SCRUTINY REPORT

Bury Council

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

1.0 BACKGROUND

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

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

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

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

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

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

2.0 KEY MESSAGES

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

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

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

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

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

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

- E-coli blood stream infections (3rd)

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

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

- Breast Screening Coverage (4th)

- MMR Vaccination uptake (4th)

- Cervical Screening uptake (4th)

- Seasonal Flu Vaccine uptake (4th)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3.0 CONCLUSION

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

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

4.0 RECCOMENDATION

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

List of Background Papers:-

Bury ICP Locality Performance Slides

Contact Details:-

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