AGENDA FOR

HEALTH SCRUTINY COMMITTEE

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To: All Members of Health Scrutiny Committee

Councillors : E FitzGerald (Chair), S Haroon, C Boles, L Ryder, M Rubinstein, D Duncalfe, K Simpson, D Green, G Martin, J Southworth and S Zaman

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:	Tuesday, 14 July 2026
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 - 12)*

The minutes from the meeting held on 24th June 2026 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 HEALTHWATCH ANNUAL REPORT *(Pages 13 - 44)*

Report from Andrew Griffiths Chief Operating Officer for Bury Healthwatch attached to present

7 BURY'S LOCAL AREA SEND MONITORING INSPECTION *(Pages 45 - 62)*

Report of the Deputy Leader and Interim Cabinet Member for Children and Young People is attached.

8 OUTCOME OF CQC LOCAL AUTHORITY ASSESSMENT OF ADULT SOCIAL CARE *(Pages 63 - 70)*

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

9 ADULT SOCIAL CARE PERFORMANCE REPORT FOR QUARTER FOUR, 2025/26 *(Pages 71 - 96)*

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

10 CHAIRS STANDING ITEM

Update from the chair with regards to GM Health Scrutiny meetings

11 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: 24 June 2026

Present: Councillor E FitzGerald (in the Chair)
Councillors C Boles, L Ryder, M Rubinstein, D Duncalfe, K Simpson, D Green, G Martin, S Zaman and A Chaudhry

Also in attendance: Councillor Tariq Cabinet Member for Health Adult Care and Public Service Reform
Will Blandamer Executive Director for Health and Adult Care
Jon Hobday Director of Public Health
Dr Cathy Fines
Andrew Griffiths Chief Operating Officer Bury Healthwatch
David Latham Senior Programme Manager (Bury) NHS Greater Manchester

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

Apologies for Absence: Councillor S Haroon and Councillor J Southworth

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HSC.118 MICROSOFT TEAMS LINK TO ONLINE MEETING

a APOLOGIES FOR ABSENCE

Apologies for absence are listed above.

HSC.119 DECLARATIONS OF INTEREST

Councillor Zaman declared an interest

Councillor Simpson

Councillor Martin

Councillor Rubinstein

HSC.120 MINUTES OF THE LAST MEETING

The minutes of the meeting held on 3rd March 2026 were agreed as an accurate record.

HSC.121 PUBLIC QUESTION TIME

There were no public present to ask a question

HSC.122 MEMBER QUESTION TIME

The following questions were asked:

A member raised concerns regarding a resident who had experienced a prolonged stay in hospital and queried broader issues around information sharing between health and care organisations.

In response, officers acknowledged the concerns raised and advised that the specific case would be followed up outside the meeting.

Members were informed that work is ongoing across Greater Manchester to improve integration and information sharing between health and care services.

It was also noted that the issue of information sharing would be raised at the Greater Manchester Health Scrutiny Committee.

A member raised a question on behalf of a resident with a brain injury who was experiencing difficulties accessing appropriate support.

Officers agreed to follow up on the matter outside the meeting and report back as appropriate. It was also noted that a related paper would be considered at GMCA and shared with members in due course.

It was agreed that the matter be pursued outside the meeting through officer follow-up.

HSC.123 APPOINTMENT OF CORPORATE PARENTING CHAMPION

Councillor Ryder agreed to be the corporate parenting champion for the Health Scrutiny committee

HSC.124 OVERVIEW OF THE HEALTH SCRUTINY COMMITTEE

The paper was noted and members expressed it was useful to familiarise themselves of the role of the committee going forward

HSC.125 HEALTH AND CARE UPDATE

Members were reminded that they were expected to have viewed the presentation in advance of the meeting. The Chair invited Will Blandamer, Executive Director of Health and Adult Care, to present the report.

Will Blandamer highlighted strong performance across a number of key areas despite continuing demand pressures. He reported reductions in hospital attendances, positive progress through out-of-hospital ward schemes and Bury achieving the highest breast cancer screening rates. He also welcomed the outcomes from the Adults Intermediate Care Programme and advised that progress continued to be made in addressing SEND challenges. Whilst acknowledging that there was still work to do, he advised that Bury was performing well compared to many other areas and that the neighbourhood working model continued to develop positively.

Cllr Tariq welcomed the report and echoed the positive comments made by Mr Blandamer. He stated that there was much to be proud of across the wider health and care system and highlighted the progress made over the previous 18 months. He praised the commitment of

staff and partners, including the NHS, Northern Care Alliance, primary care providers and the voluntary sector. He also referred to the positive feedback received through the recent peer review process.

In response to a question from Members regarding Bury's performance compared to other towns and boroughs, Mr Blandamer advised that Bury was performing strongly in several areas, particularly cancer screening rates, reducing attendances and intermediate care outcomes. He noted, however, that significant demand remained across the system and that continued improvement was required.

Cllr Zaman welcomed the positive outcomes reported and asked what the key challenges and risks facing the leadership team were. In response, Cllr Tariq advised that financial pressures remained a significant concern across health and social care. He highlighted pressures within primary care and GP services, increasing demand for services, the need to support vulnerable residents and ongoing SEND challenges. He also referred to preparations for winter pressures and the importance of delivering the Let's Do It Strategy and Locality Plan.

Cllr Tariq noted that the Health and Care Department had delivered more than £30 million of savings while continuing to maintain good quality services. He acknowledged the significant pressures facing the sector but emphasised the department's commitment to ensuring residents receive the best possible care.

The Chair encouraged Members to continue asking questions whenever clarification was required to support effective scrutiny.

It was agreed:

- **Update be noted**

HSC.126 UPDATE ON NATIONAL POLICY FOR NEIGHBOURHOOD WORKING

Members of the Committee were reminded that they were expected to have read the report in advance of the meeting.

Will Blandamer, Executive Director of Health and Adult Care, presented an update to the Committee. The presentation was delivered in two parts. The first focused on the national policy framework and the development of the NHS 10-Year Plan, including the three key shifts the NHS is expected to make over the coming years. These included moving care away from hospital settings and into communities, a greater emphasis on prevention and strengths-based support and making better use of technology and innovation. Members also received an update on progress relating to access to services, planned care, urgent care provision, GP support, reductions in outpatient activity and work to reduce elective care waiting times.

The second part of the presentation focused on neighbourhood working. Members were advised of the progress being made in reducing demand on adult social care services through more integrated approaches to support. The presentation outlined the key components of neighbourhood working and the positive outcomes being achieved through closer partnership arrangements across health, social care and community services.

In response to the presentation, Councillor Zaman asked which parts of the health and care system were not currently working effectively together. Will Blandamer advised that there had been varying levels of engagement between organisations at different times, but overall partnership working had developed positively. He highlighted strong support for primary care and noted that the Northern Care Alliance had recently undergone organisational restructuring. He stated that there was now a strong shared narrative across organisations and continued

engagement through locality-based arrangements to ensure partners worked effectively together.

Councillor Zaman also asked what measures were used to assess patient experience and performance. Will Blandamer explained that a variety of feedback mechanisms were used across different services and departments rather than a single centralised system. He advised that the overall approach was focused on listening and engagement, with feedback being collected in ways most appropriate to individual services.

Councillor FitzGerald welcomed the discussion and reiterated the importance of complaints and patient feedback as measures of service quality. She suggested that future reports coul seek to include patient experience information where possible to provide greater insight into service performance.

Councillor Ryder asked about the implementation of Virtual Wards in Bury and when the model would become fully operational. In response, Will Blandamer reported that Bury had achieved the highest uptake of Virtual Wards within the Northern Care Alliance footprint and was performing particularly well across Greater Manchester in relation to implementation. Dr Fines commented on the benefits of the rapid response team and Hospital at Home services from a GP perspective. She stated that these services had significantly changed the way patients were managed in the community and described the offer as an excellent example of how care had improved over recent years.

Councillor Rubinstein asked how organisations could work together to improve economic participation and employment opportunities for residents. Will Blandamer outlined a range of initiatives currently underway, including work led through Adult Social Care, the Bury Employment Service and voluntary sector partners. He highlighted programmes supporting young people with additional needs into work experience and paid employment opportunities, noting that approximately 26–27 individuals had benefited over the previous year. He also commented on the role of the Northern Care Alliance as a supportive employer and partner in this area.

Jon Hobday added that the Working Well programme provided support for people at risk of falling out of employment. He highlighted work relating to musculoskeletal conditions and other health issues, noting that programmes were delivered in partnership with professional services and the voluntary sector to support people to remain in or return to work. He emphasised the importance of recognising the long-term health benefits associated with good-quality employment.

Councillor Boles raised concerns regarding the financial pressures facing both local government and health services. He asked how priorities should be managed where ambitions and objectives came into conflict with financial realities and reduced resources.

Will Blandamer acknowledged the challenges and agreed that both local government and health services were operating within increasingly constrained financial environments. He highlighted examples where unnecessary expenditure had been identified and reduced, including within mental health services where costly out-of-area placements had been significantly reduced through improved discharge arrangements and investment in local provision. He explained that reducing unnecessary expenditure could help create opportunities for reinvestment in frontline services, including primary care, but noted that financial pressures remained significant.

Councillor FitzGerald referred to discussions around budget transfers and the importance of appropriate funding arrangements. She also noted that the Greater Manchester Combined

Authority now included representation from the voluntary sector and welcomed the increased focus on that sector's contribution.

Councillor Green highlighted concerns that women experiencing menopause and perimenopause symptoms could sometimes be incorrectly diagnosed as having mental health conditions. She stated that this could cause significant distress and have implications for women remaining in employment up to retirement age. She asked that the issue be examined further.

The Chair thanked Will Blandamer and colleagues for the presentation and responses to Members' questions.

It was agreed

- The update be noted
- A briefing paper on the implementation and performance of Virtual Wards in Bury to be circulated to Committee Members.
- A report on menopause and perimenopause, including the impact on health, wellbeing and employment, to be brought to a future meeting.
- Officers to explore opportunities to include patient feedback and patient experience information within future performance reports to the Committee.

HSC.127 URGENT CARE UPDATE

Members noted that the presentation had been circulated in advance of the meeting. The Chair invited David Latham, Senior Programme Manager (Bury), NHS Greater Manchester, to present the report.

David Latham provided an overview of performance across urgent care services, highlighting progress against key measures. He referred to the Board reports and outlined developments relating to hospital discharge, length of stay, and the Virtual Ward programme. Members heard that Bury continues to achieve one of the highest levels of Virtual Ward uptake, with a significant number of patients safely cared for at home. Against a target of 56 patients based on the local elderly population, performance had exceeded this figure on all days during the week commencing 15 June.

The Committee was updated on the Fairfield Improvement Plan. Four priority areas were being progressed, including improving GP access, increasing utilisation of the Virtual Ward model, reducing days of care lost within the system, and strengthening Same Day Emergency Care (SDEC) pathways to avoid unnecessary admissions. Members also noted the longer-term North Care Alliance (NCA) plans for Fairfield and wider service improvements across all sites, including efforts to reduce corridor care and improve ambulance flow and capacity.

Performance data showed continued improvement, with four-hour emergency department performance increasing from 72.9% in April to 74.1% in May. Members were also advised that ambulance handover performance at Fairfield Hospital remained strong, with average waits of 19 minutes and 51 seconds, exceeding Greater Manchester's ambition of 25 minutes.

In response to questions from Councillor Martin, David Latham explained that improvements in four-hour performance had been evident since July 2025 and had been sustained over several months rather than representing a one-off result. He acknowledged that winter pressures and additional arrangements had supported improvements but stated that the system was focused on maintaining performance. Will Blandamer added that all reported performance data was subject to validation.

Councillor Zaman welcomed the improvements and highlighted ongoing concerns from residents regarding access to NHS dentistry. In response, Will Blandamer acknowledged the issue and advised that while initiatives such as Pharmacy First were helping to reduce pressure elsewhere in primary care, a future update on dental access could be brought to the Committee. He noted that Bury compared relatively well against other areas, although challenges remained.

Responding to a question from Councillor Ryder regarding preparedness for extreme heat and summer pressures, David Latham advised that summer planning arrangements were in place. These included coordinated communications and public messaging to ensure advice and information were shared widely across partner organisations. He noted that public health messaging around issues such as open water swimming risks also formed part of summer preparedness activity.

Councillor FitzGerald sought clarification regarding the NCA reorganisation and whether performance reporting would be assessed collectively across hospital sites. David Latham explained that work was underway to align infrastructure and performance metrics. Future reporting would enable performance to be considered not only at individual hospital level but also across the wider NCA footprint, including reporting on outcomes for Bury residents treated at hospitals elsewhere.

The Committee discussed winter planning arrangements and reflected on lessons learned following pressures experienced after the Christmas period. Members requested that urgent care performance and winter planning updates be scheduled earlier in the Committee's work programme to allow for more timely scrutiny.

It Was Agreed:

- Update be noted
- Bring back a further update to the committee
- Bring an update on access to dentistry to a future committee

HSC.128 CHAIRS UPDATE STANDING ITEM

The Chair reported on the recent meeting of the GMCA Health Scrutiny Committee.

A key item on the agenda was a substantial report on cardiovascular services across Greater Manchester. Discussion focused on the consultation and engagement process, with concerns raised about the timing of engagement activity. Members noted that some stakeholders had become aware of the consultation late and had requested an extension to allow sufficient time to respond. It was reported that engagement activity had been delayed by approximately one month. Officers agreed to provide a further update on the issue and how feedback could continue to be incorporated into the process.
The Committee also received an update on NHS Greater Manchester improvement programmes, including outcomes achieved and lessons learned. Members were advised that some areas remain behind target and have been identified as risks within the programme.

An update was provided on wider developments within the Greater Manchester health system, including forthcoming legislative and devolution changes. Members were informed of proposals for a new Greater Manchester Health Commissioner role. It was noted that current leadership is approaching the end of their tenure as Chair of the Greater Manchester Integrated Care Board, marking a significant change in leadership arrangements. Recruitment to the new role has been delayed and is expected to progress following the recent by-election. The role is intended to work across the Greater Manchester system, alongside the Mayor and local authority leaders, with a strong link to democratic accountability.

Members were advised that further information, including relevant links and supporting documents, is available via the NHS Greater Manchester website.

HSC.129 FORWARD PLANNER

HSC.130 URGENT BUSINESS

There was no urgent business

COUNCILLOR E FITZGERALD
Chair

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

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healthwatch Bury

Speaking up for better care

Healthwatch Bury Annual Report 2025/26

Contents

Chief Officer
Andrew Griffiths

"I am incredibly proud of everything we have achieved over the past year and of the commitment, energy and compassion our team has shown in serving the people of Bury. In a year that has brought challenge, change and uncertainty, we have remained focused on what matters most: being a strong, independent voice for local people and making sure their experiences help shape better health and social care services."

A message from our Chair

This year, Healthwatch Bury has proven time and again that listening is only the first step, acting on feedback is what drives real change

When people told us about services falling short of their needs, we did not simply note their concerns. We challenged suboptimal podiatry care that left an older resident feeling dismissed and the service was committed and keen to make changes. We took A&E feedback directly to the Northern Care Alliance, leading to a very positive, iterative liaison that improved patient flow and communication. We analysed the experiences of those struggling with prescription delays and ADHD pathways, turning individual stories into evidence that decision makers could not ignore. That is our job: to hold services to account, and to keep doing so until things improve.

Our Board is a real strength. More than half have held director or senior management roles in the NHS – alongside deep expertise in accessibility, independent living, academic research, BME knowledge, and VCSE leadership. Our staff team champions rights-based approaches, combining empathetic listening with skilled project management, led by a dynamic Chief Officer who leads with passion, care and conviction.

And I want to put on record my deep gratitude to that staff team. Through a time of national change and speculation about Healthwatch's future, they have stayed steady and worked even harder for the people of Bury. That is no surprise to me – I believe they are one of the best Healthwatch teams in the country, if not the very best.

> Every week, people who would never feel confident navigating the complex health systems or online forms drop in for a simple chat. They tell us what is worrying them, ask for help finding a dentist or a care home, or just share their story. Those conversations are the heartbeat of our work. They reach the unheard and ensure that even the least confident voices shape our priorities.

A message from our Chair

I am also proud that we have become a truly accessible presence in Bury. Our centrally located office has seen a significant increase in footfall from those who need our service most and that matters. Every week, people who would never feel confident navigating the complex health systems or online forms drop in for a simple chat. They tell us what is worrying them, ask for help finding a dentist or a care home, or just share their story. Those conversations are the heartbeat of our work. They reach the unheard and ensure that even the least confident voices shape our priorities.

What has become increasingly clear this year is just how much our strategic partners value us. Across the health and care system, from Bury Council to the Northern Care Alliance to our Integrated Care System, we are seen as a trusted, independent resource.

Why? Because the system is under sustained pressure. Constant change, workforce challenges, and financial constraints mean that the system is at risk of developing 'fault lines'.

People can feel overwhelmed, confused, and left behind. That is where we step in. Whether it is a housebound patient waiting for a hip operation, a family navigating complex financial assessments, or a resident simply trying to find an NHS dentist – we help people find their way. We prevent them from falling through the cracks. And we feed those real experiences back to the people who can redesign services around what actually works.

Chair
Ruth Passman

Looking ahead, there has been national speculation about the future of Healthwatch. But let me be clear: the end of Healthwatch Bury's patient voice work is highly unlikely. What is more probable is evolution, a reconfiguration of how patient voice is embedded within the health and care system. And on that point, I am confident. We are already positioning ourselves not as passive observers, but as active shapers of that future. Whatever the exact configuration looks like, whether patient voice sits within the NHS, local authorities, or a new model entirely, Healthwatch Bury will be at the table. We will be a trusted delivery partner, bringing our independence, our community reach, and our track record of impact. The people of Bury will not lose their voice. We will make sure of it.

A message from our Chief Officer

We have strengthened our visibility across the borough, expanded our reach into communities, and continued to listen carefully to people whose voices are too often overlooked. From our growing outreach activity to the renewed momentum of our Enter and View programme, I believe we have built real trust, demonstrated our value and reinforced our role as a constructive, influential partner within the local system.

I am especially encouraged by the way we have combined strategic influence with practical support for individuals, helping residents navigate concerns, raise issues and access the right help when they need it. That balance is central to who we are, and it is something we will continue to build on. As we look ahead to 2026/27, I feel optimistic about the future and excited by the opportunities in front of us.

We have already started shaping plans that will place a stronger focus on young people and veterans, ensuring we better understand their experiences and champion the improvements that matter most to them. We will continue to grow our presence, deepen our partnerships and strengthen the impact of the evidence we gather, so that more people can see that their voices truly lead to change.

I am also pleased that our Prostate Cancer Project has now been successfully completed, with strong collaborative work across the Healthwatch Greater Manchester network resulting in a detailed report shared with providers. This work reflects the quality of our contribution and highlights the value of working together at both local and regional level, providing a strong foundation for potential future phases of activity.

With a dedicated team, committed volunteers, supportive partners and a clear sense of purpose, I am confident that the year ahead holds even greater promise. We are in a strong position to keep evolving, keep influencing and keep delivering for the people of Bury, and I am genuinely excited about what we can achieve next.

Chief Officer
Andrew Griffiths

About us

Healthwatch Bury is your local health and social care champion.

We ensure that NHS leaders and decision-makers hear your voice and use your feedback to improve care. We can also help you find reliable and trustworthy information and advice.

Our vision

To bring closer the day when everyone gets the care they need.

Our mission

Our mission is to ensure that the voices and experiences of Bury residents shape the design, delivery, and improvement of local health and social care. We listen to people from every community, amplify unheard voices, and work with partners and decision makers so that care is accessible, inclusive, and responsive to everyone's needs.

Our values are:

Equity: We're compassionate and inclusive. We build strong connections and empower the communities we serve.

Collaboration: We build internal and external relationships. We communicate clearly and work with partners to amplify our influence.

Impact: We're ambitious about creating change for people and communities. We're accountable to those we serve and hold others to account.

Independence: Our agenda is driven by the public. We're a purposeful, critical friend to decision-makers.

Truth: We work with integrity and honesty, and we speak truth to power.

Our year in numbers

In 2025/2026 we supported nearly 400 people to have their say and get information about their care. We employed 4 staff and, our work was supported by 16 volunteers.

Reaching out:

Nearly 400 people shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

We engaged with over 2,000 people via our drop ins, park bench surgeries and community events.

Championing your voice:

We published **3** reports about the improvements people would like to see in areas like Prescriptions follow up project, Grundy Day Care Centre Enter and View and Fairfield General Hospital's A&E Enter and View highlighted patient experiences of new prescription systems, including both improvements and ongoing challenges, helping shape future service changes. Building on this work, we are planning upcoming NHS App support sessions to help residents better understand digital services and improve access to care.

Statutory funding:

We're funded by Bury Local Authority. In 2025/26 we received £122,000 which is the same as the previous 12 years.

Healthwatch story so far

Since 2012, Healthwatch Bury has helped make sure local people are heard. Born from major changes in health and care, and established locally from 2013, it has become Bury's independent champion for patients, carers, service users and communities. Put simply, Healthwatch Bury listens to what people say, speaks up about what needs to change, and pushes for services that work better for everyone.

2012–13

A new public voice begins. Healthwatch was created through national reform, replacing earlier involvement bodies and giving local people a stronger, clearer route into health and social care decisions in Bury.

2014–19

Listening, learning and building trust. Healthwatch Bury built its local presence by hearing from residents, visiting services, publishing findings and making sure real experiences reached the people in charge.

2020–22

Standing with communities in difficult times. As services changed during and after the pandemic, Healthwatch Bury helped people make sense of what was happening and kept attention on access, communication and inequality.

2023–25

Turning insight into influence. More recently, Healthwatch Bury has strengthened its reach, engaged hundreds of residents, amplified seldom-heard voices and helped shape conversations about women's health, dementia, prescriptions, clearer communication and access to care.

Why independence matters

An independent voice matters because people need somewhere trusted to turn when services are confusing, hard to access or not working as they should. Healthwatch Bury is outside the system, but close enough to challenge it. That means it can hear honest experiences, bring forward concerns that might otherwise be missed, and speak up for people who are too often unheard. Independence gives Healthwatch Bury credibility. Its statutory role gives it influence. Together, those strengths help turn people's stories into action, improvement and accountability. In short, independent voice matters because better services start with listening.

A year of making a difference

Over the year we've been out and about in the community listening to your stories, engaging with partners and working to improve care in Bury. Here are a few highlights.

Spring

Gathered patient feedback on prescription access and worked with primary care and partners to improve understanding, influencing service responses and supporting clearer, patient-led prescribing pathways.

Raised ADHD pathway concerns with decision-makers, improving understanding of barriers around diagnosis and treatment, and supporting more accessible, coordinated and responsive services for neurodivergent people.

Summer

Started a Greater Manchester-wide project about prostate cancer care, engaging diverse communities and partners to gather patient experiences, strengthening collaboration and shaping future improvements in cancer care services.

Collected feedback from veterans highlighting gaps in recognition and access to services, informing work with partners to improve identification, support, and signposting within primary care

Autumn

Conducted independent Enter and View visits to A&E, gathering real patient and staff feedback to inform service improvements, with findings supporting changes to patient flow, capacity, and urgent care provision

Delivered independent visits and published findings from day care services, amplifying lived experiences and influencing quality improvements while strengthening accountability across health and social care providers.

Winter

Delivered an inclusive mental health workshop for neurodivergent women, creating a safe space for shared experiences, improving awareness, and providing practical tools to support wellbeing.

Despite national uncertainty around Healthwatch's future, we have reassured residents and partners of our continued presence, remaining committed to amplifying local voices and improving services.

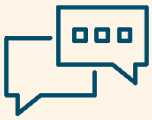
Working together for change

We've worked with neighbouring Healthwatch to ensure people's experiences of care in Greater Manchester are heard at the Integrated Care System (ICS) level, and they influence decisions made about services at Greater Manchester ICS

This year, we've worked with 9 Healthwatch across Greater Manchester to achieve the following:

A collaborative network of local Healthwatch:

We have progressed into the third year of our partnership agreement with the ICS, as part of a network of 10 local Healthwatch to amplify the voices of people across the region. We've contributed to regional strategies, produced GM-wide reporting, and launched shared platforms to strengthen our insight. Our representative ensures lived experience is heard and influences decisions across the ICS.



A big conversation around prostate cancer:

Through the GM Healthwatch prostate cancer project, led by Healthwatch Bury, we worked with eight other local Healthwatch to gather lived experiences from men across Greater Manchester. Insights from surveys, focus groups and interviews shaped GM Integrated Care Board discussions, supporting early steps towards an outcomes-focused approach to measuring success and improving prostate cancer pathways in the areas men said matter most.

Building strong relationships to achieve more:

During 2025/26, GM Healthwatch worked collaboratively across boroughs, sharing insight, coordinating engagement, and amplifying residents' voices to influence regional health and care priorities. This partnership approach strengthened consistency, avoided duplication, and improved impact. Although this phase of joint working has now come to an end, the relationships, learning, and shared commitment developed continue to inform and support local Healthwatch activity across Greater Manchester.

Making a difference in the community

We bring people's experiences to healthcare professionals and decision-makers, using their feedback to shape services and improve care over time. Here are some examples of our work in Bury area this year:

Driving improvement through individual experience

Using patient feedback to influence service quality and care standards

Healthwatch Bury supported a patient who experienced delays and barriers to accessing specialist neurology care, worsened by transport failures and communication challenges. By raising concerns with PALS and Adult Social Care, we ensured decisionmakers understood the real impact on a vulnerable individual. This led to alternative appointment arrangements, recognition of accessibility needs, and a reassessment of care. The case highlighted wider system issues and prompted more coordinated, patient-centred support.

Strengthening communication through A&E engagement

Connecting patient voices with providers to improve urgent care experiences.

We carried out Enter and View visits at Fairfield General Hospital A&E, speaking directly with patients and staff to capture real experiences during a busy winter period. We shared this feedback with the Trust, creating a clear link between public voice and service improvement. As a result, providers recognised key pressures and took action to improve patient flow, capacity, and communication, helping ensure services are more responsive to community needs.

Improving support for veterans

Change takes time. We work behind the scenes with services to consistently raise issues and bring about change.

Healthwatch Bury is steadily working to improve how veterans are recognised and supported across health and care services. Through ongoing engagement with veterans' groups, coffee mornings, and system partners, Healthwatch Bury continues to highlight issues such as poor identification of veteran status and inconsistent signposting. While no single change has solved these challenges yet, sustained dialogue and shared learning are contributing to growing awareness and gradual improvements toward a more veteran informed and coordinated system.

The reality behind delivering impact

Creating lasting change in health and social care is not always immediate. While some improvements happen quickly, others require long-term collaboration, trust-building, and system-wide transformation.

Has our core funding kept pace with rising costs?

No. Like many organisations, our core funding has not kept pace with inflation and the increasing cost of delivering services.

In real terms this means greater needs on staffing and resources.

Increased demand from communities needing support. The need to do more with less without compromising quality.

So how have we adapted?

- Securing additional funding and diversifying income streams
- Strengthening partnerships across health, social care, and the voluntary sector
- Prioritising high-impact work and focusing on community need Continuing to deliver meaningful outcomes despite financial constraint

Impact takes time: Transforming financial support services

One example of longer-term impact is our work influencing local financial assessment services:

Bury Council's Commissioning Manager commented: Bury's Financial Assessment Service has recently been redesigned following a transformation programme and is now called the Adult Social Care Financial Support Service. This transformation was a collaborative effort, involving both staff and customers, and has resulted in an improved service for all stakeholders. During the discovery phase of the transformation programme, the Healthwatch Financial Assessments Report provided valuable data and customer feedback. This information was instrumental in identifying current challenges, uncovering successful practices, and guiding the design of the new service. Engaging with Healthwatch, an independent organisation, has proven to be an excellent way to capture the perspectives of service users. Through their involvement, we were able to listen to individual stories and gather meaningful data, ensuring that the voices of those using the service were at the heart of our decision-making process. This partnership has been fundamental in shaping a service that truly meets the needs of the stakeholders.

Listening to your experiences

Services can't improve if they don't know what's wrong. Your experiences shine a light on issues that may otherwise go unnoticed.

This year we have reached different communities by:

- Attending and contributing to a broad range of local events and engagement activities, including Collabor8, Whitefield Community Day, Carers Rights Day, Armed Forces Covenant Conference, housing events, and health and wellbeing events
- Delivering park bench surgeries and community outreach across local parks and neighbourhoods.
- Hosting regular drop-in sessions both at our office and within community venues and GP practices,
- Engaging directly with community groups and seldom heard populations
- Delivering targeted engagement through focus groups, one-to-one interviews, and surveys

Prescriptions follow up project

The Prescriptions follow up project focused on understanding whether patients were experiencing improvements following earlier work on patient led prescribing.

By returning to communities in Bury North, Healthwatch Bury listened directly to residents about how prescription processes were working in practice and whether previous concerns had been addressed.

What did we do

Healthwatch Bury engaged directly with residents at community groups and local venues, including food pantries and support groups. We gathered lived experience through conversations and feedback, focusing on whether accessing prescriptions had become clearer or easier. Findings were shared with primary care and integrated care teams to provide a grounded picture of patient experience at neighbourhood level.

Key things we heard:

79% **of users reported waiting times had increased across all pharmacies.**

68% **reported being very satisfied, experiencing no problems in collecting their prescriptions.**

92% **felt confident asking pharmacists' questions about their medication**

The follow up project aimed to understand the real-world impact of changes introduced since the Prescriptions Project and the launch of Patient Led Prescribing project.

What difference did this make?

This follow-up work gave decision makers a clear picture: although some progress had been made, confusion and unequal access persisted for certain groups. That evidence strengthened our ongoing conversations with system partners, underlined the need for clearer communication and more consistent processes, and underlined that patient experience must remain firmly at the heart of local prescribing improvement work.

Enter and View– Improving Patient Experience in Urgent Care

Healthwatch Bury listened directly to patients and staff through its Enter and View visit to Fairfield General Hospital A&E during a period of significant system pressure.

By speaking to people in real time, Healthwatch captured honest feedback about waiting times, communication, and overall experience of urgent care. This ensured that the voices of those using the service were heard in a way that surveys or complaints alone may not capture.

Key things we heard:

High satisfaction with clinical care in treatment areas, with patients consistently describing care as professional, kind, and timely, particularly once seen in bays or cubicles.

71% **of patients were satisfied with their initial contact with healthcare professionals when attending A&E, indicating generally positive first interactions despite wider pressures.**

> "Had a scan as soon as arrived… staff were all amazing."

> Not spoke to anyone whilst waiting… better explanation about the process required."

Healthwatch Bury engaged with 28 patients and 3 staff members across two Enter and View visits to Fairfield General Hospital A&E, gathering real-time feedback on urgent care experiences. This direct engagement ensured both patient and frontline staff perspectives were captured, providing a balanced and evidence-based picture of how the service was operating during periods of high demand.

What difference did this make?

The feedback was shared with the Northern Care Alliance, who confirmed the report provided a fair and accurate reflection of the service. This supported ongoing improvement work already underway, including service expansion and estate development. By presenting lived experience clearly and independently, Healthwatch Bury helped strengthen dialogue between patients and providers, ensuring that service changes remain grounded in what matters most to people using urgent care services.

Hearing from all communities

We're here for all residents of Bury. That's why, over the past year, we've worked hard to reach out to those communities whose voices may go unheard.

Every member of the community should have the chance to share their story and play a part in shaping services to meet their needs.

This year, we have reached different communities by:

- Reaching communities whose voices may go unheard: Engaging with veterans and neurodivergent groups through targeted workshops, surveys, and community partnerships, ensuring their experiences of health and care services are captured and represented.
- Reaching people experiencing socio-economic deprivation: Attending housing events, food pantries, and community drop-ins, supporting residents with advice on housing, benefits, and access to care, while gathering feedback from those facing financial hardship.
- Ensuring community voices are heard by system leaders: Sharing patient feedback through Enter and View visits and engagement projects (such as A&E and cancer work), influencing providers and Integrated Care System partners to review services and improve access, communication, and patient experience.

Creating safe spaces for neurodivergent women

Healthwatch Bury delivered a mental health workshop specifically designed for neurodivergent women, a group that often faces barriers to accessing appropriate support. Participants shared experiences of isolation, late diagnosis, and difficulties navigating services. The workshop created a safe, inclusive environment where women could openly discuss their needs, learn emotional regulation techniques, and connect with others with similar experiences. Feedback highlighted how rarely opportunities like this exist and how valuable it was to feel heard and understood within a supportive space.

What difference did this make?

The workshop gave a voice to a seldom-heard group whose experiences are often overlooked in mainstream service design. Insights gathered highlighted gaps in accessible mental health support and the need for more tailored, inclusive provision. Participants left feeling less isolated, more informed, and better equipped to manage their wellbeing. This feedback is now being used to inform system partners about the importance of neurodiversity awareness, helping drive more inclusive approaches to service delivery and improving accessibility for others facing similar challenges.

Highlighting ADHD barriers through lived experience

Through engagement and casework, Healthwatch Bury heard from individuals struggling with ADHD pathways, including delays in diagnosis, challenges accessing medication, and barriers within shared care arrangements. Many reported confusion, inconsistent communication, and difficulties meeting clinical requirements, such as blood pressure checks, preventing timely treatment. These experiences were gathered directly from residents and reflected broader issues within local mental health services, particularly for neurodivergent individuals trying to navigate complex systems.

What difference did this make?

By sharing these lived experiences with decision-makers, Healthwatch Bury helped highlight systemic barriers affecting people with ADHD. This feedback has contributed to greater awareness among providers of the challenges within current pathways, including the need for clearer communication, better coordination, and more flexible approaches to care. Elevating these voices supports ongoing discussions around service improvement, ensuring that future pathways are more accessible, consistent, and responsive to the needs of neurodivergent people in the community.

Hearing from all communities

We're here for all residents of Bury. That's why, over the past year, we've worked hard to reach out to those communities whose voices may go unheard. The photos below demonstrate the reach we have had into the communities in 2025/26

Restart the Heart collaboration event with BSV Fitness and Healthwatch Bury

Greater Manchester Healthwatch Prostate Cancer project focus group

GM Veterans Conference in March 2026

Spring Wellbeing Event – Listening to the community

Creating space for connection, feedback and shared experiences

At the GM Live Well Spring Festival event in March, we engaged directly with local residents to understand their health and wellbeing needs. Through informal conversations, activities, and our wellbeing information stand, we gathered valuable insight on access to services, lifestyle support, and community priorities.

The event created an open, welcoming space where people felt comfortable sharing their experiences, allowing us to strengthen our understanding of local needs and ensure that community voices continue to shape our work and future engagement.

Information and signposting

When you're struggling to find an NHS dentist, looking for help about how to make a complaint, or need advice about a good care home for a loved one, we're your first port of call.

This year nearly 400 people have reached out to us for advice, support or help finding services. These conversations also help us to understand where, and how, your care can be made better.

We're based in the town centre, offering weekly drop-in sessions that make it easy for people to access our support. Over the past year, we've supported individuals by:

- Providing up-to-date information people can trust
- Helping people access the services they need
- Supporting people to look after their health
- Signposting people to additional support services like housing, food banks and mental health support.
- access the services they need
- Supporting people to look after their health
- Signposting people to additional support services

Improved Empathy Access And Confidence In Podiatry

After an older resident's concerns, Healthwatch Bury challenged poor podiatry experiences, securing rapid follow-up, system reviews, clearer information, compassionate care and patient involvement across services.

An older resident with diabetes and mobility issues reported dismissive communication, limited treatment, and discharge without advice or support from NHS podiatry. Healthwatch Bury raised these concerns with PALS and the service, seeking clarity on eligibility, pathways and improvements. The Northern Care Alliance responded promptly, reviewing criteria, redesigning pathways, updating information and addressing empathy concerns. The patient received a new appointment, experienced respectful, informative care, felt reassured, and accepted discharge with understanding and renewed confidence.

'I felt listened to and respected. The clinician explained everything clearly, treated me kindly, and reassured me about my care, restoring my confidence without needing to complain formally this time.'

Supporting a housebound patient to get their hip operation

Housebound member of the community waiting for a hip operation and had fallen on several occasions. Adult Care could not support as not a permanent disability.

Healthwatch Bury made a referral to the Staying Well team. They said they could assess the patients need for small adaptions, equipment and see what other support they could offer. The patient received a call from the Staying Well team to say they had a cancellation and would attend the patient's home to access.

The Staying Well team arranged some help, small adaptations (perching stool, wheeled trolley, a second grab rail, raised toilet seat and a bath board). They also agreed to make enquiries regarding a temporary blue badge and attendance allowance.

'Thank you so very much for all you've done I can't thank you enough, someone who listened and took on board I'm so very grateful'

Showcasing volunteer impact

Our fantastic volunteers have given **around 25 volunteer days** to support our work. Thanks to their dedication to improving care, we can better understand what is working and what needs improving in our community.

This year, our volunteers:

- supported community engagement events and drop-ins
- gathered feedback from residents
- contributed to research and data analysis
- created accessible resources and communications
- acted as Authorised Representatives on Enter and View visits, helping capture patient experiences and strengthen the local voice in shaping health and care services.

Enter and View authorised representatives

These are our Healthwatch Bury volunteers that have gone through our thorough Enter & View training processes and have passed the relevant Disclosure and Barring checks, enabling them to conduct visits on behalf of Healthwatch Bury.

- Caroline Sutcliffe
- Florence Sokol
- Alison Slater
- Alan Norton
- Paulina Nehrebecka
- Jordan Santana-Vega

In addition to the above, our staff team have also undergone the training and checks and are authorised to conduct Enter & View visits.

At the heart of what we do

From finding out what residents think to helping raise awareness, our volunteers have championed community concerns to improve care.

Jordan

'When I first joined Healthwatch, I wasn't very confident and found it difficult to step outside my comfort zone. However, attending engagement events gradually helped me build confidence and connect with new people. Each experience pushed me a little further, and over time, I've grown into a much more outgoing and self-assured person. Volunteering has not only allowed me to contribute to my community but has also had a positive impact on my personal development.'

Jordan joined Healthwatch Bury as a volunteer in July 2025, supporting the Youthwatch project. Since then, Jordan has developed the Youthwatch Bury website and helped deliver engagement activities across the borough.

'Volunteering with Healthwatch Bury has been a very positive experience for me. I've had the opportunity to connect with people in the community, listen to their experiences, and support improvements in local health and care services. I've really enjoyed meeting different people and learning new skills. This experience has helped me become more confident and feel more involved in the community.'

Neda joined Healthwatch Bury in October 2025 and has supported our regular drop-in sessions, as well as a range of events and workshops. They bring great enthusiasm to the volunteer team.

Neda

Be part of the change.

If you've felt inspired by these stories, contact us today and find out how you can be part of the change.

www.healthwatchbury.co.uk

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Finance and future priorities

We receive funding from Bury Local Authority under the Health and Social Care Act 2012 to help us do our work.

Our income and expenditure:

Income		Expenditure	
Annual grant from Government	£122,000	Expenditure on pay	£119,094
Additional income	£21,000	Office and management fee	£26,077
Total income	**£143,000**	**Total Expenditure**	**£145,171**

Additional income is broken down into:

- Hosting HW in GM: £7000
- Being a part of the GM Healthwatch network: £2000
- NHS Engagement Project: £12,000

Integrated Care System (ICS) funding:

Healthwatch across Greater Manchester also receive funding from our Integrated Care System (ICS) to support new areas of collaborative work at this level, including:

Purpose of ICS funding	Amount
Greater Manchester Network funding for single point of contact and administrative hub.	**£99,000**

Finance and future priorities

Over the next year, we will keep reaching out to every part of society, especially people in the most deprived areas, so that those in power hear their views and experiences.

We will also work together with partners and our local Integrated Care System to help develop an NHS culture where, at every level, staff strive to listen and learn from patients to make care better.

Our top three priorities for the next year are:

1. Continue to drive our Youthwatch and Veterans projects across the Bury community, reaching out to seldom-heard groups, ensuring their feedback reaches decision-makers, and pushing for meaningful change.

2. Deepen our presence in local communities to tackle inequalities, uncover unmet needs, and help residents navigate the complex world of health and social care – so people get the support they need to stay safe and well.

3. Position Healthwatch Bury for a changing environment, strengthening our role as a trusted, independent voice and working with partners across Greater Manchester to ensure that patient voice is not lost, but evolves and grows.

Looking ahead: the future of patient voice

As the system evolves, Healthwatch Bury will continue to champion residents' voices and work with partners to shape a stronger, more inclusive future for health and care in our borough.

Recent national developments will shape the future of Healthwatch. In June 2025, the Government announced plans to close Healthwatch nationally and locally, with patient voice functions expected to transfer to NHS organisations, councils, and the Department of Health and Social Care. Healthwatch Bury will continue to operate until at least April 2027, and during this time we remain fully committed to supporting our communities.

Future arrangements are likely to embed patient voice more directly within the health and care system. While this may strengthen links to decision-making, evidence highlights that independence has been key to building trust, reaching underserved communities, and providing honest challenge.

This period offers an opportunity to build on our strengths. Healthwatch Bury has a strong track record of listening to residents, influencing services, and supporting people to navigate care.

Statutory statements

Healthwatch Bury CIC, 56-58 Bolton Street, Bury, BL9 0LL

Healthwatch Bury uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

The way we work

Involvement of volunteers and lay people in our governance and decision-making.

Our Healthwatch Board consists of 6 Board members who work voluntarily to provide direction, oversight, and scrutiny of our activities.

Our Board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community.

Throughout 2025/26, the Board met 5 times and made decisions on matters such as our future public engagement plans and strengthening governance and oversight during uncertainty. In addition, the Board hosted four drop-in sessions, including a public event that welcomed local councillors and the MP's case worker, an opportunity to strengthen relationships and explore collaborative ways of working. We ensure wider public involvement in deciding our work priorities by using public feedback, consulting with representatives and patient groups, involving volunteers and lay people in our Enter & View panel and inviting participation in our AGM.

Methods and systems used across the year to obtain people's experiences

We use a wide range of approaches to ensure that as many people as possible can provide us with insight into their experience of using services.

During 2025/26, we have been available by phone and email, provided a web form on our website and through social media, and attended meetings of community groups and forums.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We will publish it on our website and will also have copies available at our engagement events as well as our AGM.

Responses to recommendations

We had no providers who did not respond to requests for information or recommendations. There were no issues or recommendations escalated by us to Healthwatch England Committee, so no resulting reviews or investigations.

Statutory statements

Taking people's experiences to decision-makers

We ensure that people who can make decisions about services hear about the insights and experiences that have been shared with us.

In our local authority area, for example, we take information to Health Scrutiny Committee, Social Care Risk Escalation Group, the System Assurance Committee, Public Health Delivery Partnership, Elective Care and Cancer Recovery Board and several more.

We also take insight and experiences to decision-makers for learning in the Greater Manchester Integrated Care System. For example, we have a representative on the GM System Quality group. We also share our data with Healthwatch England to help address health and care issues at a national level.

Healthwatch representatives

Healthwatch Bury is represented on the Bury Health and Wellbeing Board by Chair, Ruth Passman.

During 2025/26, our representative has effectively carried out this role by providing strategic input, constructive challenge and using influencing skills to ensure that the voice of services users, carers, patients and the public is heard. Working in collaboration with leaders from the healthcare system, the public, voluntary and community sector and a range of local stakeholders, this has enhanced our strategic impact last year, in close alignment with our input into the broader Greater Manchester (GM) programme of work to secure Healthwatch representation at all levels as we moved to an Integrated Health System.

Healthwatch Bury was represented on Greater Manchester Integrated Care Partnerships in 2025/26 by Danielle Ruane –Chief Coordinating Officer of the Healthwatch in Greater Manchester Network, and Greater Manchester Integrated Care Boards by Heather Etheridge –Independent Chair of the Healthwatch in Greater Manchester Network. Ruth Passman represents Healthwatch in Greater Manchester on the Population Health Committee; a committee of the NHS Greater Manchester Integrated Care Board. In addition to being responsible for discharging the statutory organisational responsibilities of NHS GM, the Committee provides wider system leadership in relation to population health in Greater Manchester, with a primary focus on improving health outcomes and reducing health inequalities.

Statutory statements

Enter and view

Location	Reason for visit	What you did as a result
Grundy Day Care Centre – Persona	Persona invited Healthwatch Bury to provide an independent assessment of care quality and user experience within the day service, recognising its role in supporting independent living and helping to raise awareness of the service locally.	We shared our findings with the provider to support service improvements. The provider developed an action plan which included enhancing the range of activities available to attendees, improving opportunities for choice in daily routines, and strengthening communication with service users and carers.
Fairfield General Hospital – A&E department	Northern Care Alliance invited Healthwatch Bury to provide independent insight into care quality, patient experience, accessibility and areas for improvement.	We produced a report highlighting patient and staff experiences and shared this with the Trust. As a result, the Trust identified and progressed improvements.

Statutory statements

2025 – 2026 Outcomes

Project/activity	Outcomes achieved
Veterans Engagement	Strengthened relationships with veteran communities, improving awareness of support services and influencing discussions on veteran-friendly GP practices and clearer access pathways.
District Nursing Project	Gathered patient feedback to identify required improvements in communication, access, and patient experience within home-based care services, supporting service development.
Enter and View (A&E Fairfield)	Provided independent insight into urgent care delivery, highlighting good practice and areas for improvement; findings contributed to ongoing service developments including improved patient flow and capacity.
Mental Health Engagement	Delivered targeted, inclusive engagement (e.g. neurodivergent women), improving awareness of support and highlighting the need for accessible, person-centred mental health provision.
NHS Engagement (VCSE sector)	Enabled voluntary organisations to capture and share lived experience, strengthening community voice and informing future service planning for people with neurological conditions.
Prostate Cancer Research (GM)	Developed a large-scale evidence base through surveys and qualitative insight, supporting improvements to cancer pathways and raising the profile of men's health.
System Insight & Feedback	Identified key issues including waiting times, communication gaps, and patient experience, influencing system partners and highlighting the need for better coordination between services.
Prescriptions Follow-Up Work	Gathered feedback on prescription access and repeat medication processes, highlighting delays, communication issues, and coordination gaps between GP practices and pharmacies, supporting improvements in access and patient experience.

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Agenda Item 7

Classification:	Decision Type:
Open	Non-Key

Report to:	Cabinet	**Date:** 08 July 2026
Subject:	Bury's Local Area SEND Monitoring Inspection	
Report of	Cabinet Member for Children and Young People	

Summary

1. Between 9 and 11 March 2026, Ofsted and the Care Quality Commission (CQC) undertook a monitoring inspection of the Bury Local Area Partnership to assess progress against the six Areas for Priority Action (APAs) identified in the full Area SEND inspection that took place in February 2024.

2. The monitoring inspection concluded that effective action has been taken in all six priority action areas.

3. This represents a significant milestone in Bury's improvement journey, evidencing that:
    a. Leadership across education, health and care is stronger with prompt action when needed, leading to improved professional confidence in supporting children and young people with SEND
    b. Governance and oversight arrangements are working well, with effective use of data
    c. Multi-agency working and co-production have improved, with wider stakeholder input
    d. Systems and services have been strengthened to better support children and young people with SEND

4. As noted in the report, "Effective action does not mean that the area for priority action is no longer a concern or that the local action can stop taking action to address it". However the report marks a transition point from recovery to system-wide transformation, with the Council and partners expected to continue delivery through the SEND and wider children's services reform agenda.

Recommendation(s)

5. Cabinet should note the outcome of the monitoring inspection and the plans for continued transformation through the local SEND Reform Plan.

Reasons for recommendation(s)

6. Ofsted and CQC carry out joint inspections of local areas at the request of the Secretary of State for Education under section 20(1)(a) of the Children Act 2004. At their discretion, they may also carry out monitoring inspections of local areas using their power in section 20(2) of the Children Act 2004.

7. Inspectors assess the extent to which the local area partners are complying with relevant legal duties relating to arrangements for children and young people with SEND. This includes duties under the Children and Families Act 2014, the Equality Act 2010 and the Human Rights Act 1998.

8. The inspection framework was devised jointly by Ofsted and the Care Quality Commission (CQC) for use from 2023, and reviewed and updated in June 2025. The purpose of inspection is to:
    - provide an independent, external evaluation of the effectiveness of the local area partnership's arrangements for children and young people with SEND
    - where appropriate, recommend what the local area partnership should do to improve the arrangements

9. Area SEND inspections are delivered jointly by Ofsted and CQC and assess how effectively local area partnerships:
    a. Identify and meet the needs of children and young people with SEND
    b. Improve outcomes across education, health and care
    c. Work in partnership with families through co-production

10. Inspections evaluate how well members of a local area partnership work together to improve the experiences and outcomes of children and young people with SEND. The 'Local area partnership' refers to those in education, health and social care who are responsible for the strategic planning, commissioning, management, delivery and evaluation of arrangements for children and young people with SEND who live in a local area.

11. When evaluating the local area partnership, inspectors focus mainly on how effectively the local authority and integrated care board (ICB) jointly plan, evaluate and develop services for children and young people with SEND.

12. The scope of the inspection covers children and young people with SEND who live in the local authority area and attend education settings or receive health and/or care services outside of the local authority's geographical boundaries. However, it does not cover those who live in other local areas and attend an education setting within the local authority's boundaries.

Report Author and Contact Details:

Name: Jeanette Richards
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Department: Children & Young People Department
E-mail: J.Richards@bury.gov.uk

Background

13. The local area monitoring inspection took place over two weeks and 3 days, from the notification call on 23 February 2026 to the on-site field work between 9 and 11 March 2026. The report is due to be published on 29 June 2026.

14. As part of the inspection a range of documents were shared with inspectors (over 70 in the initial upload), and during on-site activity the 2 Ofsted inspectors and CQC inspector spoke to almost 100 professionals from across the local SEND system, including staff from across the Council, our health partners and schools. Inspectors also met with parent and carer representatives and young people from our Changemakers group.

Areas for Priority Action from the 2024 Inspection

15. The monitoring visit focused on the 6 areas for priority action that were identified in our Local Area SEND Inspection of February 2024. These were:
    a. 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.

    b. 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.

    c. 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

- 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.

d. 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.

e. 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.

f. 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.

Continued improvement and transformation: next steps

16. In February 2026 – on the same date that Bury received notification of the inspection - the government published its reforms to the SEND system in England as part of its White Paper, 'Every Child Achieving and Thriving'. This paper sets out expectations for major transformation across the school and SEND system.

17. As part of the wider transformation, all local areas were asked to co-produce a local area SEND Reforms Plan and submit to the DfE by 19 June 2026, which has been successfully completed.

18. The SEND Reform Plan will replace the Priority Impact Plan (PIP) as our main area of transformation, as a natural step on our improvement journey. The plan is focused on the four pillars of SEND reform:

a. Strengthening inclusion across settings - ensuring mainstream education can meet a wider range of needs

b. Improving access to specialist support and local placements
c. System leadership, partnership and co-production
d. Inclusive culture and behaviours (enabled by system enablers)

19. Our robust partnership approach to governance will continue to oversee delivery of the SEND Reforms Plan. External scrutiny through the DfE will be in place as part of the Reforms, with regular meetings with our Senior SEND Delivery Case Lead and quarterly data returns. We will also continue to meet with Ofsted annually as part of the Area Engagement Meeting process which will include scrutiny of our Self-Evaluation. A full re-inspection would be expected 3 years after our original inspection in February 2024 or 18 months after the monitoring inspection.

Links with the Corporate Priorities:

20. Improving the lives of children and families remains one of the council's key priorities.

Equality Impact and Considerations:

21. Good quality children's services are instrumental in improving the outcomes for children for all children, but particularly those who face greater challenges than their peers.

Activities, actions, strategies and projects arising from this report will be individually impact assessed supporting the equitable provision of children's services and equitable outcomes for all children

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Environmental Impact and Considerations:

22. Not applicable.

Assessment and Mitigation of Risk:

23. The Local Area SEND inspection framework places significant emphasis on the extent to which partners are working together effectively to improve outcomes for children and young people with special educational needs and/or disabilities (SEND), and on whether those improvements are experienced consistently by families. This report indicates that the partnership is moving in the right direction, however there remain risks in relation to risk of insufficient pace or sustainability of improvement and/or risks that improvements are not yet consistently experienced by children, young people and their families.

24. In mitigation, the core of our improvement activity is set out within the local area SEND Reforms Plan which sits under the existing governance in relation to improvement (as set out in paragraph 23). As part of these governance arrangements a risk register is maintained and owned by the partnership, and shared with the DfE under their own scrutiny arrangements.

Procurement Implications:

25. Procurement will continue to support the SEND team in delivering against the priorities.

Legal Implications:

26. As detailed above, following a monitoring inspection having been undertaken in March 2026, the conclusion finds that effective action has been taken across all six Areas for Priority Action identified in the previous inspection representing a significant milestone in Bury's improvement journey.

27. The outcome of the inspection confirms that effective action does not mean the area for priority action is no longer a concern. There is an ongoing legal duty for Bury Council to ensure the improvements are sustained.

28. The areas identified with effective action may be identified again as priorities if progress is not sustained or fails to improve outcomes for children and young people with SEND. It is noted that the Priority Impact Plan will be replaced by the SEND Reform Plan, being the main area of transformation which will be jointly owned with partners to review and ensure the delivery of the maintained improvements.

29. The recommendations made for continued transformation through the local SEND Reform Plan will support Bury in meeting its legal duties as defined in the Children and Families Act 2014, Equality Act 2010 and Human Rights Act 1998, mitigating against potential legal challenge, intervention by the Secretary of State or regulatory action by Ofsted and the Care Quality Commission.

Financial Implications:

30. SEND provision and the related services due to the increasing demand continues to increase the pressure within the Dedicated School Grant (DSG) High Needs block (High Needs block over-spent by £5.462m in 2025-26 before being offset by Programme Safety Valve (PSV) contribution and reserves released against the expenditure as agreed within the programme). Bury DSG deficit balance as at 31st March 2026 is £20.285m.

Bury council plans for the change from PSV to High Needs Stability Grant in 2026-28 for a two-year interim period whilst transitioning to the new model after the ending of the statutory override on 31st March 2028.
The finance service will continue to work closely with operations to align with, monitor and report on, the mandated reform plans along with any support required to seek approval, from school forum, of budget transfers across the DSG funding blocks.

This is not just a Bury council but a national challenge and estimates of unmitigated DSG deficit balances of between £14-£18 billion pounds across England at the point of the statutory over-ride ending.

Appendices:

Bury Local Area SEND Monitoring Inspection Report

Background papers:

SEND Inspection Framework - https://www.gov.uk/government/publications/area-send-framework-and-handbook/area-send-inspections-framework-and-handbook

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

Term	Meaning
CQC	Care Quality Commission
EHCP	Education, Health & Care Plan
Ofsted	Office for Standards in Education, Children's Services & Skills
PIP	Priority Impact Plan
SEND	Special Education Needs & Disabilities

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12 May 2026

Jeanette Richards, Executive Director of Children's Services, Bury Metropolitan Borough Council
Colin Scales, Acting Chief Executive, NHS Greater Manchester Integrated Care Board

Area SEND monitoring inspection to Bury Local Area Partnership

Between 9 March 2026 and 11 March 2026, Ofsted and the Care Quality Commission (CQC) revisited Bury, to decide whether effective action has been made in relation to each of the areas for priority action detailed in the inspection report published on 7 May 2024. The inspection was conducted under section 20 of the Children Act 2004.

I write on behalf of His Majesty's Chief Inspector (HMCI) of Education, Children's Services and Skills and the Chief Inspector of Primary Medical Services and the Chief Inspector of Primary Care and Community Services of CQC.

As a result of the findings of the initial inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, HMCI required the local area partnership to prepare and submit a priority action plan (area SEND) to address the six identified areas for priority action.

The local area partnership has taken effective action to address six of the areas for priority action identified at the initial inspection. This letter outlines our findings from the monitoring inspection.

The inspection was led by one of His Majesty's Inspectors (HMI) from Ofsted, accompanied by an HMI from social care, and a Children's Services Inspector from CQC.

During the inspection, we spoke to local area leaders, parents and carers of children and young people with special educational needs and/or disabilities (SEND), and education, health and social care professionals. We also met with representatives of the parent carer forum (PCF), the Department for Education (DfE) and regional NHS England. We examined relevant documents and correspondence about the performance of the area in addressing the areas for priority action identified at the initial inspection, including the area's priority action plan and self-evaluation.

Findings

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.

Outcome: Effective action

Since the previous inspection, the partnership has implemented a range of appropriate actions to improve local services for children and young people with SEND across education, health and social care. Shared strategic governance is stronger, with independent oversight. Performance data is used well to inform and respond proactively to local area priorities. Co-production (a way of working where children, families and those that provide the services work together to create a decision or a service that works for them all) are more effective. For example, a broad range of stakeholders is now involved in strategic decision-making.

Leaders' actions have improved professionals' confidence in the partnership's work to support children and young people with SEND. Systems of support are more self-sustaining and have been shaped by lessons learned from the previous inspection. The co-produced SEND strategy addresses the areas for priority action and progress is checked monthly by the independently chaired SEND Improvement and Assurance Board (SIAB). Leaders' regular reporting to the SIAB helps to maintain effective strategic oversight. Key partners, including the 'Bury2Gether' PCF, contribute to this work effectively.

The PCF provides meaningful support, and challenge, to leaders across education, health and social care. In addition, the PCF contributes to local area decision-making through the SIAB. This strengthened governance has enabled investment in services and staffing. For example, the partnership has expanded educational psychology capacity. However, relationships and communication between the partnership and PCF need further strengthening. Parents and carers do not sufficiently understand the changes taking place in local services. In addition, the PCF experience of co-production is inconsistent. Leaders recognise this and acknowledge that clearer communication and strengthened partnership working are needed.

The partnership has taken reasonable and, in some instances, rapid action to address priority action areas. Leaders understand that there is much work to do. They have identified correctly where further improvement and strengthening of practice is needed. They rightly acknowledge that local area improvements are not experienced equally by children, young people and their families. For example,

primary schools are supported by link speech and language therapy (SALT) therapists. However, secondary schools' access to SALT support is less comprehensive.

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.

Outcome: Effective action

The partnership has prioritised the earlier identification of children and young people's needs. For example, the educational psychology service has been significantly re-designed and expanded. This is providing increased capacity to assess children and young people's needs, and to provide guidance to professionals. In addition, the development of well-understood ways of working together have strengthened multi-agency support in the local area. Practitioners now work in an improved locality model, and these provide an effective role in the early identification of needs by signposting to services for families as part of the graduated approach.

Increased staffing capacity across some services has further supported improvements in the early identification and support available for children and young people with SEND. For example, SALT waiting times for initial assessments have significantly reduced, although long waiting times remain for further intervention, when required. Similarly, the newly established SEND health visiting team has increased capacity for the earlier identification and specialist support for babies and young children with emerging SEND.

The use of evidence-based screening tools is now embedded in universal health visiting practice. This provides improved opportunities for the early identification of speech, language and social communication needs and alerts practitioners to the emerging signs of autism in young children effectively. In addition, babies and young children receive increasingly timely mandated health reviews, through the Healthy Child Programme.

A greater range of multi-agency services coordinate appropriate support for families such as through early help and team around the family meetings. This ensures early help workers provide targeted support and intervention to children, young people and their families. Furthermore, to strengthen help available in education settings,

the partnership has increased the mental health support available to children and young people in schools. More widely, local neighbourhood hubs provide universal, targeted and specialist support to children, young people and their families within accessible community settings. For example, outreach support is delivered in mosques and synagogues. This helps to engage a range of communities in Bury.

School referrals for health support, such as emerging needs relating to neurodiversity, are sometimes closed without notification, frustrating professionals and families. In addition, long waiting times for some services, such as attention deficit hyperactivity disorder (ADHD) or autism assessment, leave professionals and families unsure about next steps and wider available support. Often, special schools, independent special schools and alternative provision (AP) require more specialist support than the tiered support model available to mainstream schools. The support available is limited by specialist expertise, for example educational psychology specialisms, leading many of these schools to commission their own specialist services.

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
- children and young people on a neurodevelopmental pathway for an assessment of attention deficit hyperactivity disorder (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.

Outcome: Effective action

The partnership has implemented a range of appropriate 'support while waiting' health-led services. These have improved access to help for many children, young people and families. These services provide useful support to reduce the risk of needs escalating while waiting for specialist assessment and/or intervention. Parent-focused programmes, such as specialist family intervention from the SEND health visitor team, and the newly developed 'Neurodiversity Hub' offer individual and group needs-led support to families.

The partnership acknowledges that children and young people in Bury continue to experience lengthy waits for an ADHD and/or autism assessment. In contrast, adult ADHD and autism diagnostic pathways are now fully commissioned. These pathways

provide timely assessments for young people with SEND aged 18–25 years old. Similarly, child and adolescent mental health services are fully commissioned for young people aged up to 18 years old across diagnostic pathways. There are clear and structured transition pathways in place between child and adult mental health services for children and young people as they grow older.

The SEND health visiting team provides enhanced specialist support for babies and children with additional needs. For example, some families with infants and young children, with emerging needs relating to neurodiversity, are offered a 10-week intensive programme of one-to-one support. This uses innovative parent-child video recordings for families to learn strategies to improve interaction and communication.

All referrals to the community paediatric service are triaged. Babies, children and young people who have complex health needs, such as neurological conditions are prioritised. Strong multi-disciplinary team working, and effective information sharing, ensure coordinated support for these children and young people. However, children and young people with needs relating to neurodiversity face longer waits to see a community paediatrician. As a result, some families feel unsupported during this waiting period. Children and young people with deteriorating health, or those where there are significant safeguarding concerns can be prioritised if their needs change, once on the waiting list.

The partnership is working effectively to upskill the broader children's workforce. Professional learning enables earlier identification and improves support for communication needs. This reduces reliance on specialist intervention. In addition, the partnership ensures that families receive support for their child's speech, language and communication development. For example, 'Chat and Play' groups in family hubs, SALT drop-ins and digital offers provide effective early advice and guidance. Primary schools appreciate improved support from allocated link SALT therapists. In addition, SALT therapists now work closely with early years settings, family hubs and education professionals to provide early advice and guidance.

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.

Outcome: Effective action

The partnership now ensures children and young people, aged 16 years old, are more effectively supported through a transition pathway to prepare them for adulthood. The transition pathway is underpinned by a co-produced 'Preparing for

Adulthood Standard Operating Procedure' and preparation for adulthood strongly features in the partnership SEND strategy. This improvement work has been supported by professional networking events and redesigned transition processes. Transition planning now starts earlier.

Preparation for adulthood features more strongly in new EHC plans and annual reviews. This typically begins from Year 9 and the partnership annual review documentation places increased expectations that this will be discussed by professionals. For example, educational psychology advice and EHC plan outcomes are increasingly aligned with preparation for adulthood themes and EHC plan case workers are trained to embed preparation for adulthood more consistently in EHC plans. However, the quality of some information remains variable, particularly in older EHC plans. In addition, preparation for adulthood is not reflected consistently well in EHC plans for those children and young people aged under 14.

The partnership's use of data tracking systems has improved. These ensure better oversight of children and young people who are at different stages of preparation for adulthood. Strengthened systems include identifying children moving into post-16 provision, those transitioning from children's social care into adult services and those known to the multi-agency complex case panel.

Young people with complex health or learning needs experience improved transition support to adult health services. In addition, SALT therapists work with young people aged up to 19 years old in college to support their transition to adult learning disability and therapy services. However, the partnership acknowledges that there is limited specialist provision in Bury for young people aged over 19 years old. The transition pathway enables families and professionals to refer children and young people to the preparation for adulthood team. These referrals help multi-agency professionals identify which children and young people, who do not receive social care intervention, may need support in the future.

Leaders recognise that capacity challenges in the preparation for adulthood team mean children and young people with the most complex needs are prioritised for earlier support, and those assessed to have less urgent needs receive reduced support. More work is needed to understand the impact of this on children, young people and their families. To mitigate capacity challenges, the partnership is increasing capacity in the preparation for adulthood team. Embedded practice includes social workers and the preparation for adulthood team jointly visiting families known to social care at the earliest opportunity. This helps professionals to understand children and young people's needs and plan support.

The Bury careers service provides well-regarded careers and next steps guidance for children and young people from Year 9 onwards. The partnership has enabled the careers service to strengthen its support since the previous inspection. This includes

advisors visiting families at home, running support hubs and ensuring children, young people and parents' views are better reflected in EHC plan annual reviews.

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.

Outcome: Effective action

The partnership continues to develop, and embed, a strategic approach to transitions through the graduated approach for children and young people with SEND. They have implemented multi-agency oversight at key transition points. As a result, some children and young people experience more coordinated and consistent transition planning across services.

Schools report earlier information sharing at transition points, with improvements in communication between phases. For example, before the early years to primary transition, professionals attend face-to-face and virtual information sharing events. Groups of providers and professionals offer a range of local support for children and young people. This includes staff training from educational psychologists to help schools better prepare to meet children and young people's needs when they transition between phases of education. However, for placements in AP, transition information is frequently incomplete, particularly for children and young people with outdated EHC plans.

Health services have developed robust transition policies and processes to ensure clinicians provide enhanced advice and support for children and young people during unsettling transition periods. This includes some young people with SEND being supported by multi-disciplinary hubs during adult health transitions. However, this strengthened multi-disciplinary transition work is not equally experienced by children and young people with SEND and their families.

The partnership has developed a school transition guide for parents and carers. In addition, the partnership prioritises reviewing EHC plans for children and young people at important school transition points more effectively. New transition arrangements promote more joined-up planning across services, including when preparing for adulthood.

The partnership is focusing on expanding post-16 transition pathways, with more early support. Furthermore, the partnership has identified that the sufficiency of school places for children and young people with SEND, particularly for specialist provision, needs improvement. A SEND sufficiency strategy is being developed but is not yet published.

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.

Outcome: Effective action

The quality of children and young people's EHC plans has notably improved. The partnership has implemented better systems and processes to strengthen their overall quality. For example, comprehensive EHC plan templates, with detailed guidance documentation, ensure EHC plans are both compliant and more accurately reflect the needs of children and young people. In addition, new systems to share learning from multi-agency EHC plan audits help to improve the overall quality.

Newer EHC plans include children and young people's voices more clearly and explain their lived experiences more effectively. The partnership has increased EHC plan case worker staffing and implemented more effective processes, such as a tiered quality assurance framework, to improve the quality of EHC plans. Schools acknowledge more responsive EHC plan case work and better communication with the partnership. In addition, stronger management information systems and consistent educational psychology advice contribute to improvements in overall EHC plan quality and accuracy.

Although the backlog of EHC plan annual reviews is reducing, the process remains slow and does not reliably lead to accurately updated plans. A large but steadily decreasing number of existing EHC plans still need updating. This includes EHC plans where an annual review has already taken place. To check progress, leaders monitor EHC plan completion through a detailed data scorecard. This is regularly scrutinised by the SIAB to help drive positive momentum.

The quality of social care advice about children and young people's needs is typically strong, however this information does not always transfer into children and young people's EHC plans when it should. In contrast, health advice is more fully and accurately represented. More generally, outdated information remains common in older EHC plans. Some information is vague and preparation for adulthood is of

inconsistent quality or missing. However, newer EHC plans typically have more complete preparation for adulthood information, usually beginning in Year 9.

Next steps

Inspectors will reach an effective action outcome if, having gathered and evaluated evidence, they find that the local area partnership has taken reasonable steps to address the area for priority action since the full inspection, based on the relevant evaluation criteria.

Effective action does not mean that the area for priority action is no longer a concern or that the local area can stop taking action to address it. Inspections are a point-in-time evaluation. Areas for priority action that receive an effective action outcome may still be identified as areas for priority action in future inspections. This can happen if the local area does not continue to take action and/or the action has not continued to have a positive impact on the experiences and outcomes for children and young people with SEND.

Ofsted and CQC ask the local area partnership to update their priority action plan (area SEND) as a result of this inspection.

I am copying this letter to DfE and regional NHS England.

Yours sincerely

David Mills
His Majesty's Inspector, Ofsted, Lead inspector

Julie Knight
His Majesty's Inspector, Ofsted

Gerry Bates
Children's Services Inspector, CQC

The Office for Standards in Education, Children's Services and Skills (Ofsted) regulates and inspects to achieve excellence in the care of children and young people, and in education and skills for learners of all ages. It regulates and inspects childcare and children's social care, and inspects the Children and Family Court Advisory and Support Service (Cafcass), schools, colleges, initial teacher training, further education and skills, adult and community learning, and education and training in prisons and other secure establishments. It assesses council children's services, and inspects services for children looked after, safeguarding and child protection.

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Agenda Item 8

Classification: Open	Decision Type: Non-Key

Report to:	Cabinet	**Date:** 08 July 2026
Subject:	Outcome of CQC local authority assessment of Adult Social Care	
Report of	Cabinet Member for Adult Care, Health and Public Service Reform	

Summary

1. To share the results of first CQC assessment of Bury Local Authority and summarise the key strengths and areas where improvement is required from the draft Care Quality Commission (CQC) assessment of Bury Council's adult social care responsibilities.

Recommendation(s)

2. To note outcome of the CQC inspection of Adult Social Care.

Reasons for recommendation(s)

3. To note outcome of the CQC inspection of Adult Social Care.

Alternative options considered and rejected

4. N/A

Report Author and Contact Details:

Name: Adrian Crook
Position: Director of Adult Social Services
Department: Health and Adult Care
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Purpose

To share the results of first CQC assessment of Bury Local Authority and summarise the key strengths and areas where improvement is required from the Care Quality Commission (CQC) assessment of Bury Council's adult social care responsibilities.

Overall Position

- The overall assessment finds that Bury delivers **GOOD** standard of adult social care, with strong leadership, effective safeguarding, good partnership working and a clear strategic vision.
- Some operational shortfalls remain, particularly around timeliness, consistency of experience, carer support, out-of-hours arrangements, which the Council has largely already recognised and begun addressing.

Quality Statements	Assessing needs	Supporting people to live healthier lives	Equity in experience and outcomes	Care provision, integration and continuity	Partnerships and communities	Safe systems, pathways and transitions	Safeguarding	Governance, management and sustainability	Learning, improvement and innovation
Overall numerical score	2	3	3	2	3	2	3	3	3

Background

CQC assessments of councils are a formal, statutory regulatory regime for adult social care introduced under the Health and Care Act 2022. They involve the Care Quality Commission (CQC) independently assessing how well a local authority discharges its duties under Part 1 of the Care Act 2014 and delivers adult social care across the whole system (not just council-run services).

Each authority receives a single overall rating: Outstanding / Good / Requires Improvement / Inadequate

The framework is structured around 4 themes; working with people, providing support, ensuring safety, leadership

Adult Social Care Services in Bury have been judged to be **GOOD**.

Amongst many strengths it highlights **strong, visible leadership and supportive culture** saying there was a stable and experienced senior leadership team, and that senior leaders and staff were passionate and committed, with leaders having created a positive, supportive workplace culture.

The report states people received Care Act assessments from **"skilled, knowledgeable and committed staff"** and describes assessment and care planning as **person-centred and strengths-based**, with many positive examples of staff adapting communication, building trust, and focusing on people's strengths and goals

The report is clear that there were **effective systems, processes and practices** to keep people safe and protected from abuse and neglect, and it also references **strong multi-agency safeguarding partnerships**

The report highlights **good partnership arrangements** and collaborative working across internal and external stakeholders, including the role of **Integrated Neighbourhood Teams** bringing together health, social care and voluntary sector services. It also notes a **nationally recognised Hospital Discharge Programme** with streamlined processes to reduce delay.

CQC say people with lived experience were able to shape strategies and services through co-production, and that organisations/people involved in co-production gave **"extremely positive feedback"** about their experiences. They cite examples such as the co-produced **Bury Adults Carers Strategy 2025–2029.**

There are things we need to improve to be even better and what was reassuring is that we already knew about them and are already working on them.

It was highlighted that we need to improve our waiting list and timeliness of assessments and our support for carers, especially the availability of respite services. We knew this already as our carers had told us when we were developing our carers strategy. Whilst work is underway and our most recent carers survey results now show things are improving it wasn't fast enough to be evident at the time of the CQC's visit. The most recent carers survey results are found later in this report where we are now above England averages.

We have been told, and it is correct, that we need to improve access to information and advice. The inspection found people reporting being digitally excluded and some people with sensory impairments struggling to find information. We know this and our sensory impairment strategy will address how people with impairments can be supported to find information and advice. Information on our website continues to improve but much more still needs attention.

And finally, some people reported challenges accessing support in a crisis especially out of hours so again we will look at this. We now have overnight services provided by our rapid response service and a commissioned care provider, we have emergency respite beds available and people can be admitted at very short notice to our intermediate care beds, so we think that the findings in the report relate to a lack of awareness within our system, rather than a lack of service.

All of the improvements required have been built into our next 3-year business plan and will be overcome in coming months and the relevant elements of the plan are appended to this report.

A huge thanks to all our workforce and all our partners across our integrated health and care system who contributed to this great result.

LET'S gives us these rock-solid foundations here in Bury to firther improve our work with communities in our neighbourhoods and if we resolutely continue with the ambitions of LET'S, working locally with our communities, taking a strengths-based approach, being innovative and enterprising with our commissioning and working together with all our partners whilst benefiting from strong stable, consistent leadership, we will improve further.

What the Report Says is Working Well (Strengths)

1. Leadership, Governance and Culture

- The Council has a stable, experienced and visible senior leadership team, with strong political and executive oversight of adult social care performance.
- Governance arrangements are clear, with regular Cabinet reporting, strong use of data dashboards, and clear escalation of risk.
- A positive, supportive workplace culture was evident, with staff feeling valued, supported and encouraged to innovate.

2. Person-Centred and Strengths-Based Practice

- Care Act assessments are generally person-centred, strengths-based and respectful, with people feeling listened to and involved in decisions.
- Staff demonstrated flexibility and commitment, including working creatively with people who are homeless, in transition, or with complex needs.
- The "My Life, My Way" assessment approach was highlighted as a strong enabler of personalised care planning.

3. Prevention, Early Help and Community Support

- Bury has a strong preventative offer, including Integrated Neighbourhood Teams, Staying Well services, reablement and intermediate care.
- Intermediate care and reablement outcomes compare well to national averages, supporting independence and reducing hospital stays.
- Innovative use of technology-enabled care, including award-winning digital approaches to falls prevention.

4. Safeguarding

- **Safeguarding arrangements are effective, with** no waiting list for Deprivation of Liberty Safeguards (DoLS) authorisations.
- A central safeguarding team and transformation programme have improved consistency and oversight.
- Strong multi-agency working, including effective Safeguarding Adults Board leadership and learning from Safeguarding Adult Reviews.

5. Partnership Working

- Very strong integration with NHS partners, including hospital discharge, mental health and intermediate care.
- Bury is recognised regionally for its integrated working within Greater Manchester.
- Positive, collaborative relationships with providers and the voluntary, community and faith sector.

6. Equality, Diversity and Inclusion

- The Council has a clear understanding of local demographics and uses data to identify and address inequalities.
- Strong examples of culturally competent practice and targeted engagement with under-represented communities.
- Co-produced strategies and growing use of lived experience to shape services.

7. Learning, Improvement and Innovation

- A strong learning culture, with reflective supervision, peer learning and continuous improvement embedded in practice.
- Positive feedback from external reviews (including LGA peer review).
- Strong co-production examples influencing recruitment, service design and communication.

Where the Report Says Improvement Is Needed

1. Timeliness and Waiting Times

- Although waiting times are improving, delays in Care Act assessments, reviews and carers' assessments were identified, particularly during periods of staff capacity pressure.

2. Consistency of Experience

- While many people had positive experiences, others reported variation depending on team, pathway or timing. This includes inconsistencies in carers being offered assessments, advocacy or timely reviews.

3. Support for Unpaid Carers

- Feedback from unpaid carers was mixed.
- Access to respite and emergency replacement care, particularly out-of-hours, was highlighted as a weakness.

4. Advocacy and Early Referral

- Advocacy is available and valued, but referrals are not always made early enough, limiting its impact.

5. Data Quality and Information

- Information and advice are improving, but digital exclusion remains a barrier for some residents, particularly older people and those with sensory impairments.

6. Transitions and Out-of-Hours Arrangements

- Transitions (including hospital discharge and service changes) are generally effective but not consistently experienced.

Key Message

- The report presents a positive picture of adult social care in Bury, with strong leadership, safeguarding, partnership working and a clear strategic direction.
- Most areas for improvement are already known, are operational rather than systemic, and are being actively addressed through workforce investment, commissioning plans and service redesign.
- There is no indication of unsafe practice, but continued focus is needed on timeliness, carers, and consistency of experience.

Links with the Corporate Priorities:

The outcome of this inspection demonstrates the departments commitment to LETS.

From our commitment to co-produce with our local residents, to our strong partnerships, to our innovative commissioning and positive strengths based approaches to delivery, all are highlighted in this report.

Equality Impact and Considerations:

There are no equality impact considerations of noting this inspection outcome

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Environmental Impact and Considerations:

N/A this report is for noting

Assessment and Mitigation of Risk:

Risk / opportunity	Mitigation
N/A	

Procurement Implications:

5. No Procurement implications.

Legal Implications:

6. There are no legal implications however this report provides Members with the outcome of the CQC inspection and details how the Council meets its statutory duties under the Care Act 2014, the Mental Capacity Act 2005 and the Mental Health Act 1983 and what improvements can be made.

Financial Implications:

7. There are no financial implications, or changes required to the councils MTFS, as a result of the recommendations in this report.

Appendices:

Appendix 1 - List of Improvement actions

Appendix 2 - Full CQC outcome report

Background papers:

None

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

Term	Meaning

Appendix 1

The following improvement actions contained within the Department's new business plan which is available on request

- Reduce waiting lists for social work assessments to less than 10 – Director of Social Work Operations
- Reduce waiting lists for Occupational Therapy Assessments to less than 50 – Principal OT
- Improve timeliness of advocacy referrals – Principal Social Worker
- Improve business processes and ensure consistent experience and Improve transitions between services – Director of Social Work Operations and Senior Programme Manager
- Continue to embed carers strategy – Strategic Lead for Carers
- Improve information and Advice services – Strategic Lead of Carers

Progress against the business plan will be reported quarterly to executive and to cabinet

Appendix 2

Full CQC report can be found on this link https://www.cqc.org.uk/care-services/local-authority-assessment-reports/bury-0626

Agenda Item 9

Classification:	Decision Type:
Open	Non-Key

Report to:	Cabinet	**Date:** 08 July 2026
Subject:	Adult Social Care Performance Report for Quarter Four, 2025/26	
Report of	Cabinet Member for Adult Care, Health and Public Service Reform	

Summary

1. This is the Adult Social Care Department Quarter 4 Report for 2025-26. The report outlines delivery of the Adult Social Care Strategic Plan, preparation for the Care Quality Commission (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.

Report Author and Contact Details:

Name: Adrian Crook
Position: Director of Adult Social Services and Community Commissioning
Department: Health and Adult Care
E-mail: a.crook@bury.gov.uk

Background

5. This is the Adult Social Care Department Performance Report covering Quarter 4 of 2025-26.

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

Procurement Implications:

9. Procurement continue to support ASC including the referenced Magic Notes.

Legal Implications:

10. There are no legal implications arising from this performance report. However, the report provides Members with details of performance reporting and demonstrates how

the Council meets its Care Act 2014 statutory duties, preparation for the CQC inspection and the strategic plan for Adult Social Care.

Financial Implications:

11. There are no financial implications, or changes required to the councils MTFS, as a result of the recommendations in this report.

Appendices:

None.

Background papers:

None.

Bury Council

Adult Social Care Performance Report for Quarter Four, 2025/26

1.0 Executive Summary

Welcome to our final report of 2025/26 which gives us the opportunity to look back over the whole year. A year in which for the first time since the commission for social care inspection stopped inspecting councils in 2009, we have been subject to inspection by a national regulator, the Care Quality Commission (CQC).

Our inspection process started with a notification on 12th May 2025 that we were going to be inspected and in Q4 we received the first draft and are completing the factual accuracy phase where we check the report and submit lots of additional information.

A piece of news that must be celebrated this quarter is the outcome of the CQC assessment in our Intermediate Care home, Killelea. This was inspected in Q3 and the report published in Q4; you can read it here Choices for Living Well (Killelea) - Care Quality Commission

The CQC has judged the care provided here to be **OUTSTANDING**

Only 3.5% of all care homes in England are awarded the rating of 'Outstanding' and we have been unable to find another one in England dedicated to providing intermediate care which has also received an outstanding grading. We might be the only one to achieve this in the whole of England.

A report states "A truly standout feature of the service was the comprehensive multi-disciplinary team (MDT) approach in providing outstanding evidence-based practice. This was a shining example of how the integration of adult social care and NHS professionals, co-located and working as one, can deliver exceptional evidence-based care, support, and rehabilitation."

I am immensely proud of the achievements of the staff that provide this exceptional care to many of our most vulnerable residents.

For our operational social work teams we have seen some small improvements in reducing waiting lists and overdue reviews, but more is still needed as we aim to bring them down to almost, this will be a major focus for improvement in our next business plan cycle.

Of special note is our new adult social care survey results found at the end of the report were our users now rate us above England averages in nearly all of the domains.

As we are resetting our business plan and priorities expect changes in the format of this report going forward.

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:

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. Delivery highlights include:

Priority 1 – Transforming Learning Disabilities

- Our Shared Lives ("fostering for adults") scheme saw a 400% increase in people with additional needs (e.g. learning disabilities) being supported by Bury residents for day, respite or long-term care.
- Continuing to encourage people to live independently, people receiving care in their homes rose in March 26, whilst figures in supported living decreased. Our residential

care placements for people with Learning Disabilities are the lowest in Greater Manchester – we are really proud of this, as our aim is to keep people in their own homes for as long as possible.
- Thanks to our NHS colleagues, 86% people with learning disabilities have health checks (far exceeding the national target of 75%) and breast and bowel screening are above GM averages.

Priority 2 – Excellent Social Work

- The workforce plan is currently being implemented. Progression to the experienced social worker level has been established, and further work will continue to map development and progression pathways across all levels of the organisation. Mandatory training continues to be expanded to strengthen the knowledge and capabilities of operational teams. In addition, building on the exit interview process, a dashboard is being developed to support evidence-based succession planning for the future workforce, alongside the vacancy tracker, which provides managerial and strategic oversight. Furthermore, our two social work apprentices have successfully completed their undergraduate degrees and have now been welcomed into the social work profession.
- Managers and Heads of Service continue to conduct audits and moderation, with reports provided to the Quality Board. Thematic areas identified for improvement include Mental Capacity, Support Planning, and Case Recording, with corresponding action plans developed collaboratively with managers.
- The legal gateway process is now embedded, drawing on legal and social work expertise to support proportionate and necessary care and support for people within Court of Protection proceedings.
- Mental health social work teams are collaborating with Impower on strength-based reviews and hold weekly huddles to share practice and monitor outcomes for oversight of progress.
- The user-led group for mental health continues to expand with support from GADAM, focusing on reviewing the referral pathway for social care mental health over the next three months.
- Older people's mental health teams have initiated collaborative work to enhance the intermediate care offer, involving IMC, Pennine Care, and the Older People Mental Health Team.
- Within the neighbourhoods, the East Team is participating in a hoarding project and conducting quality assurance work in Prestwich related to high intensity users, aiming to bring these individuals into Active Case Management to reduce demand on health and public services.
- Social work managers meet regularly to improve oversight and quality of support planning through peer verification.

Priority 3 – Superb Intermediate Care

- Training and implementation of the electronic care record system in Falcon and Griffin has been completed. The work for the broader Intermediate Tier has commenced with Killelea House now the upgrade of the WIFI system has been completed. The clinical, therapy and support teams have been meeting, and a test person has been inputted to evidence the length of time taken and the appropriateness of assessment documentation.
- Whilst the Reablement and IMC@Home MDTs continue, the Reablement Transformation has commenced, firstly with a discovery phase and support worker briefings and involvement, to ensure coproduction with the staff. The aim of this transformation is to create increased capacity, allow staff involvement with the design and produce even better outcomes of independence for the people of Bury referred into our services.
- We are focused on improving disability services by addressing workforce capacity and sustainability, reducing waiting times, enhancing system productivity and integration, ensuring consistency in strengths-based practice, and improving equipment, adaptations.
- We were delighted to receive an **Outstanding** CQC rating for our bed-based service, Killelea House, we continue to prepare our other care services for CQC inspection.

Priority 4– Making Safeguarding Everybody's Business

- We are coming to the end of our safeguarding transformation programme and looking to develop the final part of the programme (Implementation of new electronic documentation to further streamline our safeguarding processes
- Work has commenced on implementation of a new learning review electronic system. The process has been drafted and signed off by senior leadership team and the electronic system is being tested to ensure it is fit for purpose. We are currently looking to pull together a test group to test the system before going live this quarter.
- We have completed our renewed safeguarding awareness offer for council staff and third sector/voluntary sector which should give a more coherent message around safeguarding under the Care Act 2014. This will be offered an additional training opportunity alongside the existing mandatory safeguarding awareness training.
- We now have improved feedback mechanisms in adult safeguarding which is paying dividends in understanding the wishes, feelings, values and beliefs of our citizens.

Priority 5– A Local and Enterprising Care Market

- Our Independent Provider Workforce Support Programme has been launched and is being delivered by the Bury Care Academy; supporting providers with their recruitment and retention challenges as well as learning, development, succession planning and career progression.
- Provider Engagement: Grew from 21 (Q1) to 45 (Q3), +114% growth. Recruitment Pipeline: Vacancies 50→108; Applications 432→1,305; Offers 36→97. Partnerships: 28+ stakeholders across health, education, employment. Digital Reach: 1,553 website

visits; growing social media presence. The Bury Care Academy is moving from early delivery to scaled impact, with clear improvements in recruitment, partnerships, and system influence.

- Young Persons Supported accommodation has been commissioned for young people at risk of homelessness and for Young Families. The successful providers to deliver these services are Great Places for Young Persons supported accommodation and the Stepping Stone Project for Young Families.
- Together Towards Outstanding Care Strategy has been launched. This encompasses all the Council approaches and programmes of support available to providers. These all work together to drive improvements and deliver outstanding care in the borough.
- 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 appointment of a Carers Co-production Coordinator will strengthen the ability to involve carers in shaping service design and delivery, ensuring that support continues to reflect what matters most to carers.
- Dedicated outreach work by the Bury Carers Hub resulted in five sessions for carers from ethnic minority communities and strengthened community partnerships.
- 29 professionals completed Carer Awareness Training, and 21 individuals completed Carer Champion Training.
- 23 carers were supported to register for a Carers Emergency Card, providing reassurance and practical planning should they be unable to continue caring.
- Expanding the wellbeing offer for carers included a sound bath session, reflexology, art for wellbeing and music-based sessions, co-designed in response to carer feedback.
- The Accelerated Reform Fund (ARF) project finished March 2026. The work gave us the chance to test different ways of identifying and supporting carers in hospital settings across Bury, Oldham and Rochdale. A member of the Bury Carers Hub delivered a presentation at a GM celebration event on the outcomes, learning and legacy of the work.

3.0 Highlight Report for Quarter 4, 2025/26

Adult Social Care - Quarterly Highlight Report - Quarter 4									
Obsessions	**Performance Measures**	**Frequency**	**Polarity**	**Sparkline**	**Lastest Data**	**Direction of Travel**	**Rank (higher is better) Peers (16) 24/25**	**NW (22) Q3 25/26**	**GM (10) M11 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		99	✗	-	-	6th
	Median number of days waiting for an ASC needs assessment	Q	L		43	✗	-	-	9th
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		88%	✗	-	16th	-
	Of those who expressed outcomes the proportion of people who have their safeguarding outcomes fully or partially met	Q	H		96%	✗	-	8th	-
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%	✗	3rd	6th	-
	The proportion of older people (65+) who were still at home 91 days after discharge from hospital	A	H		92%	✓	7th	-	-
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		68%	✓	10th	-	-
	The proportion of people who use services, who reported that they had as much social contact as they would like	A	H		47%	✓	5th	-	-
Increase the number of people with lived experience who provide feedback	Number of feedback provided	Q	H		149	✗	-	-	-
Increase the number of unpaid carers identified	Total number of new carers registered with Bury Carers' Hub	Q	H		81	✗	-	-	-

Annual Measures: ASCOF 25/26
Quarterly Measures: updated Q4 25/26

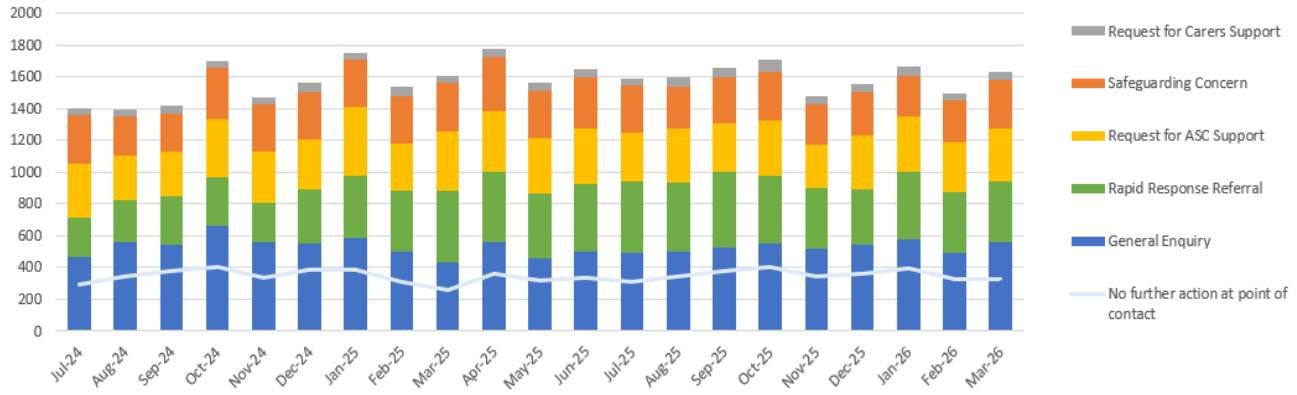
The Department has adopted an outcome-based accountability framework to monitor performance and drive improvement. Several outcomes have been chosen that will change if the objectives of our strategic plan are met, we call these our obsessions. An obsession is a key part of an outcome-based accountability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

Q4 25/26 marks the end of our 3-year business plan and its objectives, and a new one has been prepared with a new set of priorities and objectives, these new priorities will be reflected in next year's reports, and you will see these section of the report change.

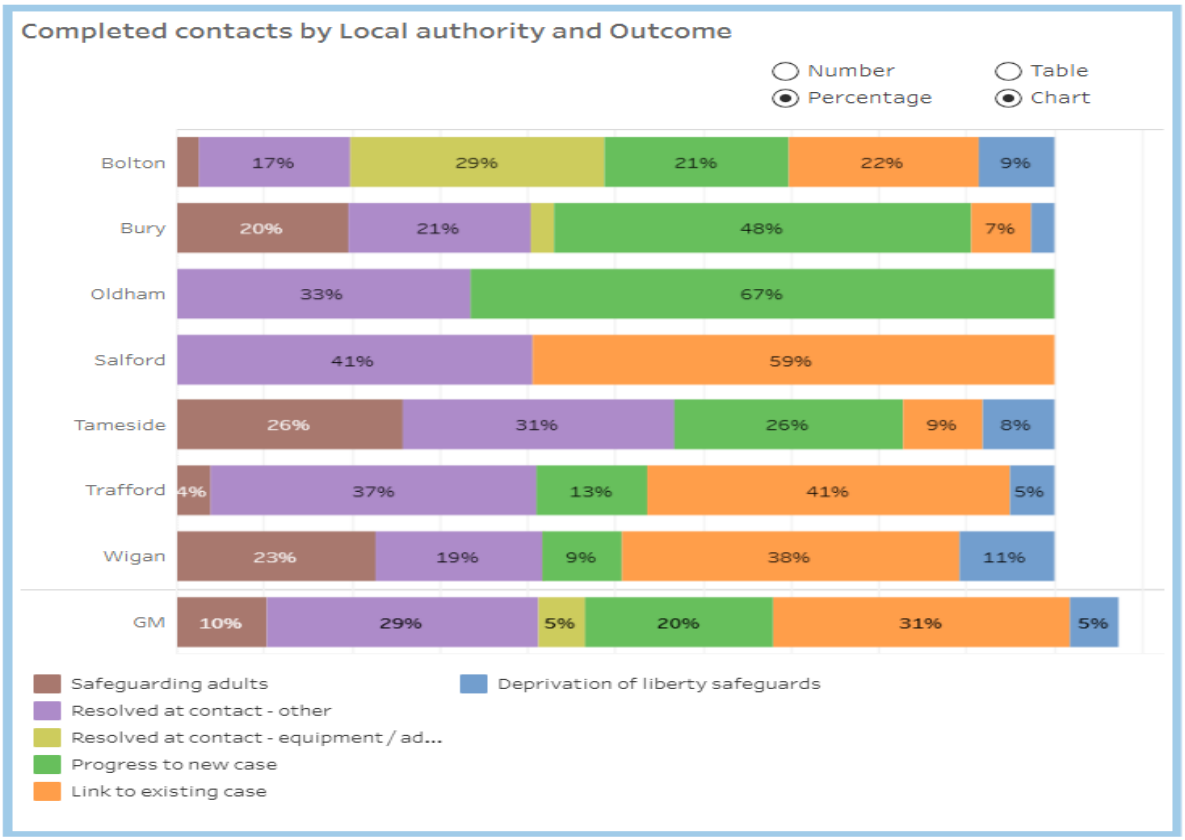
3.1 Contacts

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 – Q4 commentary

This section summarises the department's monthly contact volumes, including reasons for contact and the proportion resolved at first point of contact by the Contact Centre.

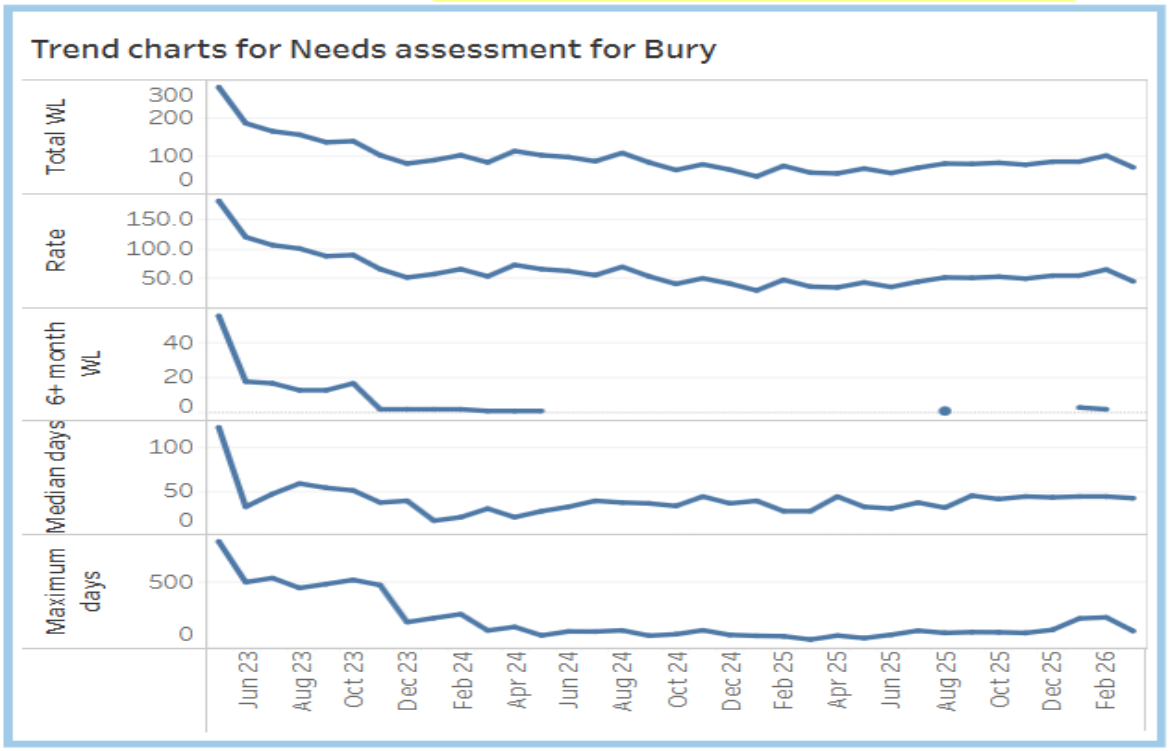
Contact volumes during Q4 followed expected seasonal trends and were broadly consistent with the same period in the previous year. The number of referrals and enquiries received across January, February and March aligned closely with historical patterns. As anticipated, volumes increased in January following the Christmas period before stabilising to normal levels in February and March.

Overall, the Contact Centre sustained stable performance throughout the quarter, resolving a high proportion of enquiries and maintaining service delivery standards despite fluctuating demand.

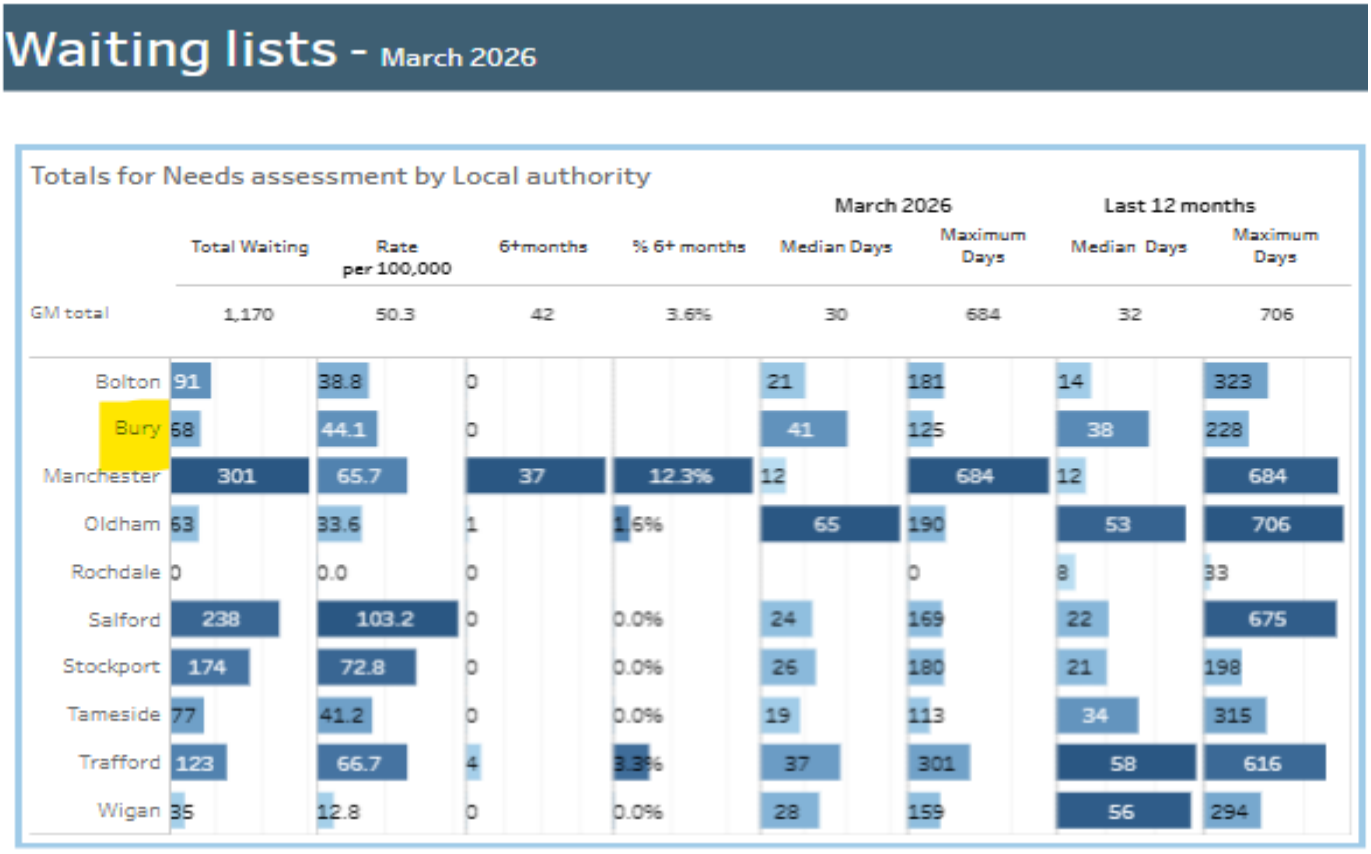
3.2 Assessments - Waiting

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?



Assessments waiting – Q4 commentary

By the end of Q4 2025/26, the Care Act assessment waiting list reduced from 83 to 68. Delivery actions remain in place at team level, supported by Performance Board oversight, to sustain prompt allocation, manage caseloads and ensure timely case closure. Progress will be reviewed at the June 2026 Performance Summit for Heads of Service and Team Managers against team KPIs which follows on from the first Performance Summit held in January 2026. Median waiting time increased by 3 days compared with the 12-month average (38 days) and continues to be closely monitored. Maximum waiting time reduced by 103 days.

In March 2026, Bury's needs assessment position was mid-range across Greater Manchester, reflecting conurbation-wide demand and capacity pressures. Performance varied across councils, from shorter waits to significantly higher backlogs.

The Waiting Well protocol continues to be adhered to ensuring those awaiting allocation are regular reviewed and risks mitigated.

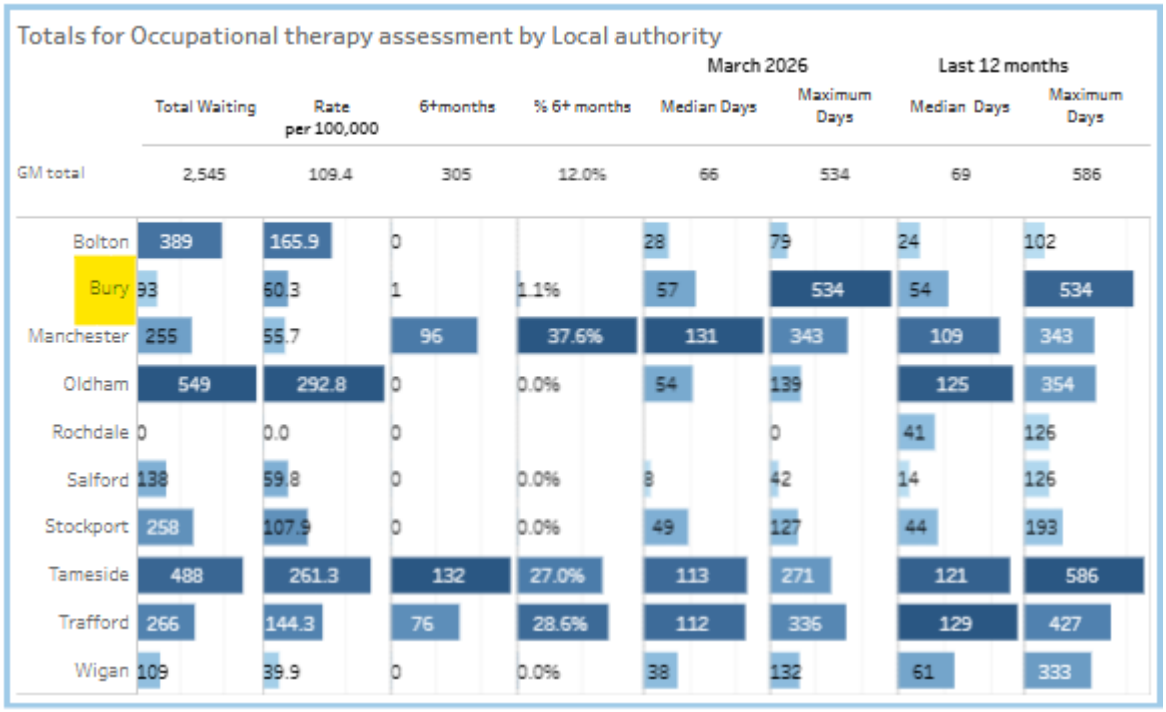
Reducing waiting times for an Occupational Therapy assessment continues to be an important focus, given the role of timely OT input in supporting independence and wellbeing.

As of the end of Quarter 4, the number of people waiting for an Occupational Therapy (OT) assessment has increased compared to the previous quarter. This reflects continued system pressures; however, while waiting numbers have risen, Bury's position remains consistent with regional trends and compares broadly in line with several Greater Manchester neighbours.

This position is being closely monitored through established performance arrangements. The OT service continues to focus on strengthening triage and prioritisation processes to ensure that people with the most urgent needs are identified and responded to promptly, while others are supported safely through waiting well approaches where appropriate.

Alongside this, work remains ongoing to improve performance oversight and understanding of demand and capacity, to support effective resource planning. These actions are reflected within the Occupational Therapy Service Plan for 2026/27, with clear objectives focused on reducing waiting volumes, strengthening early intervention and improving throughput across OT pathways. Progress against these objectives will continue to be monitored through established governance and performance arrangements.

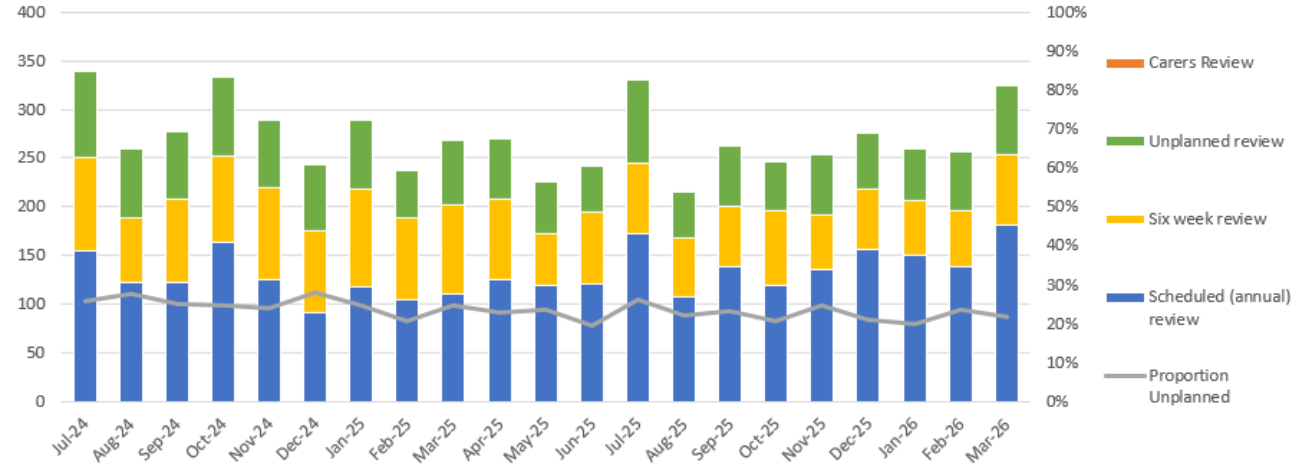
OT assessment - how does Bury Compare?



3.3 Reviews

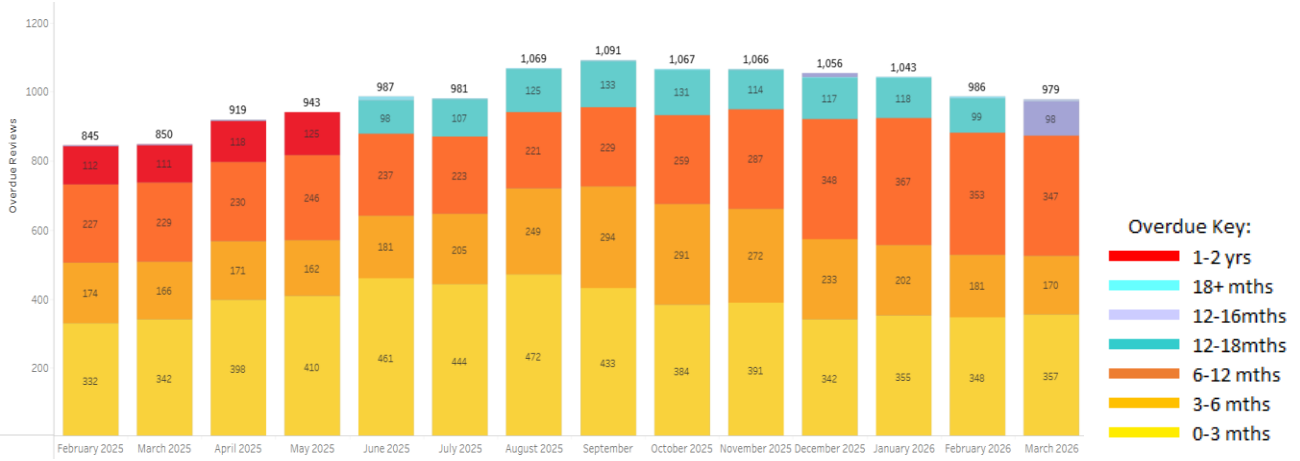
Adult Social Care reviews are a re-assessment of a person's support needs to make sure that they are getting the right support to meet their needs. Needs may change over time, and new services and technology may give someone more independence and improve their wellbeing. A lower proportion of unplanned 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 – Q4 commentary

At the end of March 2026, 979 people were overdue their Adult Social Care review across the department and this figure comprises both annual reviews as well as initial reviews. This figure has decreased by 8% since Q3 which is positive, however, departmentally, we are still not where we want to be. Across the department, there have been numerous measures put in place to try and reduce this figure, and it is pleasing to see that some progress has been made since Q3.

The measures which have been put in place and will continue to be put in place include:

- Departmental shift of culture to ensure that overdue reviews are allocated across the department.
- Continued monthly reminder to all staff on the importance of data quality, as some of the 979 reviews will have had their review, however, this has not been recorded on the system, therefore incorrectly showing as an overdue review.
- An increased push across the department on reminding practitioners to progress the administrative side of the role and reassigning cases quicker, once the intervention has been concluded.
- Increased use of data, and increased onus on management to identify cases which have been held on individual workers caseloads for some time and having targeted discussions on these cases, thus freeing up capacity within social work teams.
- Adult Social Care reviewing team regularly undertake tasks to look at the longest held cases in the team with a view to ensuring that these cases are progressed without further delay.
- Adult Social Care Reviewing Team continuing to aim to ensure that at least the 20 most overdue annual reviews are allocated across the team at the end of each week.
- Roll out of Artificial Intelligence software (Magic Notes) to look at reducing administrative time and freeing up practitioners across the department to focus on completing the overdue reviews.

At time of writing, there are no reviews more than 18 months overdue. The current focus is on reviews which are 16+ months overdue, of which there are 11 at time of writing, and to then gradually reduce this measure of months overdue, i.e. 14+ months overdue will be the next departmental target once there are no reviews 16+ months overdue.

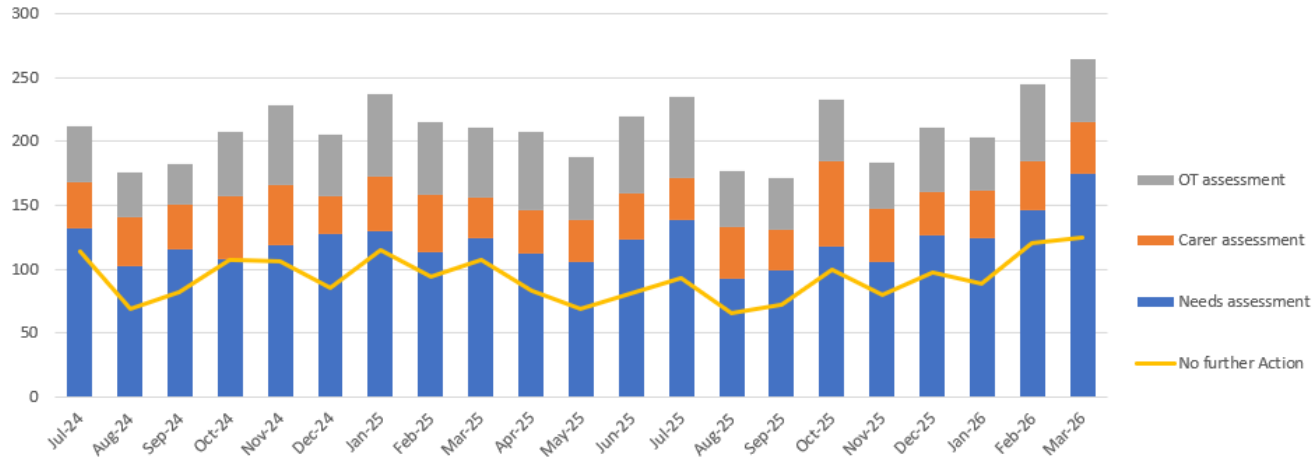
Reviews across the department continue to be strengths based and outcome focussed which require an investment of additional time from practitioners, however, these reviews yield much better outcomes for the customer and the department.

3.4 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

Quarter 4 saw a sustained increase in completed needs assessments, reflecting the impact of targeted performance actions implemented as part of the improvement plan delivered through our performance board throughout Q3. This included tighter grip and prioritisation arrangements, strengthened management oversight of allocation and progress, and focused activity to reduced assessment backlogs.

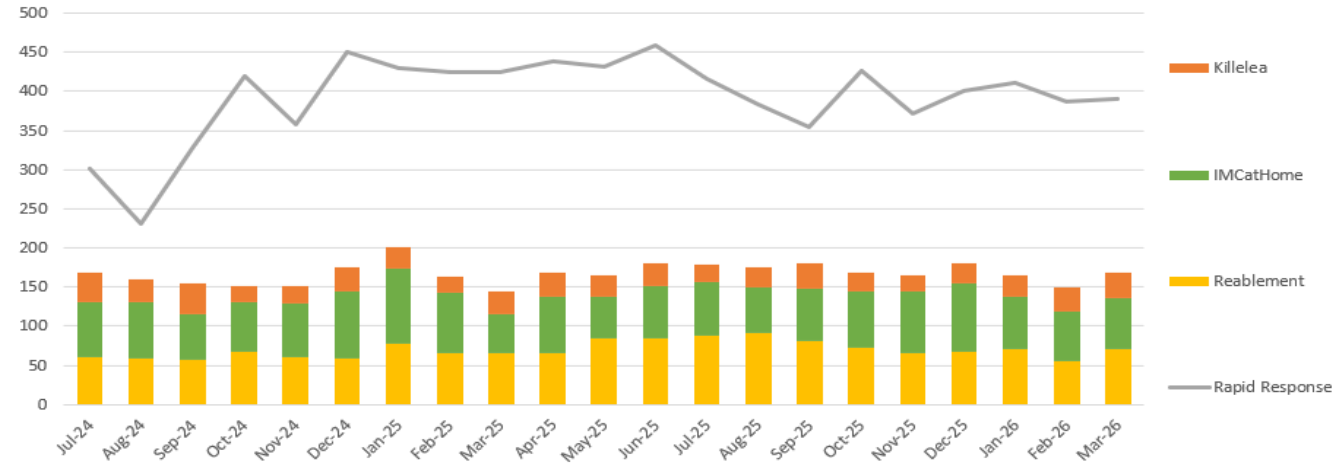
As a result, monthly assessment volumes increased consistently across the quarter, with February and March delivering the highest levels of completion compared to the same point twelve months ago.

Overall, Q4 demonstrated that the tactical actions in place are embedding well and driving improved assessment productivity, although continued focus will be required to manage other demands and maintain workforce sustainability.

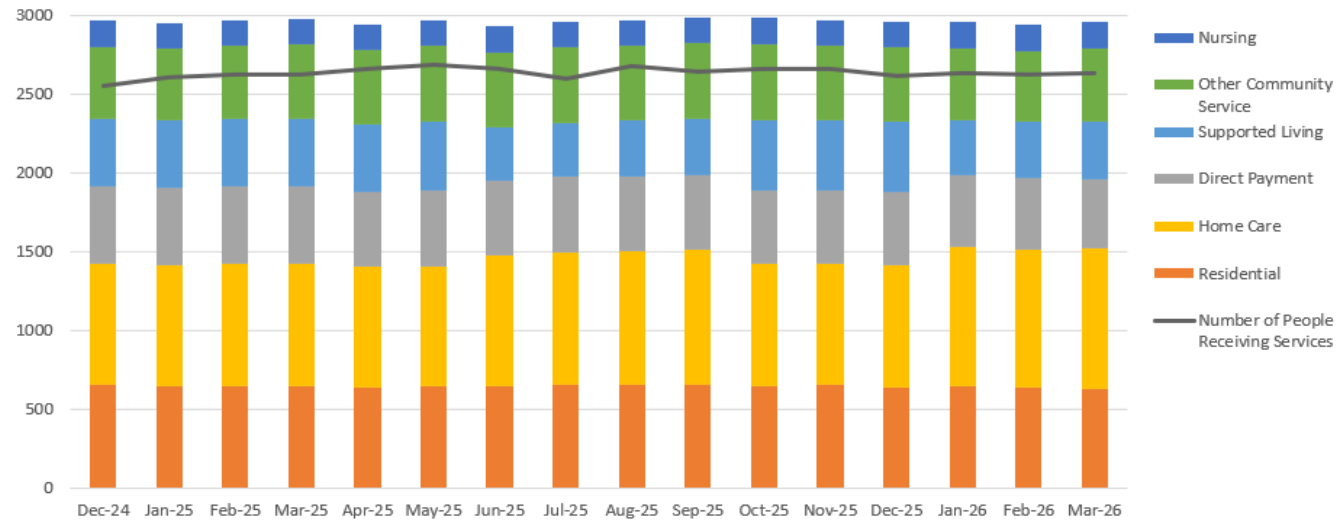
3.5 Services

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.

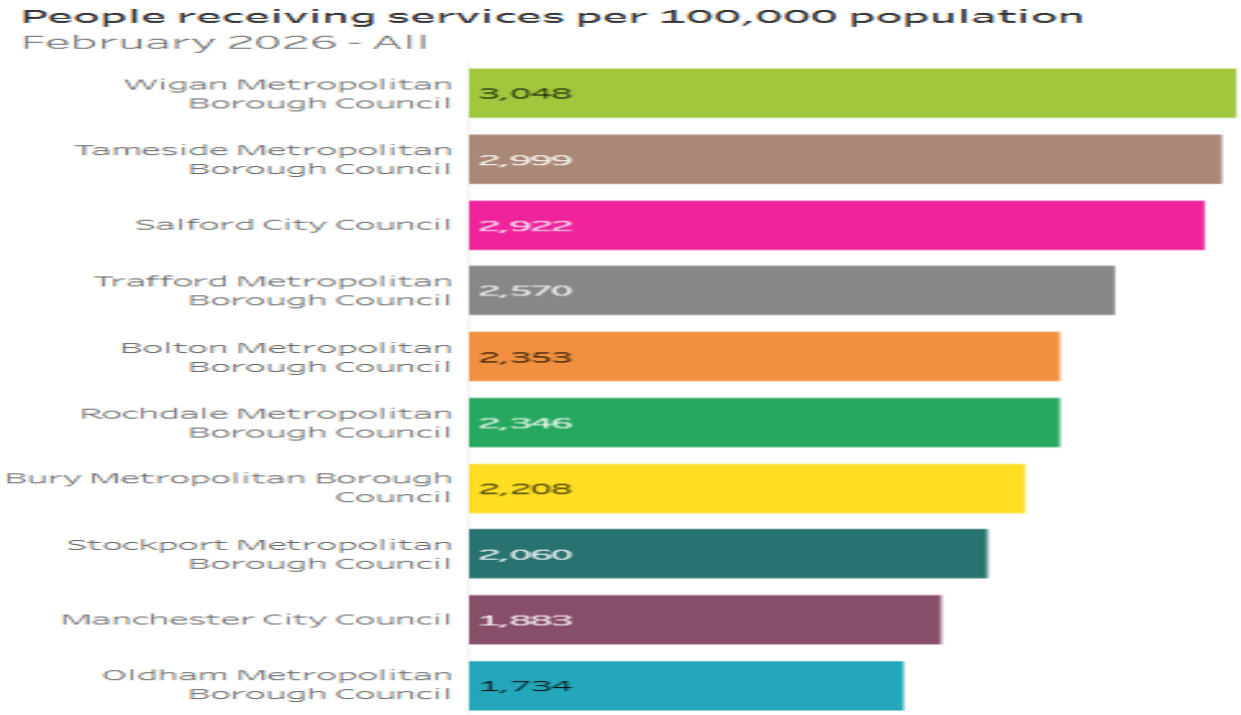


Number of Long-term Adult Social Care services open on the 1st of each month.



	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Residential	656	649	648	648	640	645	647	651	654	656	650	652	641	643	638	624
Nursing	173	166	161	163	161	160	163	159	158	165	162	161	161	163	163	166
Home Care	769	766	776	775	762	761	831	844	850	855	775	774	777	891	877	896
Direct Payment	491	490	489	492	475	485	471	479	476	474	467	463	459	453	450	444
Supported Living	429	432	431	428	433	432	343	345	355	359	448	450	448	351	358	360
Other Community Service	451	453	468	471	470	485	476	482	478	479	482	474	478	456	455	471
Residential Placement	656	649	648	648	640	645	647	651	654	656	650	652	641	643	638	624
Supported at Home	1729	1789	1815	1817	1858	1880	1848	1785	1865	1824	1850	1848	1815	1830	1826	1848
Number of People Receiving Services	2558	2604	2624	2628	2659	2685	2658	2595	2677	2645	2662	2661	2617	2636	2627	2638

People receiving services - how does Bury Compare?



Services – Q4 commentary

This section summarises the number of people supported across our service types in Quarter 4, including both intermediate care (short-term) and longer-term support.

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 sustained activity and timely throughput remain key measures of success.

During Quarter 4 we have focused on maintaining flow through intermediate care and strengthening the interface with reablement and community therapy to support timely discharge home. Activity has been supported through continued oversight of length of stay

and daily operational grip, alongside targeted work to reduce delays where people are clinically ready to step down.

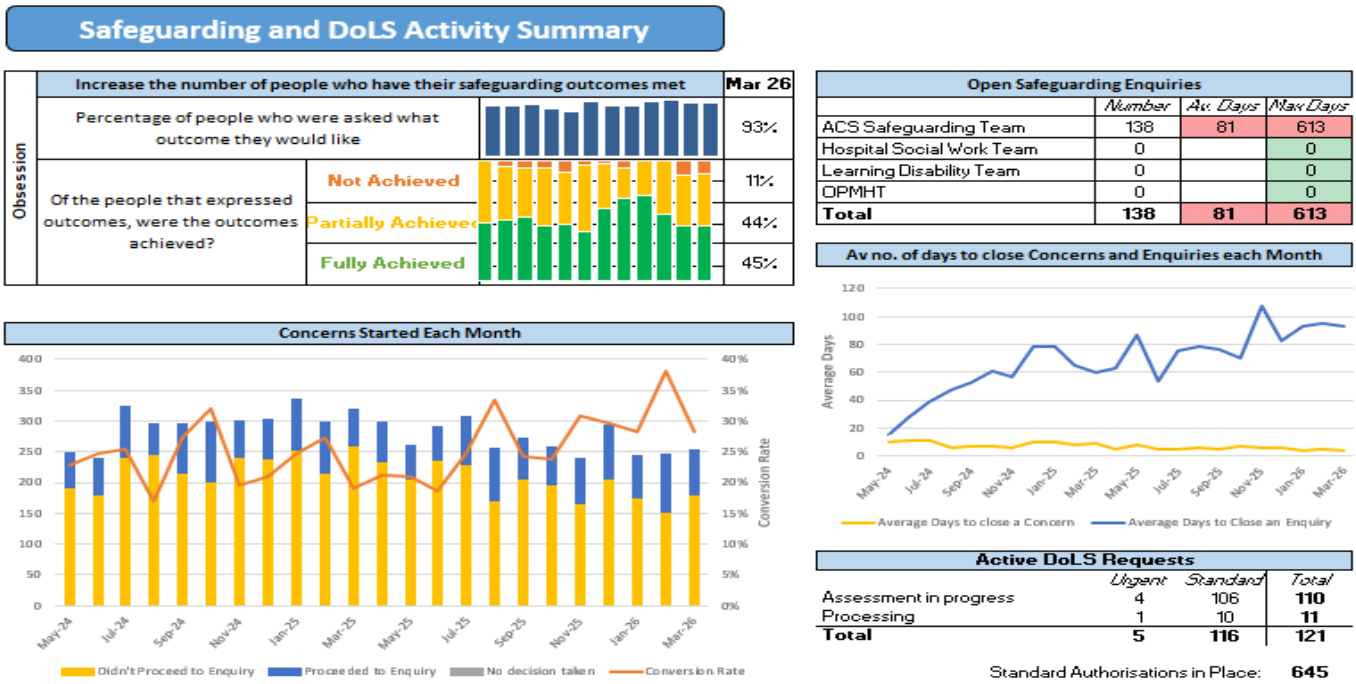
Work to optimise length of stay has continued through Quarter 4, including ongoing multi-disciplinary board rounds with geriatrician input. Quality improvement activity is now embedded, with a focus on reducing avoidable delay and supporting people to return home earlier with therapy continued in their own environment where appropriate. Transformation work on reablement has progressed during Q4 to better understand demand and capacity and to improve step-down pathways.

Our Rapid Response and Hospital at Home services continue to perform strongly and remain a key part of supporting timely discharge and preventing unnecessary hospital admission.

Overall, the number of people receiving our support has again increased, this can be seen in the table above but rose only by 10. If this had risen in line with population growth an additional 70 people would be in receipt of services. What is also evident is a reduction in care home placements and supported living placements as we encourage the use of more cost-effective support in people's own homes.

3.6 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.



Adult Safeguarding - how does Bury Compare?

Metric	Bury	Rank in Northwest (out of 22)
Conversion Rate	25%	10th
Making Safeguarding Personal – Asked	88%	16th
Making Safeguarding Personal - Outcomes	96%	8th

Last Updated: Q4 2025/26

Safeguarding – Q4 commentary

Regionally Bury are still performing strongly in asking people their outcomes and either partially or fully meeting those outcomes, and we have returned to our usual rate of around 89%. We expect this to continue now we are coming to the end of ensuring all safeguarding concerns are screened by the safeguarding team. The conversation rate has dropped from 30% to 25% but this is still a good rate of conversion to S.42 as we are receiving enough safeguarding concerns that it is felt people are raising appropriate but not so many concerns that do not covert as to overwhelm the system. However, we continue to review this at the

Safeguarding Operational Group and check against the appropriateness of referrals coming through our front door.

We continue to see good practice in most safeguarding concerns, enquiries within the safeguarding service. 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 Safeguarding Operations Group to inform future practice.

Happily, we are now seeing the results of the work we have undertaken to improve our qualitative feedback from safeguarding enquiries. We have received over 50 individual pieces of feedback from people with lived experience since January 2026; and this is being monitored via our safeguarding operations group to further inform our practice.

We will be committing in our new service plan to reduce the number of days a s.42 enquiry is open to <85 days. Although there is no duty or statutory timeframe under the Care Act to complete a S.42 enquiry it is important that we progress the outcomes of safeguarding in a timely manner. We are proud to state that we currently are achieving this goal and are now working to embed this practice.

Key Achievements this quarter:

All adult safeguarding is now based within the safeguarding team and is being managed without an impact on performance. The teams report that they have appreciated this transformation, and we are seeing reductions in length of time to complete enquiries and ensuring that we maintain no waiting list for allocation for safeguarding or Deprivation of liberty safeguards.

Our safeguarding service is now fully staffed with permanent members of staff, and they are reporting that they are enjoying their work. Our audit work shows that they are performing well, and asking the right questions, focusing on outcomes and the person being at the centre of their safeguarding.

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.

Our Head of Safeguarding has been completing safeguarding awareness sessions over the last quarter with the organisations including young people who are not in education, training or employment.

We are coming to the end of our transformation and are beginning the work to amend/develop our documentation to further improve our outcomes and timescales in safeguarding.

3.7 Complaints and Compliments

Complaints

Period 2025/26	Number of complaints received	Decision			20 working day timescale	
		Upheld	Partially Upheld	Not Upheld	Within	Outside
Q4	24	3	12	3	7	11

5 complaint ongoing + 1 complaint closed

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)
Q4	253	9	20	224

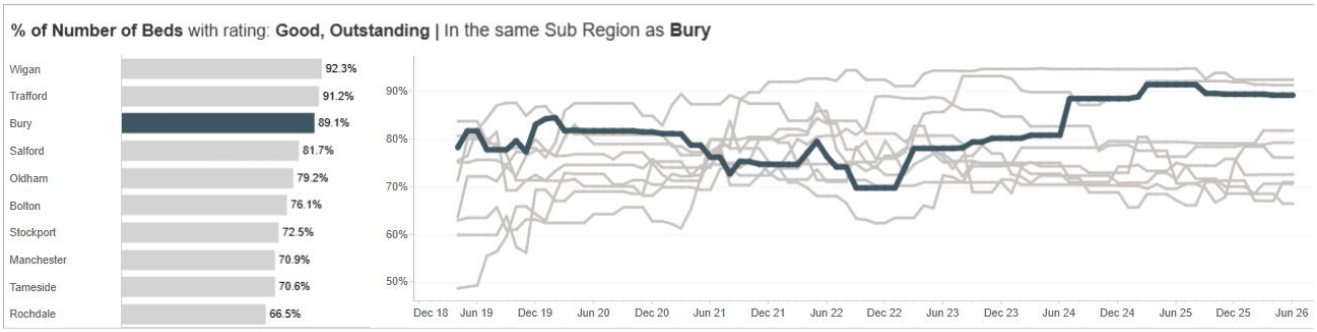
Complaints and Compliments – Q4 Commentary

The 24 complaints received in Q4 are broadly consistent with the previous year, when 23 complaints were received in Q4 2024-25.

Of the five complaints that remain ongoing, all are outside the 20-working day timescale. As a result, 16 of the 24 complaints received were responded to outside the required timescales, representing 66.6% of all complaints in Q4 2025-2026.

3.8 State of the Care Market

Number of care home beds rated good or outstanding.



State of the Care Market – Q4 commentary

The graph above shows Bury's CQC performance in Care Homes compared to its GM neighbours as well as the Northwest and England averages.

Residential and Nursing Homes:

At the end of Quarter 3, 89.1% of care home beds in Bury are in Good or Outstanding rated services.

Bury is still ranked 1st in GM for learning disability supported living as well as 1st in GM for care at home, outperforming the Northwest and England averages.

Bury remains continues to perform well above the England average and the average of all Northwest regions. Bury is ranked in the top 20 in England for the quality of its care home beds. The annual review of our quality assurance review process and implementation of an Outstanding Provider Program is all designed to continue to push for improvements in the quality of care and support provided to the people of Bury.

3.9 Workforce Development Q4

Social Work - Workforce Dashboard

Vacancies Tracker

Total Vacancies	Social Workers	SCO	Others	Vacancy Rate
13	9	1	3	3%

Staffing

Current Agency Staff	Current Students
4	11

Progression Tracker

Required Vacancies				
Apr-25	Apr-26	Jul-26	Sep-26	Apr-27
0	1	4	5	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.

We continue to provide support for our eight social work apprentices and four 'Think Ahead' trainees as they advance through their respective programs. Currently, half of our operational teams host a social work student, and we have practice educators available to mentor additional students from the four Greater Manchester universities. We are committed to fostering a learning culture by actively supporting the development of future social workers.

The pilot of Magic Notes has been completed, and procurement processes are being pursued alongside the development of practice implementation plan and the development of co-produced guide for ethical use for full implementation in Quarter 1 2026/2027.

The social work job description is being updated to promote consistency approach to recruitment. We had a positive visit from Skills for Care quality who felt we delivered a supportive and comprehensive programme of support for our Newly qualified Social Workers.

4.0 Survey of adult users in England 2025/26

This quarter we can report on the Annual Survey of Users of social care services here in Bury.

All indicators have improved and all except on are now above the current England averages

This is a marked improvement from last year

	2025/26		2024/25	
	Bury	DoT	Bury	Eng Avg.
(1A) Social care-related quality of life	19.6	↑ 0.5	19.1	19.0
(3A) The proportion of people who use services who have control over their daily life	83.4%	↑ 6.1%	77.3%	77.4%
(5A1) The proportion of people who use services who reported that they had as much social contact as they	47.4%	↑ 0.5%	46.9%	45.4%
(1B) Adjusted Social care-related quality of life – impact of Adult Social Care services	0.456	↑ 0.064	0.392	0.419
(1D) Overall satisfaction of people who use service with their care and support	70.3%	↑ 6.0%	64.3%	65.2%
(3C1) The proportion of people who use services who find it easy to find information about services	67.7%	↑ 2.9%	64.8%	67.8%
(4A) The proportion of people who use services who feel safe	76.7%	↑ 6.0%	70.7%	70.2%

Frustratingly as these have not yet been published nationally the CQC would not accept or reflect them in our inspection report

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: Contact Type Contact Outcome	Six Steps to Managing Demand in Adult Social Care: ≈ 25% of contacts go on to receive a full social care assessment.
	GM Comparison		
Waiting Lists	Waiting List Summary	Professional Involvement in LiquidLogic: Awaiting allocation work trays Brokerage Work trays Overdue Review Tasks 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 Grouped by Service Type 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. 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: Concerns closed in 3 days or less. Enquiries closed in 56 days or less
	Regional Comparison	As above	Higher is better