# AGENDA FOR

# HEALTH SCRUTINY COMMITTEE

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**To: All Members of Health Scrutiny Committee**

**Councillors** : E FitzGerald (Chair), S Haroon, N Frith, C Boles, L Ryder, M Rubinstein, L McBriar, R Brown, D Duncalfe and K Simpson

Dear Member/Colleague

**Health Scrutiny Committee**

You are invited to attend a meeting of the Health Scrutiny Committee which will be held as follows:-

| | |
|---|---|
| **Date:** | Thursday, 25 September 2025 |
| **Place:** | Council Chamber, Town Hall, Bury, BL9 0SW |
| **Time:** | 7.00 pm |
| **Briefing Facilities:** | If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted. |
| **Notes:** | |

# AGENDA

## 1 APOLOGIES FOR ABSENCE

## 2 DECLARATIONS OF INTEREST

Members of Health Scrutiny Committee are asked to consider whether they have an interest in any of the matters on the agenda and if so, to formally declare that interest.

## 3 MINUTES OF THE LAST MEETING *(Pages 5 - 14)*

The minutes from the meeting held on 15th July 2025 are attached for approval.

## 4 PUBLIC QUESTION TIME

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

## 5 MEMBER QUESTION TIME

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

## 6 UPDATE ON THE OPERATION OF THE URGENT CARE SYSTEM (WINTER PLANNING) *(Pages 15 - 30)*

David Latham – programme Manager for Urgent Care, NHS GM (Bury) and Kath Wynne-Jones – Chief Officer, Bury integrated delivery board to present this item

## 7 ADULT SOCIAL CARE PERFORMANCE QUARTER ONE REPORT 2025/26 *(Pages 31 - 58)*

Report of the Cabinet Member for Adult Care, Health and Public Service Reform is attached.

## 8 FOOD AND HEALTH STRATEGY *(Pages 59 - 66)*

Presentation supported by Jon Hobday Director of Public Health

## 9 OFSTED JUDGEMENT AND DFE/NHSE STOCKTAKE ON SEND PARTNERSHIP *(Pages 67 - 92)*

For information: Will Blandamer, Executive Director for Health and Adult Care, will respond to questions regarding the recognition of collaborative work between the local authority and the NHS as a partnership.

## 10 CHAIRS STANDING ITEM UPDATE FROM GREATER MANCHESTER MEETINGS *(Pages 93 - 94)*

GMCA Health Scrutiny – Report Attached from the chair

NCA Alliance – Verbal Update from the chair

Will Blandamer Executive Director (Health and Adult Care) will provide a verbal update on the ICB reform

## 11 SUB GROUP DISCUSSION UPDATE

To follow

## 12 URGENT BUSINESS

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

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Agenda Item 3

**Minutes of:** **HEALTH SCRUTINY COMMITTEE**

**Date of Meeting:** 15 July 2025

**Present:** Councillor E FitzGerald (in the Chair)
Councillors S Haroon, C Boles, L Ryder, M Rubinstein, I Rizvi, L McBriar, R Brown, D Duncalfe and K Simpson

**Also in attendance:** Councillor T Tariq, Cabinet Member for Health and Adult Care
Will Blandamer Executive Director (Health and Adult Care)
Jon Hobday Director of Public Health
Dr Cathy Fines Associate Medical Director for NHS Greater Manchester in Bury
Zoe Alderson Head of Primary Care (Bury)

**Public Attendance:** No members of the public were present at the meeting.

**Apologies for Absence:** Councillor N Frith

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## HSC.63 APOLOGIES FOR ABSENCE

Apologies for absence are listed above.

## HSC.64 DECLARATIONS OF INTEREST

Councillor Hussain declared an interest due to his Son working as a Doctor within the NHS

## HSC.65 MINUTES OF THE LAST MEETING

The minutes of the meeting held on 19th June 2025 were agreed as an accurate record.

## HSC.66 PUBLIC QUESTION TIME

There were no public questions.

## HSC.67 MEMBER QUESTION TIME

There were no member questions.

## HSC.68 HEALTHWATCH ANNUAL REPORT UPDATE

Andrew Holland, Chief Operating Officer for Healthwatch Bury, was invited to present an overview of the latest report. He began by outlining the key findings and developments, supported by a presentation that will be shared with members. The report focused particularly on the Bury CAHMS service, where several recommendations have been made to improve outcomes and experiences for service users. Andrew emphasised that the report is intended to generate feedback, which will inform future revisions and help shape services going forward.

He acknowledged that while Healthwatch Bury has made significant progress, there remains a perception among some stakeholders that the organisation must evolve further to maintain its role as an independent voice for residents.

During the discussion, Councillor McBriar referred to page 16 of the report, noting that 400 individuals had shared their experiences. He asked how this number could be increased. Andrew clarified that the 400 figure relates to specific feedback on defined scenarios, and that Healthwatch Bury has engaged with over 7,000 individuals for signposting and general support.

Councillor McBriar also raised concerns from page 17 regarding dementia services and safeguarding issues. In response, Annemari from Healthwatch Bury explained that a representative attends dementia support workshops to contribute to service development. She confirmed that any safeguarding concerns are referred to the Bury Safeguarding Team. Will Blandamer added further context, highlighting the role of Dementia United in shaping services and noting that a recent workshop held at Radcliffe Football Club was one of the best attended across Greater Manchester, with valuable insights gained from service testing.

Councillor Ryder commended the Healthwatch team for their work over the past year and asked whether constituents could be referred to workshops such as the “Park Bench” sessions. Annemari confirmed that details of upcoming workshops would be shared via the Healthwatch website.
Councillor Rubenstein queried whether Healthwatch Bury plays a role in supporting individuals who have received care. Andrew responded that Healthwatch often acts as an intermediary, liaising with providers to help both parties reach a resolution and ensure that individuals receive the support they need.

Councillor Tariq echoed the praise for Healthwatch Bury and highlighted the importance of the local authority’s commissioning role. He reassured colleagues that Healthwatch’s performance is monitored through KPIs and quality assurance processes. He emphasised the organisation’s role in amplifying the patient voice and ensuring that feedback leads to tangible impact. On a broader level, he acknowledged concerns raised across Bury and Greater Manchester and confirmed that the council remains committed to working with Healthwatch Bury, with updates to be provided once timescales are clarified.

Councillor Fitzgerald noted the strength of the report in demonstrating not only what Healthwatch has done, but also the outcomes achieved. He stressed the importance of commissioning the right services at the ICB level and ensuring that community needs are met.

Councillor Ryder raised a question about NHS dental services, asking whether waiting lists exist and how access varies by location. Councillor Tariq responded that the NHS Choices website provides real-time data on dentist availability in each locality, allowing residents to track access to services. A link to the website will be shared with members.

Councillor Boles expressed concern that women’s health remains under-prioritised and asked what improvements have been made, particularly in relation to menopause. Andrew noted that Healthwatch Bury has contributed to shaping the Women’s Health Hub strategy. Jon Hobday added that the Live Well service has delivered targeted sessions on women’s health, with positive feedback received.

Will Blandamer explained that Prestwich was selected as a pilot site for the Women’s Health Hub, part of a national initiative focused on long-acting contraception and accessibility. Unfortunately, funding for the pilot has not continued, though the aspiration remains. Dr Cathy Fines reinforced this point, stating that while national funding has ceased, the strategic aims of the Women’s Health Hub particularly around tackling inequalities remain a priority. She also noted that menopause support has been strengthened, with staff upskilled and expectations being met.

Councillor Fitzgerald returned to the topic of the CAHMS report, suggesting that it be circulated to the Children's Scrutiny Committee. Annemari confirmed that Healthwatch Bury had conducted a visit to the CAHMS service, interviewed staff, held drop-in sessions, and distributed surveys to families and patients. Feedback was generally positive, although waiting times remain a challenge. She agreed that the report should be shared with the committee and considered by the relevant task and finish group.

**It Was Agreed:**

- The update be noted
- To distribute the Healthwatch Bury Enter and View CAHMS Report

## HSC.69 GP STRATEGY UPDATE

Dr Catherine Fines, GP Partner at Tower Family Healthcare and Associate Medical Director at the Greater Manchester Integrated Care Board, joined Zoe Alderson, Head of Primary Care in Bury, to present an update on the GP Strategy. The presentation outlined five strategic goals aimed at improving access, quality, and integration of primary care services across the borough. A visual summary of the strategy was shared with the committee, illustrating the ambitions and direction of travel for general practice in Bury.

Dr Fines and Ms Alderson began by addressing the ongoing pressures on A&E departments and the need for primary care services to operate differently to alleviate this strain. They highlighted the expansion of advanced access to GP services, noting that practices across Bury are now offering appointments seven days a week, including evenings and weekends. This enhanced availability is being delivered with a focus on maintaining continuity and quality of care, even out of hours.

To illustrate the scale of current provision, Dr Fines shared data from Tower Family Healthcare, which had offered 503 appointments on the previous day alone. Across Bury, approximately 4,000 appointments were made available, supported by a workforce of around 800 nurses and advanced nurse practitioners. Despite this, she acknowledged that demand continues to outstrip supply and that further expansion of availability is needed.

Councillor Staples Jones queried why public perception of GP services remains negative despite the apparent improvements. Dr Fines responded by emphasising the importance of better communication and public awareness, noting that duplication of appointments and system inefficiencies contribute to frustration. She invited councillors to help disseminate accurate information to residents.

Councillor Ryder echoed concerns about delays in securing appointments, suggesting that some residents feel let down by the system. Dr Fines acknowledged these concerns and discussed the challenges posed by digital platforms such as AskMyGP, which had not worked well for all patients. She confirmed that work is underway to improve online booking systems and ensure more consistent access across practices.

Councillor Fitzgerald noted that while online booking options exist, implementation varies between practices. Councillor Simpson raised the issue of acute respiratory hubs, particularly their role in supporting elderly patients during winter. Dr Fines confirmed that these hubs operate annually in Bury and stressed the importance of ensuring patients are aware of their location and purpose, especially when travel is involved.

Councillor McBriar highlighted the need for better data sharing with elected members and asked what measures are in place to address missed appointments. Dr Fines explained that practices are using SMS reminders and promoting the NHS App to help patients manage their

bookings. She also noted that data on appointment attendance and cancellations is being published on practice websites to improve transparency.
Ms Alderson added that there has been a 50% increase in prescription requests via the NHS App, indicating growing engagement with digital tools. Dr Fines concluded by outlining the rollout of cloud-based digital telephony systems across all practices, which are helping to manage high call volumes and improve responsiveness. She also spoke about the development of care navigation roles and the integration of first contact practitioners, such as physiotherapists, to ensure patients are directed to the most appropriate services from the outset.

The presentation continued with a summary of the slides, which outlined key developments and strategic priorities in primary care across Bury. It was confirmed that all 25 GP practices now offer online registration, enabling patients to change practices quickly through GP-to-GP transfers. This was highlighted as a significant step in improving patient flexibility and access. Councillor McBriar raised a question regarding the volume of calls received by practices and how many of those result in patients being seen.

Dr Fines responded by explaining that under the national contract, GPs are required to see patients who are ill or perceive themselves to be ill. However, it is not always possible to determine from call data how many contacts require clinical treatment. She emphasised the need to better support patients in navigating services and suggested this was an area for further exploration.

Councillor Duncalfe asked about access to medical records and whether some practices operate separate systems. Dr Fines clarified that from 2023, all patients should be able to access their records digitally. Councillor Simpson queried whether NHS systems include military records, to which Dr Fines responded that she was unsure but noted that the long-term plan is to move from analogue to fully digital systems.

Councillor Fitzgerald raised concerns about the shift away from paper-based systems, suggesting that some patients prefer traditional methods. Zoe Alderson responded by highlighting the expansion of seven clinical pathways designed to streamline referrals and reduce pressure on services, while still offering a wide range of care options.

Dr Fines discussed the importance of care navigation, ensuring that patients who contact their GP are directed to the most appropriate service or professional. Zoe Alderson added that building a resilient workforce is central to the strategy, with a focus on developing a sustainable pipeline of practice nurses. Dr Fines noted that recruitment to these roles is challenging, but Bury has a strong foundation of training practices and is working to create clear career pathways to support long-term sustainability.

The next section of the presentation focused on strengthening relationships between provider partners across the Bury system. Dr Fines acknowledged that previous attempts at GP collective action had not always been positive, but there is now a more collaborative approach between primary and secondary care. Bury's four Primary Care Networks Prestwich, Whitefield, Bury, and Horizon are geographically scattered but work closely together to deliver integrated care.

Councillor Duncalfe asked for clarification on the difference between the MyGP app and the NHS App. Zoe Alderson advised that the NHS App is the preferred platform, with ongoing updates and enhanced functionality.
Councillor Hussain raised concerns about bureaucracy and the role of the medical examiner.

Dr Fines explained that the medical examiner service supports families during bereavement and ensures the timely and lawful provision of death certificates. The service has been rolled

out nationally and is operating effectively in Bury, including over weekends something not available in many other areas. Councillor Tariq emphasised the importance of this service, particularly in relation to faith communities and legal compliance. He requested data on delays in issuing death certificates, and it was agreed that this would be brought back to the committee via the ongoing working group.

The final slides of the presentation covered incentive programmes and performance indicators across neighbourhoods. It was noted that there has been mild to moderate improvement in both baseline and overall achievement. Councillor McBriar asked about the relationship between COPD and annual health checks, and Zoe Alderson confirmed that improvements have been seen in the uptake of annual reviews.

Councillor Boles asked about GP involvement in neighbourhood strategies. Will Blandamer responded by outlining the integrated approach being taken, with GP leadership embedded in each of the five neighbourhoods. This work is aimed at reducing hospital admissions and developing integrated neighbourhood teams, supported by Pennine Care and wider public service teams. He confirmed that Bury is well-positioned both strategically and operationally.

The committee also discussed the development of family hubs and the NHS's role in neighbourhood working. There was recognition of the strong public health drive, particularly around improving uptake of the MMR vaccine.

Councillor Fitzgerald proposed that elected members receive training to help promote these developments. Councillor McBriar suggested the use of graphics and infographics to support communication with constituents. Councillor Duncalfe added that basic training for councillors would be helpful, particularly around underused services.

**It Was Agreed:**

- The report be noted

## HSC.70 HEALTH INEQUALITIES UPDATE

Jon Hobday, Director of Public Health, provided an overview of health inequalities in Bury, drawing on a presentation that highlighted key data and trends. He began by discussing life expectancy, noting that Bury's figures are significantly lower in the north of the borough compared to the south. The impact of COVID-19 was substantial, causing a sharp decline in life expectancy, although there has been a slight recovery since 2020.

Jon explained that the gap in life expectancy between the most and least deprived areas in Bury remains wide. He outlined several major contributors to this disparity, including liver disease, lung and other cancers, heart disease, accidental poisoning (including overdoses), dementia, external causes such as accidents, and respiratory diseases like chronic obstructive pulmonary disease (COPD).

Over the past two years, a number of key actions have been taken to address these issues. These include efforts to reduce poverty and respond to the cost-of-living crisis, improve access to pension credit, and implement a new "Live Well" model. Work has also been done to reduce inequalities in smoking-related illness, improve diet through the development of the Bury Food Strategy, and create an alcohol licensing matrix. In addition, care for people with coronary heart disease has been improved, and steps have been taken to increase uptake of MMR vaccines, including additional clinics and outreach into communities and mosques.

Looking ahead, Jon emphasised the importance of continuing work across all four quadrants of the Health and Wellbeing Board. He stressed that this work is ongoing and will be shared through the board to ensure alignment and progress.

Councillor Tariq expressed support for the approach and highlighted the importance of connecting this work to the "Let's Do It" strategy. He referenced previous discussions around childhood disability, inequalities affecting BME women, and other areas, stressing that aligning with the strategy's principles is vital. He noted that health inequalities are everyone's responsibility and that many council objectives are linked to this issue.

Councillor Rubenstein raised a question about the impact of differing service quality nationally and whether this is measurable. Jon responded that certain groups do struggle with access and that quality impact assessments are important. He noted that disparities exist in health access provision, particularly in primary care, and that travel requirements can be a barrier. Ensuring accessibility for all is a key priority.

Councillor FitzGerald commented on the socioeconomic pressures faced by residents, such as the need to work multiple jobs, and how these pressures contribute to health inequalities. She also highlighted the stark contrast in life expectancy between different parts of Bury, referencing the statistic that 11 times more people died during COVID-19 in the north compared to the south.

Councillor McBriar referred to data on breast cancer and asked whether the increase in positive cases was due to improved screening. He also raised concerns about the lack of a national screening programme for prostate cancer. Dr Cathy Fines explained that prostate screening is not offered nationally in the same way as breast screening, as it targets symptomless individuals and requires meeting specific criteria. A blood test is available, but awareness remains low. Jon added that all screening programmes must undergo rigorous evaluation before implementation.

Councillor McBriar also asked about vaccination uptake among children and whether vaccinations are still administered in schools. Jon confirmed that vaccinations are delivered through a combination of school-based programmes and primary care, coordinated by IntraHealth.

Councillor Haroon asked about the key factors contributing to health inequalities in Bury and how life expectancy has changed over time. Jon reiterated the role of chronic conditions such as liver and lung disease and COPD. He also noted that the "Let's Do It" strategy is embedded within the broader population health model.

Councillor Boles asked whether breakfast clubs in schools have had an impact. Jon reported that an auto-enrolment scheme had been introduced, resulting in several hundred additional children accessing the service. Feedback has been positive, and further updates will be shared.

Jon also spoke about a successful initiative around sexual health commissioning, which involved outreach to sex workers across Greater Manchester. This proactive approach has led to meaningful engagement and support for vulnerable individuals.

Councillor Simpson highlighted the significant life expectancy gap in Radcliffe, where men live on average 12.5 years less than elsewhere in Greater Manchester. Jon acknowledged the severity of the issue and pointed to ongoing community-based work and the Live Well model as part of the response.

The item concluded with a shared commitment to continue addressing health inequalities through collaborative action, strategic alignment, and community engagement.

**It Was Agreed**

- The update be noted

## HSC.71 STANDING ITEM CHAIRS UPDATE

Councillor Fitzgerald provided a verbal update to the committee regarding recent developments in regional health scrutiny. She noted that she was unable to attend the latest meeting of the Joint Health Scrutiny Committee for the Northern Care Alliance (NCA) due to annual leave, and that Jackie Harris was also unavailable due to the late notice of the invitation. As a result, and due to the absence of a Labour member, the meeting was not quorate. Councillor Fitzgerald offered to attend future meetings and encouraged Labour members of the committee to consider putting their names forward to ensure Bury is represented in future discussions. The committee meets quarterly in Oldham, with three meetings remaining this year.

Councillor Fitzgerald also chaired the Joint Health Scrutiny Committee for the Greater Manchester Combined Authority (GMCA) earlier in the day. While there were no updates on service reconfigurations, the committee was informed that updates on Major Trauma (Salford and MFT) and Procedures of Limited Clinical Value will be presented in September. These procedures include interventions such as varicose vein treatment, hysterectomies, and skin tag removal. Commissioning statements are being reviewed to determine when these services will be provided. Papers are expected on 9th September, and a task and finish meeting will be scheduled shortly after to review them.

An update was also received from NHS Greater Manchester (ICB) regarding organisational restructuring and the second year of the sustainability plan. Key points included confirmation that NHS GM will retain a single organisation with ten localities and that no mergers are planned. The new organisational structure is expected in late August or September, with a voluntary redundancy package going to the NHS GM Board imminently. Consultation with staff will take place in Q3, with implementation in Q4. The restructuring aims to reduce costs by 39%, potentially affecting up to 600 roles, and may result in up to 5,000 staff across GM being displaced or transferred. A Workforce Transition Hub will be established to support affected NHS colleagues.

The committee raised concerns about the impact on commissioning, safeguarding, SEND, and community engagement functions. It was confirmed that these responsibilities would remain, though delivery models may change. The importance of retaining specialist skills, particularly in nursing, was also discussed.

The committee requested a further update in September on the proposed changes and their impact on patients, both at GMCA and local levels. Councillor Fitzgerald suggested sharing the GMCA forward plan with local Health Scrutiny Committees to coordinate efforts and avoid duplication.

Councillor McBriar suggested writing to the Secretary of State regarding the proposed changes. Councillor FitzGerald supported this, noting that while it may be challenging, it is a power available to the committee and could be used if necessary.

Will Blandamer clarified that the ICB is the commissioning organisation and acknowledged the challenges posed by the reduction in roles. He emphasised the need to develop a sustainable operating model and recognised the difficult period ahead for NHS colleagues in Bury.

## HSC.72 TASK AND FINISH GROUP - NHS CHANGES ACROSS GM - STRUCTURAL AND SERVICE CHANGES

At the last meeting, it was agreed that a Health Scrutiny Task and Finish Group would be established to focus on developments at the Greater Manchester level, particularly those arising from GMCA and NHS England. The group will meet on a monthly basis to consider and discuss relevant GMCA papers, including the upcoming proposals in September relating to two service reconfigurations and the new Integrated Care Board (ICB) structure.
Members were invited to express interest in joining the group. Councillor McBriar and Councillor Boles confirmed their interest, and it was agreed that meetings would begin at 6:00pm.

To initiate the work of the group, a meeting will be arranged before the end of the summer to develop the Terms of Reference and to identify initial areas of focus. It was further agreed that the date for reviewing the September GMCA papers will be confirmed via email between group members over the coming month.

A standing monthly meeting will be scheduled to ensure ongoing scrutiny of GMCA papers and developments at the regional level. Short minutes summarising this discussion will be circulated to all relevant members.

## HSC.73 FORWARD PLAN STANDING ITEM

During the discussion on the forward planner and standing items, the following topics were raised and considered throughout the conversation.

**Core Discussion Topics**

1. ICB Changes – Structure, services, and workforce implications
2. Neighbourhood Working & Public Service Reform – Including voluntary sector links
3. Maternity and First 1,000 Days
4. Transitions Between Children's and Adult Services
5. SEND – Connections with maternity, transitions, and the Children & Young People Committee
6. Access to Healthcare – Pharmacy, dentistry, and GPs (GP update received)
7. Elective Care and Winter Preparedness
8. Healthwatch – Patient experience and voice
9. Social Care – CQC, performance, complaints
10. Communications Support – Clarification needed (Cllr Frith)
11. Health Inequalities
12. Housing and Health
    - Housing First policy
    - GMCA-level engagement
    - Locality board and tri-partite agreement
    - Renters Reform

**Emerging and Ongoing Issues**

13. Industrial Action – Impact on services
14. Palliative Care & Assisted Dying – GMCA work noted
15. Hospice Services
16. Bereavement Services – Mental health support
17. Social Prescribing
18. Mental Health Services Update

**HSC.74 URGENT BUSINESS**

**COUNCILLOR E FITZGERALD**
**Chair**

**(Note: The meeting started at 7.00 pm and ended at 9.30 pm)**

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# UEC Plan Refresh, Current Performance Update and Bury Winter Planning 2025-26

Part of Greater Manchester Integrated Care Partnership

**Bury Health Scrutiny Board 25.9.25**

# Summary



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

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

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

# Neighbourhood and BCO plan

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

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

Mental Health capacity on site - TBC

BURY INTEGRATED CARE PARTNERSHIP

# Method of delivery

BURY INTEGRATED CARE PARTNERSHIP



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

*Quarterly neighbourhood delivery collaborative workshops to be held to bring together teams working on delivery of Different components

# Current Performance Update and Bury Winter Planning 2025 - 26

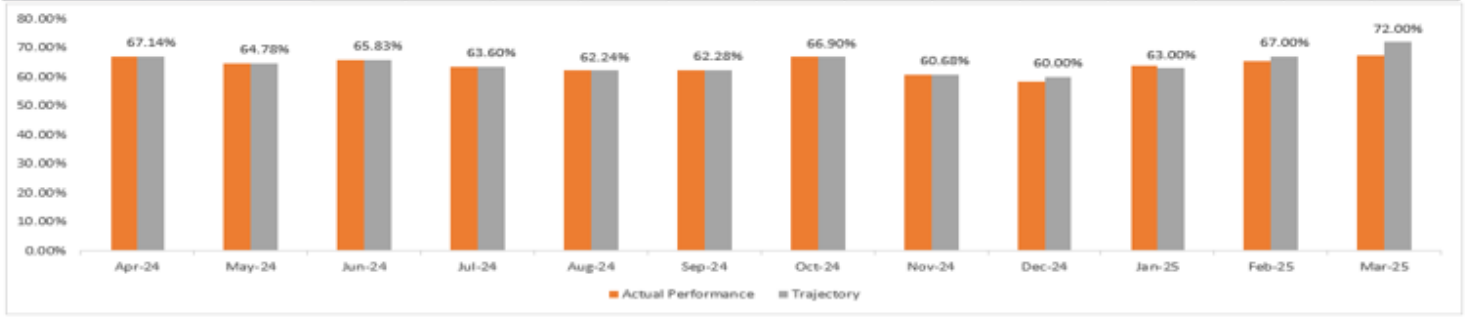


## Current Performance Update

(Performance at the FGH not just Bury registered patients as, reported by NCA)

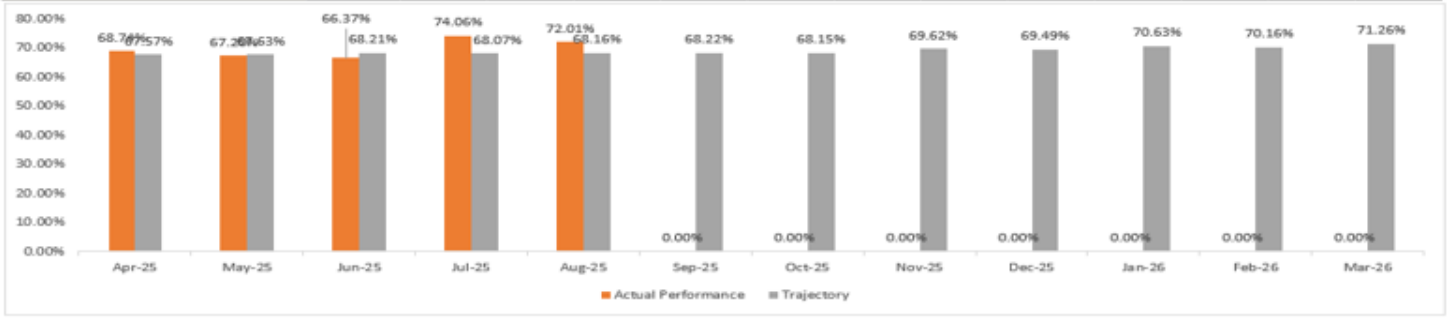
### 4 Hour Performance 2024/25

| NCA - Fairfield General Hospital | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | YTD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Breaches Over 4 Hours | 2222 | 2571 | 2372 | 2537 | 2452 | 2542 | 2382 | 2748 | 2972 | 2578 | 2208 | 2333 | 64.02% |
| Total Attendance | 6978 | 7468 | 7275 | 7359 | 6870 | 6952 | 7381 | 7287 | 7318 | 7145 | 6348 | 7179 | |
| Actual Performance | 67.14% | 64.78% | 65.83% | 63.60% | 62.24% | 62.28% | 66.90% | 60.68% | 58.16% | 63.92% | 65.23% | 67.50% | |
| Trajectory | 67.14% | 64.78% | 65.83% | 63.60% | 62.24% | 62.28% | 66.90% | 60.68% | 60.00% | 63.00% | 67.00% | 72.00% | |




### 4 Hour Performance 2025/26

| NCA - 4 Hour Fairfield General Hospital | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Nov-25 | Dec-25 | Jan-26 | Feb-26 | Mar-26 | YTD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Breaches Over 4 Hours | 2183 | 2416 | 2399 | 1917 | 1981 | | | | | | | | 69.68% |
| Total Attendance | 6983 | 7365 | 7134 | 7391 | 7077 | | | | | | | | |
| Actual Performance | 68.74% | 67.20% | 66.37% | 74.06% | 72.01% | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | |
| Trajectory | 67.57% | 67.63% | 68.21% | 68.07% | 68.16% | 68.22% | 68.15% | 69.62% | 69.49% | 70.63% | 70.16% | 71.26% | |




**4 Hour Performance (All FGH Patients)**

**National Target (78% or less)**

- Year to date improvement for every month compared to the same period in the previous year,
- Performance ahead of trajectory for the last two months,
- July 74.06% - Improved performance in month of 8%,
- August 72.01% but circa 4% above trajectory,

# Current Performance Update and Bury Winter Planning 2025 - 26



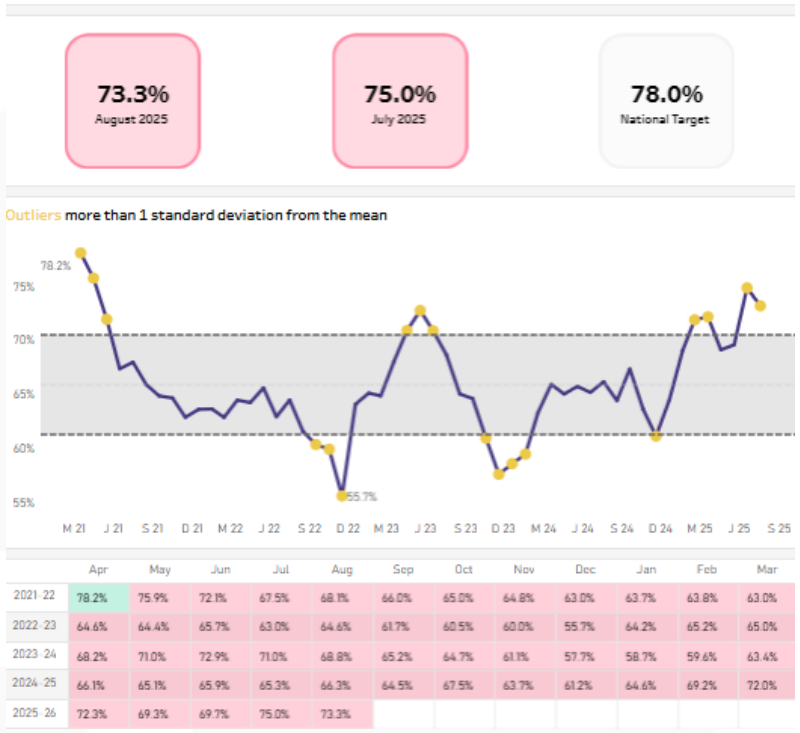
## Current Performance Update

(Performance for any Bury patient anywhere in the country, as reported in the Locality Board Report)

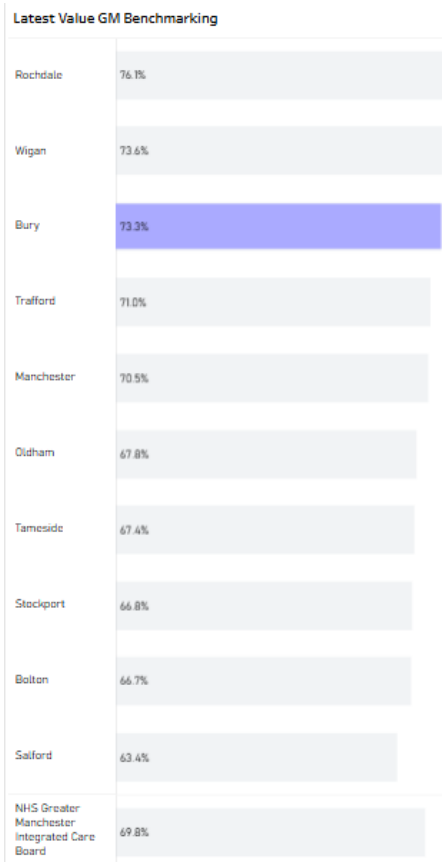
**A&E 4 hour performance**

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

Source: Emergency Care Dataset (ECDS) (Monthly)




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




**4 Hour Performance (Bury patients anywhere)**

**National Target (78% or less)**

- Year to date improvement for every month compared to the same period in the previous year,
- Discounting Rochdale Bury is the second best performing locality in GM.
- July 75%,
- August 73.3%,
- August performance is 3.5% ahead of the GM average.

# Current Performance Update and Bury Winter Planning 2025 - 26

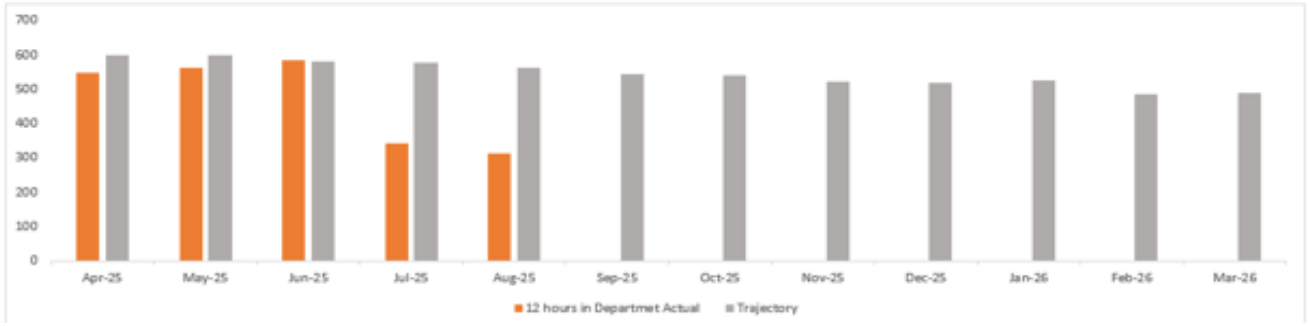


## Current Performance Update

(Performance at the FGH not just Bury registered patients, as reported by NCA)

### FGH 12 Hours in Department

| NCA - Fairfield General Hospital | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Nov-25 | Dec-25 | Jan-26 | Feb-26 | Mar-26 | YTD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 12 hours in Departmet Actual | 548 | 562 | 586 | 341 | 314 | | | | | | | | 2351 |
| Trajectory | 600 | 601 | 580 | 577 | 564 | 546 | 540 | 523 | 517 | 525 | 486 | 490 | 6549 |




| | April | May | June | July | August (MTD) |
|---|---|---|---|---|---|
| Fairfield | 8.1% | 8% | 8.9% | 4.8% | 4.3% |
| Oldham | 13.4% | 11.4% | 13.1% | 11.1% | 10.1% |
| Salford | 16.4% | 14.9% | 15% | 14.6% | 16.8% |

**FGH 12 Hours in Department**

**National Target and GM Ambition (10% or less)**

- Actual performance is below trajectory for four out of the 5 months reported.
- FGH reported figures show significant reduction in numbers for the last 2 months, July and August.
- FGH percentage of patients in the department for 12 hours or more is best for NCA Type 1 A&E Departments.
- Actual percentage performance is achieving below the national/GM ambition year to date.

# Current Performance Update and Bury Winter Planning 2025 - 26

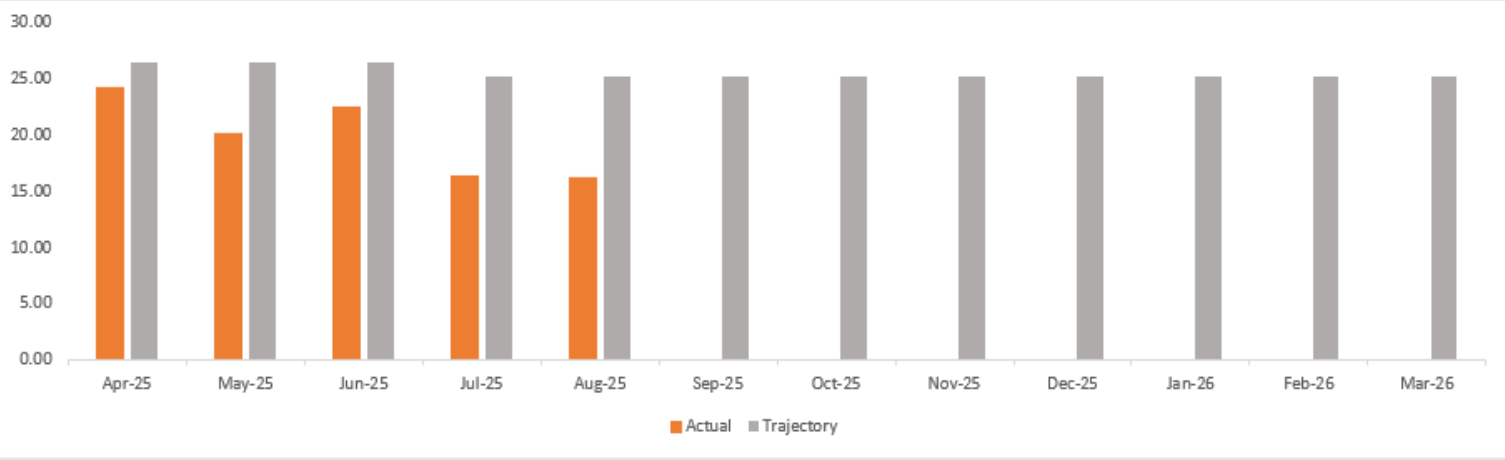


## Current Performance Update

(Performance at the FGH not just Bury registered patients, as reported by NCA)

## Release to Rescue – Ambulance Handover Performance

| NCA - Fairfield General Hospital - NWAS Hand Over | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Nov-25 | Dec-25 | Jan-26 | Feb-26 | Mar-26 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Actual | 24.27 | 20.12 | 22.52 | 16.28 | 16.25 | | | | | | | |
| Trajectory | 26.43 | 26.43 | 26.43 | 25.28 | 25.28 | 25.28 | 25.28 | 25.28 | 25.28 | 25.28 | 25.28 | 25.28 |




**Release to Rescue – Ambulance Handover Performance**

**National Target (35 minutes or less)**
**GM Ambition (25minutes 24 seconds or less)**

- FGH has achieved the nation target every month this year to date.
- FGH has achieved the GM ambition every month this year to date.
- FGH has been below trajectory every month to date in 2025-26.

# Current Performance Update and Bury Winter Planning 2025 - 26

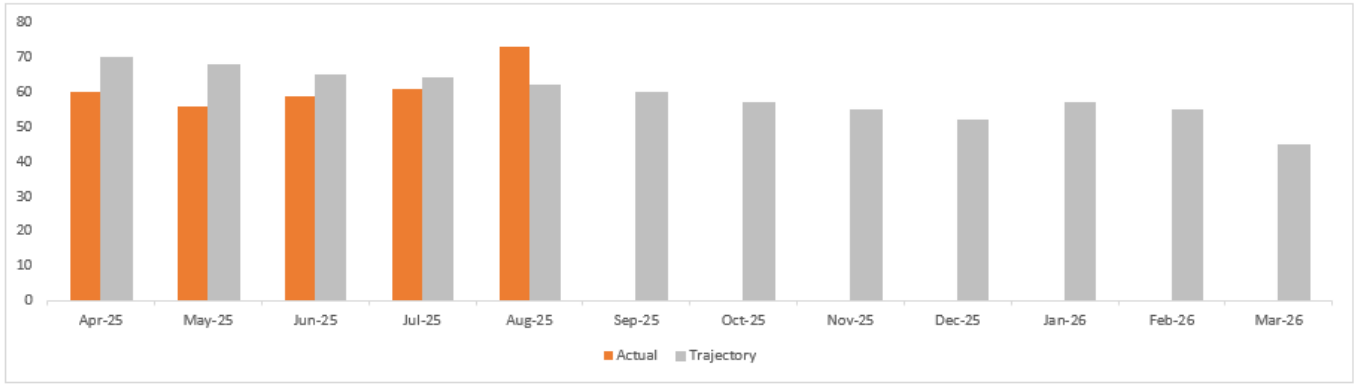


## Current Performance Update

(Performance at the FGH not just Bury registered patients, as reported by NCA)

### 21 Days LOS

| NCA - Fairfield General Hospital > 21 Days | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Nov-25 | Dec-25 | Jan-26 | Feb-26 | Mar-26 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Actual | 60 | 56 | 59 | 61 | 73 | | | | | | | |
| Trajectory | 70 | 68 | 65 | 64 | 62 | 60 | 57 | 55 | 52 | 57 | 55 | 45 |

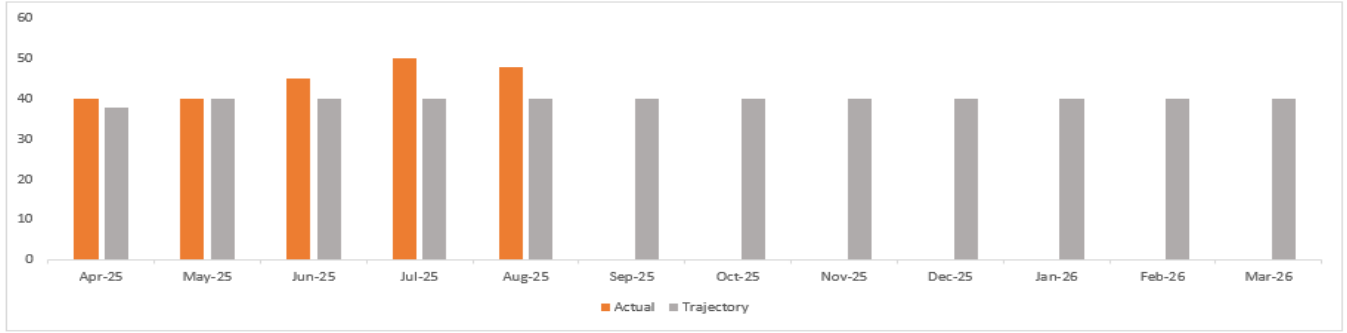



**21 Days LOS**

- Achieved Trajectory for April, May 2025, June and July 2025, Slight increase for August.

### DKAFH

| NCA - Fairfield General Hospital - DKAFH | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Nov-25 | Dec-25 | Jan-26 | Feb-26 | Mar-26 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Actual | 40 | 40 | 45 | 50 | 48 | | | | | | | |
| Trajectory | 38 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 |




**DKAFH - Commentary**

- Trajectory not achieved in August
- Numbers remain lower than August last year and slight improvement on July figure
- Days lost to DKAFH high but largely due to 1 long stay patient (200+ days, Court of Protection Issue)
- Shift to Home First model continues to put pressure on Reablement/Home Care services but transformation work has commenced within service

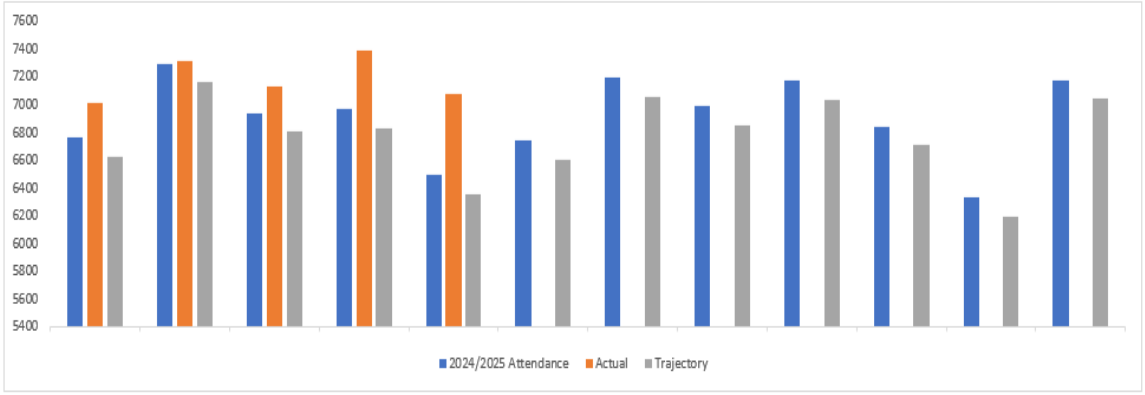
# Current Performance Update and Bury Winter Planning 2025 - 26

BURY INTEGRATED CARE PARTNERSHIP

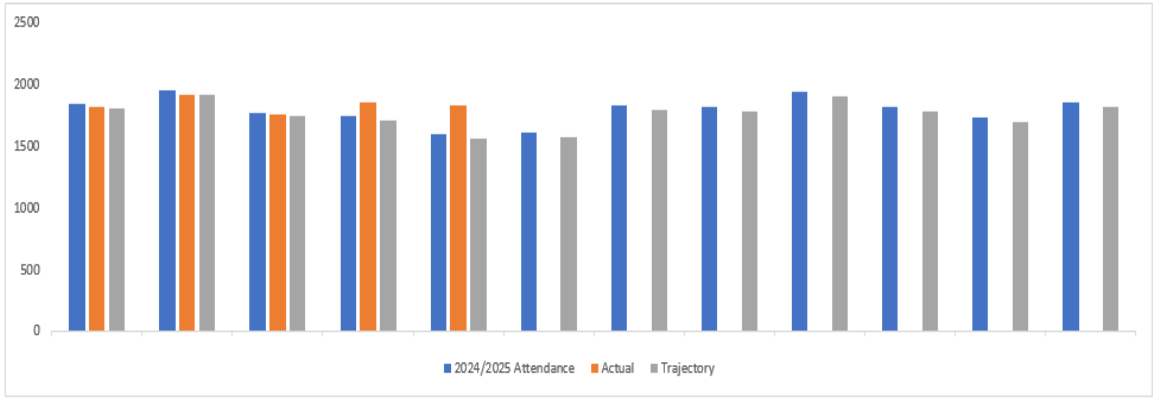


## FGH 2% reduction attendance and admissions

| NCA - Fairfield General Hospital 2% reduction in Attendance | | | | | | | | | | | | | YTD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2024/2025 Attendance | 6762 | 7299 | 6942 | 6970 | 6493 | 6740 | 7197 | 6989 | 7176 | 6845 | 6330 | 7179 | 82922 |
| 2025/2026 Attendance | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Nov-25 | Dec-25 | Jan-26 | Feb-26 | Mar-26 | YTD |
| Actual | 7011 | 7316 | 7134 | 7391 | 7077 | | | | | | | | |
| Trajectory | 6624 | 7161 | 6804 | 6832 | 6355 | 6602 | 7059 | 6851 | 7038 | 6707 | 6192 | 7041 | 81266 |




| NCA - Fairfield General Hospital 2% reduction in Admissions | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2024/2025 Attendance | 1846 | 1953 | 1778 | 1742 | 1596 | 1616 | 1830 | 1818 | 1948 | 1817 | 1734 | 1853 | 21531 |
| 2025/2026 Attendance | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Nov-25 | Dec-25 | Jan-26 | Feb-26 | Mar-26 | YTD |
| Actual | 1823 | 1915 | 1761 | 1857 | 1830 | | | | | | | | |
| Trajectory | 1810 | 1917 | 1742 | 1706 | 1560 | 1580 | 1794 | 1782 | 1912 | 1781 | 1698 | 1817 | 21099 |



# Current Performance Update and Bury Winter Planning 2025 - 26



## Bury Locality Winter Plan 2025 - 26

## NW Regional winter Planning

- NW Regional Winter Planning Event: Monday 8th September 2025
    - Bury attended with a multi-partner team
    - Scenario based session, 3 scenarios to test winter preparedness
    - Themes identified for further work, communications, paediatric attendance and transfers and escalations

## GM Winter Planning Event

- GM Winter Planning Event set for 3.10.2025
- Team of 6 senior leads to attend from Bury
- Details of the event to follow

## NCA Winter Planning Submissions

# Current Performance Update and Bury Winter Planning 2025 - 26



## NCA Locality Winter Plan 2025 – 26 - Background

- The Chair and Chief Executive are required to sign off a Board Assurance Statement to ensure the Trust's Board has oversight that all key considerations have been met.
- The Assurance Statement is to be submitted to NHSE by 30th September 2025.
- The Assurance Framework requires the NCA Board to be assured that winter preparedness plans have been developed with the involvement of partner organisations in the local health and care systems.
- Surges in demand can impact the organisation at different periods across the year. The most sustained period of demand is generally from October – March. This demand presents in waves and is largely driven by three key pathways; **paediatrics, respiratory and trauma**.
- Our Winter preparedness must focus on creating capacity to deal effectively and safely with this additional demand recognising that winter escalation capacity is dependent upon our people availability.
- Keeping our staff healthy and in work will be essential to delivery of our plan. Vaccination is the single best preventative measure against the flu virus that circulates each winter.
- Ensuring we keep our staff in work reduces the financial burden that the winter period often brings. We must ensure that we continue to improve our absence rates in order to deliver on our winter plans, keep our patients safe and support our performance and financial recovery.
- Our plans have been developed with partners across our localities and with the North West ambulance service. The plan have been tested at a NW Region-led event and will be tested further at in an EPPR NCA exercise focussing on the key pathways where demand is likely to rise.

# Current Performance Update and Bury Winter Planning 2025 - 26



## NCA Locality Winter Plan 2025 – 26 - Structure

- The NCA plan is structured to take account of NCA wide actions, Care Organisation specific actions (inclusive of locally developed system plans), and those specific to corporate functions such as vaccination, Infection Prevention Control, Workforce wellbeing, and Diagnostics and Pharmacy.
- The plan is structured into the following;
    - Planning and preparation activities and pre-winter implementation – this includes services or interventions that have been put in place since the previous winter, and any data planning and prep that may have been done in your care Orgs or systems.
    - Daily rigour – these are the activities we have in place to manage flow and sites on a daily basis
    - Escalation interventions – this includes policies and activities we undertake when escalating/in escalation
    - Scheduled developments – these are being introduced over the winter period
- Following the NW Winter Aegis exercise on 8th September, additional themes and activities have been identified where we could strengthen our plans and responses. This includes use of retrospective data to support surge prediction, and strengthening support for paediatrics.
- Further stress testing of the plans will take place across the NCA on 3rd October.
- Financial provision has been aligned to the winter plan, specifically for staffing of escalation areas when in high Opel scores and for our vaccination programme. Risks and mitigations have been outlined and continued attention must be paid to the actions outlined to control those risks.
- A full QIA and EIA has been approved by the CMO and Deputy CNO ahead of Quality assurance committee.

# Current Performance Update and Bury Winter Planning 2025 - 26



## NCA Locality Winter Plan 2025 – 26 – Key Content

- **Vaccination** – Plan to increase workforce flu vaccination rates by >18% this year. Our midwives are actively engaged in offering our women who are >28 weeks pregnant the RSV vaccine to prevent respiratory syncytial virus which is a key cause of paediatric demand surge.
- We have modelled the **capacity and demand** based upon previous years to support our planning. Surge commencement dates are predictable and we are modelling bed capacity on 10/20/30% increase in admissions. Staffing in key areas and key roles has been expanded to cover Bank Holiday periods, and key winter months.
- A focus on **safe discharge** back to peoples own homes with community support forms significant content including reduction on Days Kept Away from Home, and a reduction in length of time in specific specialities of Respiratory, General Medicine and Geriatric Medicine.
- **Hospital at Home (virtual ward)** pathways will be expanded to include Paediatrics and Cardiology/Heart Failure, in the first instance.
- **Infection Prevention and Control** has a specific focus including strengthened support and visibility on our wards, our bed meetings, and weekend on-call. Our cohorting policies, daily patient reviews, microbiology and pharmacological support, staff hand hygiene and PPE are all key enablers to maintaining good patient flow, prevention of cross infection and reduced length of hospital stay.
- **Escalation policies and activities** to support surge demand are included including Full Capacity Protocol, increasing Long LoS meetings, User of Mental Health Action Cards and increased Executive level safety meetings and resolution discussions with PCFT and GMMH are included.
- Admission avoidance through the use of **Call Before Convey** to support paramedics to make best use of admission options is established across all NCA localities and continuous monitoring and improvement of the scheme is ongoing.
- Increasing **Frailty/Same Day Emergency Care** is an essential part of our winter preparedness, as is the testing and implementation of a **Care By Appointment** model for people attending A&E with minor injuries, who can safely return to hospital the following day.
- Additional support to community based **Respiratory Hubs** is reflected, whilst these are delivered by primary care, they are a key part of surge management of Respiratory conditions, and the admission avoidance and discharge pathways for secondary care.

# Current Performance Update and Bury Winter Planning 2025 - 26



## Bury Locality Winter Planning Sub-Group 2025 - 26

- Winter System Planning falls within the remit of the Bury Urgent and Emergency Care Locality System Board

- **The Board has established a Winter Planning Sub-Group**
  - First meeting on Friday 19.9.25
  - The group will meet util it is no longer required (usually early December)
  - Oversight for the implementation of the new GM Escalation Process
  - Co-ordination of Winter related National and GM returns where a system response is required
  - Sharing of national and GM guidance as received
  - Co-ordinating the review and refresh Bury NHS111 Directory of Service
  - Review and refresh Bury system partners OPEL cards
  - Review and refresh Burys list of Alternative to Admissions Schemes
  - Review and refresh OPEL 4 Escalation cards as required
  - Agree OPEL escalation triggers
  - On Call Manager Winter Training as required
  - System planning for Christmas holiday pressure point days including pre-planned conference calls
  - Produce a Christmas Period UEC System Guide
  - Ensure attendance and feedback from GM and Regional Winter Events (co-ordinated so far)
    - NW Exercise Aegis (8.9.25)
    - NW Winter Event (3.10.25)

- **Daily System Resilience Management**
  - Bury System Bronze (operational) Tuesday at 8.30am (increased frequency if required)
  - Bury System Bronze Update (operational) (if required) 1.30pm (Mon-Fri if required)
  - Bury System Silver (strategic leads) as required based on prolonged system pressure
  - GM SCC LG meeting (senior strategic/operational) every day (Mon-Tues-Fri)

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Agenda Item 7

| Classification: | Decision Type: |
|---|---|
| Open | Non-Key |

| | | |
|---|---|---|
| **Report to:** | Cabinet | **Date:** 10 September 2025 |
| **Subject:** | Adult Social Care Performance Quarter One Report 2025/26 | |
| **Report of** | Cabinet Member for Adult Care, Health and Public Service Reform | |


**Summary**

1. This is the Adult Social Care Department Quarter 1 Report for 2025-26. The report outlines delivery of the Adult Social Care Strategic Plan, preparation for the new CQC Assessment regime for local authorities and provides an illustration and report on the department's performance framework.


**Recommendation(s)**

2. To note the report.

**Reasons for recommendation(s)**

3. N/A.

**Alternative options considered and rejected.**

4. N/A.

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**Report Author and Contact Details:**
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*Position: Director of Adult Social Services and Community Commissioning*
*Department: Health and Adult Care*
*E-mail: a.crook@bury.gov.uk*


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**Background**

5. This is the Adult Social Care Department Performance Report covering Quarter 1 of 2025-26.

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**Links with the Corporate Priorities:**

6. The Adult Social Care is Department is committed to delivering the Bury 'LETS' (Local, Enterprising, Together, Strengths) strategy for our citizens and our workforce.

   Our mission is to work in the heart of our communities providing high-quality, person-centred advice and information to prevent, reduce and delay the need for reliance on local council support by connecting people with universal services in their local communities.

   For those eligible to access social care services, we provide assessment and support planning and where required provide services close to home delivered by local care providers.

We aim to have effective and innovative services and are enterprising in the commissioning and delivery of care and support services.

We work together with our partners but most importantly together with our residents where our intervention emphasises building on individual's strengths and promoting independence.

We ensure that local people have choice and control over the care and support they receive, and that they are encouraged to consider creative and innovative ways to meet their needs. We also undertake our statutory duties to safeguard the most vulnerable members of our communities and minimise the risks of abuse and exploitation.

**Equality Impact and Considerations:**

7. In delivering their Care Act functions, local authorities should take action to achieve equity of experience and outcomes for all individuals, groups and communities in their areas; they are required to have regard to the Public Sector Equality Duty (Equalities Act 2010) in the way they do carry out their work. The Directorate intends to drive forward its approach to equality, diversity and inclusion, ensuring that equality monitoring information is routinely gathered, and consider how a realistic set of S/M/L-term objectives may help to focus effort and capacity.

**Environmental Impact and Considerations:**

8. N/A

**Assessment and Mitigation of Risk:**

| Risk / opportunity | Mitigation |
|---|---|
| N/A. | N/A. |

**Legal Implications:**

9. This report demonstrates the Council's preparation for the new CQC inspection regime, its Care Act 2014 statutory duties and the strategic plan for Adult Social Care. This report demonstrates adherence to the law.

**Financial Implications:**

10. There are no financial implications arising directly from this report.

**Appendices:**

*Data sources and what good looks like.*

*Bury MBC ASC Preparation for Assurance Peer Challenge Report*

**Background papers:**

*Adult Social Care Strategic Plan 2023-2026*

**Please include a glossary of terms, abbreviations and acronyms used in this report.**

| Term | Meaning | |
|---|---|---|
| CQC | Care Quality Commission | |

**Adult Social Care Performance Report for Quarter One, 2025/26**

## 1.0 Executive Summary

Welcome to our first report of 2025/26. This year we know that we will have our inspection by the Care Quality Commission and have just learnt that this will be the week commencing 6th October.

In this quarter we have prepared our information return. Information covering 38 different aspects of the department, its performance, policies and partners are requested as part of this and upon notification we were given 3 weeks to collate and submit it. A total of 270 documents and datasets were submitted.

Despite continued preparation for impending inspection the department has made considerable progress in delivering its business plan with major milestones completed throughout all of its objectives. Some of the highlights of this quarter are that we have delivered an electronic care record in our intermediate care services and delivered a brand-new management structure for our social workers in our community mental health teams which will now be managed wholly by council managers and our head of service rather than managers in Pennine NHS.

In addition, the number of outstanding care providers in the borough has risen to 4 and we have our first Veteran friendly care home. We have also completed our digital switchover for our CareLink and assistive technology services meaning none of our users risk losing their service when the land lines are turned off. We are the first in Greater Manchester to complete this process.

In order to further improve our safeguarding processes, we now deliver safeguarding services for people known to our CMHT in our dedicated safeguarding team, rather than from within the CMHT. The same of our learning disability services will follow soon. This improvement is being made following our peer review where it was felt there might be too many routes into safeguarding.

This quarter also saw 5 of our apprentice social workers graduate, the highest number so far since we started this route into social work.

## 2.0 Delivery of the Adult Social Care Strategic Plan

2.1 Adult Social Care are committed to delivering the Bury 'LETS' (Local, Enterprising, Together, Strengths) strategy for our citizens and our workforce. Our mission is to work in the heart of our communities providing high-quality, person-centred advice and information to prevent, reduce and delay the need for reliance on local council support.

2.2 The Adult Social Care Strategic Plan 2023-26 sets out the Department's roles and responsibilities on behalf of Bury Council. It explains who we are, what we do, how we work as an equal partner in our integrated health and social care system and identifies our priorities for the next three years:


2.3 The 2023-26 Strategic Plan was refreshed in April 2025 supported by an updated annual improvement delivery plan which is monitored on a quarterly basis. Quarter 1 2025/26 delivery highlights include:

Priority 1 – Transforming Learning Disabilities

- Development of the learning and autism peer networks is ongoing (growing numbers and offering training).
- A neurodiverse staff network has been established.
- Autism training for Social Care Operations staff has commenced.

Priority 2 – Excellent Social Work

- Revised management arrangements in Community Mental Health implemented following staff consultation and engagement with people with lived experience.
- Ongoing delivery of the workforce plan including review of 'All Routes into Social Work' and ASYE (assessed and supported year in employment).
- Case file tracking plan and reporting is in place to meet CQC requirements.
- Revised arrangements for managing adult social care legal casework have been agreed, including establishment of a new legal gateway panel.

Priority 3 – Superb Intermediate Care

- Training and implementation of the electronic care record system in Falcon and Griffin has been completed with work underway for the wider Intermediate Tier.
- Commencement of Reablement and IMC@Home MDTs to improve the customer journey.
- Service planning, team engagement and dashboard preliminary work for the Disability Service to reduce occupational therapy waiting times is underway.
- The Intermediate Tier workforce strategy has been refreshed for 2025-27.

Priority 4– Making Safeguarding Everybody's Business

- Review of current internal safeguarding processes and engagement with teams that undertake safeguarding responsibilities has been completed.
- Work has commenced on implementation of a new learning review electronic system.
- Work is underway to develop standard practice and procedure for managing Court of Protection Deprivation of Liberty Safeguards (CoP DoLS).

Priority 5– A Local and Enterprising Care Market

- Quality Assurance process cycle 2 has started and surveys for customers, families and staff are embedded into process.
- The number of 'Outstanding' care providers in the borough has increased to 4.
- Prevention and Wellbeing, Extra Care, Dementia and Ageing Well strategies were approved and published.
- The Young People Supported Accommodation tender has been approved.

Priority 6 – Connect Unpaid Carers to Quality Support Services

- The new Carers service went live in June following tender assessment and approval.
- A Carers Co-production Network service specification and budget is in development.

## 3.0 Update on Care Quality Commission (CQC) Assessment of Local Authorities

3.1 Bury Council was notified on 12th May 2025 to submit its Information Return to the CQC by the 2nd of June. The deadline was met with a total of 270 documents and datasets across 38 categories submitted. Bury's adult social care self-assessment, which forms part of the Information Return, has been published on the Council's website here - Health and adult strategies and policy, Bury Council.

3.2 Following the Information Return submission, the next step will be notification of the site visit part of the assessment. The CQC have indicated that they will provide 6-8 weeks' advance notice of site assessment. It will involve interviews with staff, leaders and partners (as identified by the CQC) over no more than 3 days. In the meantime, the CQC will review the information return and interview local stakeholder organisations.

3.3 Local progress in terms of CQC Assessment readiness activity includes:

- Case tracking information preparation is ongoing.
- Preparing for the CQC leadership meeting and presentation.
- Staff and manager preparation with NW ADASS, which will be delivered in September.

- 'Getting the Call' plan for site visit planning is in place.

## 4.0 Highlight Report for Quarter 1, 2025/26

**Adult Social Care - Quarterly Highlight Report - Quarter 1**

| Obsessions | Performance Measures | Frequency | Polarity | Sparkline | Lastest Data | Direction of Travel | Rank (higher is better) Peers (16) 24/25 | NW (22) Q1 25/26 | GM (10) M2 25/26 |
|---|---|---|---|---|---|---|---|---|---|
| *Reduce the number of people waiting for a social work needs assessment* | Number of people on waiting list for ASC needs assessment | Q | L | | 53 | ✓ | - | - | 4 |
| | Median number of days waiting for an ASC needs assessment | Q | L | | 29 | ✗ | - | - | 5 |
| *Increase the number of people who have their safeguarding outcomes partially or fully met* | Proportion of people that were asked about their outcomes | Q | H | | 89% | ✓ | - | 15 | - |
| | Of those who expressed outcomes the proportion of people who have their safeguarding outcomes fully or partially met | Q | H | | 94% | ✗ | - | 10 | - |
| *Increase the number of people leaving intermediate care services independently* | The proportion of people who received short-term services during the year where no further request was made for ongoing support | Q | H | | 85% | ! | 3 | 6 | - |
| | The proportion of older people (65+) who were still at home 91 days after discharge from hospital | A | H | | 92% | ✓ | 7 | - | - |
| *Increase the number of people with a learning disability who are provided with the opportunity to live more independently* | Number of people trained in the progression model | A | H | | 58 | | - | - | - |
| | Number of customers who have had an assessment or review using the progression model | A | H | | 275 | | - | - | - |
| *Increase the number of people accessing care and support information and advice that promotes people's wellbeing and independence.* | The proportion of people and carers who use services who have found it easy to find information about services and/or support | A | H | | 65% | ✗ | 10 | - | - |
| | The proportion of people who use services, who reported that they had as much social contact as they would like | A | H | | 47% | ✓ | - | - | - |
| *Increase the number of people with lived experience who provide feedback* | Number of feedback provided | Q | H | | 50 | ✗ | - | - | - |
| *Increase the number of unpaid carers identified* | Total number of new carers registered with Bury Carers' Hub | Q | H | | 83 | ✓ | - | - | - |

*Annual Measures: ASCOF 24/25*
*Quarterly Measures: updated Q1 25/26*

The Department has adopted an outcome-based accountability framework to monitor performance and drive improvement. Several outcomes have been chosen that will change if the objectives of our strategic plan are met, we call these our obsessions. An obsession is a key part of an outcome-based accountability framework where focus on these areas have positive knock-on effects right across our areas of work

In Quarter 1 we saw a small increase in days waiting for assessment but a small drop in people waiting which now averages only 5 per team.

Safeguarding outcomes continue to be strong, and further detail is available later in this report on the quality assurance audits carried out in this service.

Quarter 1 showed no change in the numbers of people leaving our short-term services independent at 85% but this continues to be above the England average of 83%.

One of our priorities is transforming learning disability services by implementing a strengths-based progression model throughout our services that support people with learning disabilities. This focuses on maximizing independence for individuals with learning disabilities by providing tailored support to gradually develop life skills, allowing them to progress towards greater autonomy in their daily lives, often through small, achievable steps and personalised goals based on their

individual strengths and needs; it emphasizes a focus on increasing independence rather than relying on long-term care services.

So far, we have trained 58 social workers and care providers in this new model and 275 of our learning disability users have benefited from this new model of care and support planning.

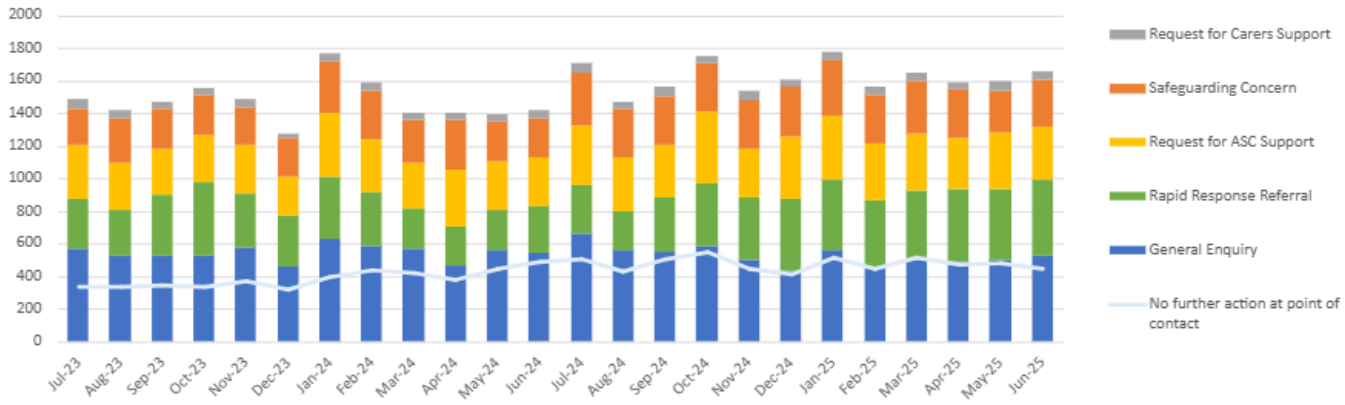
Improving the number of people accessing information is only collected annually as part of a national survey so this number will not change regularly. The most recent adult social care survey is contained later in this report

One of our newer priorities to identify new carers and connect them with support meant 83 new carers were identified in this quarter, a more detailed report from our carer support service is contained later in this report.

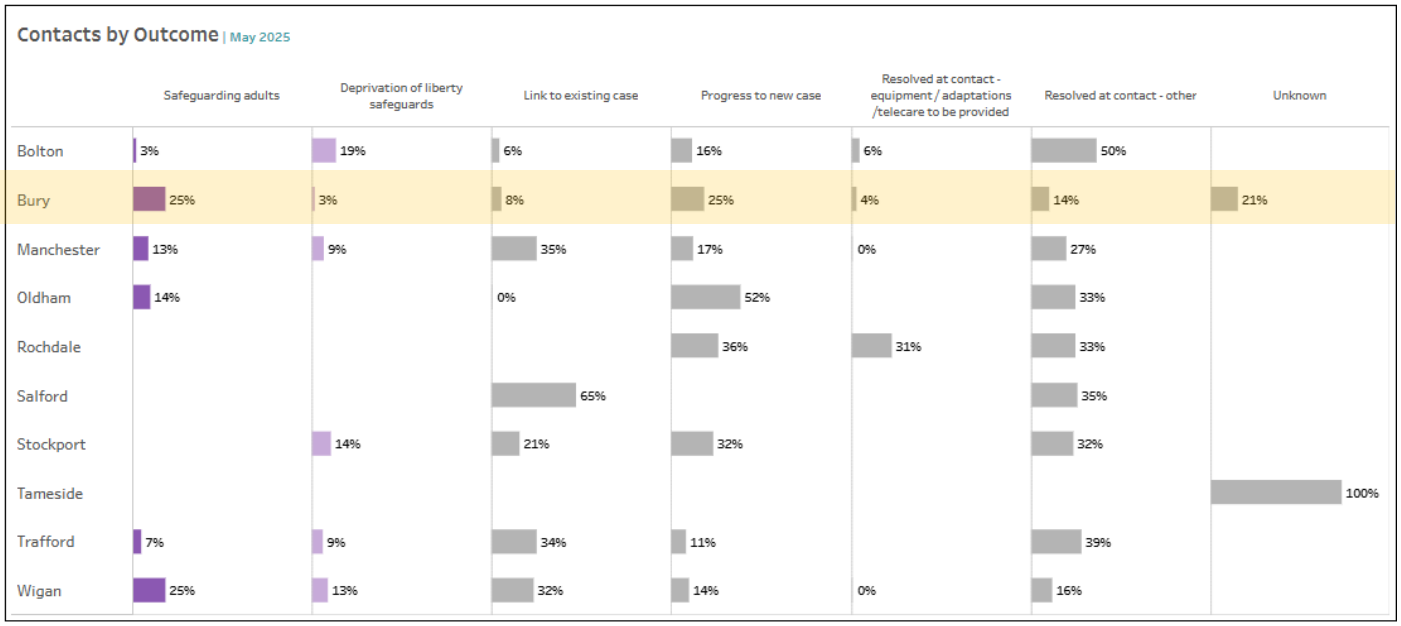
## 4.1 Contacts

The primary means of public contact to request support, information and advice is through our care, connect and direct office (CAD). A higher proportion of contacts resolved by CAD means that people's enquiries are being dealt with straightaway and not passed on to other teams.

**Number of Adult Social Care (ASC) Contact Forms recorded each month.**




**Contacts by outcome - how does Bury Compare?**




**Contacts – Q1 commentary**

This shows the number of contacts the department receive each month and what they were about. It also illustrates the number resolved by our contact centre.

Q1 shows volumes remaining at a busier level. The number of contacts worked on throughout May, June and July has remained constant. However, we can observe a significant increase of around 200, per month, from the same period the previous year. Q2 and Q3 will see the design

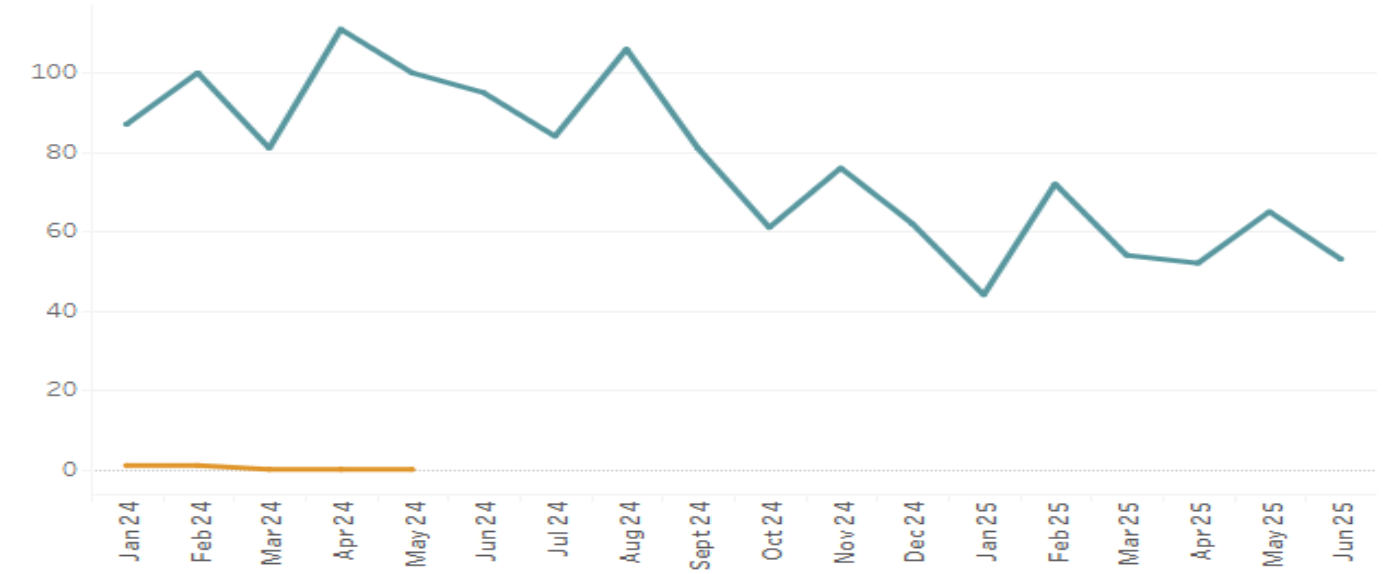
and delivery of an improvement program for our contact services to ensure we are giving an even better and more responsive service to our residents and this will follow with the development of digital routes now our new internet is launched and working well.

There was an issue with the data not being counted correctly resulting in a high number of unknown contact outcomes. This issue has now been resolved and will be reflected when the dashboards are refreshed in August showing accurate data dating back to April 2024.

## 4.2 Assessments - Waiting

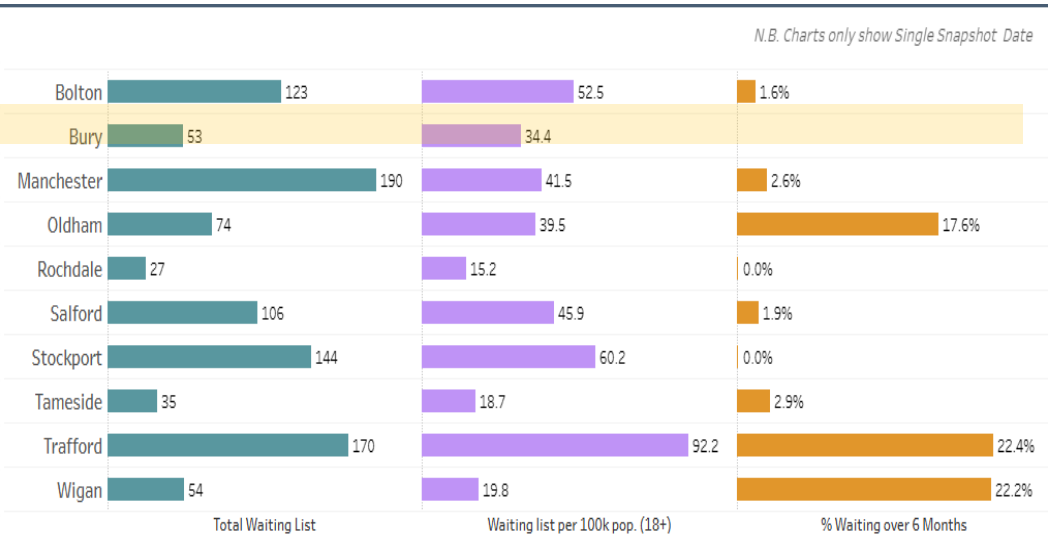
People awaiting an assessment (needs and carers assessments) by social workers, occupational therapists, or deprivation of liberty safeguards assessors. Reduced waiting times lead to improved outcomes for people because they are receiving a timelier intervention.

**Number of people awaiting an Adult Social Care assessment each month.**




**How does Bury Compare – Needs Assessments?**

| June 2025 | Days waiting Median | Maximum |
|---|---|---|
| Bolton | 15 | 249 |
| Bury | 29 | 97 |
| Manchester | 7 | 447 |
| Oldham | 58 | 396 |
| Rochdale | 7 | 19 |
| Salford | 19 | 413 |
| Stockport | 26 | 117 |
| Tameside | 70 | 220 |
| Trafford | 85 | 495 |
| Wigan | 88 | 262 |
| Greater Manchester | 40 | 495 |



**Assessments waiting – Q1 commentary**

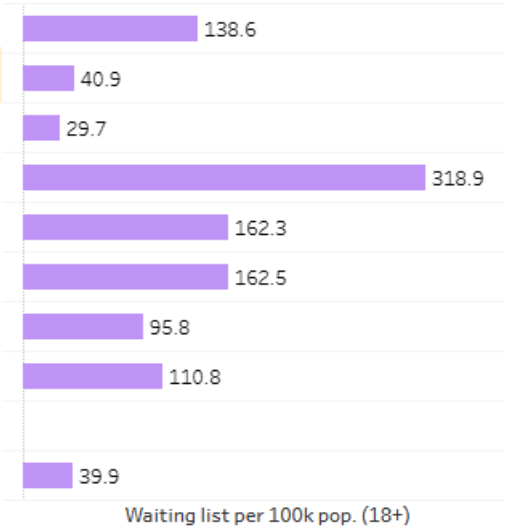
As a department we continue our key focus on reducing the numbers of people awaiting allocation for Care Act assessment through our targeted initiatives under the oversight of the Performance and Improvement Board. We continue to perform well against our targets with a slight increase in days waiting following periods of leave across the system up from 26 to 29, however the numbers waiting has dropped by 1 to 53 which represents an average of only 5 per team. We remain in a strong position on cases awaiting allocation with staff and managers focussed on supporting the reduced number of people awaiting allocation. We have now embedded our Waiting Well protocol with teams focussed on managing risk and with appropriate attention to prioritisation.

We continue to use data analysis to focus our performance strategies overseen by robust governance. Managers have been focussed on ensuring timely completion of reviews on allocated cases alongside ensuring cases are allocated promptly wherever possible. Our vacancy rates in social work remain low enabling throughput of case allocations however we have noted an upturn in cases which demonstrate a level of complexity and risk which require significant time from individual practitioners. We continue to monitor these cases and liaise with commissioning colleagues and partners to gain effective outcomes for these individuals. Through the Adult Social Care Performance and Improvement Board managers across the department continue to focus on monitoring trends and themes in demand with continued refresh of the data recording and dashboards to evidence work undertaken and support efficiency in service delivery.

Efforts continue to focus on reducing the number of people waiting for an Occupational Therapy assessment. As of the end of June 2025, the number of people waiting has decreased to 40 per 100,000 of population. This reflects continued progress and the effectiveness of our strategies. The OT team is actively working on improving their triage process, and we are also enhancing our performance dashboards and key performance indicators to support more targeted interventions and better outcomes.

**OT assessment - how does Bury Compare?**

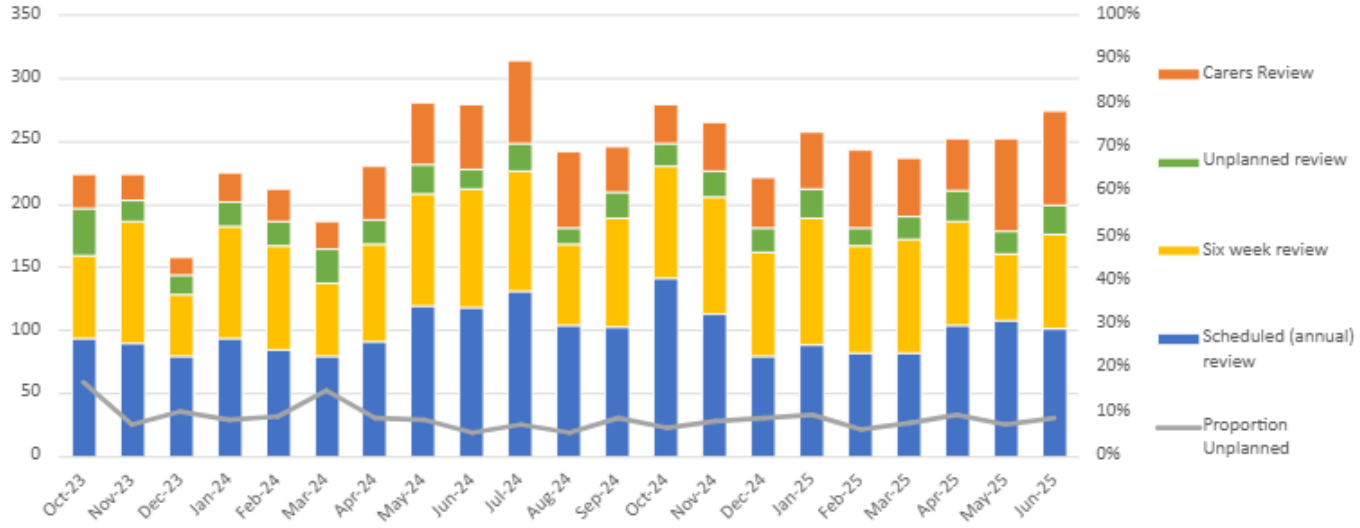
| June 2025 | Days waiting | |
|---|---|---|
| | Median | Maximum |
| Bolton | 20 | 69 |
| Bury | 50 | 207 |
| Manchester | 126 | 316 |
| Oldham | 175 | 266 |
| Rochdale | 49 | 98 |
| Salford | 28 | 106 |
| Stockport | 46 | 144 |
| Tameside | 87 | 263 |
| Trafford | | |
| Wigan | 67 | 179 |
| Greater Manchester | 72 | 316 |



## 4.3 Reviews

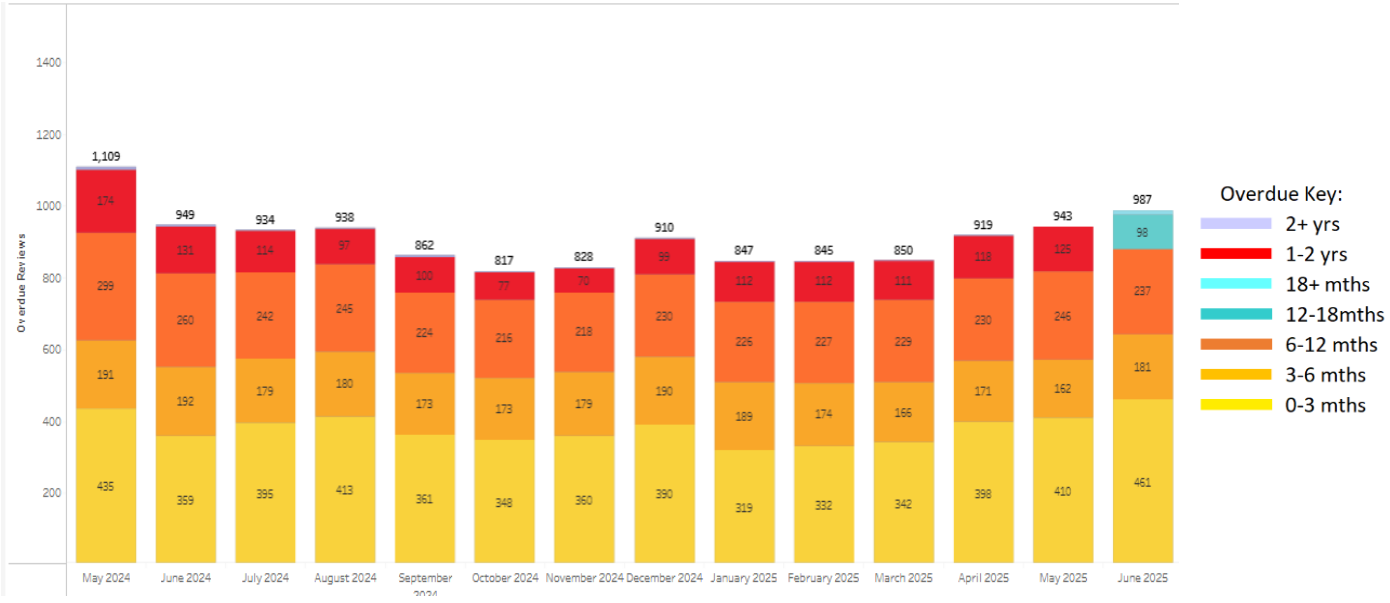
Adult Social Care reviews are a re-assessment of a person's support needs to make sure that they are getting the right support to meet their needs. Needs may change over time, and new services and technology may give someone more independence and improve their wellbeing. A lower proportion of unplanned reviews means that people are support through scheduled reviews of their support needs rather than when a significant event has occurred requiring a change in support. Support packages should be reviewed every 12 months. It is important to note that it not just the adult social care reviewing team who undertake reviews, however, most of the planned review activity is completed by this team.

**Number of Adult Social Care Reviews Completed each month.**




Note - the % axis references the grey line which is the proportion of unplanned reviews.

**Number of Overdue Adult Social Care Reviews on the last day of each month**



**Reviews – Q1 commentary**

This shows the number of people who have had a review of their care and support and those who are overdue an annual review. All the people receiving long term services should receive an annual review each year and those new or in short term services should receive an initial review in the first 6 to 8 weeks of services commencing.

A review is an opportunity to ensure someone's care and support is meeting their assessed needs and their support is personalised to them. It is also an opportunity to ensure care is not resulting in dependence and provides an opportunity to reduce care to increase a person's independence. This also releases care back into the market to be used by others.

At the end of June 2025, 987 people were overdue a review

Whilst number of overdue reviews has increased slightly across the department in recent months, so have the number of reviews completed, the graphs show that the average length of time a customer is overdue their review has decreased, and the majority of customers are waiting less time for their review to take place. A key reason for this increase is the number of individuals who have recently become overdue their review in the past 3 months, with this figure of 461 representing almost half of the 987 figure which makes up all of the overdue reviews in adult social care. Furthermore, the department are focussing on ensuring that there are no customers more than 2 years overdue their review and then working backwards to ensure that there are no customers more than 18 months overdue their review. To highlight this we have updated the colour coding of our charts. At time of writing, there are no reviews more than 2 years overdue and only 2 reviews which are 18+ months overdue, with these reviews in the process of being completed by the adult social care reviewing team.

Reviews across the department continue to be strengths based and outcome focussed which require an investment of additional time from practitioners, however, these reviews yield much better outcomes for the customer and the department.

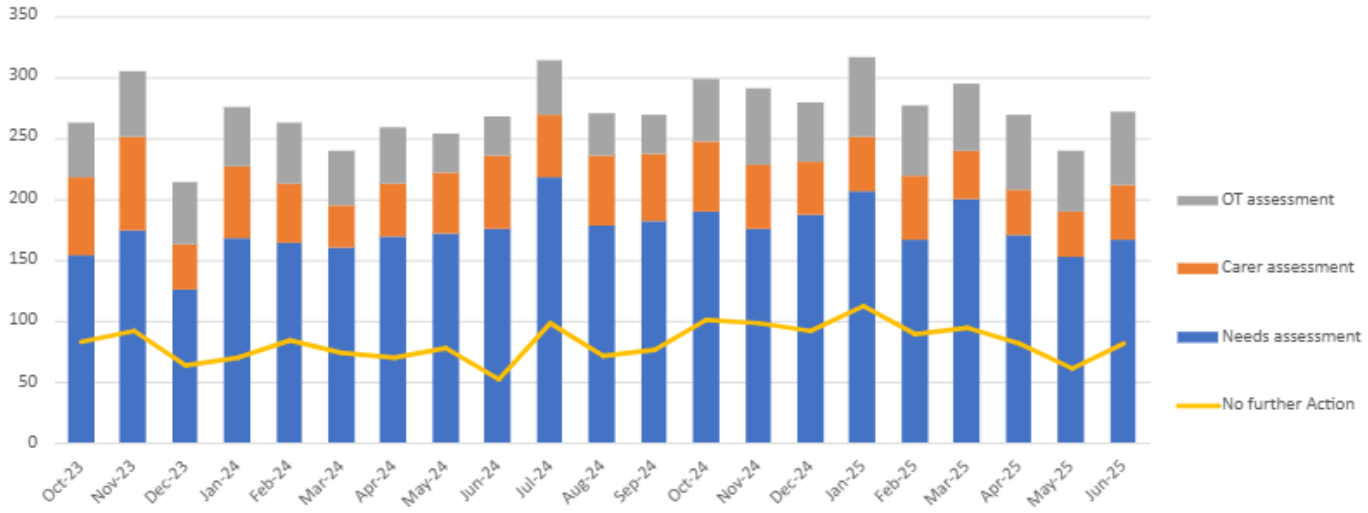
The graphs also reflect the extra efforts which have been taken to target carers reviews, with the adult social care reviewing team now being in a position where all carers reviews identified as due to become overdue in a particular month are allocated across the team at the beginning of the month with these reviews then completed during that calendar month, meaning that all unpaid carers are reviewed yearly.

Identifying and supporting unpaid carers is a departmental target and we have achieved our target set out last year of being in a position where unpaid carers are now no longer overdue their reviews. At present, the team are now maintaining this position and take great pride in doing so. This is a very positive achievement for the department and further demonstrates where adopting an obsession drives positive performance.

## 4.4 Assessments - Completion

Local Authorities have a duty to assess anyone who appears to have needs for care and support, regardless of whether those needs are likely to be eligible. The focus of the assessment is on the person's needs, how they impact on their wellbeing, and the outcomes they want to achieve. Assessments where there was no further action are where there were no eligible needs identified or a person with eligible needs declined services. A lower number means that operation teams can focus their time on those people with identified needs.

**Number of Adult Social Care (ASC) Assessments Completed each month.**




**Assessments – Q4 commentary**

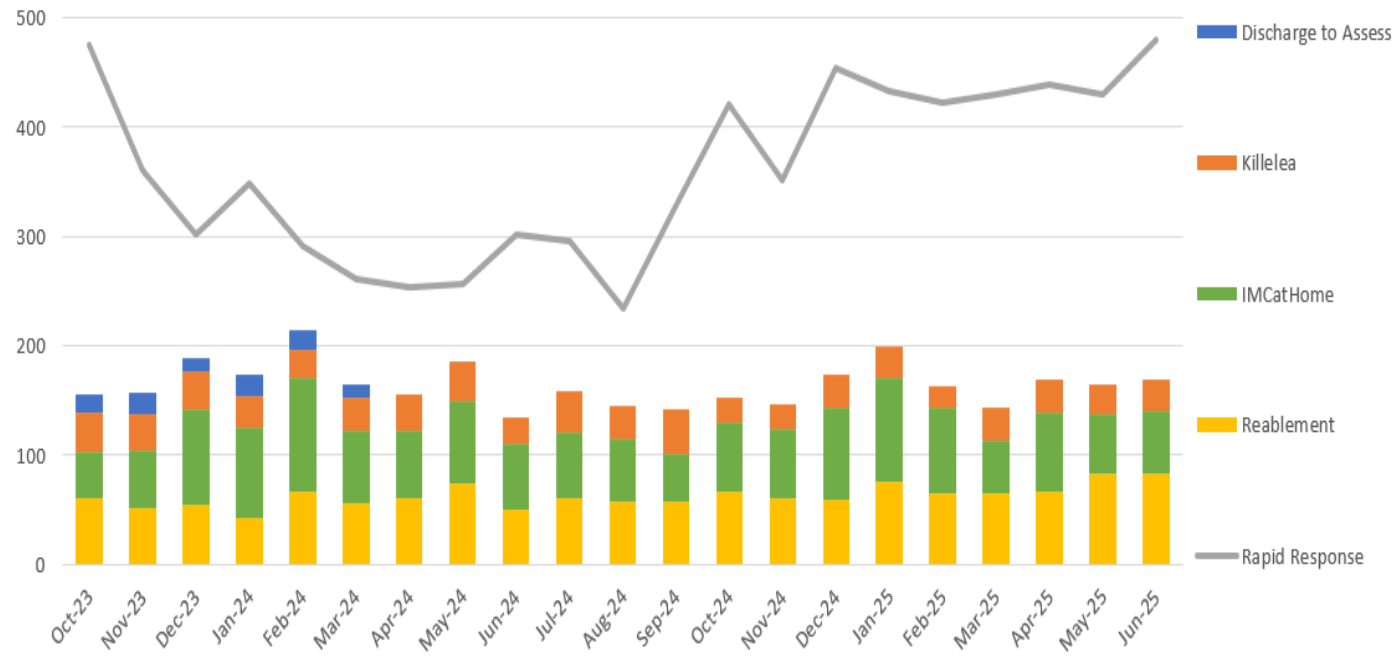
In Quarter 1, the demand for assessments dropped with May's numbers being the 3rd lowest in the last 2 years but does corelate with a small drop in contacts requesting support. This drop in demand was not seen in the same quarter last year. We will monitor this over the next quarter.

Occupational therapy assessments grew the most which reflects our endeavours to reduce waiting lists.

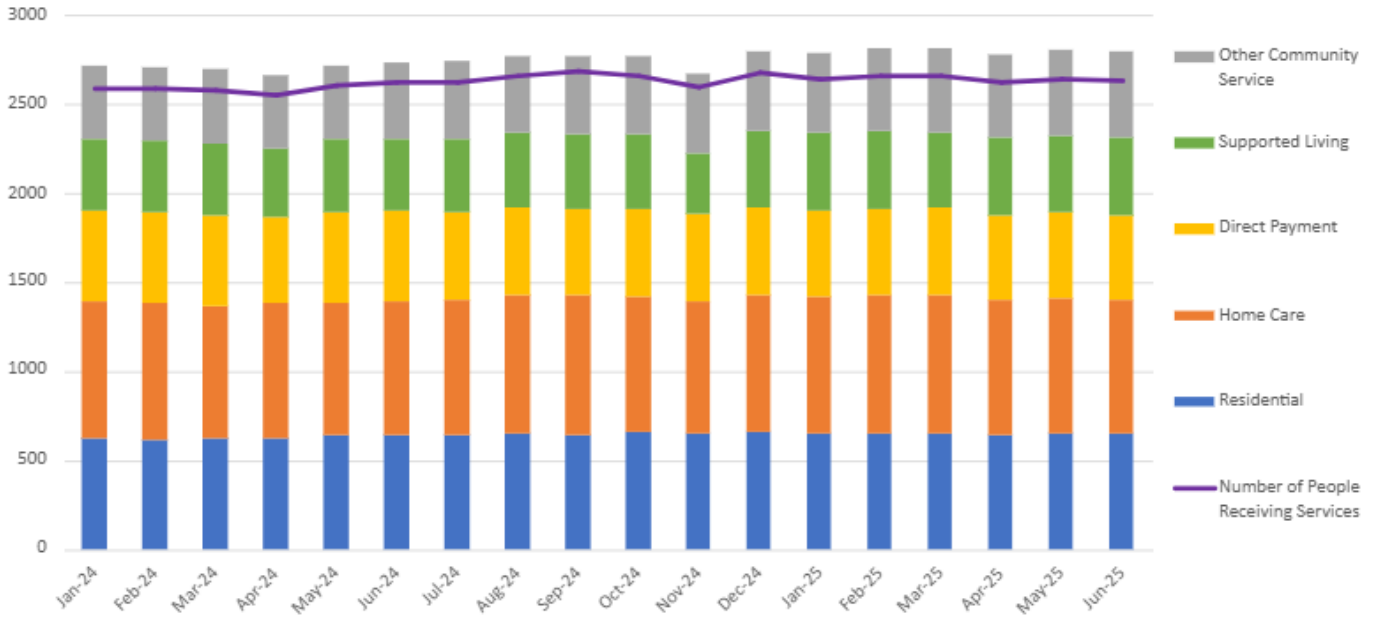
## 4.5 Services

Adult Social Care services may be short-term or long-term. Short-term care refers to support that is time-limited with the intention of regaining or maximising the independence of the individual so there is no need for ongoing support. Long-term care is provided for people with complex and ongoing needs either in the community or accommodation such as a nursing home. It is preferable to support people in their own homes for as long as it is safe to do so.

**Number of Intermediate Care (short-term) services completed each month.**

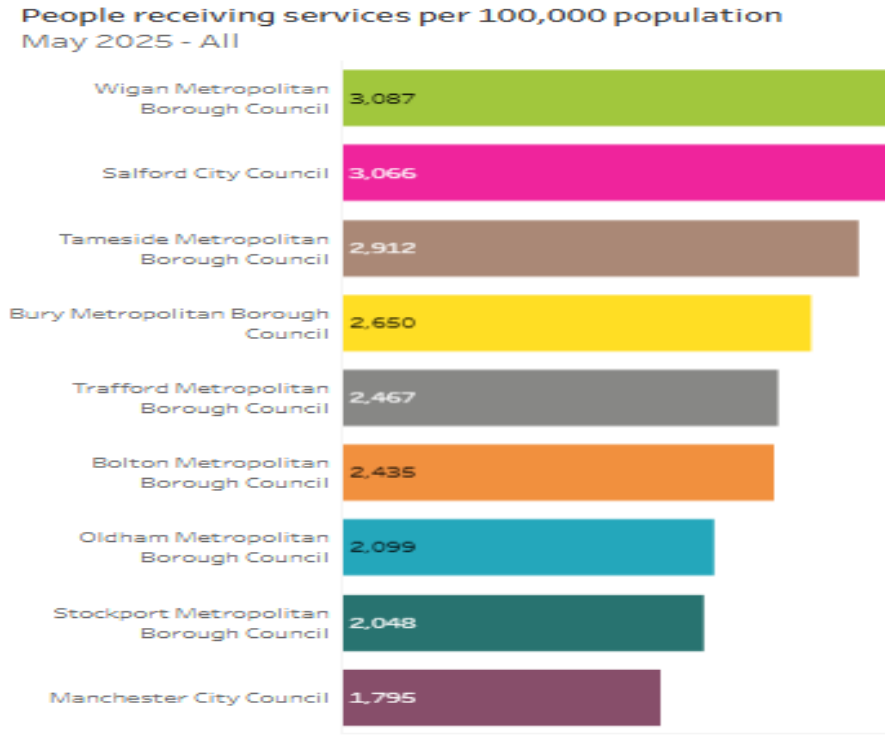



**Number of Long-term Adult Social Care services open on the 1st of each month.**



| | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | Apr-25 | May-25 | Jun-25 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | |
| Residential | 618 | 639 | 640 | 640 | 645 | 644 | 658 | 650 | 656 | 649 | 648 | 648 | 640 | 645 | 645 |
| Home Care | 764 | 746 | 748 | 757 | 782 | 779 | 760 | 737 | 769 | 766 | 776 | 775 | 762 | 761 | 753 |
| Direct Payment | 485 | 509 | 510 | 497 | 496 | 488 | 488 | 495 | 491 | 490 | 489 | 492 | 475 | 485 | 480 |
| Supported Living | 387 | 408 | 409 | 407 | 413 | 419 | 424 | 341 | 429 | 432 | 431 | 428 | 433 | 432 | 434 |
| Other Community Service | 408 | 417 | 424 | 440 | 434 | 438 | 440 | 444 | 451 | 453 | 468 | 471 | 470 | 485 | 485 |
| | | | | | | | | | | | | | | | |
| Residential Placement | 618 | 639 | 640 | 640 | 645 | 644 | 658 | 650 | 656 | 649 | 648 | 648 | 640 | 645 | 645 |
| Supported at Home | 1940 | 1965 | 1984 | 1988 | 2014 | 2041 | 2000 | 1945 | 2021 | 1996 | 2014 | 2013 | 1988 | 1999 | 1990 |
| | | | | | | | | | | | | | | | |
| Number of People Receiving Services | 2558 | 2604 | 2624 | 2628 | 2659 | 2685 | 2658 | 2595 | 2677 | 2645 | 2662 | 2661 | 2628 | 2644 | 2635 |

**People receiving services - how does Bury Compare?**




**Services – Q1 commentary**

This shows the number of people we support in our various service types.

The first chart shows the number of people supported in our intermediate care services. These services aim to prevent, reduce, and delay the need for long term care and support so the busier they are the better.

There continues to be a reduced number of people coming through the bed-based service and this continues to be a focus of our attention and work is underway to optimise length of stay. However the numbers benefiting from intermediate care at home and reablement have has a couple of their best months ever aided by our partnership with our local hospital trust in really embedding the home first approach. Exercise practitioners are now on the ward helping our older adults keep active whilst in hospital which is delivering less dependency when ready for discharge and improved outcomes for patients. Our Rapid Response and Hospital at Home service continues to perform beyond all our expectations.

Overall use of services continues to hold steady compared to last quarter goring by 11 from the same time last year.

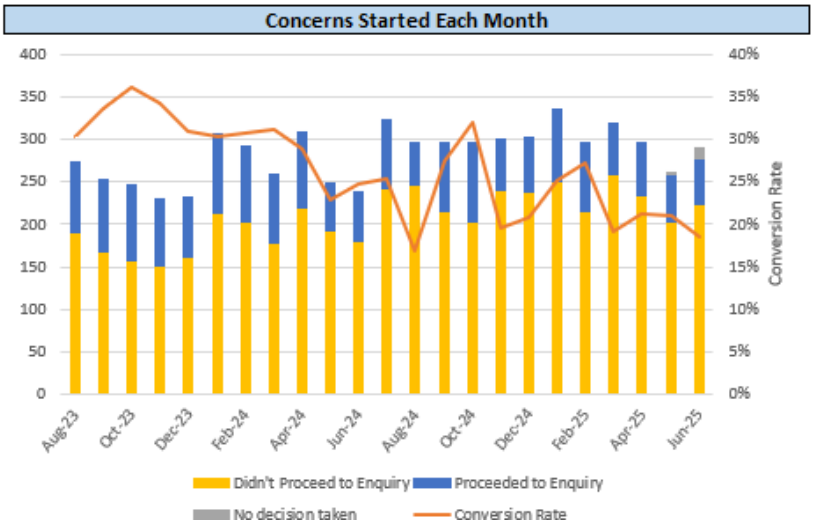
## 4.6 Adult Safeguarding

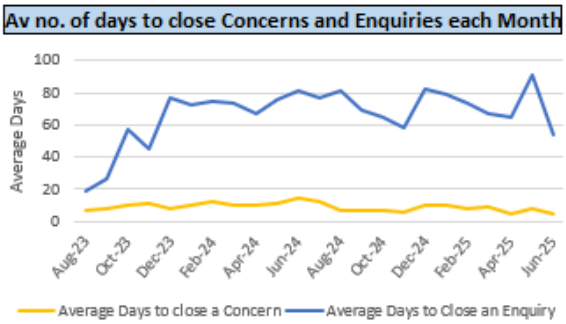
Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working **together** to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

### Safeguarding and DoLS Activity Summary

| Obsession | ıcrease the number of people who have their safeguarding outcomes me | | Jun-25 |
|---|---|---|---|
| | Percentage of people who were asked what outcome they would like | | 89% |
| | Of the people that expressed outcomes, were the outcomes achieved? | Not Achieved | 6% |
| | | Partially Achieved | 44% |
| | | Fully Achieved | 50% |

| Open Safeguarding Enquiries | | | |
|---|---|---|---|
| | *Number* | *Av. Days* | *Max Days* |
| ACS Safeguarding Team | 82 | 100 | 557 |
| Hospital Social Work Team | 1 | 71 | 71 |
| Learning Disability Team | 12 | 99 | 272 |
| OPMHT | 4 | 35 | 61 |
| Community Mental Health Tea | | | |
| Strategic Adults Safeguarding T | | | |
| | | | |
| **Total** | **99** | **94** | **557** |




| Active DoLS Requests | | | |
|---|---|---|---|
| | *Urgent* | *Standard* | *Total* |
| Assessment in progress | 4 | 98 | 102 |
| Processing | 3 | 8 | 11 |
| **Total** | **7** | **106** | **113** |

### Adult Safeguarding - how does Bury Compare?

| Metric | Bury | Rank in Northwest (out of 22) |
|---|---|---|
| Conversion Rate | 16% | 5th |
| Making Safeguarding Personal – Asked | 90% | 6th |
| Making Safeguarding Personal - Outcomes | 94% | 10th |

*Last Updated: Q4 2024/25*

### Safeguarding – Q1 commentary

Regionally Bury are still performing strongly in asking people their outcomes and either partially or fully meeting those outcomes. The conversation rate dropping to 16% remains a concern and we are working with the teams to understand this and are closely monitor it. We are also going to be working with our commissioning colleagues to visit providers that have not raise safeguarding in the last 12 months to assure ourselves that safeguarding is being raised appropriately.

The Q1 audits were completed alongside the request to support the quality audits in the wider system. 12 audits were completed over the Q1 and as usual they were allocated at random via the business intelligence team.

In 42% (5) we contacted the individual at concern stage and in the other 58% (7) of audited concerns rationale was given why it was not appropriate to contact. From the 7 individuals not recorded in 5 cases we instead spoke to their representative or loved one, in 1 case we did not speak to the representative and rationale was given and in 1 case it was not recorded.

In all cases appropriate information was gathered from appropriate sources to inform the S41(1) criteria and risks were suitably assessed, recorded and a management plan was agreed.

Where there were care quality concerns (2) information was shared with the relevant organisations (police, commissioning, CQC)

In Q1 there were no cases that required a person in position of trust referral (PIPOT)

Regarding feedback we completed feedback in 50% (6) audits, it was not appropriate to feedback in 17% (2) cases, and we did not seek feedback in 33% (4) cases.

There was no variance in the decision made to proceed to S42(2) between the case record and the auditor and in each case the concern was closed within 10 working days.

During the S.42(2) enquiry in all cases the views and wishes, or those gathered by a suitable representative were gained. There was no duty to refer to S.68 advocacy in the cases audited during Q1.

Clearly documented actions taken and next steps were recorded throughout the enquiry in 83% (10) S.42(2) enquiries which means in 17% (2) cases this did not occur. This has been picked up in supervision with those practitioners.

There was evidence of good multiagency working in each of the s.42(2) enquiries and in 92% (11) audits the adult (or their representative was engaged and accepting of the protection plan). Feedback was given to referrers in 67% (8) cases, it was not given in 17% (2) cases, and it was inappropriate to give in 17% (2) cases.

The risk was removed in 33% (4) cases, reduced in 50% (6) cases and there was no risk regarding the safeguarding in 17% (2) cases. Outcome/decision to close the S.42 was given to 92% (11) individuals or their representatives and was not in 8% (1) case.

Outcomes were fully achieved in 42% (5), partially achieved in 42% (5), not asked in 8% (1) and asked but none expressed in 8% (1) case.

The S.42(2) enquiry was closed within 3 months in 75% of cases audited.
We continue to see good practice in most safeguarding concerns, enquiries within the safeguarding service and variation in practice across the rest of the adult care system. We continue to work with the frontline on the importance of education and giving referrers feedback when they raise

safeguarding and whilst this has been improved it continues to be picked up in supervision on an individual level. We will continue to monitor this in SOG to inform future practice.

Our top 3 areas of safeguarding in Q1 2025/26 are:

**Financial Material**
**Neglect and Acts of Omission**
**Self-Neglect**

This data has been fed into the SAB for review and action at the multi-agency level and self-neglect training has been and is being rolled out across the partnership and within ASC via the PSW training offer.

As is usual with in safeguarding the main areas of safeguarding concerns/enquiries are:

**Own Home (including extra care)**
**Care Home**

The data around outcomes/risk reduction and removal is aligned with the audit outcomes.

When reviewing if individuals feel safer of the 109 people asked in this quarter only 5 people felt that they did not feel much safer at this time. Which means that 95%+ people asked either felt 'a lot' or 'quite a bit' safer after the safeguarding process. Disappointingly 45 people were not asked, likely due to capacity but also due to variations in safeguarding practice which will be removed as we streamline the safeguarding process and pathway. This is being monitored via our Safeguarding Operations Group.

Deprivation of Liberty Safeguards (DoLS) continues to perform well with no concerns from a supervisory body perspective.

Key Achievements:

Through the safeguarding transformation programme secondary mental health safeguarding has now moved back from Pennine NHS Foundation Trust to Bury Council. This will allow better data collection and a more consistent safeguarding service for the residents of Bury. The safeguarding staff have adapted well to this change and have embraced the challenge.

We are continuing to develop and hold continuing professional development sessions and peer supervision sessions that are open to the whole adult care system. We are promoting these through our share point site.

As one of the outcomes from LGA peer challenge, the safeguarding/quality assurance/risk awareness sessions held between safeguarding and commissioning have seen good attendance and feedback. The last session is booked for the 18th July 2025 and will be recorded.

## 4.7 Complaints and Compliments

Complaints

| Period 2025/26 | Number of complaints received | Decision | | | 20 working day timescale | |
|---|---|---|---|---|---|---|
| | | Upheld | Partially Upheld | Not Upheld | Within | Outside |
| Q1 | 16 | 2 | 6 | 5 | 7 | 6 |

*3 complaints ongoing*

Compliments

| Period 2024/25 | Number of compliments received | Source | | |
|---|---|---|---|---|
| | | Person receiving or had received services | Relative of person receiving or had received services | Other (incl. various survey responses/thank you cards) |
| Q1 | 176 | 14 | 24 | 138 |

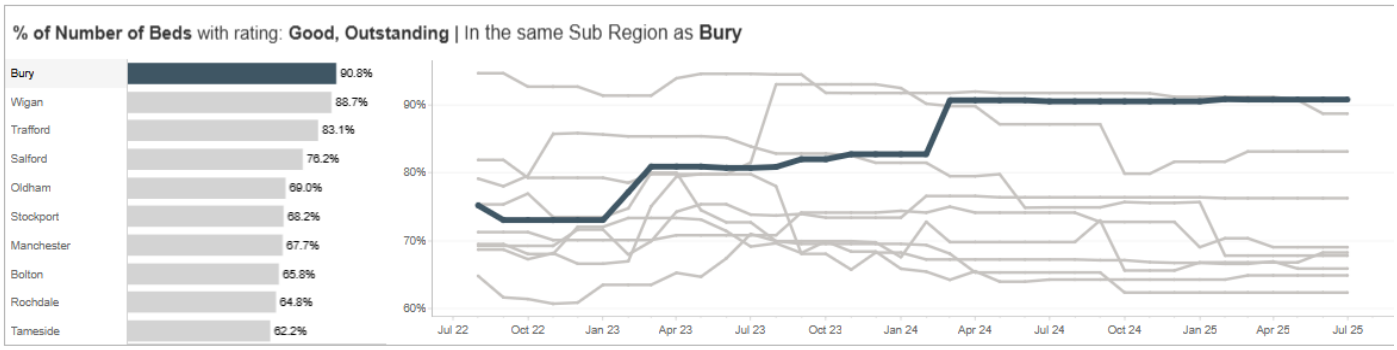
**Complaints and Compliments – Q1 Commentary**

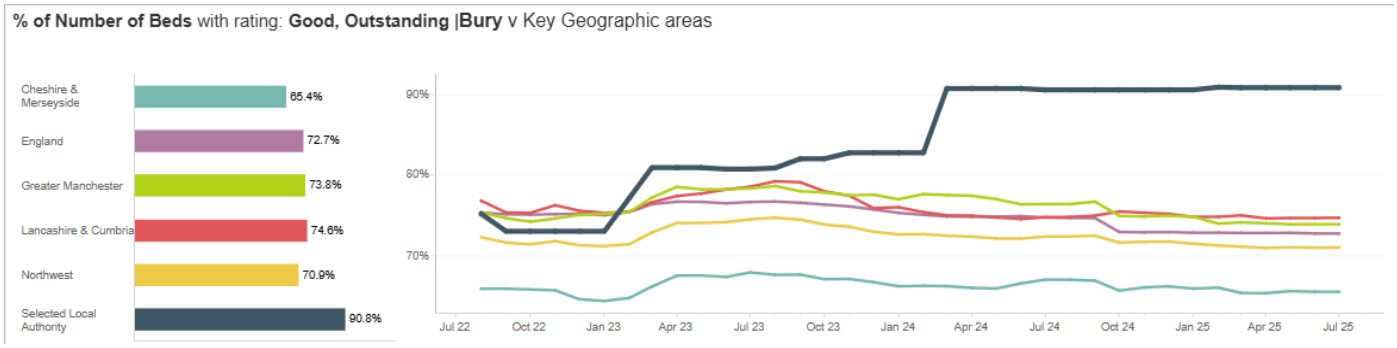
Complaints have shown a small decrease from this time last year, 18 in Q1 2024/2025. There are no highlighted areas of concern.

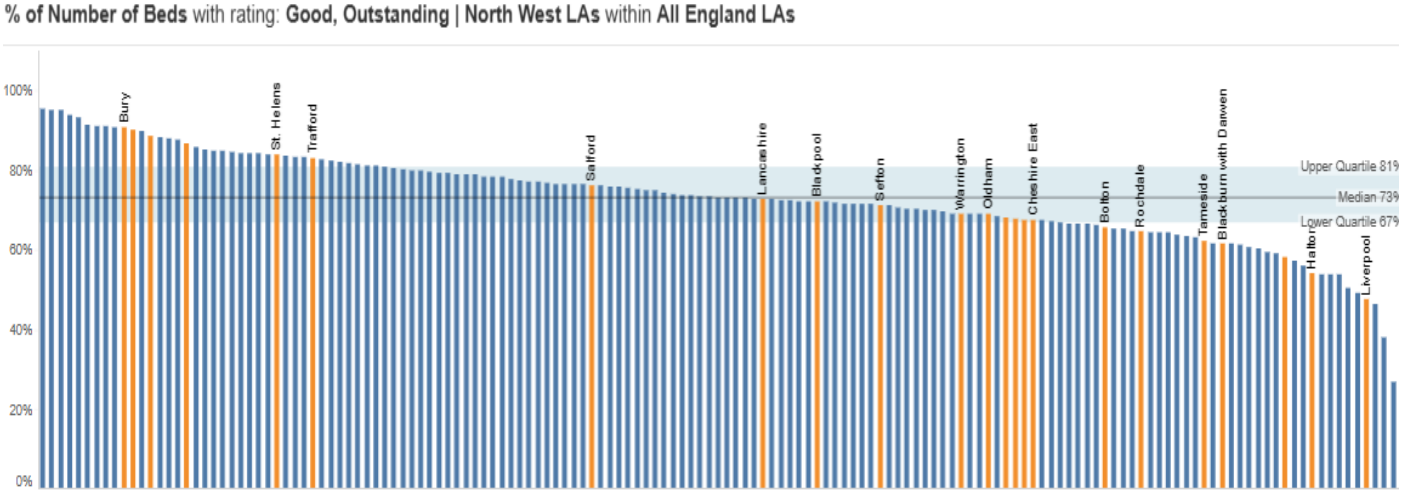
Compliments are showing a slight decrease from this time last year, 244 in Q1 2024/2025. Managers are reminded and encouraged to record and share all compliments received for their services.

## 4.8 State of the Care Market

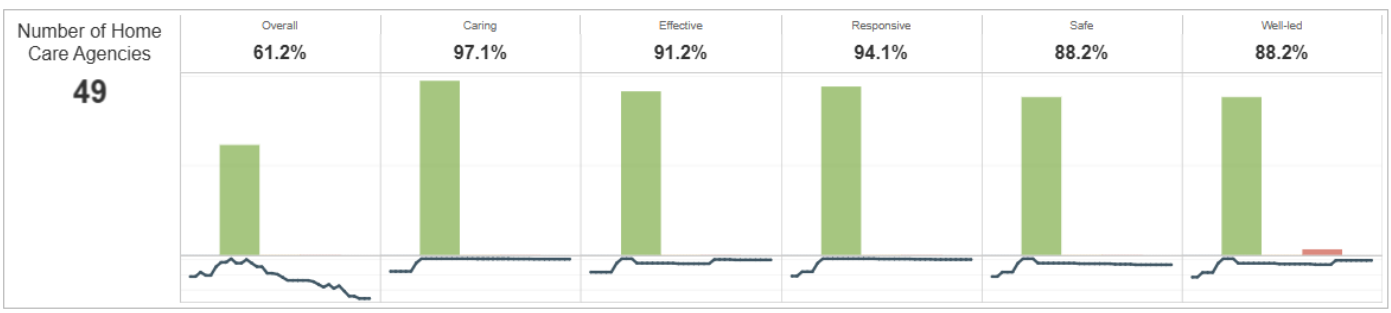
Number of care home beds rated good or outstanding.




Quality Ratings of Bury's Home Care Agencies




*Last Updated: Q1 2025/26*

**State of the Care Market – Q1 commentary**

The top charts show the quality ratings of care homes in Bury compared to the rest of Greater Manchester showing the % of beds rated good or outstanding. The second chart shows Bury, and in turn Great Manchester compared to the other regions in England and the Northwest. The third chart shows the % of care home beds rated Good or better across the whole of the country with Bury being at number 10.

The final chart shows the rating of home care agencies operating in Bury. For both charts the nearer to 100% the better.

The overall quality of our care homes has been maintained with Bury 1st amongst its GM Neighbours and performing well above the England average and the average of all Northwest regions. Bury is now ranked 10th in England for the quality of its care home beds.

Bury is ranked 1st in GM for supported living and 2nd in GM for care at home, however, it should be noted that this considers all providers active in our locality, and not just those that the Council commissions and we are seeing a growth in home care providers, many of whom have yet to be inspected.

Of those providers that the Council commission

- The upcoming care at home retender will result in only care at home providers rated Good or Outstanding being commissioned
- While one supported living provider is rated Requires Improvement, all others are rated Good or Outstanding.

## 4.9 Workforce Development Q1

### Vacancies Tracker

| Total Vacancies | Social Workers | SCO | Others | Vacancy Rate |
|---|---|---|---|---|
| 19 | 10 | 4 | 5 | 5% |

### Staffing

| Current Agency Staff | Current Students |
|---|---|
| 5 | 4 |

### Progression Tracker

| Required Vacancies | | | | |
|---|---|---|---|---|
| Apr-25 | Apr-26 | Jul-26 | Sep-26 | Apr-27 |
| 2 | 1 | 4 | 6 | 1 |

| Other Routes | |
|---|---|
| Apprenticeship (PGDip) | Think Ahead |
| 1 | 4 |

| Apprenticeship Route Progression Q1 2025 | | | |
|---|---|---|---|
| Aprentices on the Programme | | | |
| Year 1 | Year 2 | Year 3 | Graduated |
| 4 | 1 | 2 | 5 |

The chart above illustrates the favourable workforce position. Currently, we have a low level of vacancies within the operational department, which enhances team performance, practice consistency, and overall service stability.

The internal social work apprenticeship programme has been revised to improve the learning journey. Positively, five apprentices qualified in March and are now contributing to teams across the department. Our external social work programme has also been reviewed, with a postgraduate route approved, alongside the Mental Health social work fast-track route designed to support the community mental health transformation programme over the next year.

## 4.10 Tech and Digital Switchover

The UK's national telephone network is undergoing a major transformation, with the full switch from analogue to digital scheduled for completion by **January 2027**. This change means that all traditional landline services, which currently rely on the Public Switched Telephone Network (PSTN), will be replaced by digital services using internet-based technologies like Voice over IP (VoIP). For telecare services, including Carelink and other Sheltered Housing support systems, this has significant implications. Many existing telecare units are analogue and may not function reliably on digital lines without upgrades or replacements.

As a result of this major change, in May 2024 funding was approved for the replacement of 1700 analogue dispersed alarm units, with a new compatible digital version. Over the last 14 months the Carelink -Technology Enabled Care Team, have worked tirelessly to configure and install the units and have now completed the role out well ahead of schedule.

In partnership with Housing Services, the team also ensured that all Warden Call Systems within the Council's Sheltered Housing and Extra Care schemes have been upgraded for full digital compliance. The final step—installation of the broadband link to the Warden Call system—is now underway. Once completed, Bury Council will be digitally future-ready, standing out as one of only a handful of organisations nationwide to reach this milestone so swiftly.

## 4.11 Veteran Friendly Care Home

Gorsey Clough Nursing Home in Bury are now part of the National Venteran Friendly Framework, working to receiving full accreditation. Designed for use in care home settings for older people, the Veteran Friendly Framework helps care providers to offer appropriate support to those veterans requiring residential care in Bury. It supports providers identifying veterans and their partners in order to meet their needs as effectively as possible.

As part of their work, Gorsey Clough held a hugely successful VE day party in May and we will look forward to supporting them and others to further engage in the programme.

## 4.12 Bury Carer's Hub Quarterly Update

Following the launch of our new carers strategy and adoption of identifying unpaid carers and connecting them to support our most recent monitoring report from our carers' hub is included here.

## 4.13 Adult Social Care Survey: Summary of Responses

The results of the annual survey have recently been published and are shown here. 2002 surveys were sent out and 355 retuned which is a response rate of 17.7%

## Provisional ASCOF Measures [higher is better]

| ASCOF Measure | Bury | | England Average |
|---|---|---|---|
| | 24/25 | 23/24 | 23/24 |
| 1A - Social care-related quality of life | 19.1 | 19.1 | 19.1 |
| 3A - The proportion of people who use services who have control over their daily life | 77.3% | 79.6% | 77.6% |
| 5A1- The proportion of people who use services who reported that they had as much social contact as they would like | 46.9% | 46.2% | 45.6% |
| 1B - Adjusted Social care-related quality of life – impact of Adult Social Care services | 0.392 | 0.401 | N/A |
| 1D - Overall satisfaction of people who use service with their care and support | 64.3% | 63.8% | 65.4% |
| 3C1 - The proportion of people who use services who find it easy to find information about services | 64.8% | 65.8% | 67.9% |
| 4A - The proportion of people who use services who feel safe | 70.7% | 72.7% | 71.1% |

## ASC Users Survey Response Highlights

Analysis of question responses from the ASC Users Survey, comparing data from the 24/25 ASC Users Survey for Bury with that from the 23/24 ASC Users Survey for Bury and against the England average for provisional 24/25 data submitted. Summary of questions where data has changed significantly since the last survey or varies greatly from the England average:

**Responses regarding the quality of care accessed in the last 12 months:**

1. **Control Over Daily Life:**
   - Respondents reporting, they have adequate **control over their life** has decreased slightly from 43.2% to 41.5%, which is 1.3% lower than the England average of 42.8%.

2. **Personal appearance:**
   - Respondents who feel clean able to present themselves in the way they would like, increased from 52.2% to 60.7% which is 4.7% higher than the England average.

3. **Feeling safe:**
    - Respondents reporting, **I feel as safe as I want**, decreased from 72.7% to 70.7%, however this is 0.3% higher than the England average of 70.4%. Respondents reporting that **care and support services helped them feel safe** increased from 87.2% to 90.7%.

4. **Contact with people:**
    - Even though the ASCOF measure shows an increase in people who reported that **they have as much social contact as they would like**, there are also two negative responses that have increased. **I have some social contact with people, but not enough,** which increased from 15.9% to 19.5%. **I have little social contact with people and feel socially isolated**, which increased from 4.9% to 7.2%.

**Responses regarding a person's knowledge and information:**

1. **Finding information and advice:**
    - There has been a shift from respondents reporting that information about services is **very difficult to find**, which decreased from 19.4% to 10.6% to **fairly difficult to find,** which increased from 14.8% to 24.6%.

**Responses regarding a person's health:**

2. **Pain or Discomfort:**
    - Respondents who reported having extreme pain or discomfort decreased from 12.9% to 9.0%, which is a 3.8% below the England average of 12.8%.

3. **Mental Health:**
    - Respondents who reported having been extremely anxious or depressed increased from 6.9% to 11.0% which is a 2.5% higher than the England average of 8.5%.

# Appendix - Data sources and what good looks like

| Section | Chart | Data Source | What does good look like? |
|---|---|---|---|
| Contacts | Number of Adult Social Care (ASC) Contact Forms recorded each month. | Contact Records in LiquidLogic:<br>Contact Type<br>Contact Outcome | Six Steps to Managing Demand in Adult Social Care:<br>≈ 25% of contacts go on to receive a full social care assessment. |
| | GM Comparison | | |
| Waiting Lists | Waiting List Summary | Professional Involvement in LiquidLogic:<br>Awaiting allocation work trays<br>Brokerage Work trays<br>Overdue Review Tasks<br>DoLS data from the database. | Lower is better |
| | Needs and Carers Assessments: No of Cases Waiting for Allocation | | |
| | GM Regional Comparison | | |
| Assessments | Number of Adult Social Care (ASC) Assessments Completed each month | Assessment forms in LiquidLogic | |
| | GM Regional Comparison | Av. number of days from the contact start date to the assessment end date | Lower is better |
| Services | Number of Intermediate Care (short-term) services completed each month | All IMC Service data from four data sources | |
| | Number of Long-term Adult Social Care services open on the 1st of each month. | Service data from Controcc<br>Grouped by Service Type<br>Count of service types, not people | |
| | Proportion of Home Care vs Nursing and Residential Care Services compared against 2 years ago | | Lower Residential & Nursing Care is better |
| | Northwest Regional Comparison | | |
| Reviews | Number of Adult Social Care Reviews Completed each month | Review forms completed in LiquidLogic | Higher number of completed reviews.<br>Lower proportion of Unplanned reviews. |
| | Number of Overdue Adult Social Care Reviews on the last day of each month | Review Tasks in LiquidLogic past the due date | Lower is better |
| | Regional Comparison | As above | |
| Safeguarding | Percentage of people who have their safeguarding outcomes met | Completed safeguarding enquiries: Making Safeguarding Personal questions | Higher is better |
| | Outcomes were achieved | | |
| | Open Safeguarding Enquiries | Safeguarding enquiry forms on LiquidLogic and CMHT/EIT spreadsheets | Target: Enquiries closed in 56 days or less |
| | Concerns Started Each Month | Contact Forms on LiquidLogic: form type safeguarding concerns | |
| | Average number of days to close Concerns and Enquiries each month | As above | Targets:<br>Concerns closed in 3 days or less.<br>Enquiries closed in 56 days or less |
| | Regional Comparison | As above | Higher is better |

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# Health Scrutiny: Food Health update



September 2025

# Bury Food Strategy & Food Partnership



- **Bury Food Partnership** launched the very first **Bury Food Strategy – Eat, Live, Love Food** in January 2021, following its endorsement by the Health & Wellbeing Board in November 2020. It has since been integrated as part of the wider Bury Council 2030 Let's Do It Strategy for the future of our borough.

- From the outset **Bury Food Partnership** has adopted whole systems thinking, and prides itself on being a positive space to connect, challenge and help shape the way Bury sources and provides good food for all.

- Through the Partnership, Bury became a **Sustainable Food Places (SFPs)** network member in 2021, using SFP themes to collate partner activity across the food system.

- Bury were awarded the Sustainable Food Places Bronze award in 2022 and have **now achieved the prestigious SFPs Silver award for Bury in 2024.**

- Bury school catering service has achieved now achieved the **GOLD food for life served here certificate in September 2025.**

# School Meal's Auto Enrolment, Markets



- **School Meal's Auto Enrolment :** As part of Bury Council's work to support families and schools in accessing all available funding, a free school meals auto-enrolment service has been implemented for families currently receiving Council Tax and/or Housing Benefit. The most recent information shows that **6281**children ordered school meals before Easter compared to **7439** after auto-enrolment, an extra **1158 meals**, thus an increase of **18.4%** .

- **Greater Manchester, Market Partnership:** Bury Market hosted the first Market Partnership in June, the GM attendees can see value in collective market mapping, social value measurements, marketing and promotion, data sharing plus temporary markets.

- The **EU Food Cities: Policy and Practices** initiative, coordinated by the City of Milan and supported by Eurocities, is part of the Food Trails project. It brings together **11 European cities** to co-develop sustainable urban food systems. Key highlights include: **31 pilot actions** across areas like public food services, urban agriculture plus food waste prevention and the Development of **8 innovative tools** to support policy-making & impact measurement.


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# Right To Grow (RTG)



Fundamentally, **Right to Grow** allows the public to grow food in public spaces. There are conditions of course, but the aim is for UK councils, like Bury, to encourage community food growing.

A RTG working group has organically developed over the past 18 months, co-designing the RTG pathway and lease agreement has taken inputs from Bury Council Legal, Ground Maintenance, Public Health, Incredible Edible, The Wildlife Trust, Parks and Countryside, Bury VCFA and local volunteers as codesigned and collective effort.

**There are many positive effects associated with growing food locally, examples include:**

- Increased access to seasonal, nutritious, climate and nature friendly foods
- Reduced inequalities around healthy food access
- Improved mental and physical wellbeing through activity in nature
- Engaged citizens connected to their local green spaces
- Formation of new connections and friendships


Bury Community Growing | Bury Directory

# Fast Food Take Aways & High Fat, Salt Sugar (HFSS)



- The built environment in which we live, and work influences the choices we make around food. Eat, Live, Love Food (2020) highlighted that the density of fast-food take aways in Bury was high, at **127.3 per 100,000 residents.** Fast forward to 2025 and that figure is now **165.7 per 100,000** and **Bury is 17th across all England's districts and UA's.**
- **Locally:** The fast-food take away matrix has been **co-designed** with performance teams from Bury LA and Primary Care along with Bury's school nurse network via National Childhood Measurements (NCMP) plus Bury planning policy officers and development management. **Inequalities are at the centre of the matrix design** as its rank's the population per 1000 on a range of markers / LSOA 1-120 (1 being the best and 120 worst) and via IMD.
- **Regionally :** Addressing **Commercial Determinants of Health (CDoH)** has been identified as a key priority for the Greater Manchester Public Health Leadership Group (GMPHLG) along with Housing and Health and Fairer Health for All. **Pan-GM Principles has been proposed** – providing a set of agreed standards to help ensure a level of consensus across local authority owned policies and implementation / HFSS food and drink using the **Nutrient Profiling Model (NPM).**
- **Nationally: Plans to ban TV advertising** for products high in fat, salt and sugar (HFSS) **before 9pm will be delayed until January 2026**, following concerns from food and media brands and confusion over enforcement guidelines The delay to the ban, which was to have come into effect from October, comes as ministers prepare to amend legislation to ensure brand-only advertising.

# Fast Food Take Away Matrix

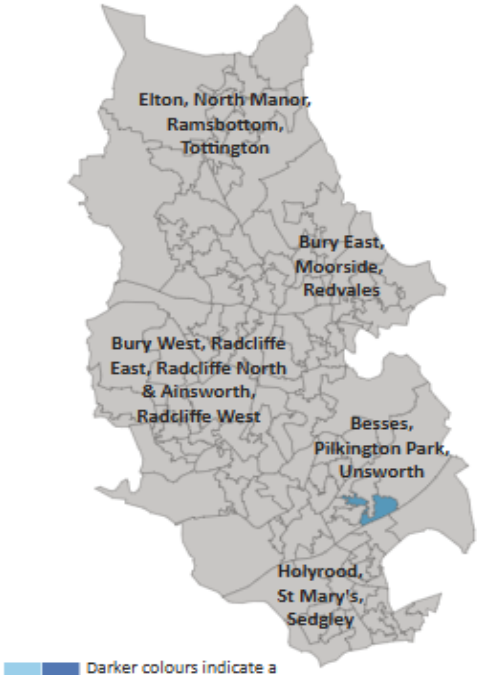


Bury Council

LSOA Code: E01004941

Postcode: All

**Population**




| Index of Multiple Deprivation (IMD) Decile | Value |
|---|---|
| Living Environment Decile | 8 |
| Index of Multiple Deprivation (IMD) Decile | 3 |
| Income Deprivation Affecting Older People (IDAOPI) Decile | 3 |
| Income Deprivation Affecting Children Index (IDACI) Decile | 3 |
| Income Decile | 3 |
| Health Deprivation and Disability Decile | 3 |
| Employment Decile | 3 |
| Education, Skills and Training Decile | 3 |
| Crime Decile | 4 |
| Barriers to Housing and Services Decile | 5 |

- The Bury 021A LSOA sits within the Whitefield neighbourhood - Besses ward.
- The total population of this LSOA is 1874.
- There are 1 premise(s) classed as A5 Hot Food Take Aways.
- Of the children that took part in the National Child Measurement Programme (NCMP) for 2020-23, 20.7% of children in Reception in this LSOA were classed as overweight or very overweight, and 22.2% of children in Year 6 in this LSOA were classed as overweight or very overweight. Please note only state schools are included in the NCMP.
- The IMD Decile score for this location is 3 (1 being the most deprived and 10 being the least deprived decile).
- There are 0 school(s) in this LSOA.
- This LSOA is ranked 50 out of 120 LSOA's for obesity prevalence in those aged 18+, based on the rate per 1,000 population*. The LSOA ranked 1 has the highest rate of obesity prevalence.
- This LSOA is ranked 77 out of 120 LSOA's for Type 2 diabetes prevalence in those aged 17+, based on the rate per 1,000 population*. The LSOA ranked 1 has the highest rate of Type 2 diabetes prevalence.

*CAVEAT: The data sets these measures are calculated from are subject to opt-outs. Bury has an opt out rate of 5.48% and so actual figures are likely to be higher.

# Food Podcast




https://open.spotify.com/episode/2SnJpDwqO3wogoCiCClHZ6?si=KMdE4xcLRECjtjsCrphiDw

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Bury Council



# Thank You – Any Questions

September 2025

Department for Education

NHS England

Jeanette Richards, Executive Director of Children's Services, Bury Metropolitan Borough Council

Eamonn O'Brien, Leader of the Council, Bury Metropolitan Borough Council

Will Blandamer, Executive Director, Health and Adult Care and Deputy Place Lead, NHS GM

**10 July 2025**

Dear Jeanette, Eamonn and Will,

**BURY LOCAL AREA PARTNERSHIP: 6-MONTHLY SEND STOCKTAKE MEETING: REVIEW OF SEND PRIORITY IMPROVEMENT PLAN**

Thank you for ensuring appropriate attendance to review the progress made against your Priority Impact Plan (PIP) at the Stocktake meeting on 1 July 2025. We are particularly grateful for the contributions from representatives of Bury2Gether, the local authority and ICB officers who attended the meeting. We also acknowledge the effort made to ensure children and young people had their views shared.

The purpose of this joint letter is to provide a summary of the discussions held at the stocktake meeting, documenting specific feedback from participants on the Areas for Priority Action and Areas for Improvement based on evidence from the six months leading up to and during the stocktake meeting.

The evidence and presentation shared before and during the meeting reflected encouraging progress in implementing the PIP, with various actions being carried out within the agreed timelines. The local area continues to show a shared commitment to making lasting improvements to SEND services and to the well-being of children and young people with SEND. Leaders communicated the next steps outlined by the partnership, which align with the existing plan and are expected to further sustain ongoing improvements.

The update you gave us suggests confidence that the governance framework is now well-established to oversee the PIP, and actions are aligning with the plan's expectations and timelines. As partners, you have worked hard to establish strong relationships, and these continue to improve since inspection. The collegiate approach is supporting the entire partnership to check and challenge itself. There is particular emphasis placed on the voices of children and young people which is a notable strength of the partnership's efforts. We welcomed and enjoyed hearing the presentation from the Changemakers reflecting their views of priority and progress.

The partnership has clearly recognised the need to move the focus from planning and action to gathering tangible impact and improving delivery. This is where we will concentrate our support and challenge in the coming months, with the support of the SIAB, to support you in providing more compelling evidence of this impact ahead of the next stocktake.

The progress you showed in the six priority areas and three areas for improvement demonstrates a more collaborative approach across the partnership, enriching the collective understanding of how different system elements interconnect and influence each other. This strategic alignment has been pivotal in building stronger partnerships, offering both support and challenge, and transforming a culture of siloed working into one of more genuine collaboration. The successful completion of the vast majority of the phase transfer reviews within statutory timelines and the enhanced engagement in annual reviews exemplify the partnership's collective commitment to improving EHCP quality and ensuring smoother transitions for children and young people.

Furthermore, you discussed the development of a comprehensive workforce strategy and the roll-out of targeted training programs that showcases the partnership's proactive efforts to strengthen capacity and build skills within the system.

However, there are aspects that require continued focus to sustain and build upon the actions delivered. It remains essential to enhance data reporting capabilities and establish clear, measurable outcomes to better monitor and demonstrate the impact of your actions. Overcoming challenges related to workforce capacity and consistency of skills is critical to delivering sustainable, transformational change. Once a data system of routine and robust partnership wide assurance is in place you will be able to more easily show the difference you are making whilst clearly identifying pressures, progress and risk.

Additionally, expanding communication and engagement with a broader range of children, young people, and families will help ensure that their voices influence co-production and service design.

Your PIP includes six areas for Priority Action and three Areas for Improvement related to the 'systemic failures' outcome identified in the SEND Ofsted-CQC inspection report.

**Area for Priority Action 1:** ***Leaders across the partnership should ensure that the SEND strategy continues to be implemented to improve the lived experiences of children and young people with SEND. This should be overseen by shared strategic governance to ensure that the pace of improvement is maintained.***

**You effectively demonstrated that:**

- The overarching strategic vision for Bury SEND improvement has been collaboratively developed and formally approved, underscoring a truly joint approach.

- Communication channels have seen notable enhancement, evidenced by more frequent updates to the Local Offer and the implementation of effective feedback mechanisms like ‘You said, We are Doing’.
- Programme governance is progressing towards full maturity, which now allows for the proposal of significant changes aimed at driving long-term sustainability.
- Wider partners suggest that communication is improving.

**Looking ahead, in line with your plans the next steps involve:**

- Further developing and enhancing data and intelligence regarding the improvement plan’s progress and impact, with the aim of having a regular and robust system of performance assurance in place across the PIP and SEND services.
- Consider addressing identified delays within some workstreams to ensure that the strategic changes and improvements yield their intended impact.
- Conducting a comprehensive survey to gather the perspectives of children and families, thereby providing crucial data on the actual impact of these strategic changes.

**Area for Priority Action 2:** ***Leaders across the partnership should work collaboratively and effectively to improve the early identification of children and young people’s SEND as part of the graduated approach. In particular, they should urgently improve:***
***• children’s access to support from education, health and social care to improve the early identification of needs***
***• children, young people’s and professionals’ access to an effective, well-resourced educational psychology service.***

**You effectively demonstrated that:**

- The local offer has been reviewed, and efforts are underway to ensure it becomes statutory compliant. Additionally, the partnership's understanding of the graduated approach is being reviewed. A school’s toolkit is being rolled out, with a significant push planned for the autumn.
- The development of Section 23 notifications and subsequent follow-up support has notably strengthened early identification pathways.
- Inclusion Services have undergone a redesign, now incorporating a community of practice model and expanded capacity.
- The establishment of a dedicated SEND Health Visiting Service, crucially supported by additional funding from Bury Council, has garnered very positive feedback from families.
- Positive engagement with GPs and Primary Care networks has taken place to further enhance the early identification of SEND.

**Looking ahead, in line with your plans the next steps involve:**

- When you expand upon the Communities of Practice (CoP) model across all SEND services, focus on ensuring its seamless integration and alignment with key local authority functions such as School Attendance, Admissions, and the Virtual School.
- Ensure that when you are implementing a new, integrated graduated model for early assessment, identification, and intervention, it is built on robust partnerships with schools, families, health and communities to ensure that it is a coordinated and effective response.
- When you are relaunching the SENCO networks in-house from September 2025 to strengthen borough-wide collaboration, ensure they are closely aligned with the partnership's strategic priorities.
- While there has been significant progress, it is important that this progress is more clearly captured and communicated. Consider making the positive strides more visible to demonstrate how your efforts are making a tangible difference. Consider using visual tools such as graphs or charts to clearly illustrate improvements and impacts. This will help stakeholders see the progress more vividly and reinforce the momentum you are building in SEND delivery.
- Consider how to capture examples of how Section 23 notifications and follow-up support have positively impacted children: This could include evidence of improved transitions to settings, timely initiation of Early Help Care Needs Assessments (EHCNA), and other measurable outcomes that demonstrate the effectiveness of early identification pathways.
- Consider how you will gather evidence of the impact of the SEND Health Visiting Service. This could include data on improved health outcomes for children, testimonials from families, and specific examples of how the service has facilitated better access to healthcare and support. Additionally, reference any relevant reports or studies (e.g., from HSJ) that highlight the perceived impact and effectiveness of the service.
- Partnership engagement with the proposed neighbourhood delivery model to integrate early identification pathways for children and young people.

**Area for Priority Action 3:** ***Leaders across the partnership should improve the quality and availability of support for children, young people and their families while they wait for specialist assessments. This includes:***
***• children and young people waiting for a speech and language therapy assessment and subsequent intervention***
***• children waiting for a community paediatric assessment and subsequent intervention Inspection report: Bury Local Area Partnership 12 to 16 February 2024***
***• children and young people on a neurodevelopmental pathway for an assessment of ADHD or autism. Leaders across the partnership should also ensure that young people aged up to 25 years old have access to a locally***

***agreed neurodevelopmental diagnostic pathway.***

**You effectively demonstrated that:**

- The partnership has actively recognised the ongoing concerns voiced by young people, Ofsted/CQC and families regarding NHS waiting times, both locally in Bury and across the wider system.
- Leaders suggest the launch of the CANDO App has supported improving outcomes in Speech and Language Therapy services including a reduction in waiting times.
- Waiting times for Community Paediatric services continue to pose a challenge; however, improvement work is underway through local transformation and improvement programmes across the provider organisation the Northern Care Alliance (NCA) including a policy review of children not brought to appointments to improve uptake. Engagement sessions have also been held with providers.
- You understand the current pressures and lived experience by your acknowledgement that more work needs to be done to explain the lengthy waiting times for health services.
- Strategic leaders report the local area partnership are engaged with the GM proposed model for the Neurodevelopmental hub. Parent carers would welcome strengthened communication around this area.
- The public consultation for the NHS GM Adult ADHD has concluded, with the final report to be published Autumn 2025.

**Looking ahead, in line with your plans the next steps involve:**

- Ensure continued engagement with provider organisations to address the waiting times for Autism and ADHD assessments which includes access to support for families whilst waiting.
- Consider your efforts, whilst being pragmatic about what is possible, to reduce average waiting times in critical areas and ensure that families and stakeholders are well-informed about these improvements along the way.
- Consider how you can develop and deploy mechanisms to measure the impact of initiatives, including tracking waiting times and evaluating interim support services. Celebrate and share successes.
- Ensure that children, young people, and their families are aware of how to access to support options while awaiting specialist services, with clear communication about available resources.
- Review the ICB health SEND data dashboards to consider how this will inform the local area partnerships SEND dashboard.
- Ensure continued engagement with provider organisations to address the waiting times for Autism and ADHD assessments which includes access to support for families whilst waiting.
- Continue with the GM ND hub implementation programme in co production with parents, carers and young people.

**Area for Priority Action 4:** ***Leaders across the partnership should improve preparation for adulthood from the earliest ages for all children and young people with SEND in Bury. This should include a well-understood and co-produced strategy to embed preparation for adulthood effectively across the partnership.***

**You effectively demonstrated that:**

- The partnership has made significant strides in enhancing information and guidance for Preparing for Adulthood (PFA), notably through the creation of comprehensive factsheets and the development of the local offer site, which now aligns well with information from comparable authorities.
- A dedicated PFA transition team has been successfully established, which is facilitating smoother transitions into adult social care services.
- The local offer for Preparing for Adulthood has been thoughtfully redesigned and updated with detailed pathway information, and existing provisions have been meticulously mapped and audited to inform future commissioning discussions.

**Looking ahead, in line with your plans the next steps will be to:**

- Ensure effective communication and foster collaborative partnerships to address PFA meaningfully within reviews, bringing in schools' and other relevant colleagues where required in playing a crucial role in enhancing pathway planning.
- Continue to think of ways to enhance communication with SENCOs and all school staff and improve access to key information, support and expectations.
- Ensure that you make attempts to address and minimise the disruption caused by staff changes within Children's Services.
- To make best efforts to increase parent attendance at co-production meetings focused on designing adult social care transition policies.

**Area for Priority Action 5:** ***Leaders across the partnership should establish and implement a strategic approach to high-quality transitions for children and young people with SEND from birth to 25.***

**You effectively demonstrated that:**

- All primary schools are now consistently inputting data into the 6into7 software, and secondary schools are actively accessing this, enabling a more standardised approach to transition and the exchange of quality information.
- The approach has significant potential to facilitate transitions from nurseries to primary education, and from secondary to further education, with additional support from education services, parent support group drop-in sessions, and targeted assistance from the Virtual School and Youth Service.

- All relevant health agencies have successfully implemented Standard Operating Procedures for transition, with ongoing quality assurance planned to ensure their continued effectiveness, including SEND Health Visiting and School Nursing, and multi-disciplinary team (MDT) lead meetings are fully operational.

**Looking ahead, in line with your plans the next steps involve:**

- Evolve and continue the partnerships transition best practice guide to comprehensively incorporate health and social care elements for use by education partners.
- Maintain a focus to improve the understanding of cohorts of children and young people in receipt of statutory plans and those at SEN support, as well as the interdependencies across the local area partnership.
- Ensure that you implement robust quality assurance measures to thoroughly evaluate the effectiveness of the Transition Standard Operating Procedures.
- Consider how you will mitigate any further decline in NEET (Not in Education, Employment, or Training) figures you raised with us.

**Area for Priority Action 6:** ***Leaders across the partnership should further improve the quality of the statutory EHC plan process. This should include:***
***• improving the quality of advice received from professionals as part of the needs assessment process***
***• improving the timeliness and quality of updated EHC plans following annual reviews***
***• improving appropriate social care contributions to EHC plans so that children and young people's social care needs are reflected more accurately***
***• improving the focus on preparation for adulthood in children and young people's EHC plans so that their experiences and outcomes improve.***

**You effectively demonstrated that:**

- Phase transfer reviews were largely completed within statutory timelines, which is supporting smoother transitions. Over 66% of EHCPs were reviewed in 2024–25. Improved data systems will now enable a more comprehensive tracking of review activity, while newly developed procedures are strengthening consistency and accountability. Notifications for phase transfers have been issued well in advance for next year and a new template will focus Annual Reviews on addressing all aspects of the EHCP with the aim of increasing quality.
- The partnership has successfully maintained strong statutory compliance with EHC assessment timelines while simultaneously increasing the quality of those plans. A new EHCP template has been introduced to enhance clarity and completeness, complemented by Continuing Professional Development (CPD) delivered to all SEND Officers. Furthermore, an EHC Link Officer for Social Care has been appointed to strengthen contributions and compliance.

- Improved data quality will allow for more comprehensive tracking of review activity. Newly developed procedures, which are aligned with statutory requirements and supported by targeted training, will strengthening consistency and accountability. Successful recruitment into the EHC Team has further bolstered capacity.

**Looking ahead, in line with your plans the next steps will be to:**

- Maintain and strengthen data collection to fully understand statutory compliance with annual review timescales, placing a strong focus on the quality of outcomes and experiences. This will require ensuring timely communication and sufficient capacity for sustained improvement.
- Consider workforce capacity and capabilities to meet current demand, through ongoing refinement of processes, and targeted training. This will likely involve improving data quality specifically on annual review timeliness and proactively addressing historical legacy issues that impact on the trust and faith of families and schools.
- Continue to strengthen partnership working across all stakeholders to ensure shared ownership of outcomes. This includes improving messaging and engagement with partners, families, and other stakeholders.
- Further expand training and quality assurance efforts to build staff confidence and consistency. This could involve developing clearer milestone indicators and utilising data to drive continuous improvement, balancing timeliness with quality, and prioritising meaningful support and positive outcomes.
- Address the issue of timely communication and ensure sufficient capacity for sustained improvement, while also addressing historical legacy issues that impact upon trust.

**Area for Improvement 1:** ***Leaders across the partnership should improve communication to professionals, parents and carers and children and young people so that their strategies, actions and impact are better understood and that trust in the SEND system improves. The partnership should ensure that the local offer is updated regularly to provide parents, carers and other stakeholders with sufficiently accurate information.***

**You effectively demonstrated that:**

- The foundations for communication improvements are established, marked by the appointment of key communication roles and the creation of an interim communications strategy supported by a dedicated working group.
- Two newsletters have been successfully produced, with a third scheduled for publication, indicating improved content curation and production quality.

- Regular updates to the Local Offer are now being systematically implemented and actively promoted through social media channels this includes updates following a compliance review.
- A set of standards have been integrated into the interim communication strategy, and a standing item has been added to the SIAB agenda to promote a shared understanding of key messages.
- A stakeholder mapping exercise is proposed to support ongoing development of the board and stakeholder engagement.

**Looking ahead, in line with your plans the next steps will be to:**

- Support and continue in the developing Changemakers' social media presence, ensuring proactive updates while prioritising safeguarding.
- Ensure that you publish the SEND Communications Strategy once the coordinated feedback from parents and families is included.
- Evaluate and enhance your effectiveness in strengthening direct relationships and networks within the partnership to complement mass communication methods.
- Ensure that you are continuing to involve service users, parents, and carers in co-production.
- Implementing the stakeholder mapping exercise to further refine and improve communication strategies.

**Area for Improvement 2: Leaders across the partnership should continue to develop the range of suitable AP available to children and young people in Bury. Leaders should further embed the improved oversight of AP and EOTAS packages in Bury. They should publish the refreshed policy for EOTAS, providing support so that this policy is clearly understood.**

**You effectively demonstrated that:**

- The co-production and formal approval of the EOTAS policy by the partnership represents a major milestone in delivering inclusive and consistent educational support. The delivery of comprehensive training for case officers has improved understanding and application of the policy, while establishing a multi-agency panel ensures that all EOTAS requests are considered through a collaborative and holistic approach.
- The formation of the AP Strategy Group and the development of a strategic framework show a proactive stance towards improving outcomes for learners accessing alternative education pathways. Robust oversight systems for placements have been implemented, supported by targeted training, which help to uphold quality assurance and safeguarding standards consistently across all provisions.

**Looking ahead, in line with your plans the next steps will be to:**

- Continue to refine the planning of new EOTAS packages and systematically reviewing existing ones to ensure they lead to strong educational outcomes and provide clear progression pathways for learners.
- Progress with the finalising and publishing the draft AP Strategy. Although a new ILP format has been launched for AP placements, it now needs to be implemented consistently to maintain a focus on outcomes that will allow you to demonstrate efficacy.
- Ensure that the partnership is exploring opportunities to expand the range of alternative providers available locally and in surrounding areas, in order to better meet diverse learner needs and improve access to quality provision.

**Area for Improvement 3: Leaders across the partnership should work collaboratively to create a partnership wide workforce development strategy. This should focus on coordinating training, support and guidance to improve health, social care and education professionals' ability to identify, assess and meet the needs of children and young people with SEND, from birth to 25.**

**You effectively demonstrated that:**

- A comprehensive workforce strategy, guided by best practices, has been developed to outline the required training levels for specific staff groups. An implementation plan is currently in development. While the framework provides clear direction, it's still early days to evaluate its impact. Efforts are underway to complete a stocktake of existing training provision, assess demand by competency level, and compare training uptake against cohort sizes to identify any gaps.
- Training remains central to your commitment to supporting inclusive practices and fostering continuous learning. As part of this initiative, Changemakers will be designing and delivering targeted training sessions for school staff on how to effectively engage with and support young people with additional needs and disabilities, starting in the summer term.
- There has been reasonable engagement with the programme of induction and Continuing Professional Development (CPD) sessions conducted with SENCOs over the spring and summer terms but that you were ambitious to improve buy in.

**Looking ahead, in line with your plans the next steps will be to:**

- Address any delays in the implementation of the new strategy and action plan to ensure the timely delivery of its intended impact.
- Increase participation in the staff training programme delivered by Oak Learning Partnership.

- Ensure that the partnership is continuing to develop and refine the workforce strategy and learning and development plan to ensure they meet the needs of all staff cohorts.
- Enhance data collection efforts to measure and demonstrate the impact of the strategy once fully implemented.

**Intervention Next Steps:**

Your DfE Case Lead, Gareth Llewellyn will be in contact to arrange the next review to assess further progress against your priority impact plan. Gareth, along with your DfE commissioned SEND advisor, Kevin Burns and NHS England Advisor, Janet Wray, will continue to offer support and challenge. Please contact either party if you require further assistance.

We are copying this letter to: Lynne Ridsdale (Chief Executive, Bury Metropolitan Borough Council), Stephen Holden (Interim Director of Education and Skills, Bury Metropolitan Borough Council), Wendy Young (SEND Head of Service, Bury Metropolitan Borough Council), Jane Case (Program Manager, GM NHS Bury), Deborah Glassbrook (SIAB independent chair), Bury2gether (Parent Carer Forum), Lorraine Mulrooney (Head of SEND, NHSE), NHS England), Janet Wray (Regional SEND Advisor, NHSE), Kevin Burns (DfE commissioned SEND advisor), Sharon Thornton (Regional Lead for SEND Improvement, DfE), and Gareth Llewellyn (SEND Case Lead, DfE).

Yours sincerely,

Janet Wray
SEND Senior Manager
NHS England –
North West Children &Young People's Programme

Sharon Thornton
SEND Improvement Regional Lead (North West)
Vulnerable Children's Unit
Regions Group
Department for Education

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# Inspection of Bury local authority children's services

**Inspection dates:** 9 to 20 June 2025

**Lead inspector:** Rebecca Dubbins, His Majesty's Inspector

| **Judgement** | **Grade** |
|---|---|
| The impact of leaders on social work practice with children and families | Good |
| The experiences and progress of children who need help and protection | Requires improvement to be good |
| The experiences and progress of children in care | Requires improvement to be good |
| The experiences and progress of care leavers | Requires improvement to be good |
| Overall effectiveness | Requires improvement to be good |

Services for children and families in Bury have improved since the last inspection in 2021, when the overall effectiveness was inadequate. Although not consistently good, far more children are receiving services that are making a positive difference to their lives and helping to ensure that they are safe and well cared for than was found at the time of the last inspection. Leaders have taken an incremental and persistent approach to improvement by establishing effective multi-agency partnerships and utilising external and independent scrutiny. Leaders have a clear understanding of the further improvements needed and have effective plans in place aimed at ensuring that all children receive a consistently good-quality service. Improved services and better outcomes for children are now a priority for the council, and significant investment has strengthened workforce capacity to meet need and has ensured that appropriately focused services are available to support children and families.

A comprehensive quality assurance framework has enabled leaders to have an accurate understanding of the effectiveness of services delivered to children and families. The leadership team's considerable efforts to address recruitment, retention and high caseloads have helped to stabilise the workforce and improve the quality of

the work undertaken. Staff told inspectors that there has been a positive change in culture. Nonetheless, there remain inconsistencies in children's experiences because of staff turnover since the last inspection, leading to drift and delay for some children, which have impacted negatively on their outcomes. This drift is not always challenged effectively by team managers and independent reviewing officers (IROs), and this means action to address cumulative harm is not consistently timely for these children.

**What needs to improve?[1]**

- The quality of plans and contingency planning for children, including timescales for action (outcome 3, national framework)
- The effectiveness of supervision and management oversight in addressing drift or delay for children (enabler 2, national framework)
- The impact and effectiveness of child protection conference chairs' and IROs' escalations (enabler 3, national framework)
- The quality of effectiveness of direct work with children, including life-story work, to gather children's views and understanding of why they are in care (principle 2, national framework)
- The consistency of decisions by the local authority designated officer (LADO) and the extent to which those decisions are evidenced (outcome 3, national framework)

## The experiences and progress of children who need help and protection: requires improvement to be good

1. Children and families benefit from effective early help services. Assessments provide an accurate picture of families' needs to determine what intervention and help families receive. Children and their families benefit from a multi-agency network of professionals who meet regularly with them. The views of families and their children are an integral aspect of planning processes to understand if support has been effective and to achieve positive outcomes. When concerns increase for children, appropriate action is taken to step up to statutory services.

2. When professionals are concerned about children, these concerns are appropriately referred into the multi-agency safeguarding hub (MASH). Children and families mostly receive a timely and appropriate response to these concerns. Workers and their managers in the MASH apply thresholds effectively, demonstrating an appropriate understanding of risk to children. Social workers follow up concerns in a timely way, seeking consent from

[1] The areas for improvement have been cross-referenced with the outcomes, enablers or principles in the Children's Social Care: National Framework. This statutory guidance sets out the purpose, principles for practice and expected outcomes of children's social care.

parents when this is appropriate. For some children who are the subject of repeat referrals, workers in the MASH do not always consider the family history robustly enough. This means that the experiences of children over time are not always captured in decision-making.

3. The responses to children in emergency situations by the out-of-hours service are effective. Workers respond to concerns raised about children in a timely way. There is good connectivity with daytime staff to ensure a joined-up response, which allows for children and families' needs to be met whatever the time of day.

4. The impact of domestic abuse on children is well understood, with timely police referrals to the MASH. When there are serious concerns relating to children who are victims of domestic abuse, a discussion is held at the daily action planning meeting so that a multi-agency consideration of risk can take place.

5. When children are considered to be at risk, most child protection strategy discussions take place swiftly. These discussions are well attended by professionals, who share relevant information about their involvement with the family. As an outcome of these discussions, risks to children are identified with a clear plan of action to mitigate risk. Subsequent child protection investigations ensure that immediate and ongoing concerns for children's safety are addressed. Safety plans are put in place to protect children while workers devise plans to support families to make the changes needed.

6. When allegations are made against professionals who work with children, there are inconsistencies in the robustness and effectiveness of the response. The rationale behind decision-making by the LADO is not always consistent or evidenced in written records. When there are concerns about ineffective practice, the LADO has not appropriately escalated matters, meaning that some children may be left in circumstances where risk is unassessed.

7. Children and family assessments of their needs are undertaken with positive engagement from children and families, with their views clearly reflected. Practitioners routinely explore the wider family network to determine what support can be provided by family and friends. These assessments incorporate information from other professionals and outline the presenting issues, but do not always fully consider historical information. Repeat assessments for some children do not always consider their experiences over time. Chronologies are not always used effectively to prevent practitioners and their managers from considering risk in isolation. Consequently, a small number of children experience cyclical social care interventions that span significant periods of their life without change being sustained.

8. When children and their families no longer require statutory intervention, they receive the right help and support to meet any ongoing needs.

9. Most children subject to child protection and child-in-need plans receive effective support from practitioners in the family safeguarding teams. These multi-disciplinary teams incorporate the expertise of other professionals who work alongside the social workers to maximise the support that can be provided to children and their families. Children are visited regularly. Some children have a consistent worker, which helps children to be open about their experiences. This is not the case for other children, however, who have experienced multiple changes of worker, and this has hindered positive relationship building.

10. Multi-agency child protection conferences and child-in-need meetings are well attended by families and professionals, allowing for information to be shared and concerns to be understood. Plans are devised to address these concerns. For some children, however, the plans are not always effective, do not address the impact of cumulative harm and do not have timebound actions with explicit contingency plans in place. This means that children and families are not always aware of what will happen and by when, including in the event that children's circumstances do not improve.

11. Child protection and child-in-need plans are reviewed regularly. However, for some children, this has not improved progress, which has been too slow. A legacy of social work instability and high staff turnover means that, for these children, their plans have drifted without children and families receiving the help they need. Child protection conference chairs have not always escalated concerns when children's plans have not progressed, and when they do escalate, this is not always effective. More recently, there has been a reduction in staff turnover, which has meant that children and their families are more likely to be supported by a consistent worker and their plans are more likely to progress in a timelier way.

12. A small number of children who step down from a child protection plan to a child-in-need plan at the first review do so prematurely. The multi-agency team around the child considers the risk identified, but this does not always lead to a suitably cautious approach with a clear evidence-based analysis. This happens when there are outstanding actions from the child protection plan that have been carried over but not completed. As a result, for these children, their lived experiences and any future harm are not sufficiently addressed.

13. Management oversight and the effectiveness of practice for children in the pre-proceedings phase of the Public Law Outline have strengthened since the last inspection, but there remains inconsistency with some children not escalating into care proceedings soon enough. While risks are being managed for those children, the effects of legacy issues from social work turnover and delayed parenting assessments have prevented decisive action being taken until more recently. The timescales for pre-proceedings are now reducing, demonstrating that plans are progressing in a timelier way. Letters before proceedings are suitably focused on both the concerns and the strengths, with appropriate language to match the gravity of the situation. Help is being provided to try to keep families together, when this is safe to do so and in children's best

interests. As a result, an increasingly higher number of families are supported to make the necessary changes for children to remain at home.

14. Management oversight is seen at appropriate points in children's records. This provides a clear and evidenced rationale for decision-making. For some children who have experienced a significant history of neglect or domestic abuse, there is not always sufficient curiosity from managers about the impact of ongoing harm, and managers have not addressed the drift and delay children have experienced.

15. When children aged 16 to 17 present as homeless, they are offered support to remain with their families, seeking the support of the wider family network. When this is not possible, children are informed of their rights, including to become looked after, and provided with accommodation and support that meet their needs.

16. Most disabled children are seen regularly by social workers who have developed close relationships with them. Plans in place to meet these children's needs arise from assessments that address their individual and holistic needs, while appropriately considering any risks. Disabled children receiving a package of support, who do not require social work intervention, have their needs regularly reviewed by family support workers to ensure that this support continues to meet their needs.

17. There are very few children identified as living in private fostering arrangements. When this is identified, practice is not effective, as some children are placed in this arrangement before risks are fully assessed. Leaders have identified this concern and are addressing this, alongside an awareness-raising campaign to assist them to identify children living in such arrangements.

18. When children are at risk outside of the home, practitioners in the contextual safeguarding team respond effectively. Assessments are thorough and understand the contributing factors that can increase risks. A multi-agency professional group provides bespoke support to children and their families, working alongside the social worker to reduce the risk to children. When children go missing from home, return home interviews are used to understand the causes and any additional risk posed as a result. Management oversight of this area of work is strong, providing challenge and reflection when needed to assist workers to make sense of what a child needs.

19. The oversight of electively home-educated children is not as consistent as it should be. The numbers of school-aged children who are missing out on their educational entitlement, or who are not on roll at a school, are rising in Bury. The local authority has arrangements in place to be informed about these children. Some of these procedures are still being developed and strengthened since the last inspection to ensure suitable oversight for all children.

## The experiences and progress of children in care: requires improvement to be good

20. Children only come into care when it is appropriate and necessary to safeguard their welfare. For most children, this is in a planned, but not always timely, way.

21. When children are unable to safely remain living with their parents, practitioners explore at an early stage whether children can remain living within their kinship network. Many children benefit from their kinship carers becoming their special guardians at the conclusion of care proceedings. A recently refreshed special guardianship offer includes a comprehensive financial and support package, which remains available until children become adults. This provides the support necessary for carers to pursue such kinship-based permanence options when they are in children's best interests. While the timeliness of court proceedings is an ongoing issue for some children, there have been improvements seen more recently. The Children and Family Court Advisory and Support Service (Cafcass) and the local family judiciary were positive about the quality of practice, with the voice of children being cited as a particular strength.

22. Permanence planning has been strengthened since the previous inspection, but there remains more to do to ensure that permanence is achieved for all children without delay. Social workers consider permanence options for children and progress these concurrently to help identify what the best permanence option is for children. Many children achieve permanence through long-term fostering. For some, albeit a reducing number of children, it is taking too long for them to be formally matched and approved with their carers. This leaves these children with some uncertainty about their living arrangements.

23. Children achieve timely permanence via adoption when this is identified as the right plan for them. Early permanence options are thoroughly explored, and an increasing number of children are placed in foster to adopt placements. This means that some children benefit from consistency of care from the earliest opportunity.

24. Since the previous inspection, there has been a high turnover of social workers. More recently though, increased workforce stability in the care and support service has meant that an increasing number of children have been able to develop meaningful relationships with a consistent social worker who they know and learn to trust. Social workers visit children frequently. However, these visits do not necessarily increase when children's circumstances require it, or when social workers are developing and building relationships with children. This means that social workers are not always responsive to the needs of children, and it takes longer for these relationships to develop.

25. The quality of direct work with children is highly variable, with much work being superficial and not addressing key issues. For most children in care, there is an

absence of effective life-story work. As a result, children are not helped to understand their past experiences and journey into and through care.

26. Children's changing needs are captured by regularly updated assessments that focus on the support required to help children make progress. These assessments inform children's care plans effectively, which outline how children's day-to-day needs will be met. Most children are actively engaged in their care planning. Children in care are also routinely offered advocates to ensure that their voices are heard. Children's views are responded to in a meaningful way, with their workers explaining the rationale if these views cannot be acted on.

27. Children's care planning arrangements are mostly reviewed regularly. The impact and effectiveness of IROs, though, are inconsistent. This has been negatively impacted by absence and staff turnover. While leaders have created additional capacity, some children have had changes in IROs who have not had the oversight or provided the right challenge when care plans have not progressed. When IROs do escalate concerns on behalf of children, this has not consistently made a positive difference for children.

28. Children in care are supported to maintain key relationships. They have family time arranged to see their parents, brothers and sisters, or others that are important to them, and are actively involved in these decisions. Workers collaborate with family members effectively to meet children's short- and long-term needs.

29. The progress that children in care make at school and their attendance are variable. For some children, their progress and attendance decline as they progress through their secondary phase of education. Some children in care attend alternative provision, with leaders providing effective oversight to explore all options to ensure that children return to schools that meet their needs. Rates of suspensions are high for children in care, and some of these children experience disrupted learning. They are not well prepared for their next stages of education, employment or training, or for greater independence in adulthood as a result. Personal education plans are in place to support children. These help schools to plan the support needed for children. Sometimes, targets do not make clear what children in care need most to learn or develop.

30. Children's health needs are informed by regular health assessments, and these are understood by social workers who work with other professionals to ensure that these services are provided promptly. However, for children requiring autism spectrum disorder assessments, and for those who have emotional health needs, they are sometimes waiting too long to have their needs assessed and met. Leaders have recognised this and are in the process of recruiting to a bespoke team to mitigate the risks of children waiting too long.

31. Social workers in the disability service have a good understanding of the physical and emotional needs of the children in care, through regular visits and positive relationship building. Written records of visits to children show workers using reflection and creative ways to engage children with communication needs. Disabled children in care have plans that are bespoke to the individual needs of the child, which includes effective transition planning into adulthood to ensure that this is timely and meets the needs of the young person.

32. Unaccompanied asylum-seeking children are supported by their social workers to make good progress. Social workers take the time to understand children's experiences and any associated trauma, and this is used effectively to plan for children's education, their health, to obtain the right legal status and to enable children to have positive experiences.

33. Children in care who go missing and/or who are at risk of exploitation in its different forms receive an inconsistent response, depending on the risks presented. Overall, those children at high risk receive an effective multi-agency response, with social workers supported by the specialist workers in the contextual safeguarding team. When risks to children are lower, this is not always identified by their social workers, and risk assessments are not always undertaken to reflect children's changing needs. This means that some children in care do not receive targeted timely support to prevent risks to them escalating.

34. Most children in care in Bury live in high-quality foster placements, where they are able to pursue their hobbies and engage in enriching activities that help to boost their confidence and self-esteem. For a small number of children who have entered care in an emergency, they experience some placement moves before the most suitable placement is identified for them. Foster carers in Bury value the support provided by their workers and the wider service offer. As a result of this support, the local authority has been able to retain foster carers, and this has led to increased stability for children.

35. Sufficiency challenges are in the process of being addressed by senior leaders to ensure that all children live in homes that meet their needs. In the interim, there are several younger children who have lived in or moved into residential care at a young age, after extensive local and national searches for foster placements, when assessments concluded foster placements would better meet their needs. Leaders have taken steps to ensure that more placements are available to meet children's bespoke needs. Services have been commissioned to enable a comprehensive assessment of children's needs and to plan this transition, which includes children returning home when possible. Plans for children are underway, although it is too soon to see the impact of these.

36. Senior leaders have a zero-tolerance approach to the use of unregistered children's homes, and this expectation is conveyed across the workforce with positive impact. As a result of this determined approach, despite the sufficiency

challenges, leaders have been highly effective in preventing children being placed in such placements for approximately one year.

37. Older children aged 16 to 17 are placed in registered supported accommodation when this is assessed to be the right plan for them. Social workers, with senior management oversight, carefully consider whether the home and support available can appropriately meet the children's needs. Young people are consulted on their proposed homes with planned introductions taking place.

38. Members of the children in care council are well supported by the children's rights service to participate. The local authority is a listening organisation, with practitioners and managers at all levels seeking and acting on the views of children and young people to further improve and develop services for children in care. This is evidenced in children's records, through the co-production of services and training delivered to frontline staff.

## The experiences and progress of care leavers: requires improvement to be good

39. Personal advisers (PAs) are allocated and introduced to children in good time before they leave care, allowing for meaningful and trusting relationships to be formed early to support children's transition to adulthood.

40. Care leavers in Bury are very complimentary about their PAs, who support them to receive their rights and entitlements and to access the local offer. PAs speak proudly and show care and understanding about the young people they work with and who they visit regularly. The voice of the care leaver comes through in their written records, although the quality of these records does vary.

41. The quality of pathway plans has improved, making them more explicit about care leavers' views, wishes and entitlements. They are co-produced with young people, with some showing clear contingency planning and timescales for actions. Plans are not consistently joined up with the work of other professionals. This is a missed opportunity to ensure that care leavers receive appropriately focused support, and to know what to expect and from who, to help them meet their goals.

42. Many care leavers benefit from 'staying put' arrangements, affording them with stability and consistency and the opportunity to remain close to the people important to them. This is planned for at an early stage, allowing care leavers some certainty about their future and to enable them to take tentative steps towards independence at a pace that is right for them.

43. Most care leavers live in suitable accommodation in accordance with their needs and independence skills. They live in homes where they feel safe and have priority bidding through the housing pathway, so they are not left waiting too long for suitable housing. Care leavers are supported to develop the skills they need to live independently and successfully maintain their own tenancies. For

those with additional needs, options for supported accommodation are explored first.

44. Vulnerable care leavers at risk of exploitation are supported by PAs and other professionals to reduce such risks. A small number of care leavers do not have updated risk assessments as their needs change. As a result, not all care leavers are provided with specialist support from the contextual safeguarding team, which may mean risks are not fully understood.

45. Care leavers in custody benefit from consistent PAs who visit them regularly and know them well. For those young people in custody with the most complex needs, there is not always a timely follow through of escalation of concerns by their workers or managers to the prison service to ensure that their needs are met promptly and appropriately.

46. Care leavers who are parents are supported to prepare for the birth of their children and access a variety of universal services. PAs support young people with the equipment they need, and to access support services to help them prepare for the birth of their baby and beyond. As a result of this approach, care leavers are supported to be the best parents they can be.

47. Care leavers who were unaccompanied asylum-seeking children are helped to develop friendships and a sense of belonging in the local area. They are supported with their leave to remain applications to secure their future. PAs give due consideration to unaccompanied care leavers' identity, religious and cultural needs and help them to develop their language skills and to integrate into the community. Not all PAs are curious of the histories of care leavers who have left their homes abroad, with an over-reliance on the young person having to initiate and share these experiences. As a result, some care leavers are not getting the support they need to address potential past trauma.

48. Care leavers are provided with health histories, although it is not always clear to PAs where these are kept. PAs help their care leavers to access universal health services to promote their physical health needs, and to have access to a specialist nurse. There is a lack of specialist mental health services for care leavers, meaning that some do not get the help they need at the right time. More recently, care leavers have received access to counselling services, and a service to provide emotional well-being support is being set up. It is too soon to see the impact of this for care leavers.

49. Care leavers are supported by their PAs to engage in education, employment and training. There are increased initiatives to help more care leavers to participate in work experience, such as apprenticeships, and to enter higher education. Despite this, the results of these efforts remain mixed, especially for those care leavers aged 17 to 18, and too many currently are not in education, employment or training.

50. Care leavers receive a comprehensive local offer, which provides a wide range of financial support such as council tax exemptions (or this being paid, if living outside the area), driving lessons, gym membership, wi-fi and funding to set up their first home. The offer is widely available via the Bee Connected app and QR codes and is advertised at the new care leavers' hub, where care leavers can drop in for advice and support. PAs also talk to care leavers about the local offer. Some care leavers told us that they were not always updated about changes to the offer. Leaders are working collaboratively with young people to make this more accessible and flexible using modern digital technology.

51. Care leavers are consulted with and co-design services, including the creation of the care leavers' hub. Care leavers value this space, which is used informally for them to meet up with other young people. The hub also offers formal sessions, with a variety of support available in the hub. Some care leavers engage in the care leaver council, helping them to shape and influence service development, including the appointment of senior managers.

52. The support available to care leavers after the age of 21 remains in place unless they opt out. If they do, care leavers can readily access support should they need this in the future. This helps care leavers to navigate the ups and downs of life further into adulthood and is welcomed by the care leavers with whom inspectors spoke.

## The impact of leaders on social work practice with children and families: good

53. A respected, highly visible and effective senior leadership team, supported by corporate and political leaders with a shared priority to improve outcomes for children, has made significant improvements to practice since the last inspection in 2021. The leadership team is now a permanent and stable team, and this stability has increased the pace of change over the last year.

54. Leaders have developed a comprehensive and coherent improvement plan that is driving the necessary changes, and this is embraced by a whole council vision and by partner agencies. This incremental approach to delivering change across a number of services, supported by significant investment, has improved services for children.

55. The chief executive and lead member are impressively engaged in the improvement plan, providing necessary challenge when required. External support has been utilised well to provide effective, independent scrutiny and challenge. This has helped leaders to develop services and to have an accurate understanding of the quality of those services. As a result, leaders in the council are aware of the existing strengths and the areas for development that remain. Leaders have firm plans in place to address these areas.

56. The local authority acts as a committed and effective corporate parent with an understanding of what children need. The executive director is ambitious for

children and has been determined to ensure that all leaders and partner agencies understand what it is like to be a child in care. The voice of children has been used effectively and powerfully to energise various discussions with leaders to make changes. Notable achievements are the development of the care leavers' hub, and expanding the local offer for care leavers, ensuring that children who leave care are not disadvantaged.

57. Strategic partnerships are a strength. Leaders have worked with partner agencies and local businesses to create more opportunities for care leavers to get back into education or employment, including the provision of an increasing number of council apprenticeships.

58. Leaders in Bury have been able to make the necessary changes to frontline practice, but the impact remains inconsistent, mostly because of legacy issues such as high social worker turnover. There is an effective multi-agency response at the front door, with some strong assessments undertaken, and more recent overall practice demonstrates a significant improvement. The judiciary and Cafcass are positive about the quality of social work in Bury, with the voice of children a particular strength. This was evidenced throughout the inspection. The local authority knows there is further work to do with colleagues in schools to ensure that children's educational needs are met. Changes in the leadership team over time have hampered this work, but action is now being taken by the virtual school team to develop these relationships with school leaders and to be successful advocates for children.

59. Leaders are responding effectively to the sufficiency challenge. Financial investment has been approved to increase the number of local authority-owned residential homes. In addition, funding has been made available to provide a broad package of support to foster carers, and this funding has enabled services to be commissioned to help children move from residential care into foster homes. Greater stability for children in care in Bury is seen as a result.

60. The local authority's improvement journey has been beset with workforce challenges, and this has meant that the pace of change has not been as quick as leaders would have liked. Leaders have been resolute in their approach but have had to pause and reflect when needed. This was illustrated in the implementation of the family safeguarding model, which was halted to rectify quality issues and to adapt the pace for the workforce. While this was a difficult decision, this demonstrates the understanding leaders have of their workforce, and their aspirations to get it right for children.

61. Leaders have created an effective centralised approach to access resources. Workers value and recognise the resources now available for the children and families with whom they work. This centralised approach provides an effective oversight of the resources required and helps leaders to understand any unmet need and to forward plan.

62. The quality assurance framework has been redesigned. It is comprehensive and allows senior, corporate and political leaders to have a line of sight into the quality of practice and children's experiences. Leaders have progressed from an initial necessary focus on compliance to now focusing on quality and children's outcomes. Learning from audit activity is collated and delivered to practitioners via 'Teaching Tuesdays' or '7-minute briefings' to ensure that learning is effective and makes a difference. Practitioners informed us that they welcomed this approach, and improvements could be seen in practice.

63. Having a stable workforce has and continues to be a priority for leaders. This is supported by a whole-council approach. Bury has previously struggled to recruit permanent social workers. The use of agency workers has reduced significantly over time and there is now greater stability of social workers for children. More recently, stability in the workforce has been seen, with more people interested in working for the local authority because of successful media campaigns and practitioners converting from agency to permanent posts. Additionally, leaders have recruited social workers from overseas and further developed their own routes into social work. The positive culture and environment leaders have created is retaining staff who are being supported to develop and progress in their careers.

64. Workforce capacity has been strengthened. Financial investment has enabled additional teams to be created. The workforce has been vocal about the workload challenges over time, and leaders have responded to meet this need. As a result, caseloads have reduced, and practitioners stated that their workloads are now manageable.

65. Regular and appropriately focused training is provided for frontline staff and their managers. Newly qualified workers now benefit from a two-year supported programme and can progress in a timescale that is right for them. All workers with whom inspectors spoke stated they enjoyed working for Bury. They all reported that they felt supported and equipped to do their work, with their managers and senior leaders creating the right environment for them to improve their practice. Workers are supervised regularly by their managers, although the quality of this is inconsistent. Workers reported that they could see the positive impact of the changes made by leaders in their work.

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# Sept Health Scrutiny – Chair's Update

**GMCA Health Scrutiny – Tuesday September 16th**

1. **Final Overview & Scrutiny Task and Finish Review - In Her Shoes: A Review of Safety of Women and Girls on Public Transport.**
    a. The report was presented by Councillor Helen Hibbert, the Chair of the Task and Finish Group and can be found here: https://democracy.greatermanchester-ca.gov.uk/documents/s39653/Final%20Task%20and%20Finish%20Report%20-%20final%20for%20approval.pdf
    b. The report has already come to full Council as part of the GMCA reports but as there wasn't time to discuss it, the Health Scrutiny Committee members have agreed to raise it in their meetings and share with other members.
    c. The task & finish (T&F) group included members from different GMCA committees and areas, reflecting how this is an issue across GM and the different scopes of the committees. There were 15 sessions and included conversations with Vernon Everitt, GM Transport Commissioner and Kate Green, Deputy Mayor.
    d. There were 26 recommendations that range from strategic priorities on areas like transport spaces should be designed so that they are safe for women and girls to use or transition onto public transport, and ensuring we secure the funding to do this, to practical short term solutions like having more staff on duty on transport or hubs, having a reliable Bee Network App or licensing training.
    e. The discussion in the meeting focused on:
        i. issues of misogyny
        ii. whether disabled women had been considered
        iii. how we could use this in our own boroughs (e.g. we are getting a new Bus Station in Bury)
        iv. how can people get bystander training
        v. the impacts on your life if you don't drive – what job you can get – and what opportunities you may lose (income is a wider determinant of health).
    f. In Health Scrutiny and the Health and Wellbeing Board we have discussed some of these issues such as how women are less likely to exercise outside at night or use public transport when it is dark to get to classes or the gym. This will be impacting their physical health – because they don't feel safe. Some of the focus on design and effective and reliable transport apps could help with this.
    g. In the meeting we will consider anything we think should be raised in Bury – noting this report should also go to our local Bee Network Committee unless it already has.

2. **Supporting our Workforce: An update from NHS GM**
    a. The GMCA Health Committee had raised their concerns about the impact on people from the Reforms to close NHS England, cut the Budget of the ICB by 39% and the further challenges to the Trusts, alongside an NHS Sustainability Plan that already required cuts and reinvestment into different areas.
    b. The report is here: https://democracy.greatermanchester-ca.gov.uk/documents/s39655/WORKFORCE%20JHSC%20September%202025FINAL.pdf
    c. The committee asked for some clarification about the tables in the documents. It was confirmed they were not up to date and the 600 job losses from the ICB 39% cut was not in the numbers

presented. We also asked how staff were being supported, noting the survey was before the changes were implemented and asked how the survey participation levels could be improved.

d. Through questioning we were able to understand that the consultation process ha dn't started yet and that any change to the SEND and Safeguarding elements of the ICB (the model states these are no longer to be done by the ICB) will be delayed by 12 months.
e. Of the three requirements of the committee, we did not endorse the approach being taken to implement NHS Reform in GM because there wasn't enough information about this in the document to do so. Through questioning we agreed we could only acknowledge the work.

**3. Monthly Service Reconfiguration Report and Forward Look**

a. A new report was developed to help us understand where we are in the process for each of the changes - https://democracy.greatermanchester-ca.gov.uk/documents/s39656/Monthly%20Service%20Reconfiguration%20Progress%20Report%20and%20Forward%20Look%20-%20Sept%202025.pdf
b. Please note Adult ADHD and IVF will now go to clinical decision making before being implemented and Children's ADHD and Diabetes Education are in the process of being implemented.

**4. Plan for Engagement on Procedures of Limited Clinical Value**

a. This report was to outline how NHS GM has changed its approach from an initial plan (Dec 24) to review c50 procedures at once and to say when they would and wouldn't be commissioned to a new approach of reviewing them in batches over a5 year cycle. https://democracy.greatermanchester-ca.gov.uk/documents/s39657/Procedures%20of%20Limited%20Clinical%20Value%20Sept%202025.pdf
b. The current procedures are Repair of Split Torn Ear Lobes, Shoulder Impingement and Assisted Conception. And to develop a new commissioning statement for Extracorporeal shockwave therapy for the treatment of tendinopathies (currently there is no GM Commissioning Statement for this intervention).

**5. Committee Work Plan**

a. We added Elective waiting times and the NHS league tables to the following: https://democracy.greatermanchester-ca.gov.uk/documents/s39606/Greater%20Manchester%20Joint%20Health%20Scrutiny%20Work%20Programme%202025-26%20WORKING%20VERSION.pdf

**NCA Joint Scrutiny Committee Thursday 25th September**

Verbal Update on the day