21.61
Nov-21	20.55
Dec-21	18.35
Jan-22	18.56
Feb-22	20.27
Mar-22	
Apr-22	
May-22	
Jun-22	
Jul-22	
Aug-22	

96

Requires Improvement

CNST MS Status (Year 4):

SURVEYS

Manchester University NHS Foundation Trust: Nursing & Midwifery Registered Score (Breakdown) Vs Unweighted Organisation Average (Your Org)

Category	Score (0-10)
We are compassionate & kind	~7.0
We have a safe & healthy workplace	~6.5
We are safe & healthy	~5.8
We are a well learning organisation	~5.1
We are ready	~5.6
We are a team	~6.4
Staff engagement	~6.5
Morale	~5.4
We are recognised & rewarded	~5.6

Breakdown

Category	Score	Response
We are compassionate & kind	7.0	742
We have a safe & healthy workplace	6.5	737
We are safe & healthy	5.8	730
We are a well learning organisation	5.1	707
We are ready	5.6	730
We are a team	6.4	737
Staff engagement	6.5	743
Morale	5.4	743
We are recognised & rewarded	5.6	737

GMEC National Training Survey (2022) Overall Satisfaction (published March 2023)

60%

GMEC QSS Maternity Survey 2024
Green: >8 | Amber: 7-7.9 | Red <7

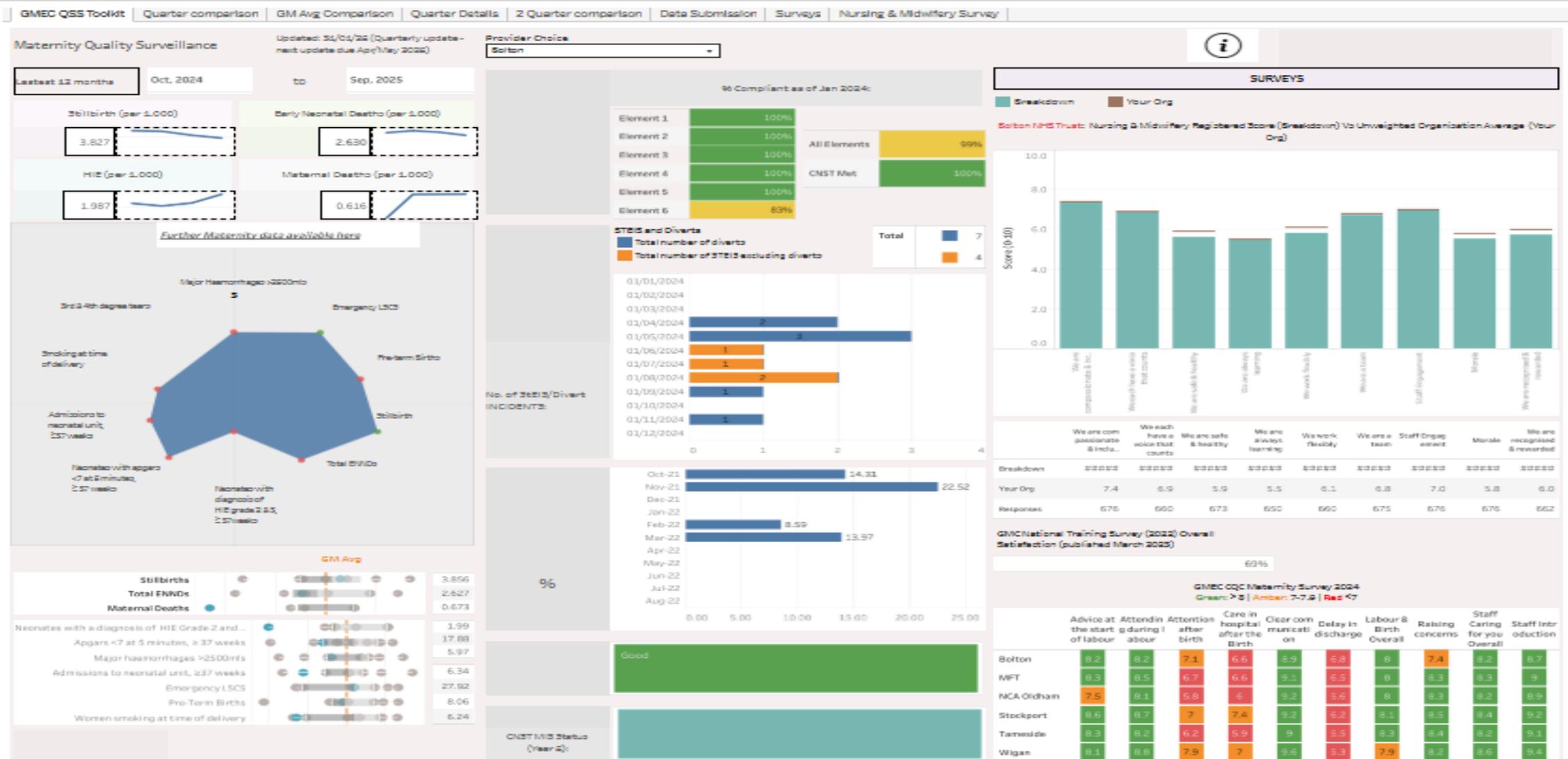
Trust	Advice at the start of labour	Attend in labour	Attention after birth	Care in hospital after the birth	Clear communication	Delay in discharge	Labour & Birth Overall	Raising concerns	Staff Caring for you Overall	Staff Introduction
Bolton	8.2	8.2	7.1	6.6	8.9	5.8	6	7.4	8.2	8.7
MFT	8.3	8.5	6.7	6.6	9.1	5.5	6	8.3	8.3	9
NCA Oldham	7.5	8.1	5.8	6	9.2	5.6	6	8.3	8.2	8.9
Stockport	8.6	8.7	7	7.4	9.2	5.2	8.1	8.5	8.4	9.2
Tameside	8.3	8.2	6.2	5.9	9	5.3	8.3	8.4	8.2	9.1
Wigan	8.1	8.8	7.9	7	9.6	5.3	7.9	8.2	8.6	9.4

Bury Maternity Services Update



Greater Manchester
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GMEC LMNS Provider Reports - Bolton FT



Bury Maternity Services Update



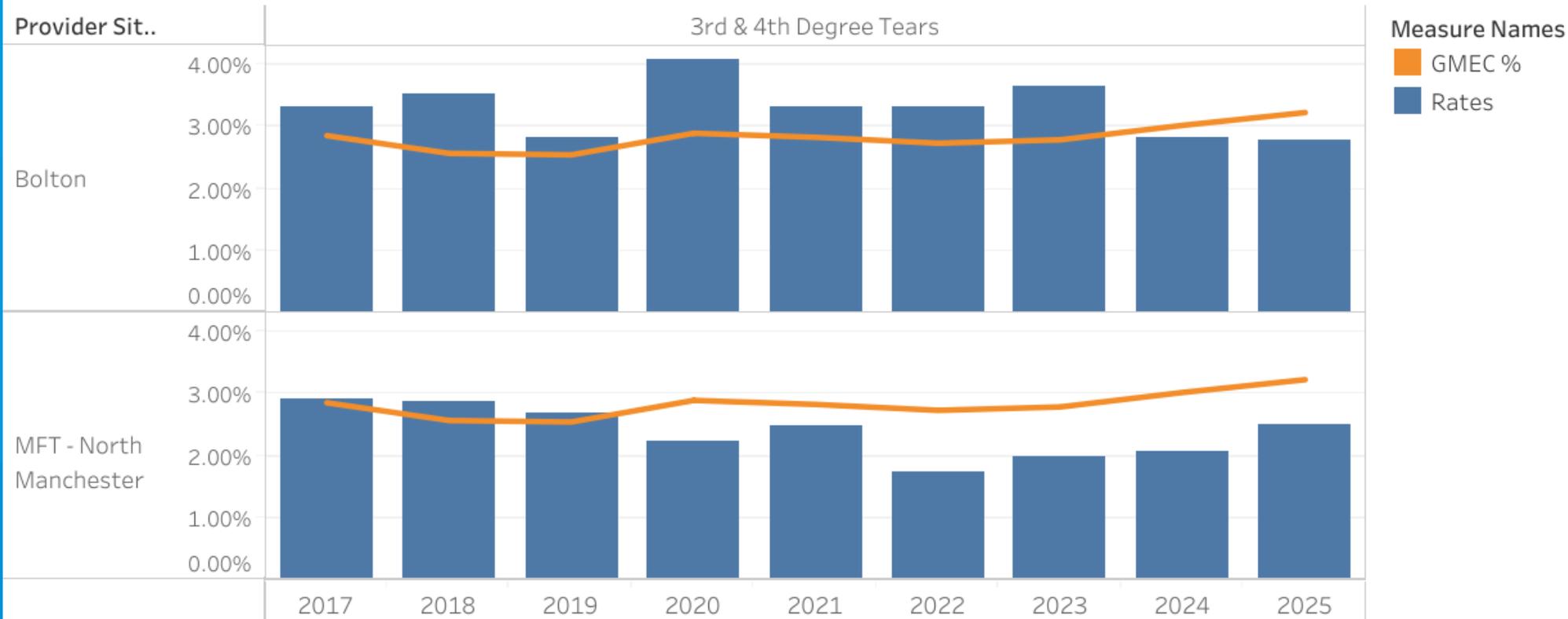
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Provider Performance

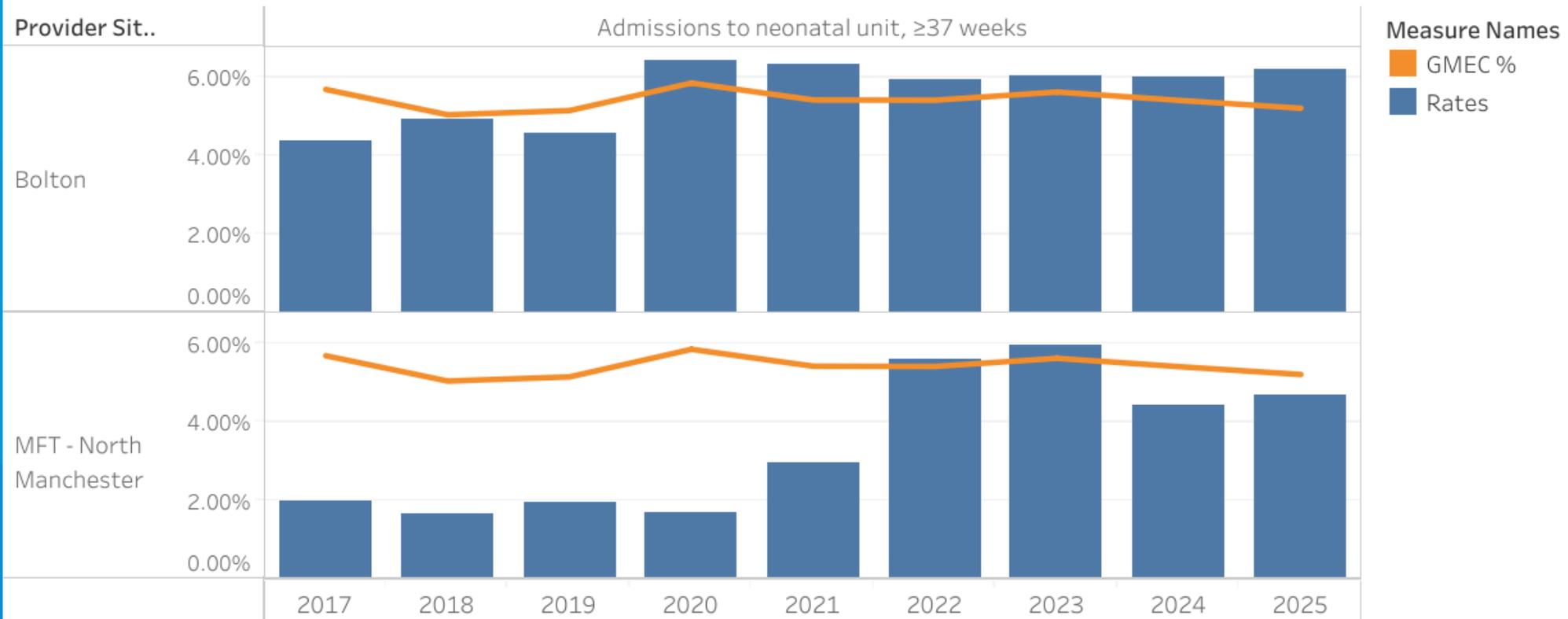
Data for all Measures Table format

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

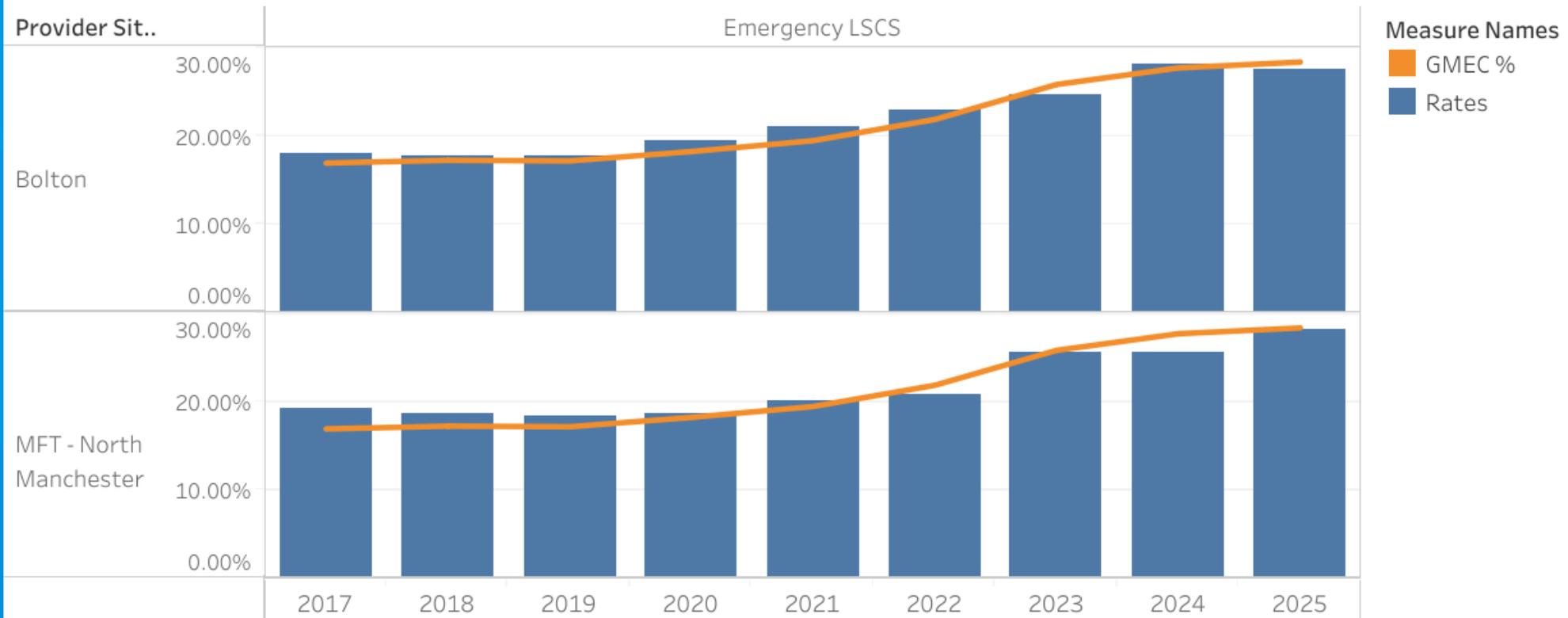
3rd & 4th Degree Tears



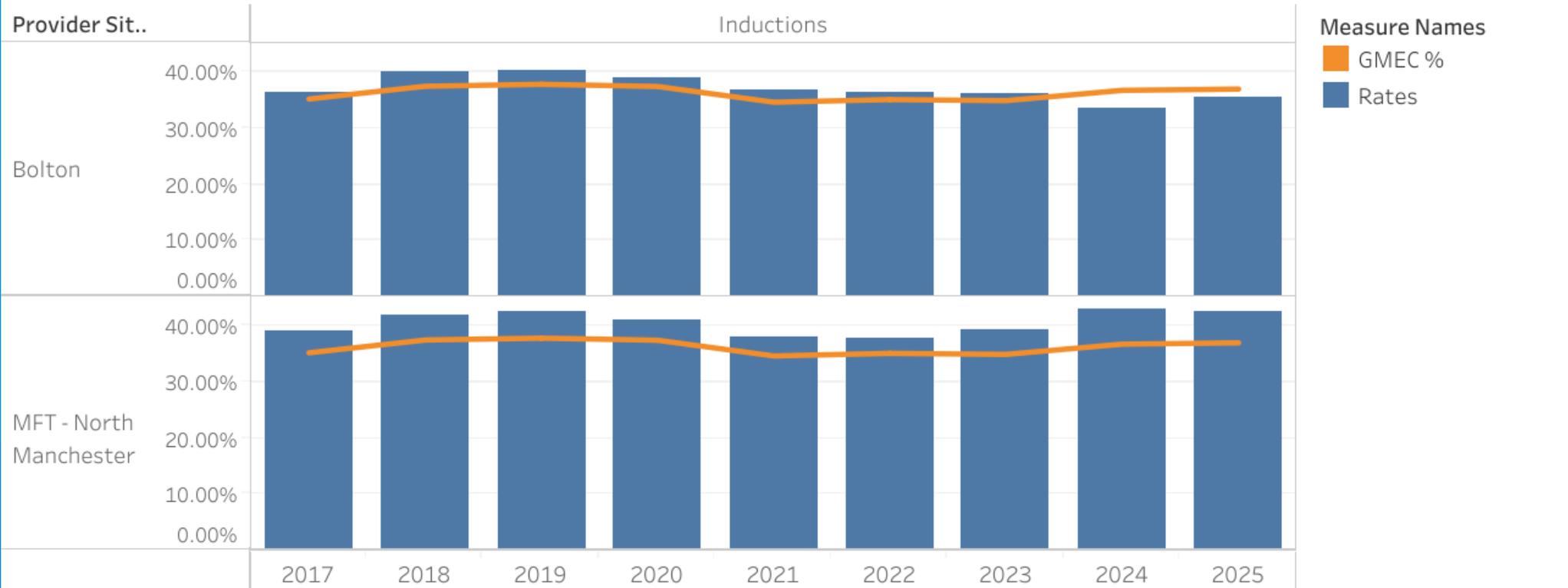
Admissions to neonatal unit



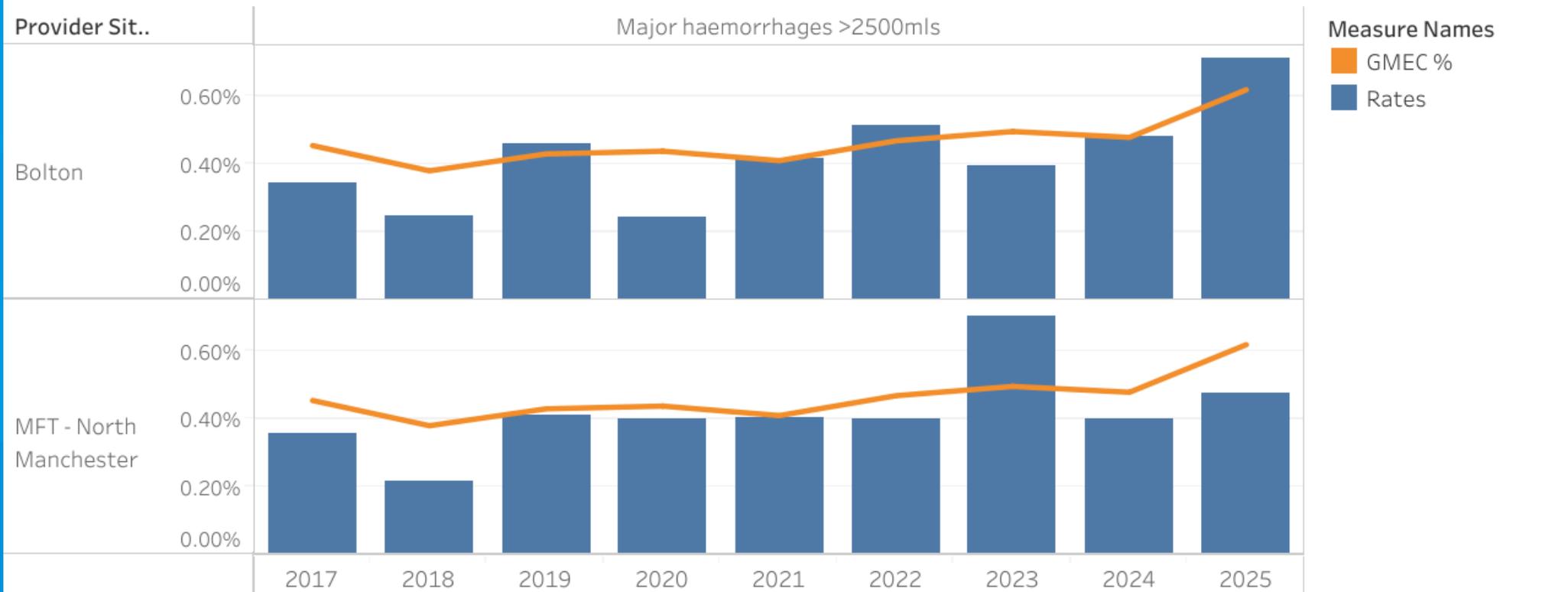
Emergency LSCS



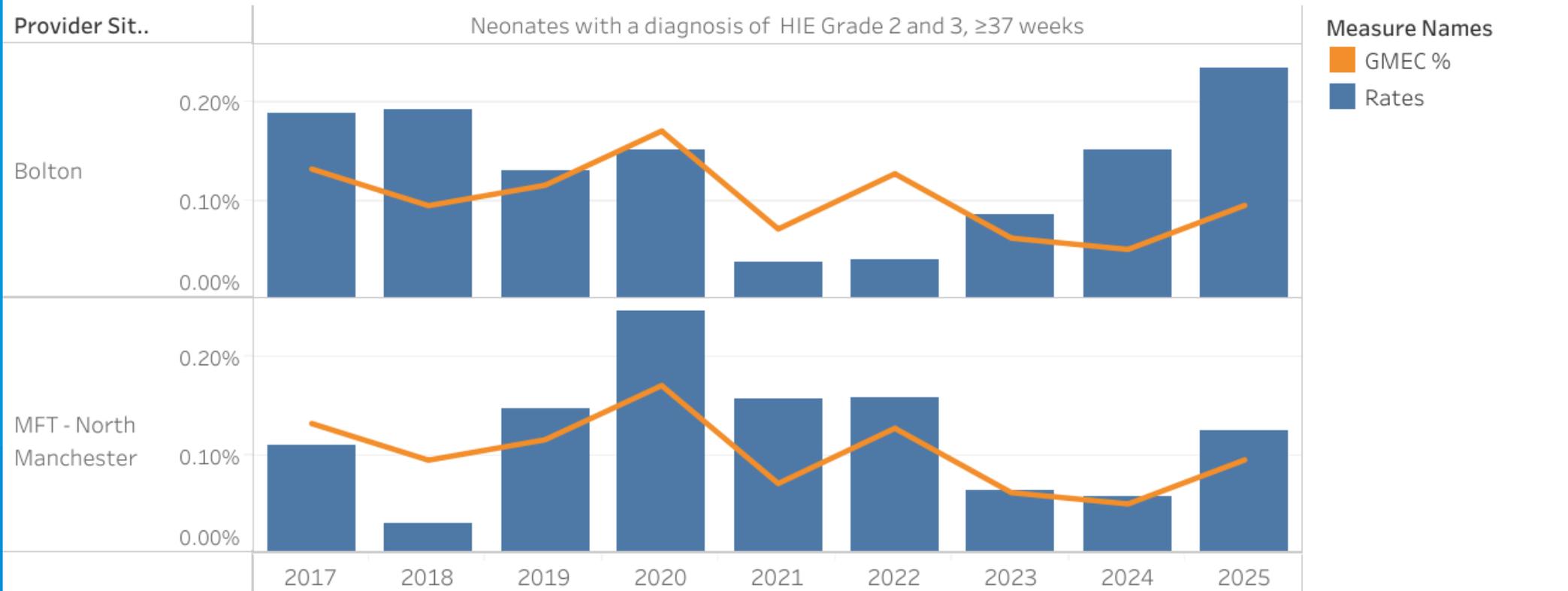
Inductions



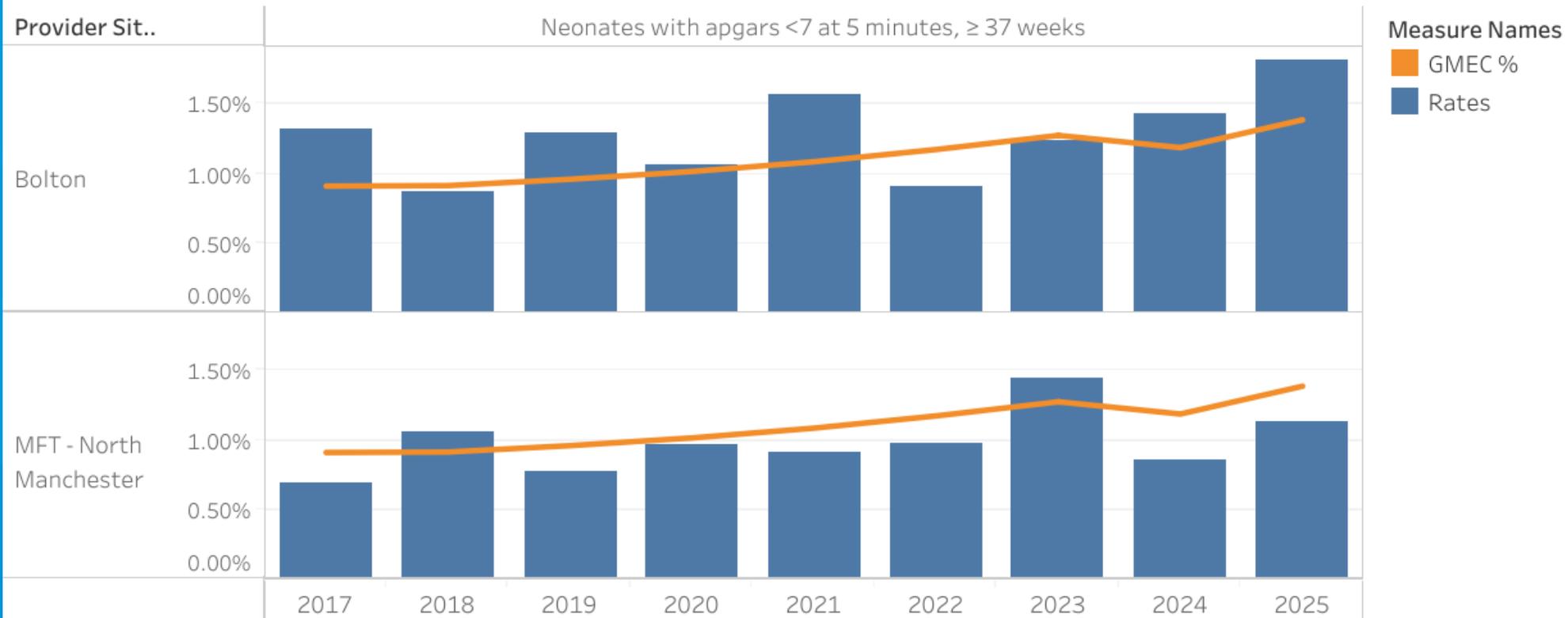
Major Hemorrhages



Neonates with a diag of HE Grade 2 &3



Neonates with apgars



Quality and Safety Assurance

Bury Maternity Services Update



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Integrated Care

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

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

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

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

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

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

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



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

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

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

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

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

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

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

Provider Safety Profile – Manchester University Foundation Trust

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

Provider Safety Profile - Bolton

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

Maternity Voices Partnership

Bury Maternity Services Update



Greater Manchester
Integrated Care

National Maternity and Neonatal Voices Partnership

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

Greater Manchester and Eastern Cheshire Maternity Voices Partnership

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



Meeting: Integrated Delivery Board			
Meeting Date	02 February 2026	Action	Receive
Item No.	11	Confidential	No
Title	Chief Officer's Report		
Presented By	Kath Wynne-Jones		
Author	Kath Wynne-Jones		
Clinical Lead	Kiran Patel		

Executive Summary
<p>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.</p> <p>The Board are asked to note the proposed contribution of the IDC to the Team Bury key priorities.</p>
Recommendations

OUTCOME REQUIRED <i>(Please Indicate)</i>	Approval <input type="checkbox"/>	Assurance <input type="checkbox"/>	Discussion <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
APPROVAL ONLY; (please indicate) whether this is required from the pooled (S75) budget or non-pooled budget	Pooled Budget <input type="checkbox"/>	Non-Pooled Budget <input type="checkbox"/>		

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	<input checked="" type="checkbox"/>
Drive prevention, reducing prevalence and proactive care – supporting Demand Reduction through primary intervention, secondary preventions and tertiary prevention	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
Optimise Care in institutional settings and prioritising the key characteristics of reform.	<input checked="" type="checkbox"/>



Implications						
Are the risks already included on the Locality Risk Register?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any quality, safeguarding or patient experience implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

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. Strategy and Planning

- The proposals emerging from the ICB are becoming clearer about the formal Place Based Partnership requirements in Localities. These are attached as an appendix for information, and will be the topic of the April Board development session.
- The process of reorganisation within the ICB has commenced, with the first staffing changes happening at the end of January. The final ICB structures are expected to be released at the end of January.
- There is a requirement for each GM Locality to develop a neighbourhood plan for the 13th February. We have already have in place the core components of the neighbourhood model. Our plan articulates how we plan to strengthen and deepen this work and is considered as a separate agenda item.
- We have commenced work to define our programme plan and key milestones from April 2026, based on programmes of work already underway. This will need to shift and change as the 4LP and GM programmes become more clearly defined and the capacity available to us at a Borough level becomes clearer.
- Following recent discussions about how the system assures performance, we have formed the Bury Performance and Quality Committee which met for the first time in January, and will undertake assurance on behalf of the IDC and Locality Board. A bi-monthly highlight report from this meeting will replace the full performance report which will be received every 4 months by the IDC Board and Locality Board
- At the IDC Board development session in December, we considered our contribution to the Team Bury priorities. The attached slides outline our proposals which will be built into the IDC development plan for 2026/27.
- 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. The virtual hospital video has now been recorded and can be viewed at <https://vimeo.com/1146529636?share=copy&fl=sv&fe=ci>
 - A Christmas newsletter (see attached)
 - Development of a monthly newsletter to start in the New Year
- 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 ID Board are involved in the leadership of the NCA place group to support the effective engagement of place in the transitional arrangements, with a further workshop taking place on the 30th January.

3. Programme Delivery

- Work continues to progress the front-end review of A&E. We have now finalised recommendations and are working through the detailed clinical design and contractual processes with the ICB team, of how we change the model of delivery.
- We are about to commence a pilot utilising 3 beds in Elmhurst to support earlier discharge for stroke patients from FGH. Clinical pathways and processes are currently being finalised to commence in February.
- Consultant outreach to care homes has now commenced. The proposed next stage development of care home support will be brought to a future meeting, based on the test of change undertaken at the end of 2025.
- A workshop was held to agree the MOU between the neighbourhood CD's and PCN CD's to agree ways of working and to propose ways of working between the PCN's and the IDC partners. This will be brought to the next IDC Board for approval
- We are arranging a workshop with the NMGH team to strengthen pathways, hospital at home and neighbourhood working arrangements for the GP Practices in the south of the Borough.
- We are proud that the urgent care system has remained resilient over the Christmas period. Whilst there have been some challenging days, we have managed to remain out of OPEL 4 and keep some of our key indicators such as days kept away from home patients at a stable level. This is a signal that the systems, processes and relationships we have developed are showing resilience and sustainability, though there are metrics such as use of adult social care that we need to remain focused upon.
- Public health Infection and Prevention Control have worked tirelessly over the winter period supporting care homes through multiple outbreaks, ensuring fast and effective advice and support. The team have also supported the coordination of the winter vaccination programmes, with more people having been able to take up vaccines and stay protected. Over the winter period, BARDOC has also played a vital role in supporting care homes and residents across Bury during outbreaks. Their swift response and dedicated care ensured that those affected received the attention and medical support they needed, helping to manage the situation smoothly and compassionately.

4. Recommendations

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

Kath Wynne-Jones

Chief Officer – Bury Integrated Delivery Collaborative

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January 2026



BURY
INTEGRATED CARE
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Bury Integrated Delivery Board – The IDC contribution to LETS Do it priorities

Part of Greater Manchester
Integrated Care Partnership



Presentation by:
Kath Wynne-Jones
Chief Officer

IDC Board Development Session

Delivering against LET's Progress Report 2025

1. How can we contribute to this area of work?
2. How should this feature in our partnership and how will we support delivery?
3. Is IDC partnership/ organisation governance aligned to delivery?

Deprivation & Health Inequalities



- Refine neighbourhood model to target micro-areas with highest need and forecast demand pressures
- Explore differential investment in deprived areas (eg resources based on need, not population size).
- Support structural changes: planning restrictions on fast food outlets, licensing controls, and promotion of green spaces.
- Advocate for positive discrimination strategies (eg targeted apprenticeships, GP funding in deprived areas).

Good Level of Development (GLD) – School Readiness



- Develop a multi-agency 5-year action plan led by the Starting Well & Early Health Partnership Board.
- Provide universal parenting support for all new mums and awareness of what to expect with a new baby – consider the use of group support
- Increase uptake of early years childcare entitlements (address cultural and logistical barriers).
- Roll out reception toolkit and family hub offers for consistent standards.
- Create peer networks for early years and reception teachers to share best practice.
- Use workforce influence for consistent messaging and cultural change to reduce reliance on services
- Strengthen neighbourhood working across adults and children, with a particular focus on the first 1000 days and family hubs
- Family friendly policies within employing organisations
- Explore opportunities with Bury and Rochdale homestart

Economic Inactivity

- Commit to Good Employment Charter and explore a system-wide employment charter for:
 - Work experience
 - Volunteering
 - Apprenticeships
- Promote inclusive recruitment (reduce qualification barriers, flexible processes).
- Encourage flexible working arrangements and wellbeing initiatives for staff.
- Support Economic Trailblazer programme (intensive 6–8 week support for target cohorts).
- Leverage social value strategy to embed workforce commitments in procurement.

Cross cutting themes: Workforce and Culture



- Use health and care organisations as role models for healthy lifestyles.
- Promote employee wellbeing (eg breaks, access to leisure facilities).
- Shift recruitment focus to potential and inclusivity, not just qualifications.

Next Steps

- Feed insights into:
 - Neighbourhood model development plan
 - GLD action plan
 - Workforce strategy
- Explore current commitments under good employment charter (SMART objectives).
- Continue collaboration through IDC and strategic workforce group.
- Strengthen links with Children's development programme

BURY INTEGRATED CARE PARTNERSHIP NEWSLETTER

A CELEBRATION OF OUR SUCCESSES



As we approach the Christmas period, we wanted to express our thanks and gratitude for all the amazing work you continue to do on behalf of the population of Bury and beyond.

We recognise that we are in the midst of organisational change, and how challenging that can be. However, working as a system in Bury we continue to make significant improvements for our population. The achievements in this newsletter are examples of our positive work together.

We still have more to do, but we are really proud of everything that we are doing together and wanted to say thank you to everyone working within the Bury Integrated Care Partnership for your unique and valued contributions.

We wish you a very Merry Christmas and a peaceful and prosperous New Year.

Will Blandamer & Kath Wynne-Jones



Neighbourhoods, Community Care & Urgent Care

Neighbourhood Delivery Collaborative

During the last 12-months system partners have come together to participate in a series of face-to-face workshops to share updates, explore data, and strengthen collaboration across Bury neighbourhoods inc. HMR and NMGH, with a focus on improving integration, population health, and service connectivity. Ensuring that Bury residents receive the right care in the right place, reducing activity on Secondary care services.

Neighbourhood Working

In 2025 1130 people have been referred and supported through Active Case Management (ACM).

"I got the help at the right time from the right places. I was at the stage of giving up ... But that has now changed. The doctor has been really good and I am very grateful they referred me to Social Prescribing [who have] guided me to the people who care and understand my situation. Through (the Social Prescriber) contacting me, even when services were in place, I felt I hadn't been palmed off and people care about me. I feel I can only climb now and I am very hopeful about the future". Patient feedback

- ◆ Multi-agency initiative in East to improve responses to hoarding delivered through the Public Service Leadership Team Partnership.
- ◆ Ongoing work through our GP practices in the Neighbourhoods to optimise the management of COPD and ensure patients with COPD have an escalation / management plan in place.
- ◆ Ongoing work through our GP practices in the Neighbourhoods to identify people with frailty and who are at risk of a fall and to optimise treatment to reduce falls risk. The data suggests that this contributed to a significant reduction in emergency admissions due to fractured neck of femur in 2024/25.
- ◆ Extensive engagement work with FGH to ensure more people are referred into (ACM) for community based support following a hospital attendance or stay. This resulted in a 60% + increase in referrals from FGH hospital teams into ACM. This resulted in a 60%+ increase in referrals from Fairfield General Hospital teams into ACM.



◆ A community café was held at Fairfield General Hospital in October. This special event welcomed teams to the Education Centre to discover the breadth of services

available across Bury and Rochdale localities that support our patients both inside and beyond the hospital setting.

The Café aimed to raise awareness of local service offers among NCA staff, strengthen relationships with system partners, to empower our communities to live more independently through increased access to local support. Service representatives hosted over 30 stalls, with more than 50 community and voluntary colleagues sharing information about their service offerings, referral pathways, and opportunities to connect beyond the event enhancing integration across teams and localities. The event drew an excellent turnout from hospital staff and received enthusiastic feedback through the evaluation. Several ideas emerged for small scale collaborative projects that could further strengthen working relationships between Fairfield and our neighbouring communities in Bury and Rochdale.

Public Health

- ◆ Needs assessments completed on sexual health and community pharmacy
- ◆ Launch of comprehensive tobacco control programme
- ◆ Internationally recognised food partnership programme
- ◆ Implementation commenced of Live Well in Whitefield programme.

Frailty

- ◆ The Frailty & Falls Steering Group has been mapping services against national guidance, reviewing referral processes, and is working to develop a Frailty Inpatient Bundle to improve discharge planning and post-discharge support. These steps ensure patients receive the right care in the right place, at the right time.
- ◆ Falls Prevention Week—A highlight of the year was Falls Prevention Awareness Week (15–19 September 2025), themed "From Awareness to Action". The week reinforced the message that falls are not an inevitable part of ageing, with the right support, older adults can actively reduce their risk through fitness and activity. Nearly 100 attendees joined across five days, hearing from 11 local services including the Falls and Fracture Liaison Service, Staying Well Team, Live Well Service, Falls Pick-Up, Podiatry, Community Eye Service, Social Prescribing, and voluntary partners. Their expertise, referral pathways, and moving testimonials showcased the breadth of support available locally. 2025 has been a year of achievement for Frailty and Falls from early identification to digital innovation, from stronger care home support to community-based interventions. Together, we are building a system that keeps people well, independent, and supported where they live. 2025 has been a year of achievement for Frailty and Falls from early identification to digital innovation, from stronger care home support to community based interventions. Together, we are building a system that keeps people well, independent, and supported where they live. we have the second lowest emergency admission rates for our 65+ population compared to other localities in the NW region. we are below the NW average for hospital admissions due to falls in the 65+ age category.
- ◆ We've achieved a major milestone: over 92% of residents aged 65+ have now received a frailty assessment. This means risks are spotted sooner, annual reviews are in place, and osteoporosis management is embedded as part of the LCS across three neighbourhoods, helping people stay healthier for longer.
- ◆ Nazareth House and Burrswood Care homes have seen a transformation through a 3-month pilot. Staff training has boosted confidence and decision-making, while monthly multidisciplinary meetings brought GPs, geriatricians, mental health professionals, pharmacists, and managers together. Work is evolving to explore Geriatrician input at weekly care home ward rounds to support GPs in reducing unnecessary hospital activity and ensuring residents receive timely, coordinated care.

Crisis Response

- ◆ We continue to delivery tangible improvements and strengthened community-based care, consistently being on of the best performing localities for our 2 hour crisis response service, and seeing on average 60-70 patients per day within our ward facility
- ◆ We've reduced intrusive support at Elmhurst Short Stay with Senso, resulting in fewer falls as people are benefiting from better rest, while getting rapid response support when needed. Staff can reach people in just 40 seconds if they fall.
- ◆ Suzanne Robinson, Chief Finance Officer and Deputy Chief Executive of the Northern Care Alliance, visited community teams across the Bury locality to recognise achievements and discuss future plans. Suzanne met with colleagues from the Neighbourhood Team and the "Intermediate Tier," to hear



about the progress made through system-wide collaboration and integration across the five neighbourhood teams.

Suzanne said "It was a great opportunity for me to see first hand the work within our Bury Intermediate Tier and Neighbourhood Teams. Listening to the passion and creativity within which they approached their work reinforces the benefits of NHS, local government, social care, Primary care and voluntary sector partners working together. They are creating healthier communities, helping people of all ages live healthy, active and independent lives for as long as possible"



Urgent Care

- ◆ We have seen improvement in the majority of UEC metrics including the 4 hour target and patients who are in hospital unnecessarily. This is in part due to internal processes (expansion of medical workforce and extended hours of Same Day Emergency Care at Fairfield General Hospital) and in part due to the work of the Bury UEC system Partnership to support the management of patients closer to home.
- ◆ For 2025-26 year to date at FGH there has been a year on year monthly comparative improvement in 4 hour performance. November 2025 saw performance of 65.32% compared to 60.68% in November 2025
- ◆ When we consider A&E 4 hour performance for any Bury patient anywhere, not just FGH, we have also seen an improving position. For 2025-26 year to date for all Bury patients anywhere, there has been a year on year monthly comparative improvement in 4 hour performance. November 2025 saw performance of 68.7% compared to 63.7% in November 2025.
- ◆ As a system we have reviewed the streaming processes at FGH A&E we are currently agreeing new arrangements to ensure maximum integration with Primary Care.
- ◆ A six-month test of change was launched at Fairfield Hospital to reduce High Intensity Service Use (HISU). A senior mental health liaison practitioner worked alongside the Frequent Flyers and Safeguarding ED Nurse to deliver integrated MDT working, personalised care planning, and proactive outreach into the community for patients identified as high intensity service users.

Learning from this test of change has demonstrated the clear benefits of having a dedicated HISU resource in place. Not only has it reduced activity and delivered significant cost savings to the system, but most importantly, it has improved the quality of care and support for vulnerable patients.

Building on this success, our neighbourhood teams are now working closely with NNAS and North Manchester General Hospital to provide earlier intervention for Bury-registered patients who frequently access secondary care services. In addition, we are collaborating with the voluntary sector to strengthen the development of a business case that will support a sustainable model of care going forward.

Primary Care

- ◆ First locality to have 100% of practices sign the data sharing agreement for Consultant Connect
- ◆ 70% of patients aged 13 and over are now registered for the NHS App
- ◆ 20% of practices are part of the Gambling Harms Accreditation programme
- ◆ 76% of our practices are now signed up to the data sharing agreement for Myway diabetes making it easier for patients to take control in managing their own health
- ◆ 36% of Practices are signed up to the Active Practice Charter
- ◆ 8% of Practices are signed up to the Good Employment Charter
- ◆ Bury continues to detect and diagnose Dementia above national levels (currently 76.8%)
- ◆ 72.6% of patients registered with LD have a reasonable adjustment recorded making care more person specific and accessible



◆ We continue to collaborate with practices and wider stakeholders through our Primary Care engagement events, recent discussions include:-

- Building knowledge and networks with mental health colleagues
- Exploring alternative delivery options for vaccination programmes
- Considering ways in which pathology can aid general practice in ensuring tests are in line with guidelines.
- ◆ Bury are third in GM in terms of percentage of High Risk reviews undertaken for patients with CVD/Diabetes.

Elective Care

- ◆ From 1st October 2025: Bury GP practices now have access to Consultant connect, a supplementary tool to support them in practice with access to instant advice to the National Consultant Network in a mix of specialities. In many cases, a rapid conversation with a specialist can prevent unnecessary referrals or hospital admissions – improving patient outcomes while easing pressure on the system. 213 requests have been made to date.
- ◆ Over the last 12 months there has been a total of 3314 Pre A&G requests made by Bury GPs, 3101 through eRS NCA and 213 to the newly commissioned (Sept) GM Consult Connect.
- ◆ The locality has led the establishment of the Primary Care/Secondary Care interface group, and associated processes with NCA colleagues, to reduce inappropriate requests directed to Primary Care in line with BMA guidance

Adult Social Care

- ◆ Good CQC judgement at Falcon and Griffin, awaiting CQC judgement on Killalea and on Council Adult Care Services
- ◆ Regionally leading performance on care home quality
- ◆ National recognition for adult care contribution to neighbourhood working following LGA peer review
- ◆ Greater Manchester has delivered 8,686 vaccinations to date, achieving 61.7% uptake of eligible care home population. Bury's percentage is 72.7% exceeding NHSE Ambitions.

Cancer

- ◆ The cancer awareness work undertaken with timely presentation funding by the Live Well Services was spotlighted through the GM Cancer Health Inequalities team on 12 November 2025.
- ◆ Completion of all the PCN early diagnosis cancer action plans.
- ◆ Successfully delivered the second phase of the cancer-targeted lunch health checks within Bury

Mental Health & Dementia

- ◆ Commissioning and mobilisation of 2 new supported housing schemes for people with mental health challenges totalling 27 places.
- ◆ The first phase of the Living Well Service [Neighbourhood MH Teams] has been successfully mobilised as a partnership between, PCFT, BIG and the Creative Living Centre.
- ◆ Elimination of almost all out of area inpatient admissions for Bury patients.
- ◆ Considerable progress in reducing delayed discharge from acute wards [Jan 2025 = 291 bed days lost to Oct 2025 = 96 bed days lost]
- ◆ Sustained low average length of stay for Bury adults of working age and reduction in average LOS for older adults [Feb 2025 = 201 days to Oct 2025 = 115 days]
- ◆ BIG Peer Led Crisis Service fully operational in new premises offering both open access drop-ins and 1:1 appointments.
- ◆ Mobilisation of 24/7 adult Home Treatment Team and Older People's Home Treatment team by PCFT.
- ◆ Commissioned an expanded advocacy service to support Bury patients in Cygnet Hospital, including deaf patients
- ◆ Bury Shared Lives are involved in the GM wide Live More project to support people living with dementia and their families, which runs until April 2026. The project is growing Shared Lives to enable people living with dementia to access day support which helps them maintain their independence while providing their carers with opportunities for a break from their caring responsibilities, matching people with carers who share their interests.

Children and Young People

- ◆ myHappyMind, emotional wellbeing curriculum has been delivered in 34 primary schools reaching 9,479 children.
- ◆ 82% of schools have launched the myHappyMind Parent App with 1,221 families downloading it.

"It helps you to understand your feelings, calm your mind and feel more confident. It teaches you how to be kind to yourself and makes school feel happier, calmer and safer. It helps me understand that it's okay to talk about emotions. I feel like teachers understand us more, and we help each other." Pupil feedback St John with St Mark CofE Primary School

"myHappyMind has been a fantastic resource in helping me understand and support my child's wellbeing. It's incredibly easy to use, and we've found it to be a great help." Parent, Radcliffe Hall Primary School

- ◆ 31 schools have engaged with the staff wellbeing programme and approximately 945 staff have benefited from it.
- ◆ Mental Health Support Teams delivered by PCFT and Early Break are now operating in 30% of schools with planned expansion next year.
- ◆ Establishment of RISE drop-ins by Early Break provides early access to mental health advice and support to children and families as part of an integrated pathway with Bury CAMHS.
- ◆ Implementation of a Neurodevelopment Hub by First Point Family is providing advice and support to children and families.
- ◆ SEND Health Visiting service were shortlisted for a HSJ Award following a joint nomination by Public Health and the Northern Care Alliance. This recognised their contribution to reducing inequalities and improving outcomes for children and young people.

Safeguarding



Prevention of Safeguarding Concerns – public awareness raising

Bury Safeguarding Adults Board have just refreshed the Board strategy in Safeguarding Adults Week and the 2025 theme of Prevention, we carried out a series of public engagement events. The aim was to simply let the general public know services are here if they need advice or support. The first engagement session was held on Bury Market. The feedback was very positive, and people went away with advice, chocolate and conveniently their flu vaccine from the stall next door if they wanted it. The 2nd engagement session was held at Castle leisure centre one afternoon. Engagement sessions 3 & 4 are planned to be held at Prestwich Library and in the Millgate shopping centre.

Palliative End of Life Care

- ◆ Additional 2 beds have been opened at Bury Hospice
- ◆ Developed and implemented an integrated single point of contact referral pathway
- ◆ The soft launch of EPaCCS across 15 GP practices and specialist services is ensuring patients at the end of life receive joined-up, compassionate care. Work is also underway to expand the SafeSteps digital tool, supporting frailty assessments and care planning across neighbourhoods



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INTEGRATED CARE
PARTNERSHIP

Meeting: Locality Board			
Meeting Date	02 February 2026	Action	Receive
Item No.	13	Confidential	No
Title	System Finance Group Update – January 2026		
Presented By	Simon O’Hare - Locality Finance Lead – NHS GM (Bury and HMR Localities)		
Author	Simon O’Hare - Locality Finance Lead – NHS GM (Bury and HMR Localities)		
Clinical Lead			

Executive Summary
<p>The purpose of this report is to update the locality board on the financial position of all partners, with specific focus upon the budgets delegated to the locality board by NHS Greater Manchester (GM) in 2025/26.</p> <p>Bury council have reported a quarter 2 forecast out turn overspend of £5.86m (2.45%), with pressures across both Childrens and Adults services. This overspend is intended to be mitigated via increased savings delivery or use of reserves if these increases are not delivered.</p> <p>Month 8 data is available from NHS GM. At month 8 NHS GM is reporting a £83m deficit versus a planned deficit of £70.2m, giving a £12.8m adverse unplanned variance. This position is driven by pressures in NHS providers, driven mainly by pay pressures associated with industrial action and the 2025/26 pay award. In non provider budgets there are pressures associated with ADHD / ASD assessments, section 117 after care costs and all age continuing care (CHC) but these are currently being offset by underspends in other areas.</p> <p>Within this position the Bury locality budgets, for which this board is responsible for are £2.67m overspent at m8 and are forecasting to be £2.06m overspent at year end, this position is driven by non recurrent pressures brought forward of £1.7m, plus pressures in CHC, ADHD / ASD assessments and in estates. It should also be highlighted that the forecast out turn for 2025/26, for the same budget lines, is within 0.5% of what the actual 2024/25 out turn was and this represents excellent performance.</p> <p>The overall efficiency target for NHS GM for 2025/26 is £656m, split £175m non providers and £481m GM providers. As at Month 8 providers are £27.3m ahead of the YTD plan with non provider budgets £1.7m behind plan with fully delivery of overall plan of £656m forecast. The CIP delivery plan for the locality delegated budgets is £3.04m, which is full identified and full delivery is forecast, with delivery to month 8 being £2.1m or 69%.</p>

Recommendations
<p>Locality board members are asked to:</p> <ul style="list-style-type: none"> • Note the updates on financial positions for 2025/26 • Note the requirements of the deficit recovery plan for the locality • Approve the 2025/26 operating cost budget and give delegated authority the Place Based Lead to agree these on behalf of the board.

OUTCOME REQUIRED <i>(Please Indicate)</i>	Approval <input checked="" type="checkbox"/>	Assurance <input type="checkbox"/>	Discussion <input type="checkbox"/>	Information <input type="checkbox"/>
APPROVAL ONLY; (please indicate) whether this is required from the pooled (S75) budget or non-pooled budget	Pooled Budget <input type="checkbox"/>	Non-Pooled Budget <input type="checkbox"/>		

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	<input checked="" type="checkbox"/>
Drive prevention, reducing prevalence and proactive care – supporting Demand Reduction through primary intervention, secondary preventions and tertiary prevention	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
Optimise Care in institutional settings and prioritising the key characteristics of reform.	<input checked="" type="checkbox"/>

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are the risks on the NHS GM risk register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
N/A		

System Finance Group Update – January 2026

1. Introduction

- 1.1. The purpose of this report is to update members of the locality board on the financial position of the 4 statutory bodies who primarily serve the population of Bury, along with that of NHS Greater Manchester Integrated Care (NHS GM).

2. Background

- 2.1 The position of all partners remains very challenged in 2025/26 with NHS GM in undertakings with NHS England which brings additional scrutiny and rigour around finance, performance and quality.

3.1 Bury Council

- 3.1.1 Bury council have reported a quarter 2 forecast out turn overspend of £5.86m (2.45%), with pressures across both Childrens and Adults services. This overspend is intended to be mitigated via increased savings delivery or use of reserves if these increases are not delivered.

3.2 NHS Greater Manchester

- 3.2.1 NHS GM is in receipt of £200m of Deficit Support Funding (DSF) in 2025/26, which recognises that the organisation would not have been able to keep within it's original allocation in this financial year. This money is paid out quarterly on the basis that the organisation is not off target financially, both year to date and forecast, and if it is then the money is withheld for all quarters that this is the case. NHS GM has received the quarter 1 – 3 tranches of the DSF and is expecting to receive the quarter 4 funding.

- 3.2.2 The Month 8 NHS GM position is an £83m deficit versus a planned deficit of £70.2m, giving a £12.8m adverse unplanned variance. This position is driven by pressures in NHS providers, driven mainly by pay pressures including the 2025/26 pay award. In non provider budgets there are pressures associated with ADHD / ASD assessments, section 117 after care costs and all age continuing care (CHC) but these are currently being offset by underspends in other areas. The year end forecast is achievement of plan, with NHS providers returning a surplus of £7.5m and a £7.5m deficit for non NHS provider budgets, as shown in table 1 below.

Table 1

M8 2025/26 ICS Surplus/(Deficit) £m	In Month Plan	In Month Actual	In Month Variance	YTD Plan	YTD Actual	YTD Variance	Full Year Plan	Full Year Forecast	Full Year Variance
GM NHS Providers	£2.2	-£0.2	-£2.4	-£65.2	-£78.0	-£12.8	£7.5	£7.5	£0.0
NHS GM	-£0.6	-£0.6	£0.0	-£5.0	-£5.0	£0.0	-£7.5	-£7.5	£0.0
ICS Total	£1.6	-£0.8	-£2.4	-£70.2	-£83.0	-£12.8	£0.0	£0.0	£0.0

- 3.2.3 The overall efficiency target for NHS GM for 2025/26 is £656m, split £175m non providers and

£481m GM providers. As at Month 8 providers are £27.3m ahead of the YTD plan, with non providers £1.7m behind plan, with fully delivery of the overall plan of £656m forecast.

3.3 NHS GM – Bury Locality

3.3.1 The Bury locality budgets, for which this board is responsible for are £2.67m overspent at m4 and are forecasting to be £2.06m overspent at year end, this position is driven by non recurrent pressures brought forward of £1.7m in Mental Health and Complex Care (£0.5m and £1.2m respectively), plus in year pressures in Complex Care, ADHD / ASD assessments and in estates. These are shown below in table 2.

Table 2

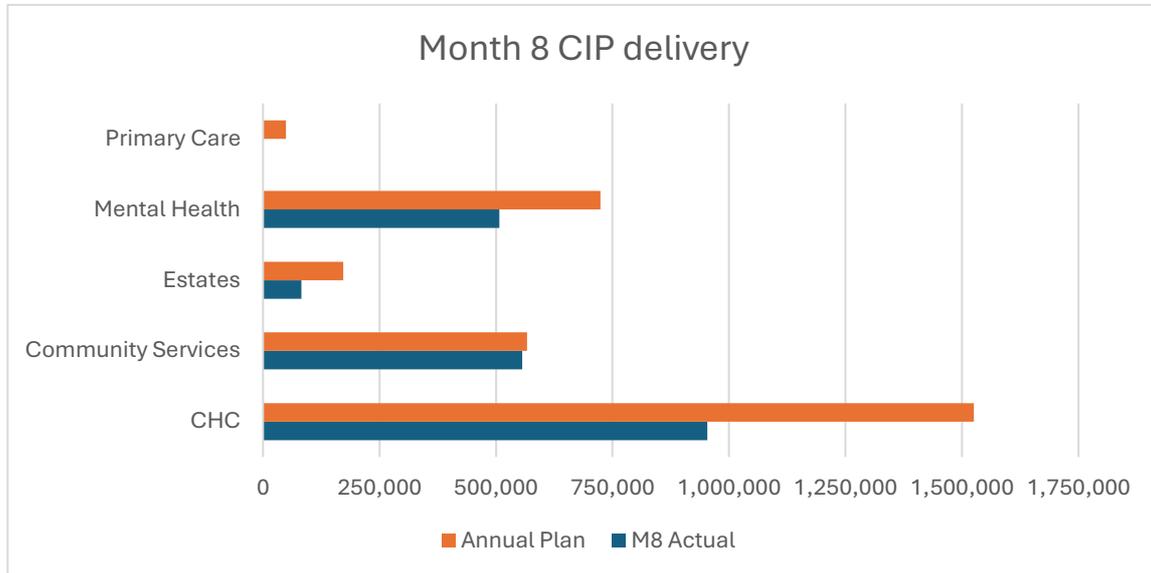
Bury Locality Month 8 Finance Position						
	YTD Budget (£)	YTD Actual (£)	YTD Variance (£)	Annual Budget (£)	M8 Input FOT	M8 FOT variance
Acute	£1,550,154	£1,565,322	£15,168	£2,325,223	£2,347,975	£22,752
Community	£12,827,447	£12,957,762	£130,315	£19,247,577	£19,462,307	£214,730
Complex Care	£14,244,507	£16,728,393	£2,483,886	£21,366,753	£24,295,241	£2,928,488
Mental Health	£11,901,491	£11,769,535	-£131,956	£17,826,207	£16,384,918	-£1,441,289
Primary Care	£3,688,577	£3,690,862	£2,285	£5,936,549	£5,940,359	£3,810
Other	£806,552	£975,921	£169,369	£1,209,848	£1,542,295	£332,447
Total	£45,018,728	£47,687,795	£2,669,067	£67,912,157	£69,973,095	£2,060,938

3.3.2 The pressures in ADHD / ASD assessments are common to all NHS GM localities and indeed there are national pressures and are reported in the Mental Health directorate. The estates pressure is reported in the Other directorate and work is ongoing with the GM central estates team to understand what has led to this pressure.

3.3.3 The locality is forecast to spend £69.97m in 2025/26 and when compared to the actual out turn in 2024/25 (last year), for the same budget lines, this is within 0.5% of that expenditure and this represents excellent performance to be mitigating virtually all inflationary and growth pressures. Unfortunately NHS GM did not receive the required funding in 2025/26 and as a result the locality budgets were also not funded to forecast out turn plus inflation.

3.3.4 The annual CIP plan for the locality is £3.03m and this has been fully identified and delivery at month 8 is £2.1m or 69%. Further detail is shown overleaf in graph 1.

Graph 1



6.0 Conclusion

6.1 Locality board members are asked to:

- Note the updates on financial positions for 2025/26

Simon O'Hare
 Locality Finance Lead – NHS GM (Bury and HMR Localities)
s.ohare@nhs.net
January 2026

Meeting:			
Meeting Date	02 February 2026	Action	Receive
Item No.	14	Confidential	No
Title	Population Health update		
Presented By	Jon Hobday – Director of Public Health		
Author	Jon Hobday – Director of Public Health		
Clinical Lead	N/A		

Executive Summary
An overview of the work discussed and planned in key population health/public health meetings.
Recommendations
To note the work being discussed.

OUTCOME REQUIRED <i>(Please Indicate)</i>	Approval <input type="checkbox"/>	Assurance <input type="checkbox"/>	Discussion <input type="checkbox"/>	Information <input checked="" type="checkbox"/>
APPROVAL ONLY; (please indicate) whether this is required from the pooled (S75) budget or non-pooled budget	Pooled Budget <input type="checkbox"/>	Non-Pooled Budget <input type="checkbox"/>		

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.	<input checked="" type="checkbox"/>
To achieve a reduction in inequalities (including health inequality) in Bury, that is greater than the national rate of reduction.	<input checked="" type="checkbox"/>
To deliver a local health and social care system that provides high quality services which are financially sustainable and clinically safe.	<input type="checkbox"/>
To ensure that a greater proportion of local people are playing an active role in managing their own health and supporting those around them.	<input checked="" type="checkbox"/>



Implications						
Are the risks already included on the Locality Risk Register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
N/A		



Population Health and Wellbeing update

1. Introduction

- 1.1. This paper sets out recent population health updates from the Bury health and wellbeing board.

2. Bury Health and Wellbeing Board

- 2.1 Bury health and wellbeing board took place on 15th January 2026. The agenda included discussions on the homelessness prevention strategy, the Bury Safeguarding Adult Board annual report, an update on the culture strategy and an overview of the Public Health Annual Report.

2.2 Homelessness Prevention Strategy Update

The Government's new **National Plan to End Homelessness** sets ambitious reforms focused on prevention, improved emergency response, and long-term recovery. Targets include eliminating unlawful B&B use for families, halving long-term rough sleeping, and major investment in affordable housing (£3.5bn over 5 years; £39bn over 10 years).

A review of Bury's **2022–25 Homelessness Strategy** shows:

- Significant rise in demand (forecast to 5,600 contacts by 27/28).
- Sharp increase in use of temporary accommodation and B&B (peaking at 58 placements).
- Rough sleeping projected to rise by 28% without major intervention.
- Strong feedback from lived-experience workshops calling for trauma-informed, person-centred approaches and improved pathways to independence.

Key priorities: strengthen prevention; improve quality and supply of accommodation; reduce rough sleeping; enhance wrap-around support.

Next steps: finalise new strategy and action plan by Oct 2026; review governance; audit all temporary accommodation.

2.3 Bury Safeguarding Adults Board – Annual Report 2024/25

A year of strengthened multi-agency safeguarding with clear progress across governance, assurance, and learning:

- **10 Safeguarding Adult Reviews (SAR) referrals** received; **3 commissioned, 68% of 161 SAR actions discharged.**
- Strong Making Safeguarding Personal performance: **94% of desired outcomes achieved; 93% of risks reduced/removed.**
- Major cross-agency achievements including **Operation Vardar** (disrupting exploitation in Whitefield) and enhanced learning on themes such as self-neglect, domestic abuse & coercive control, and professional curiosity.
- Partners (ASC, health trusts, GMP, housing, VCFE) demonstrate strengthened safeguarding culture, training compliance, and improved assurance mechanisms.
- **Priorities for 2025–27:** community voice, embedding SAR learning, improved quality & performance frameworks, and stronger governance & data use.

2.4 Culture Strategy Update

Progress reported against the five strategic pillars – **Stories, Skills, Strength, Space, Support**:

- Successful community-led events and cultural identity work; ongoing brand development.
- Expansion of artist development, creative career pathways and lifelong learning.
- Strong integration of **Creative Health**, with £1.6m GM/NHS investment showing measurable health outcomes (e.g., reduced GP attendance, reduced admissions).
- Significant improvements to cultural spaces and major investment via **UKSPF (£500k)** and **Pride in Place (£20m)** enabling 455 events and 37,500 attendees.
- Preparation under way for the 2026–2030 strategy refresh with strengthened KPIs and alignment to health and wellbeing outcomes.

2.5 Public Health Annual Report 2024/25 – Commercial Determinants of Health

The report focuses on how commercial actors shape health through products, marketing, lobbying and environmental factors – particularly **alcohol, gambling, fast food, and tobacco**.

Key local insights

- **Alcohol**: higher than England average mortality; successful use of Bury's Alcohol Licensing Matrix; strong partnership with GMP/licensing.
- **Gambling**: estimated 13,000 residents affected; no local funding but strong training/awareness partnerships (GMCA, NHS Northern Gambling Service).
- **Fast food**: Bury has the 10th highest outlet density nationally; major progress through Food Strategy, Sustainable Food Places **Silver award**, Healthy Markets, and planning reform under development.
- **Tobacco**: smoking prevalence stable but inequalities widening; major enforcement success (£120k illicit products seized) and refreshed Tobacco Control Alliance.

Key recommendations

- Strengthen planning/licensing levers to create healthier environments.
- Regulate harmful commercial practices and reduce exposure to unhealthy advertising.
- Empower communities and businesses to adopt health-promoting models.
- Advocate for system-wide national change and improved governance around industry influence.
- Enhance communication, framing and collaborative campaigning.

Jon Hobday

Director of Public Health

j.hobday@bury.gov.uk

February 2025

Meeting: Locality Board			
Meeting Date	02 February 2026	Action	Receive
Item No.	15	Confidential	No
Title	Clinical & Professional Senate Update		
Presented By	Dr Kiran Patel		
Author	Dr Kiran Patel		
Clinical Lead	Dr Kiran Patel		

Executive Summary
This report provides the Locality Board with a summary from the Clinical and Professional Senate meeting that took place in January 2026.
Recommendations
The Locality Board is asked to receive the report and share any feedback to the Clinical and Professional Senate for action.

OUTCOME REQUIRED (Please Indicate)	Approval <input type="checkbox"/>	Assurance <input type="checkbox"/>	Discussion <input type="checkbox"/>	Information <input checked="" type="checkbox"/>
APPROVAL ONLY; (please indicate) whether this is required from the pooled (S75) budget or non-pooled budget	Pooled Budget <input type="checkbox"/>	Non-Pooled Budget <input type="checkbox"/>		

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.	<input checked="" type="checkbox"/>
Drive prevention, reducing prevalence and proactive care – supporting Demand Reduction through primary intervention, secondary preventions and tertiary prevention.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
Optimise Care in institutional settings and prioritising the key characteristics of reform.	<input checked="" type="checkbox"/>



Implications						
Are the risks already included on the Locality Risk Register?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
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	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
N/A		



Clinical and Professional Senate Highlight Report – January 2026

1. Introduction

This report provides the Locality Board with a summary from the Clinical and Professional Senate meeting that took place on 28 January 2026.

2. Headlines from the Clinical and Professional Senate

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

- Dr Cathy Fines presented the new ICB and place-based partnership structures. The structures are streamlined, organised by role rather than function, and subject to a 21-day feedback period.
- Fewer than 200 staff will leave under VR1, with most departures imminent, and a further 40 redundancies are being sought in VR2.
- Slotting will prioritise staff whose roles align at least 70% with new posts, with competency-based interviews for oversubscribed roles and expressions of interest for remaining vacancies.
- It was confirmed that geography is not a primary criterion for applications, though some uncertainty remains.
- The group acknowledged the wider need for clarity from central teams. Given ongoing uncertainty around future governance, finance and HR arrangements, the Chair asked key leaders (Dr Kiran Patel, Will Blandamer, Dr Cathy Fines and Kath Wynne-Jones) to develop interim arrangements and communicate these to system partners.
- Dr Fines also noted that the CEG meeting on 29 January includes a Weight Management paper, and she will provide feedback to the Senate at the next meeting.

2b. Medicines Optimisation Update – Salina Callighan

- Dr Cathy Fines in the absence of Salina Callighan, provided an update on current medicines supply issues, including shortages of diamorphine, co-codamol and insulin pens, noting the resulting need for primary care to arrange suitable alternatives or manage short-term gaps, often with input from secondary care.
- Catherine proposed that NCA clinical pharmacists could support by advising on appropriate substitutions, as community pharmacists typically only report shortages rather than recommend solutions. Dr Vicki Haworth agreed to share relevant presentations with pharmacy colleagues and consider involving them in future interface group meetings.
- The group also reviewed updated travel guidance, covering travel vaccinations and just-in-case prescribing and updated malnutrition guidance.

2c. Partner Update

- NCA – Dr Vicki Howarth
 - The CLM consultation has now closed with new structures planned to go live on 1 April 2026. Expressions of interest are open for clinical leadership, nursing, and operational roles. There is still significant uncertainty regarding governance, finance, HR, and transitional arrangements for place-based working.
 - Clinical team capacity is expected to reduce due to role realignments. Concerns have been raised about potential medium to long term patient impacts if gaps emerge during the reorganisation.
 - There was a very recent CQC inspection of Bury Urgent Care & Medicine whilst the overall feedback was acceptable, there were issues identified around corridor care and an older Stroke Rehab Ward. Due to this the CQC rating may be *Requires Improvement*. Rochdale recently achieved a *Good* rating.
 - Joint work between Bury and Salford continues, particularly on surgical access.
 - Winter pressures persist, Fairfield continues to support Salford and Oldham with urgent care

capacity.

- Pennine Care
- No PCFT representatives were in attendance at this meeting.
- GP Update – Dr Cathy Fines
- Dr Fines gave a brief update on phase 3 of BeCCoR.

2d. Planning Assumptions & Neighbourhood Plan

- Kath Wynne-Jones reported that a 12-month plan has been developed for integrated health and care teams, with a focus on strengthening neighbourhood teams.
- A neighbourhood workshop is planned to bring together all five pillars of neighbourhood working. While progress across INTs, Live Well and public service leadership is strong, further integration is required for children's and families' services and the development of a dedicated estates plan.
- Quarterly multi-agency workshops will continue. A strategic portfolio board is proposed to provide more systematic governance across the five pillars, a proposal endorsed by the IDC Board on 28 January.
- Kath also outlined the new Northwest Programme, with submissions due by 11 February. She will lead the submission, proposing a focus on integrating children, families and adults. Although no locality funding is attached, the programme offers monthly coaching. IDC Board members supported this focus.
- The neighbourhood plan was presented, outlining borough context, the Live Well/GM Live Well approach, locality governance and delivery of the six national components of neighbourhood working. The Senate is asked to review the draft for completeness and identify any gaps ahead of final submission on 13 February.
- The Senate confirmed support for focusing on children and adults as the theme for the Northwest Programme submission.

2e. GM Neurodiversity Pathway

- Dr Cathy Fines outlined the establishment of a Neurodevelopmental Hub to triage children awaiting assessment, in response to significant system-wide pressures. Approximately 500 children in Bury are currently waiting, with referrals having increased by 500% since 2020. Although neurodevelopmental needs are not mental health conditions, assessments sit within CAMHS, where demand now exceeds capacity and the 18-week standard cannot be met.
- A Greater Manchester-wide Neurodevelopmental Hub is now in place across all 10 localities. The model provides multidisciplinary triage—led by paediatrics, CAMHS, education, social care and VCSE partners—to determine urgency, identify support needs and ensure that children can access help without requiring a formal diagnosis. This enables those with the highest needs to be prioritised while others receive proportionate support in schools or community settings.
- The programme aims to reduce over-medicalisation by promoting a whole-system approach in which all agencies contribute to meeting need. The GM hub is operational, and members expressed support for the neurodevelopmental pathway.

2f. Dietetics Service Pathway

- Jennifer Davies presented proposed changes to the dietetics pathway. The service is significantly under-resourced, with urgent cases breaching KPIs and routine waits exceeding 52 weeks. The proposed changes align with Rochdale and are an interim measure ahead of broader NCA standardisation.
- The proposal removes referrals for weight management, gastroenterology, allergy, vitamin/mineral deficiency and hyperlipidaemia (around 10% of referrals) to prioritise higher-acuity patients. Self-management resources and voluntary-sector options are being developed for excluded groups.

- Concerns were raised that patients unable to self-manage may default back to primary care or increase secondary care referrals. It was confirmed all referrals will be reviewed, with signposting or advice provided as needed.
- Dr Kiran Patel emphasised the need for a system-managed process that does not shift administrative burden to general practice, and the importance of avoiding unnecessary GP appointments.
- A systemwide discussion on referral pathways and self-referral processes is scheduled for w/c 2 February. New referral routes must be implemented and communicated consistently to avoid confusion.
- Senate Members supported the proposal in principle, subject to further discussion between Jennifer and Dr Sanjay Kotegaonkar.

2g. Consultant Connect Update

- Abigail Fox, Transformation and Delivery Lead, presented data on the uptake and outcomes of Consultant Connect and ERS advice and guidance platforms in Bury. It was reported that 84% of practices have used Consultant Connect at least once, with 440 total requests in December and a shift from ERS to Consultant Connect. Abigail confirmed that a 12-month extension has been requested, and efforts are underway to ensure key specialties are integrated into ERS for continuity.

2h. LIMs Update

- Dr Cathy Fines reported that the laboratory IT system switchover is scheduled for the week of 9th February, with contingency plans and demand management strategies in place.

2i. AOB

- None, however, Dr Cathy Fines wished to thank Dr Liane Harris who is leaving NHS Greater Manchester for all of her hard work over the years as Cancer Lead for Bury.

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

Kiran Patel
Medical Director IDCB
kiran.patel5@nhs.net
January 2026

Meeting: Locality Board			
Meeting Date	02 February 2026	Action	Receive
Item No.	16	Confidential	No
Title	SEND Improvement and Assurance Board Minutes – 25 th November 2025		
Presented By	Will Blandamer, Deputy Place Based Lead		
Author			
Clinical Lead	N/A		

Executive Summary
The minutes from the SEND Improvement and Assurance Board held on the 25 th November 2025 are attached for information.
Recommendations
It is recommended that the Locality Board note the minutes.

OUTCOME REQUIRED (Please Indicate)	Approval <input type="checkbox"/>	Assurance <input type="checkbox"/>	Discussion <input type="checkbox"/>	Information <input checked="" type="checkbox"/>
APPROVAL ONLY; (please indicate) whether this is required from the pooled (S75) budget or non-pooled budget	Pooled Budget <input type="checkbox"/>	Non-Pooled Budget <input type="checkbox"/>		

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	<input checked="" type="checkbox"/>
Drive prevention, reducing prevalence and proactive care – supporting Demand Reduction through primary intervention, secondary preventions and tertiary prevention	<input checked="" type="checkbox"/>
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Optimise Care in institutional settings and prioritising the key characteristics of reform.	<input checked="" type="checkbox"/>



Implications						
Are the risks already included on the Locality Risk Register?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
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	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
N/A		



Minutes (Redacted)

SEND Improvement & Assurance Board Meeting 25TH November 2025

1	<p>WELCOME & INTRODUCTIONS</p> <p>The Chair welcomed the group and noted the apologies.</p> <p>The Board were reminded of their responsibilities at the Board meeting and the expectation of having received the papers in advance, allowing time to have read the papers.</p> <p>No conflicts of interest were declared.</p>
2	<p>MINUTES FROM THE PREVIOUS MEETING</p> <p>The minutes from the previous meeting, held on 30th October, were reviewed and accepted as an accurate record.</p>
3	<p>ACTIONS AND RISKS LOG</p> <p>The following action points were highlighted, and it was emphasised there were many more actions not yet due but open. Board members were asked to make a focused effort to close further actions.</p> <ul style="list-style-type: none">• Action 212 (Publishing the Comms strategy on the Local Offer) - delayed to 30th December 2025 <p>An update was provided on the Communications strategy, highlighting a side-by-side review with the overarching SEND strategy to ensure alignment and identify gaps, particularly around EHCPs and waiting times. The Comms team is working to strengthen these areas and will circulate updates for group feedback.</p> <p>The newsletter was last sent out in September, with a new edition drafted but delayed due to concerns about the overall positive tone. Some partners felt the content did not reflect the full picture, especially with contrasting feedback from the recent parent/carers survey. The Board discussed the need for balanced communications that build trust by acknowledging both improvements and ongoing challenges, rather than presenting an overly optimistic view.</p>

A SIAB member replied that having gone through the PIP and see the measures that sit with the qualitative narrative, the Data sub-group is in a place to work with the Comms team looking at the qualitative measures and finding a way forward. Between the data group and the Comms team some barriers can be eliminated.

Another member emphasised that the issue is strategic, not just tactical, and questioned who has editorial control, suggesting the need for a clear process for resolving content disputes.

A further member pointed out the risk of sending mixed messages to stakeholders if the newsletter is too positive while survey results show significant concerns, urging for honest and transparent communication.

It was confirmed that there was intent to maintain authenticity and transparency in communications, resisting "spin" and ensuring the newsletter covers both positive developments and ongoing issues.

It was raised that the tone of the newsletter with some content is more tricky, e.g. the protest outside of the Town Hall. Some stories in the newsletter do show there is overarching improvement. There may be work to do if there is a separate style guide for the newsletter if it is coming across as overly positive.

It was agreed to add the delay in the Comms strategy publication to the Risk Register.

- **Action 123** (Changemakers to attend BASH meeting to discuss bullying experiences) – delayed to 1st February 2026

It has been agreed by both chairs to invite Changemakers to the Spring meeting.

- **Action 128** (Connecting the Jewish Community Group and including the Changemakers) – delayed to 17th January 2026

A SIAB member has met with the individual Jewish school leaders following the Heaton Part attack and is keen to sustain the connection.

Another member raised that the efforts with the Jewish community are much needed, and also that the Muslim community will also need engagement. Both these communities will need a regular "temperature check" through regular engagement.

A further member added that the staff run-through of the training is scheduled for 3rd February. Two members had spoken about wanting to set up more events with different communities and would pursue this further.

- **Action 266** (Co-production engagement sessions) – delayed to 17th January 2026

It was updated that was to be picked up in the New Year. The Chair expressed concern that co-production had been stalled for around a year. Co-production

	<p>should have been a primary focus, and so it is a major risk that this had still not been done. This was agreed to be added to the Risk Register.</p> <p>A SIAB member added that one of the biggest issues in previous inspections was poor communication with parents about what support is available, and it can create uncertainty and frustration. This can lead to disengagement from parents and a breakdown in trust with the local area. If Bury does not get this right it will lead to delays in accessing services, and this is being seen broadly across the North-West with children being taken out of school. One of the simple and most powerful ways to strengthen the SEND system is good communication.</p> <p>Another SIAB member added that a co-production handbook is being worked on, to reach all families, not just SEND families. The indicative timeframe for completion is early 2026. After this, meetings will be held to discuss the content, including with Bury2Gether and the Changemakers.</p> <p>The Chair added that the Operational Delivery Group works on resolving the risks, whereas the Board is there for assurance and to provide challenge. In December a fuller debate is needed about the Comms and co-production for what is working well and what is not, including a check-in with Bury2Gether.</p> <p>A further member added it would be good to capture the positive changes on the agendas, so the Board can learn the good work taking place, e.g. co-production in relation to Short Breaks is currently being planned.</p> <p>Action points:</p> <ol style="list-style-type: none"> 1. Identify and resolve the issues on the Newsletter approvals – due 16th December <p>Risks:</p> <ol style="list-style-type: none"> 1. Delay in Comms Strategy publication 2. Delay in Co-Production progression
4	<p>CONTRIBUTIONS FROM, AND ENGAGEMENT WITH, CHILDREN AND YOUNG PEOPLE</p>
	<p>The Young People’s Update was presented, including feedback from the SIAB, the Local Offer and Schools.</p> <p><u>SIAB Board</u></p> <p>Two weeks ago, a SIAB member spoke to the Changemakers about the SIAB. SIAB feedback showed Changemakers appreciated being invited to the SIAB and felt listened to; but wanted to be invited for longer, as well as wanting more involvement with Board members.</p> <p>The member added that their meeting with the young people went very well, and thanked the organiser for the invite.</p> <p>The Chair added that it would need to be decided which parts of the SIAB Board agenda the Changemakers could attend.</p>

	<p>A further SIAB member added that it would be nice for the Changemakers to stay during the SIAB breaks too for informal chats.</p> <p><u>Local Offer</u></p> <p>The Changemakers provided feedback on the Local Offer website, noting difficulties in navigation; e.g. finding information about the SEND youth club. They suggested improvements like clearer menus, more interactive elements (e.g., quizzes), and relevant visuals, while preferring minimal distracting videos or unrelated images.</p> <p>The Changemakers also compared Bury’s Local Offer to Oldham’s, expressing interest in co-designing Bury’s site for better accessibility and user experience. They also recommended more prompts for user feedback on the site.</p> <p>It was emphasised the need to balance the site’s design for both young people and parents, ensuring accessibility and clarity for all users.</p> <p>A SIAB member updated that statutory compliance and migration of the directory have been priorities, with ongoing work to improve accessibility, navigation, and the addition of videos with simple voiceovers for parents. The new interim SEND comms and engagement officer was introduced to the group.</p> <p>The Chair thanked the SIAB member for the work done. The Chair added the joint approach for where to put information for young people vs parents is worth considering.</p> <p><u>School Update</u></p> <p>It was updated that the mapping exercise for schools is underway. Another SIAB member added that the School Council training sign-ups had been less than half of schools, and took an action to get more schools involved. The Chair requested that the school Board members took the information and actions to their schools.</p> <p>Action points:</p> <ol style="list-style-type: none"> 2. Involve more schools in the School Council training update – due 16th January 3. School members to take the Changemakers update to their schools, including ensuring they are involved in the school council training, to update feedback in January Board – due 16th January 4. Link in CYPs with CAMHS (action 156) – due 5th December
5	<p>PORTAGE SURVEY FEEDBACK</p> <p>The Portage Service Report was reported. The Portage service is a home-based educational support program for children with additional needs (birth to age 5), focusing on inclusive learning, family support, and minimising barriers for children and families.</p> <p>The survey was closed at the end of September and received 52 responses. Lived Experience responses were very positive. 94.2% of respondents rated Portage services a 5/5.</p>

	<p>A SIAB member added that the new SEN unit opened had had support from the Portage workers and it had been a very successful transition.</p> <p>Another member added that Comms is being developed for the Portage team.</p> <p>A member of the Early Years team added that her team will work closely with the Portage team before the children start, sharing information and collaborating during pre-start visits and after they have started.</p> <p>Action points:</p> <p>5. Continue developing Comms for the Portage team– due 16th January</p>
6	<p>DATA AND PERFORMANCE SUB-GROUP AND DATA UPDATE</p>
	<p>A presentation was shared, including that there is a huge amount of data available, owned by different people.</p> <p>A Data sub-group had been launched to help better link data to the work and Delivery Group/Leads. This includes the centralisation and improvement of data management and support for the PIP and inspection readiness. It is also about clearly articulating the KPIs, and producing a SIAB data pack. By December SIAB, it will be looking more focused. There is an opportunity for the Data team to be providing information so leads’ reports are evidenced, and can point leads in how to find certain data. For the Delivery Group, the Data subgroup will be a key source of support, troubleshooting and providing analysis needed coming out of meetings.</p> <p>A SIAB member asked if it was possible to share the information with the Changemakers, and asked to discuss the “You Said, We Did” element. An action was taken to arrange a meeting to discuss this.</p> <p>Another member added that the Data Pack will be held centrally, so people are able to easily view their own sections and challenge where elements need improving. In addition, as the Board moves forward beyond the monitoring inspection, having this broader data set means checking the wellbeing of the system is much easier.</p> <p>Action Point:</p> <p>6. Discuss “You Said, We Did” in relation to the data, and sharing the data with the Changemakers – due 16th January</p>
7	<p>NEURO HUB UPDATE</p>
	<p>The Chair stated that the limited local co-production regarding the Neuro Hub has meant that a letter of escalation was issued, but no response has been received yet.</p> <p>A SIAB attendee took the Board through the presentation, including the concerns around the wider program for the Neuro Pathways. The principles for the wider ICB transformation are the same that underpin the Hub development; being to provide help and support to Early Years families without the need for a diagnosis.</p> <p>A SIAB member asked who is in control of the governance of the Hub. It was explained that the commissioning of the hub is through Greater Manchester ICB,</p>

	<p>with the appropriate governance provided through those commissioning arrangements.</p> <p>The member asked confirmation on who is making the decisions on the daily activity of the Hub. It was explained that the contract delivers to the specification, and is for the supplier to make day to day operational decisions. The Terms of Reference are needed to be set for the delivery group.</p> <p>It was clarified that the function of the delivery group is to support the development of the Hub model over the next 15-16 months. The Delivery Group is not decision making, in that the function of the steering group is not to monitor the provider, the function instead sits with the contract manager.</p> <p>The Chair raised that the Delivery Group Terms of Reference should come back to the SIAB for challenge. This has been added to the December SIAB agenda.</p> <p>A SIAB member added that she nor the Portage team had been made aware of the service, and choices and planning need to be delivered through the steering group. It would also need to be discussed with the regards to how this links with the Family.</p> <p>Action Point:</p> <ol style="list-style-type: none"> 7. Share the Neuro Hub Delivery Group Terms of Reference to the Board – due 16th December 8. Meet with key partners to discuss the Neuro Hub service and the links to Family Hubs– due 16th January
8	<p>UPDATED AP STRATEGY</p> <p>A SIAB member presented updates to the Alternative Provision (AP) Strategy, focusing on four main areas: stronger links to the EOTAs policy, clearer alignment with the SEND strategy, enhanced due diligence processes, and a greater emphasis on reintegration.</p> <p>It was confirmed that the strategy now uses updated terminology in line with DfE guidance (e.g. "non-school alternative provision" instead of "unregistered provision") and incorporates national voluntary standards for quality assurance.</p> <p>The AP multi-agency strategy group will now shift from writing to monitoring and implementation, with regular reviews of priorities and data.</p> <p>It was confirmed the strategy is ready for sign-off, however the Chair raised that the Board had not had time to read it. Therefore, further review time was requested, including input from parents, carers and young people, before final approval.</p> <p>A SIAB member provided positive feedback on the strategy's strengths but suggested clarifying how health, social care, and education partners will be held accountable for their contributions.</p> <p>The Chair added that Papers need to be submitted to the Board minimum 5 working days before the Board, so that members have ample time to review and provide feedback.</p>

9

THEME 3 UPDATE

SIAB Data Pack

A SIAB attendee shared the SIAB Data pack on screen. The pack includes KPIs, qualitative evaluation plans, and aims to improve evidence of progress and impact. There are plans for a robust post-Christmas evaluation using mixed methods and feedback from young people and parent/carer groups.

A SIAB member supported the approach of combining data slides and report highlights for Theme 3, emphasizing the need to reference both quantitative and qualitative impact measures in discussions.

The SEND Evaluation project was talked through by another member. It was explained that a group was pulled together in response to discussions last week, and they recommend a 6-week evaluation project run by SEND services and Comms teams, with support from the Data team.

It was added that the data pack and reporting process are still developing, with significant improvements expected by the next SIAB meeting.

PIP4 (Preparing for Adulthood - PfA)

A SIAB member gave the PfA update. The four PfA areas were outlined, being employment/education, independent living, community inclusion, and health. It was noted progress in staff training, new review paperwork, and guidance for schools. Challenges were highlighted with NEET data, and the need for further development, especially for SEMH cohorts. It was acknowledged that solutions will take time.

The Chair added challenge that the Board wants assurance that there is a greater impact than is currently being reported to board. It was agreed with the challenge and added that this was at the top of agenda in terms of pace.

A SIAB member provided a challenge whether more website visitors meant families were finding the information useful, and whether there were better outcomes because of it. Rising website numbers look good but do not necessarily guarantee there are better outcomes because of it. It was therefore suggested that more was done to evidence the impact of PfA, such as case studies, and tracking destinations, i.e. employment, independent living, and further education.

An attendee added that NEET/EET data is covered in the rest of priority monitoring rather than selected for the Theme 3 analysis, and there is data collection for the KPIs around this. There is work underway to develop measures around PfA being discussed in annual reviews, and this is being planned for the New Year.

A SIAB attendee added that the work being done will not be seen in the outcomes yet, and so effective proxy measures will be required. Much of the data that can be looked at now will be qualitative at the moment and so emphasised it was important to collect feedback more effectively.

Transition Point Data (PIP5)

A SIAB member explained that there was no formal update submitted due to emergency illness, however much work has been progressed. He added that many meetings were in place over the next few weeks to get further progression before the new year. Updates were as such:

- A draft transitions guide has been created, covering key transition points and the four broad areas of need; next steps include partner involvement and co-production.
- Data analysis shows SEMH prevalence increases from Early Years to primary, peaks at key stage 2, then declines in secondary; mainly due to reduced SEN support rather than EHC plans.
- Key questions for further work include comparing local trends to national benchmarks, understanding reasons for declining SEN support in secondary, and ensuring transition processes maintain support.
- Emphasis on aligning specialist resources with need peaks and ensuring ordinarily available provision supports those no longer on SEN support.

The Chair thanked the member for the update and added that there is now a need for increased pace and timely use of data to inform next steps, and a need to get a grip on those causalities which will be helpful for the Board.

Annual Reviews (PIP6.2)

A SIAB member explained that statutory duties require Annual Reviews for all EHCPs (every 12 months, or every 6 months for under-5s). It was reported that historically, Bury lacked reliable Annual Review data; and that there had been recent efforts focused on improving Liquid Logic system functionality and dual monitoring with Excel due to reporting challenges.

As of the latest data, Bury maintains 2,963 EHCPs; 44.8% of annual reviews are overdue, implying 55.2% compliance. Reporting was stated to be complex, due to rolling review cycles and system limitations, but the goal is to see overdue rates decline and compliance improve month by month.

An attendee added that this will be updated with the latest school census position for next SIAB, now that there has been another release. It was stated that training for annual review quality assurance audits has begun, with baseline data on review quality expected in future reports.

Another SIAB member added that from a school's perspective, communication from the SEN team is still an area for development. Reviews are being done, but these submissions are not acknowledged or given feedback. Therefore, they are chased for copies months later. Another member added that this will be raised at the Primary Heads meeting to capture experience.

It was assured that this should now see an improvement. A recent meeting with Secondary School Heads saw very good feedback, and so there is hope that EHCP Annual Reviews this year will be timelier and more seamless than last year.

EOTAS

A SIAB member explained that the primary focus was around the policy, and the data shows the number of placements rather than number of children (as some children have more than one placement).

	<p>It was stated that the number of EOTAS placements is higher than last year, with many more children needing placement under Section 19 (temporary status). Individual learning plans had been implemented with providers. It was stated that contract monitoring meetings are held every six weeks with providers, with the next round due in two weeks.</p> <p>Three EOTAS placements were agreed this year, with a further two from tribunal agreements. It was explained that the multi-agency disciplinary team is running, and its function is being refined with input from complex safeguarding, prevention, Health, and other teams.</p> <p>The Chair raised that some items under Theme 3 are rated Red on their status, which will be raised during the inspection. Therefore, Board members need to look at how to prioritise the work to move them into Amber.</p> <p>Another attendee added that he would be happy to help colleagues update and progress these.</p> <p>A SIAB member added that many Red actions are qualitative measures, so many of these can be helped by the Data sub-group.</p> <p>Action Point:</p> <ol style="list-style-type: none"> 1. Raise the lack of acknowledgement/ feedback on EHC annual reports at the next Primary Heads meeting – due 16th January
11	<p>SUMMARY OF KEY MESSAGES FROM TODAY'S MEETING</p>
	<p>A SIAB member stated that she would circulate these post-Board meeting.</p>
12	<p>AOB</p>
	<p>The Chair raised that there appears to be a lack of pace in some areas. She emphasised that it will need to be demonstrated to the inspectors that effective action has been taken, and all steps to achieve this taken.</p> <p>A SIAB member proposed that the December agenda could be a thorough Stocktake of the entire PIP, to have an inspection-ready session. The Chair responded she would consider it and recommended that the Operational Delivery Group may be a better space for it.</p> <p>An attendee added that milestones and impact measures were focused on in the last Delivery Group session. He added that a relatively small percentage are at Red, and the process can be continued to ensure it is in place for the next Board. Any items that need particular focus will be brought to the next Board meeting.</p> <p>The Chair felt that it would be helpful to see the self-evaluation at the next Board. Two members offered their support.</p> <p>The Chair reflected the LGA observation and the findings. Development points for SIAB to consider are the impact of late papers coming to the Board and not everyone fully engaged because they are doing other work during the Board.</p>

	<p>It was confirmed that School ember would be asked whether their school could host the January SIAB board.</p> <p>Action Point:</p> <ul style="list-style-type: none"> • Ask school member if the school can host January SIAB meeting – due 23rd December
13	<p>UPCOMING MEETING DATES</p>
	<ul style="list-style-type: none"> - 16th December 10.00 – 13.00 Town Hall - 13th January 14.00 – 17.00 Town Hall (<i>unless moved to a school venue</i>) - 16th February 10.00 – 13.00 Town Hall