

Report to	Audit Committee
From	Director of Adult Social Services
Risk Reference	CR23
Risk Description	Adult Social Care Reforms
Recommendation	For analysis and discussion

1. Context

- 1.1. On 1st December 2021, a White Paper on the future of adult social care was published. The policy components of the reform reflect the transformation currently underway in Bury: improved housing options, assistive technology, a commitment to the workforce, sustainability of the care sector and greater choice and control for our residents.
- 1.2. To implement this, the treasury announced £5.4 billion over 3 years solely for adult social care reform and at the Spending Review in October 2021, it was announced that this investment would be used for the following areas:
- 1.3. £3.6 billion to pay for the cap on care costs, the extension to means test, and support progress towards local authorities paying a fair cost of care, which together will remove unpredictable care costs
- 1.4. £1.7 billion to improve social care in England, including at least £500 million investment in the workforce.

2. PEOPLE AT THE HEART OF CARE: THE WHITE PAPER

- 2.1. The White Paper set out an ambitious 10-year vision for how support and care will be transformed in England. The vision put people at its heart and revolved around three objectives:
 - People have choice, control and support to live independent lives.
 - People can access outstanding quality and tailored care and support.
 - People find adult social care fair and accessible.
- 2.2. The document described a range of transformational workstreams to support this vision, as well as the funding to implement:
 - A Workforce Strategy enabling dedicated investment in knowledge, skills, health and wellbeing, and recruitment policies to improve social care as a long-term career choice.
 - Driving the supply of supported housing and embedding the strategic commitment in all local places to connect housing with health and care.
 - Further financial commitment to the Disabled Facilities Grant.
 - Continued investment in the Care and Support Specialised Housing Fund to incentivise the supply of specialised housing for older people and people with a physical disability, learning disability, autism or mental ill-health.
 - Investment to drive digitisation across the sector and unlock the potential of caretech innovation that enables preventative care and independent living.
 - Launch an Innovative Models of Care programme to support local systems to build the culture and capability to embed into the mainstream innovative models of care.
 - A focus on prevention and health promotion to support people to live healthier lives for longer.
 - Empowering those who draw on care, unpaid carers and families by investing in new ways to help people navigate local adult social care systems.

3. THE CARE CAP

- 3.1. From October 2023, the government was to introduce a new £86,000 cap on the amount anyone in England would need to spend on their personal care over their lifetime. In addition to this, changes to the Lower Capital Limit and Upper Capital Limit meant that this is a more generous offer than a previous proposal in 2015.
- 3.2. From October 2023 it was planned that anyone assessed by a local authority as having eligible care and support needs, either new entrants or existing social care users, would begin to progress towards the cap. Costs accrued before October 2023 will not count towards the cap.
- 3.3. For each person with eligible needs, the local authority was to provide either a personal budget, where the local authority was going to meet the person's needs, or an independent personal budget (IPB), where the individual arranges their own care.
- 3.4. Once the cap had been reached, the person would continue to remain responsible for meeting or contributing to their daily living costs and any top-up payments they had chosen to make. It would be the responsibility of the local authority to inform the person that they have reached the cap.

4. FAIR COST OF CARE

- 4.1. To deliver the objectives of the cap on personal care costs, self-funders need to have the option to pay the same price as the local authority would pay to meet their needs.
- 4.2. Allowing self-funders - who represent 50% of the market and pay more on average than the LA rate - to pay currently unsustainable local authority rates would seriously destabilise the already fragile care provider market. A sustainable care market is fundamental to underpinning the ambition of the White Paper and charging reforms.
- 4.3. Uncertainty over future funding, combined with low fees by some local authorities, has resulted in under-investment in local care markets, buildings and innovation. This is leading to poorer quality outcomes and therefore needs to be addressed to enable local authorities to successfully deliver the system reform ambitions.
- 4.4. To ensure that local authorities are able to move towards paying a fair cost of care, the government would provide an additional £1.4 billion over the next 3 years. This formed part of the £3.6 billion confirmed at Spending Review 2021, to implement Charging Reform. £162 million was to be allocated in 2022 to 2023 to support local authorities as they prepared their markets for reform. A further £600 million would be made available in both 2023 to 2024 and 2024 to 2025.
- 4.5. To prepare the market, the government expect local authorities would:
 - Carry out a cost of care exercise to determine the sustainable rates and identify how close they are to it.
 - Strengthen capacity to plan for, and execute, greater market oversight to ensure markets are well positioned to deliver on our reform ambitions.
 - Use this additional funding to genuinely increase fee rates, as appropriate to local circumstances.

4.6. As a condition of receiving further grant funding in the two following years, all local authorities were required to submit a cost of care exercise, a provisional Market Sustainability Plan and a Spend Report to the Department of Health and Social Care (DHSC) by the 14th October 2022. A final Market Sustainability Plan to be submitted in February 2023.

5. CARE QUALITY COMMISSION (CQC) ASSESSMENT

5.1. The White Paper also outlined plans for Adult Social Care to be inspected by the CQC. The ambition was for CQC to use its powers and duties to help improve outcomes for people who draw on care and support by assessing how local authorities are meeting individual's needs.

5.2. It is now known that the following themes will be assessed:

- Working with people - assessing needs (including unpaid carers), supporting people to live healthier lives, prevention, well-being, information and advice.
- Providing support - market shaping, commissioning, workforce equality, integration and partnership working.
- Ensuring safety - safeguarding, safe systems and continuity of care.
- Leadership - capable and compassionate leaders, learning, improvement, innovation and governance.

5.3. It was expected that these assessments will take place from April 2023.

6. Key Potential Impacts

6.1. These reforms announced in November 2021 were the largest reforms to adult social care since the introduction of the Care Act in 2014 and as such presented a huge challenge in development and implementation for the council.

6.2. For this reason a risk was added to the corporate risk register.

6.3. If the council were to fail in delivering these reforms the impact would have been reputational, financial and legal.

6.4. For failure to implement the Care Cap the council would have meant that the residents of Bury eligible for a care account and support with adult social care costs would not have been able to access it. This would have led to a large number of financial claims against the council and the council would have not been meeting its statutory requirements.

6.5. Failure to implement the fair cost of care would have meant that our social care providers would not be on a more stable financial footing meaning some may have failed and there may not have been sufficient care available in the borough to meet the needs of our residents. Care providers may have raised claims against the council and the council would not have been meeting its statutory duties.

6.6. If the council failed to implement the measures required to meet the new framework for assurance and provide the CQC with the required evidence the council would be judged to not be meeting the social care needs of its adults who are eligible for care and support and

its statutory duties under the Care Act. The council likely experience increase expense in resolving these issues

7. Current Controls

- 7.1. A lot has changed since the announcement of this government policy, most notably the delay of the care cap, which is now delayed until 2025. This does not remove this risk but does mitigate it and must be seen in the context that the delivery of this cap required both the implementation of a 1.5% increase in national insurance and will also now take place after a general election.
- 7.2. For this reason the likelihood score of the overarching adult social care reforms risk has been reduced.
- 7.3. The transformation programme relating to this has been paused and the preparation saved for later.
- 7.4. In addition to the delay of the care cap the fair cost of care was diluted. Primarily due to the need for it to also be financed by the 1.5% increase in national insurance.
- 7.5. As a policy this changed to a move towards the fair cost of care and funding called the Market Sustainability and Impact fund was delivered by the government. This was equal to approximately 50% of what was originally promised and has enabled Bury to raise its average fees to adult social care providers by 16%. This has provided a much needed degree of sustainability to our adult care providers at a time that has seen the highest ever rises to the national living wage and very high inflation in overheads such as food and utilities.
- 7.6. The Council completed the other associated requirements, such as the submissions and the fair cost of care exercise and raised its fees in April 2023 with further rises of approximately 8% planned for April 2024
- 7.7. This change in government policy and the delivery of the requirements by the council significantly mitigates this risk.
- 7.8. For this reason the likelihood score of the overarching adult social care reforms risk has been reduced
- 7.9. The one remaining reform that has not been changed or delayed is the new duty on the Care Quality Commission to inspect the council's adult social care services.
- 7.10. To respond to this requirement a large transformation and preparation programme is underway in the department. It is monitored through the health and adult care senior leadership team and reports regularly to the executive.
- 7.11. It is a priority in the corporate plan and updates are provided to cabinet as part of the corporate plan and also to health overview scrutiny committee.

8. Completed Actions

- 8.1. Many actions have already been completed and many more are still to undertake to prepare for a visit by the Care Quality Commission and a transformation programme dedicated to delivering CQC preparedness supported by a programme manager is underway.
- 8.2. As part of this work the department has delivered a 2 year business plan identifying the priorities needed to deliver improvement, along with making the social care services available in Bury the best they can be and helping to make Bury a great place to work.
- 8.3. To support this overall programme of preparedness a peer review was carried out by North West Association of Directors of Adult Social Services. This found a strong and visible leadership, a good use of person centred assessments, a good grip of finance, effective partnership arrangements with health partners and adult social care providers.
- 8.4. It identified the need to improve the use of data and develop stronger performance management, the need to improve waiting lists, the need to improve transition to adulthood and to review our partnership arrangements with the mental health trust.
- 8.5. All of these elements had already been identified by the department and work was already underway to improve these areas.
- 8.6. A comprehensive governance system has been implemented to performance monitor and deliver improvement in our operational social work and care delivery services, this will monitor performance, quality, finance and workforce.
- 8.7. The outputs of this new governance and supporting data and intelligence now delivers an in depth quarterly performance report demonstrating the performance of the department to cabinet and scrutiny committee. The first of these reports can be found here [Adult Social Care Performance Quarter One and Quarter Two Report 202324.pdf \(bury.gov.uk\)](#) and is appended to this report. The department thanks the data and intelligence function of the corporate core in the ongoing delivery of his huge task.
- 8.8. An investment case was prepared to increase social work resources to address waiting lists and staff are currently being recruited.
- 8.9. A new service was launched to improve transition to adulthood with staff currently being recruited and a piece of work is underway in Bury, Rochdale, Oldham, Tameside and Stockport to refresh the partnership arrangement we have with Pennine Care NHS Foundation Trust who provide our mental health services.
- 8.10. In addition, the adult social care commissioning function now has refreshed governance with monthly meetings delivering market oversight and commissioning improvement and a new quality assurance of adult social care services has been written and implemented along with a multi-agency risk management forum for managing and supporting our adult social care providers.

- 8.11. 2 workforce strategies have been written; for social workers and also our health and system workforce and a quality assurance framework and audit cycle for audit of case work and social work practice.

9. Further planned actions

- 9.1. It is still necessary to deliver and refresh a number of strategies over the next year, these include Autism, Carers and Prevention
- 9.2. It is also necessary to develop a further programme of support to support our care providers with workforce and management development, this is currently being commissioned and due for delivery in April 2024
- 9.3. It remains necessary to improve our online information and advice as this is not of a sufficient standard and this work is currently being scoped and will require comms and corporate support.
- 9.4. Further enhancements to digital services are also required such as online financial assessment and online Care Act assessment for people who use care and support. This work is included in our digital plans for the coming year.
- 9.5. Finally, a self-assessment based on a framework delivered by ADASS and the LGA will be completed to evidence our performance against the required standards and where we still need to improve, this will be completed by the end of April and shared with the executive, cabinet and for health overview and scrutiny committee for further scrutiny.

Appendix



Report to:	Cabinet	Date: 13 December 2023
Subject:	Adult Social Care Performance Quarter One and Quarter Two Report 2023/24	
Report of	Deputy Leader and Cabinet Member for Health and Wellbeing	

Summary

1. This is the Adult Social Care Department Quarter 1 and 2 Report for 2023-24. The report outlines delivery of the Adult Social Care Strategic Plan, preparation for the new CQC Assessment regime for local authorities and provides an illustration and report on the department's performance framework.

Recommendation(s)

2. To note the report.

Reasons for recommendation(s)

3. N/A.

Alternative options considered and rejected.

4. N/A.

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Background

5. This is the first Adult Social Care Department Performance Report, covering Quarters 1 and 2 of 2023-24.

Links with the Corporate Priorities:

The Adult Social Care 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:

6. 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 EDI, 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:

7. N/A

Assessment and Mitigation of Risk:

Risk / opportunity	Mitigation
N/A.	N/A.

Legal Implications:

8. There are no legal implications however this report provides Members with details of performance reporting alongside an update on preparation for the CQC assessment.

Financial Implications:

9. N/A.

Appendices:

Appendix - Data sources and what good looks like.

Background papers:

Adult Social Care Strategic Plan 2023-2026

Bury Adult Social Care Assurance Preparation Challenge, February 2023

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

Term	Meaning
CQC	Care Quality Commission

Adult Social Care Performance Report for Quarter One and Quarter Two, 2023/24

1.0 Executive Summary

1.1 This report provides a summary of the performance of the Adult Social Care Department during Quarters 1 and 2 of 2023-24. The report outlines delivery of the Adult Social Care Strategic Plan, preparation for the new CQC Assessment regime for local authorities and provides the first illustration and report on the department's performance framework.

The report illustrates the high demand on Adult Social Care being felt here in Bury but also across the whole of England, compounded by multiple years where additional funding has not kept pace with demand.

It shows that this demand is causing some pressure with keeping pace with people waiting to see a social worker and those in need of an annual review. Where this is the case it can be seen that Bury is performing on average when compared to Greater Manchester and the North West meaning this effect is being felt widely across our region, not just here in Bury.

Despite this pressure the department is delivering on its improvement plan by not only preparing for forthcoming CQC inspection but also in its priorities to improve services.

Where pressure is seen the department is utilising recent government funding to address these issues, these include reducing waiting lists and a forthcoming plan to reduce the number of overdue reviews. Progress is already being seen in the numbers waiting to see a social worker where over all numbers waiting have dropped to 171 which must be seen the context of 9200 people per year requesting our support compared to 6500 before the pandemic.

Our safeguarding processes evidence that we are keeping people safe but the outcome measures in safeguarding show room for improvement in ensuring the process is personalised. This is a key priority in our business plan and we expect to see considerable improvement in the next quarter.

The availability of services remains good and we are now supporting 400 more people than 18 months ago, there has been a considerable improvement in the number of people able to be supported in their own homes due to our strengths based approach, our work with hospital partners and the effectiveness of our intermediate care services.

The quality of the borough's care services, despite some struggles with a small number of care homes remains above the GM and England average.

Feedback from our users remains in line with the rest of England in the recently published Adult Social Care User survey and the number of complaints has dropped when compared to last year.

2.0 CQC Assessment of Local Authorities

2.1 From April 2023, the Care Quality Commission (CQC) gained a new duty to independently review and assess how local authorities are delivering their Care Act functions. All local authorities are to be assessed over two years. Local authorities will be rated as 'outstanding', 'good', 'requires improvement' or 'inadequate'. An intervention framework has been published by the Government.

CQC Themes and Quality Statements

Working with People: assessing needs, care planning and review, direct payments, charging, supporting people to live healthier lives, prevention, wellbeing, information and advice			Providing Support: shaping, commissioning, workforce capacity and capability, integration and partnership working	
Assessing Needs	Supporting people to live healthier lives	Equity in experiences and outcomes	Care provision, integration and continuity	Partnerships and communities
We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.	We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives, and where possible reduce their future needs for care and support.	We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this	We understand the diverse health and care needs of people and local communities, so care is joined-up, flexible and supports choice and continuity.	We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement
Ensuring Safety: safeguarding enquiries, reviews, Safeguarding Adults Board, safe systems, pathways and continuity of care			Leadership: culture, strategic planning, learning, improvement, innovation, governance, management and sustainability	
Safe systems, pathways and transitions	Safeguarding		Governance	Learning, improvement and innovation
We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.	We work with people to understand what being safe means to them and work with them as well as our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect, and we make sure we share concerns quickly and appropriately.		We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.	We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research

2.2 As part of its preparations, Bury Council hosted a Peer Challenge Day and Case File Review in February 2023 with a team from other local authorities, NW ADASS and the LGA. A Peer Challenge Report was shared which contained a number of findings and recommendations.

2.3 The report noted several strengths in Bury:

- Visible leadership and staff are proud to work for Bury.
- New Care Act Assessment documentation which supports practitioners to use a strengths-based approach is good.
- Services over which Adult Social Care has direct management control as part of the integrated care partnership arrangements are seen to be working well.
- Effective work with partners in the production of market sustainability plans.
- Finance governance is well-developed.
- Acknowledgement of Bury's well-managed response to the Edenfield Centre abuse allegations.

2.4 The report also identified that significant improvement may be required in some areas but planning and delivery is already underway. Areas for improvement included:

- Driving a department approach to equality, diversity and inclusion.
- Strengthening performance management and use of intelligence.
- Embedding the new strengths-based assessment approach.
- Re-designing the 14-25 transitions process (with Childrens).
- Reviewing the delivery of statutory local authority mental health functions.
- More regular reporting to Elected Members.

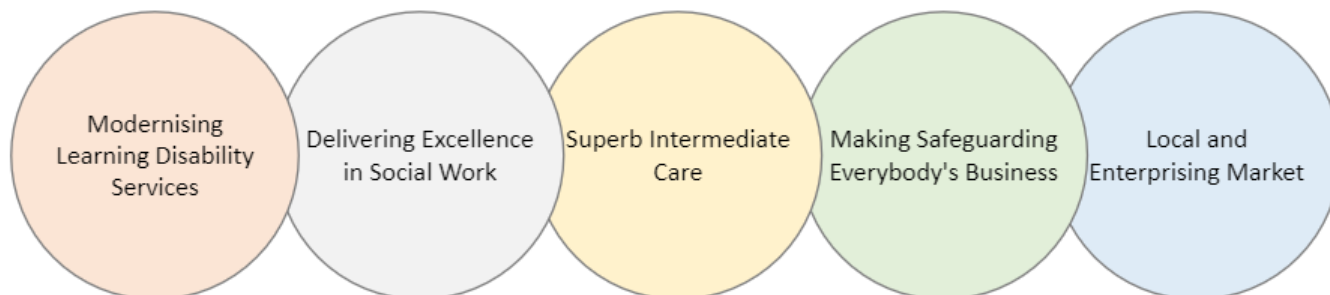
2.5 Since the Peer Challenge report:

- The Adult Social Care Strategic Plan was finalised in March and risk registers have been prepared for the Department and for service areas.
- A new policy portal [Bury Adult Social Care APPP](#) has been launched in May.
- This ASC performance report has been prepared for Cabinet to strengthen member engagement going forward.
- A monthly performance report for Social Work teams and a safeguarding dashboard have been developed, with Power BI to be introduced to allow easier manipulation of data.
- Strengthened assurance governance is being put in place for Performance and Improvement, Workforce and Quality, and Finance.
- Preparation of an Adult Social Care self-assessment is underway, and an evidence repository is being compiled.

3.0 The Adult Social Care Strategic Plan

3.1 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.

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



3.3 This three-year plan is released at a time of great challenge and pressure within the social care sector. The current population of Bury totals 193,851 with 25.7% of people identifying themselves as living with a long-term condition or disability (ONS, Census 2021). The growing proportion of our population aged 50 or over indicates that we are likely to see increasing demand for care and support in coming years as more people live longer but with potentially increased need due to ill health and disability. The Adult Social Care department is accountable for the expenditure of the largest portion of Bury Council's available funds and our duty to exercise financial responsibility will be at the forefront of the decisions we make over the next three years.

3.4 For those eligible to access social care services, we provide assessment and support planning with an emphasis on building on individuals strengths and promoting independence in line with our statutory responsibilities to all people over the age of 18 resident in the borough. 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.

3.5 The 2023-26 Strategic Plan includes an annual delivery plan to deliver the service priorities, this is monitored on a quarterly basis. Highlights include (see overleaf):

3.5.1 Priority – Modernising Learning Disabilities

Successful disability confident event at Millgate (August), aimed at all disabled people. 14-25 Transitions Programme Board has been established, and a 14-25 Transitions policy has been drafted for consultation with system partners and practitioners. A Transitions clinic is in place and meeting fortnightly. The 'Towards Independence' project is renegotiating high-needs support packages and fees levels to improve support in line with strengths-based approach and achieve savings where possible. The project has realised savings of £113,175.93 for ASC (and £111,597 for Health) to date.

3.5.2 Priority – Delivering Excellence in Social Work

A system-wide evaluation of the new 'My Life, My Way' strengths-based care assessment is underway with the Principal Social Worker and Teams. A draft DESW Training Plan 2023/24 has been produced. A dashboard for training performance will sit alongside the plan to provide real time reporting on training uptake. Audit reporting has commenced, and a Workforce Board and Quality Board has been established to provide assurance.

3.5.3 Priority – Superb Intermediate Care

Review Intermediate Tier and assess requirements. A test of change is due to commence on bespoke IMC panel meetings to reduce the requirement for formal funded care, therefore, increasing more people leaving services independently. Providing more capacity by increasing efficiency across the IMC Tier is being closely managed by a new flow manager. Flow has improved and is expected to improve further in the next quarter. The Technology Enabled Care' (TEC) Project is working with operational teams to identify service users that will benefit from technology to be purchased to replace care elements in packages.

3.5.4 Priority – Making Safeguarding Everybody's Business

A safeguarding process has been drafted, awaiting being finalised and then shared with all staff. A Court of Protection (CoP) Deprivation of Liberty Safeguards triage tool has completed. A safeguarding dashboard is now in place to support teams around this and reduce the length of S.42 enquiries. Reviews of the MARM (single agency) and PIPOT processes have been completed.

3.5.5 Priority – A Local and Enterprising Care Market

Development of Adult Social Care Housing for those with additional needs. LD accommodation target met/exceeded- including schemes- St Marys Place, Willow Street, Kemp Heaton and GM projects. Mental Health accommodation on target- including schemes Blackburn Street, The Rock, Topping Mill. £1.7m of external capital money brought in for ASC accommodation needs. Development of Adult Social Care Housing for those with additional needs. The production of a Quality Strategy with review quality assurance framework, contract monitoring, and escalation process is in development. A Quality Assurance Audit tool, Quality Assurance Audit schedule, Risk Escalation Process, Draft Performance Management Tool and Risk Stratification Matrix and draft governance process have all been completed.

4.0 Highlight Report for Quarters 1 and 2, 2023

Obsessions	Performance Measures	Frequency	Polarity	Sparkline	Lastest Data	Direction of Travel	Rank (higher is better)	
							CIPFA (16) 21/22	NW (22) Q4 22/23
<i>Reduce the number of people living in permanent nursing and residential care</i>	Long-term support needs (65+) are met by admission to residential and nursing care homes (per 100,000 population)	A	L		584	✓	7	7
	Number of individuals (65+) in a Permanent Residential placements (per 10,000 population)	Q	L		173	✗		21
	Number of individuals (65+) in a Permanent Nursing placements (per 10,000 population)	Q	L		43	✓		11
<i>Increase the number of people living well at home</i>	Quality of life of people who use services (composite survey metric out of 20)	A	H		18.8	✗	1	15
	The proportion of people who use services who have control over their daily life	A	H		79%	✗	1	7
	Proportion of services users in receipt of long-term community based services	Q	H		72%	✓		14
<i>Increase the number of people who have their safeguarding outcomes met</i>	Proportion of people who have their safeguarding outcomes fully met	Q	H		39%	✗		21
	Proportion of people who use services who feel safe	A	H		66%	✗	1	18
<i>Increase the number of people leaving intermediate care services independently</i>	The proportion of people who received short-term services during the year where no further request was made for ongoing support	Q	H		81%	✓	12	11
	The proportion of older people (65+) who were still at home 91 days after discharge from hospital	A	H		87%	✗		5
<i>Increase the number of people with a learning disability and/or autism who have their own front door and in paid employment</i>	Proportion of adults with a learning disability in paid employment	Q	H		2.6%	✗	7	7
	[Measure to be developed for recording people with their own front door]							
<i>Increase the number of people accessing care and support information and advice that promotes people's wellbeing and independence.</i>	The proportion of people and carers who use services who have found it easy to find information about services and/or support	A	H		64%	✗	3	18
	The proportion of people who use services, who reported that they had as much social contact as they would like	A	H		40%	✗	1	19

Annual Measures: updated Q4 22/23
Quarterly Measures: updated Q2 23/24

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.

Reduce the number of people living in permanent residential care.

Reducing those that live in permanent residential or nursing care as a share of the numbers we support in total and increasing those that are living well at home demonstrates that the objectives set within our delivering superb intermediate care which provides rehabilitation and recovery to our older adults is working as more are able to be supported at home.

Improving personalisation, diverting people from unnecessary and care and support and maximising use of a person's strengths through the adoption of our new strength-based assessments as part our delivering excellence in social work programme will also increase the numbers able to live well at home and reduce those living in care homes.

Overall, this indicator is 584 per 100,000 of population. The indicator is measured annually over the financial year and the trend line shows a steady drop for a number of years. Bury performs overall on average and 7th out of 16 stat neighbours the last time this comparison was made.

Measuring residential home and nursing home use individually is available more frequently. This shows a reducing pattern of residential use at 173 per 100,000, however there was a small increase in quarter 2 when most recent data was available, and a small decrease in nursing home use. Care Home use increased dramatically after the pandemic as use of care home beds to facilitate hospital discharge continued, this led to a number of people entering care homes prematurely. Following the ending of funding, a refocus on recovery and personalisation as part of our planning and our partnership with the NCA in the Discharge Front Runner Programme we are beginning to see these numbers drop again.

Increase the number living well at home.

The quality of life of people who use services should change if their experience of our care services improves as part of our development of a Care Quality Strategy. If peoples experience of social work also improves as part of our work to deliver excellence in social work, they are also likely to report a higher quality of life when using services. This is an annual measure and is collected via the national adult social care survey. The most recent results have been published in October 2023 and are featured later in the report.

Safeguarding outcomes

Asking people what outcomes they want to achieve and whether they have them during a safeguarding intervention is a central component of making safeguarding personal.

The making safeguarding personal framework was developed to provide a means of promoting and measuring practice that supports an outcomes focus and person led approach to safeguarding adults. The framework aims to enable councils and SABs to better identify how practice is impacting on outcomes, indicate areas for improvement, enable bench marking, and share best practice and learning.

This indicator shows some recent improvement but at only 39% shows us as the second worst performing local authority in the NW, for this reason this was chosen as a key priority in our plan, and we expect to see this indicator move rapidly as we implement these improvements.

Increase the number of people living intermediate care independently.

Intermediate Care is a range of services aimed at preventing, reducing and delaying the need for care, helping people recover after hospital or avoid being admitted.

Rarely do we find people keen to be dependent upon adult social care, so it is important we have services available that aim to prevent this. This is why continuing to improve these services are a key priority in our plan. This indicator is available quarterly and shows that 81% of the people who use our intermediate care services which although very high was ranked 12 out of 16 at the end of 21/22. The numbers using intermediate care services are shown later in the report.

People with learning disabilities or autism with their own front door and numbers in paid employment

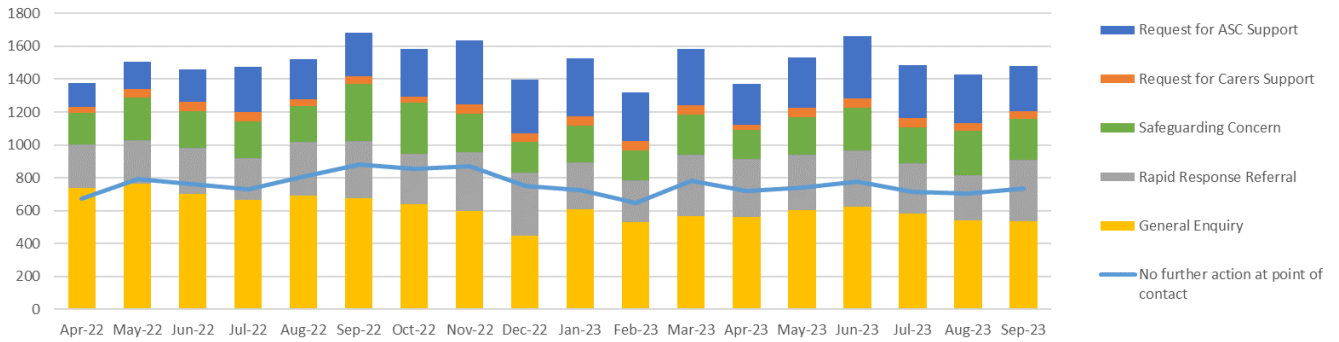
These 2 simple outcomes demonstrate if the borough is being successful in improving the inclusion of our resident adults living with learning disabilities. A key priority of our plan is to modernise our services and improve outcomes of those living with learning disabilities and the priorities chosen by our learning disability partnership board include good jobs and better homes.

This data is available quarterly and we currently score 2.6% which means 2.6% of the adults living with learning disabilities who receiving adult social care support are in paid employment, we are ranked 7 out of 22 in the Northwest.

4.1 Contacts

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

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



How does Bury Compare?

Contacts by Outcome | August 2023

	Safeguarding adults	Deprivation of liberty safeguards	Link to existing case	Progress to new case	Resolved at contact - equipment / adaptations / telecare to be provided	Resolved at contact - other	Unknown
Bolton	14.8%	7.0%	23.2%	27.0%	10.9%	17.0%	0.0%
Bury	5.9%	2.0%	10.4%	22.0%	50.2%	9.6%	
Manchester	11.8%	9.3%	37.8%	16.7%	0.9%	23.4%	0.1%
Oldham	14.3%		1.3%	39.1%		45.2%	0.2%
Rochdale		9.1%	36.4%	18.2%		36.4%	
Salford	0.0%	0.3%	65.7%	0.0%		34.0%	
Stockport	12.8%	7.3%	23.0%	25.5%	4.0%	27.4%	
Tameside	16.7%		58.3%			25.0%	
Trafford	2.1%	9.9%	39.8%	14.6%		31.9%	1.7%
Wigan	16.1%	3.2%	12.9%	32.3%	9.7%	25.8%	

Contacts - commentary

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

The pattern of contact shows little variation of over the seasons and a consistent pattern of increasing demand for intervention, this is shown by grey, green, orange and blue portions increasing whilst the general enquiries are dropping.

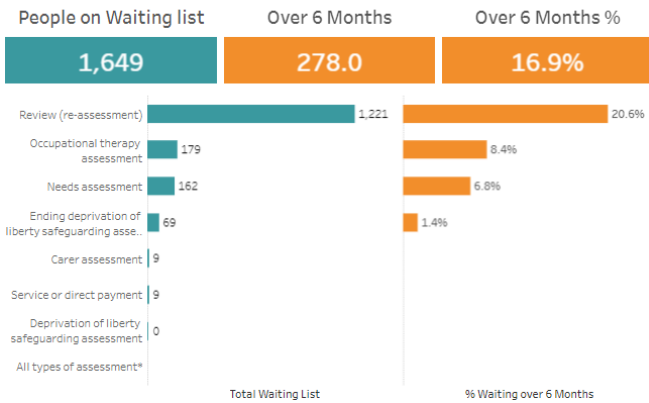
Current Bury is the top of Greater Manchester for resolving contacts in our contact centre.

4.2 Waiting Times for Assessments and Reviews

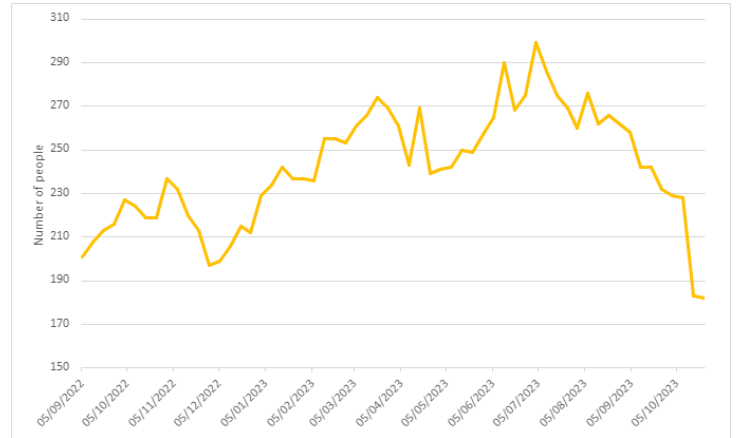
People awaiting an assessment or review of their needs by social workers, occupational therapists or deprivation of liberty safeguards assessors. Reduced waiting times lead to improved outcomes for people because they are receiving a timelier intervention.

Total number waiting for all interventions

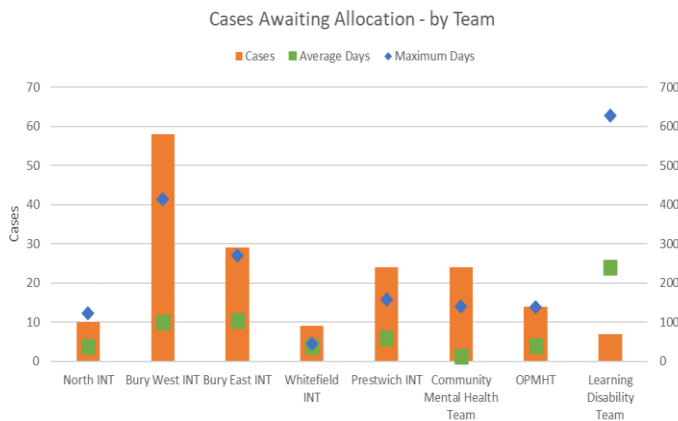
Waiting List Summary | as of September 2023



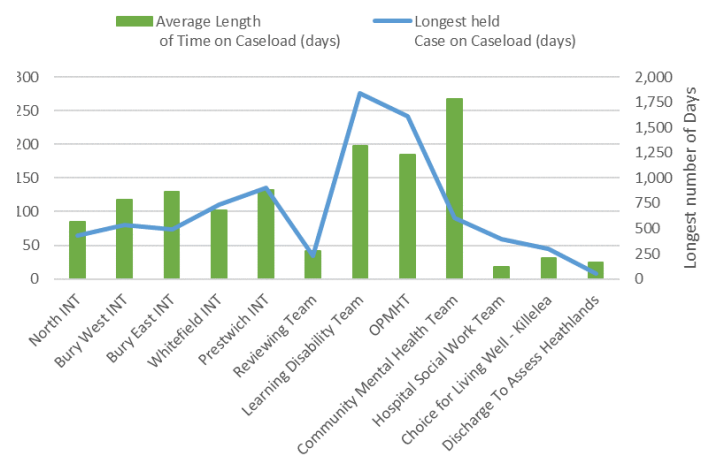
Needs & Carers Assessments: No. of Cases Waiting for Allocation.



Number of cases awaiting allocation by team



Average and Longest Time on Caseload



How does Bury Compare?

Local Authority	Days on waiting list		Total Waiting List	Wait list per 100,000	% Waiting over 6 Months
	Median Days	Maximum Days			
Bolton	39.4	998	1,423	493.7	22.0%
Bury	78.7	821	1,649	864.7	16.9%
Manchester	47.9	4,196	2,122	381.8	31.1%
Oldham	199.8	3,035	2,587	1,088.7	49.2%
Rochdale	14.6	63	1,206	539.2	6.9%
Stockport	94.2	1,253	2,142	728.1	42.8%
Tameside	179.9	1,829	2,800	1,232.8	65.0%
Trafford	162.8	2,897	2,114	889.8	31.5%
Wigan	87.4	952	2,060	622.9	43.3%
Greater Manchester	95.4	4,196			

Waiting list - commentary

This shows the number of people waiting for the different types of assessments provided by the department. Where people are waiting for a social worker to be allocated, we also show this by team.

These charts illustrate the level of demand here in Bury and across Greater Manchester and the pressure the system is under whilst it recovers from back logs since COVID, struggles to keep pace with population growth with limited increases in resources and workforce challenges.

Whilst our overall number waiting is slightly below the average for Greater Manchester, we have some teams particularly affected these being Bury West Integrated Neighbourhood Team and our Disability Services

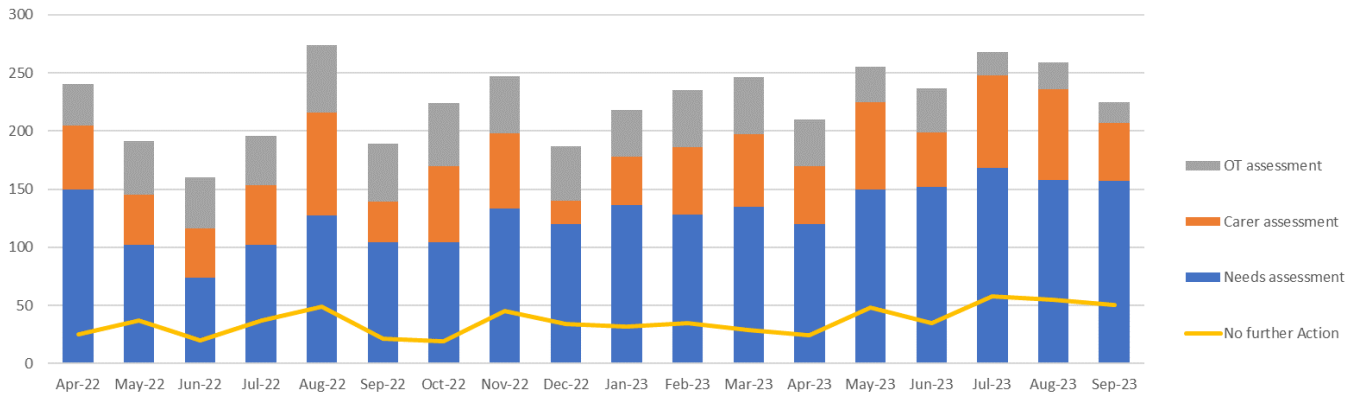
Most other teams are performing well and as can be seen the numbers waiting for assessment from a social worker is dropping.

A proposal utilising government grants is currently progressing through governance which will see investment in staff to address our challenges in those waiting for reviews, those waiting for assessment under the Care Act and those waiting for assessment by an OT.

4.3 Assessments

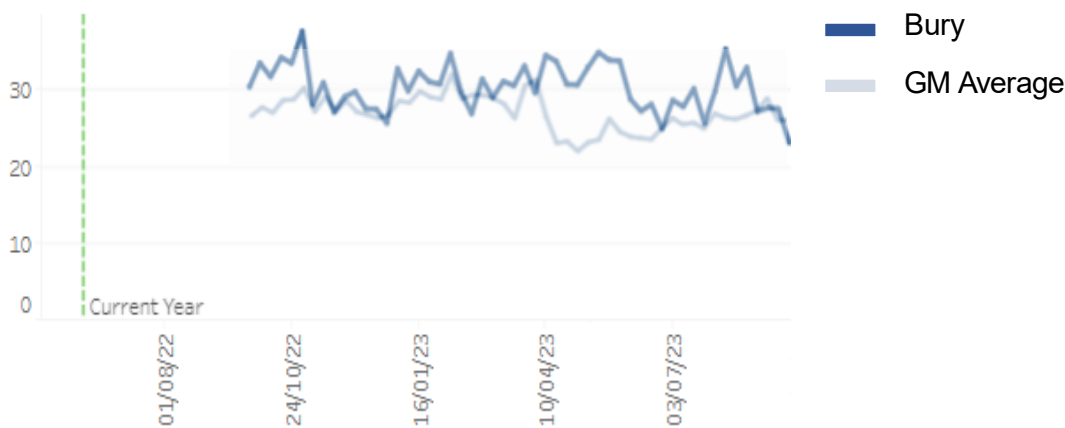
Local Authorities have a duty to carry out an assessment of anyone who appears to have needs for care and support, regardless of whether those needs are likely to be eligible. The focus of the assessment is on the person's needs, how they impact on their wellbeing, and the outcomes they want to achieve. 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 are able to focus their time on those people with identified needs.

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



How does Bury Compare?

Average number of Days between contact and Assessment



Updated: Aug 23

Assessments - commentary

This shows the number of assessments and the type of assessment we complete each month.

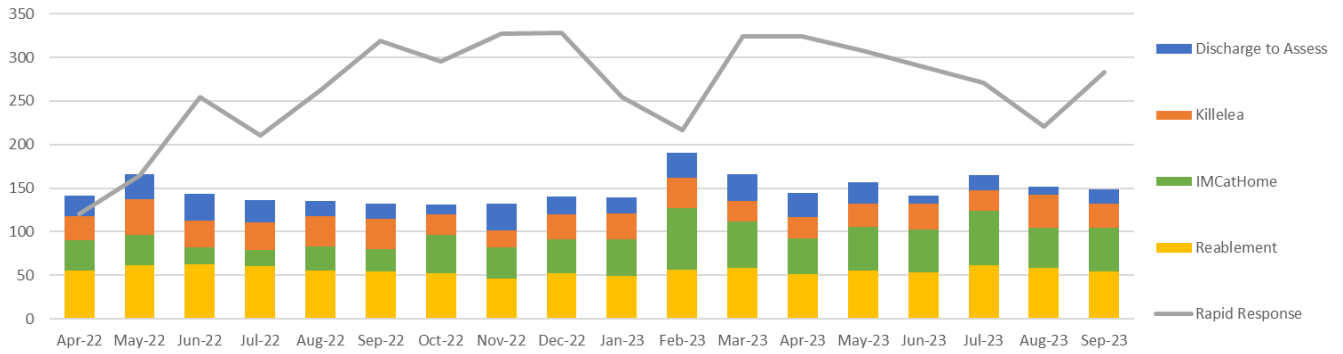
It illustrates a growing demand for needs assessments where we have seen an increase of nearly 50% growing from an average of 100 per month to 150 per month. This growth in demand is partly responsible for the increase in waiting lists.

Despite this extra demand the time taken to complete an assessment is improving and now matches the GM average.

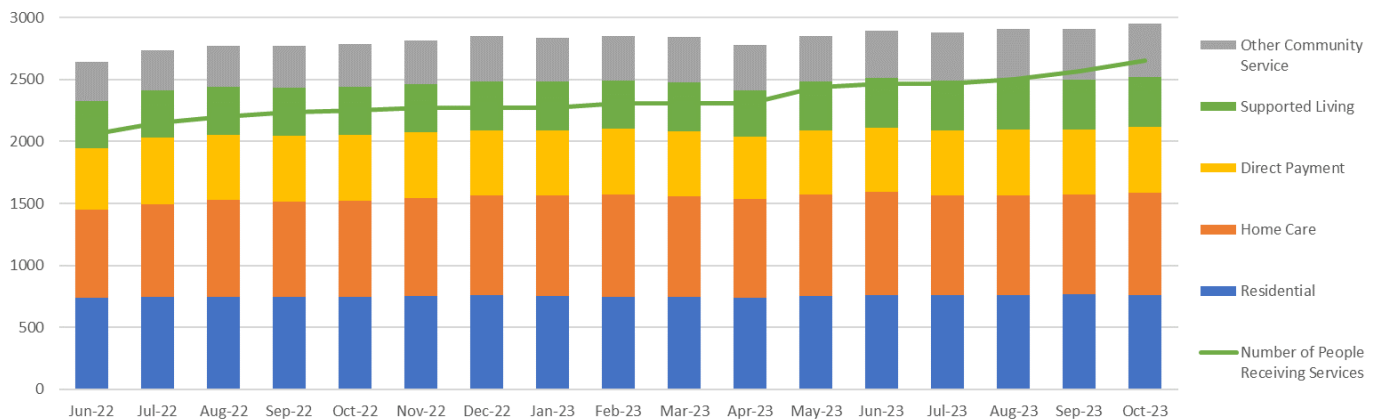
4.4 Services

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.

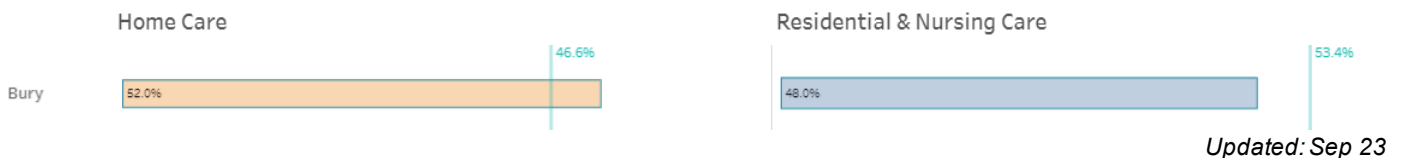
Number of Intermediate Care (short-term) services completed each month.



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

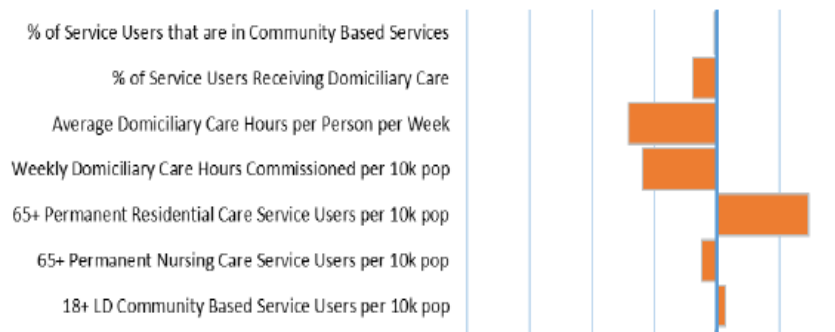


Proportion of Home Care vs Nursing and Residential Care Services compared against 2 years ago.

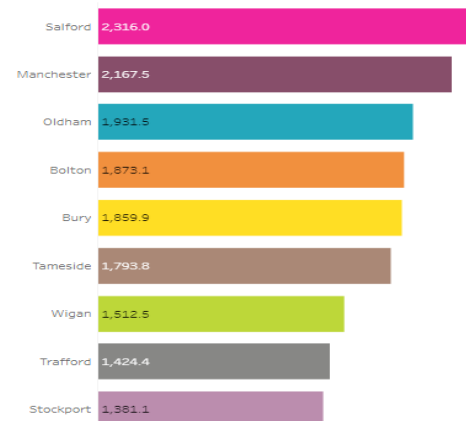


How does Bury Compare?

Analysing the Level of Provision Against the NW Average at Q4 2022/23



People receiving services per 100,000 population August 2023 - Long term nursing care & Long term residential care



Service type by Local Authority per 100,000 population: August 2023



Services - commentary

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

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

The second chart shows the number we support with long term care services which has grown by nearly 400 or 18% in one year. However, this needs to be seen with the context of how many extra assessments have been completed which is considerably more. This shows our strength-based approach is helping keep people independent but despite this, additional services are still being provided albeit at a much lower rate of increase.

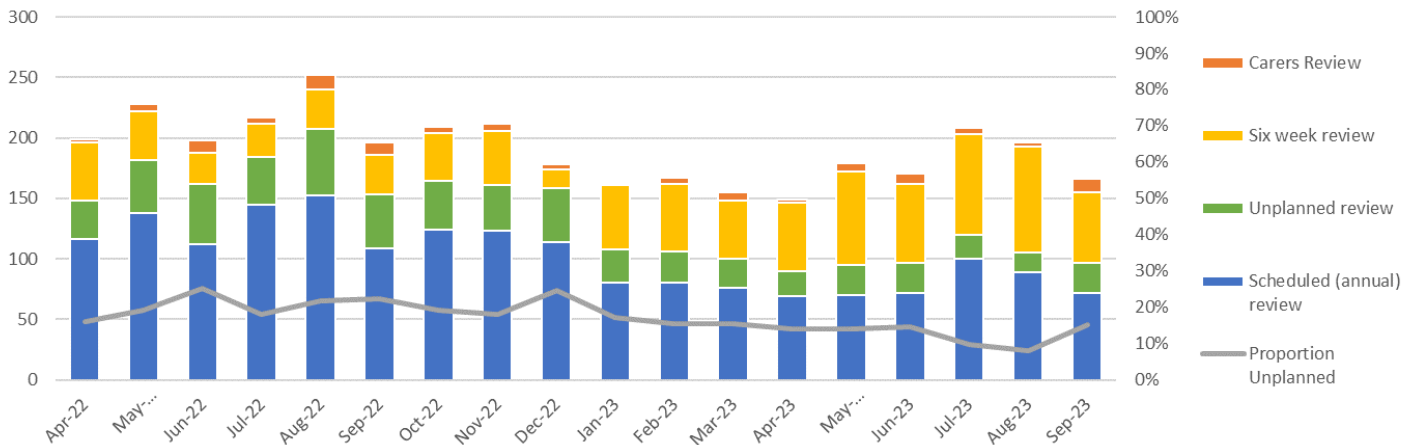
The third indicates the split between residential and home care and our position 2 years ago. We now support more at home showing we are being successful in supporting people at home which is where most people want to be supported.

The final 3 charts are comparisons with the Northwest and Greater Manchester. It shows good performance in managing demand with us now being in the middle for supporting people in care homes compared to the rest of Greater Manchester but still higher than average when compared to whole of the Northwest.

4.5 Reviews

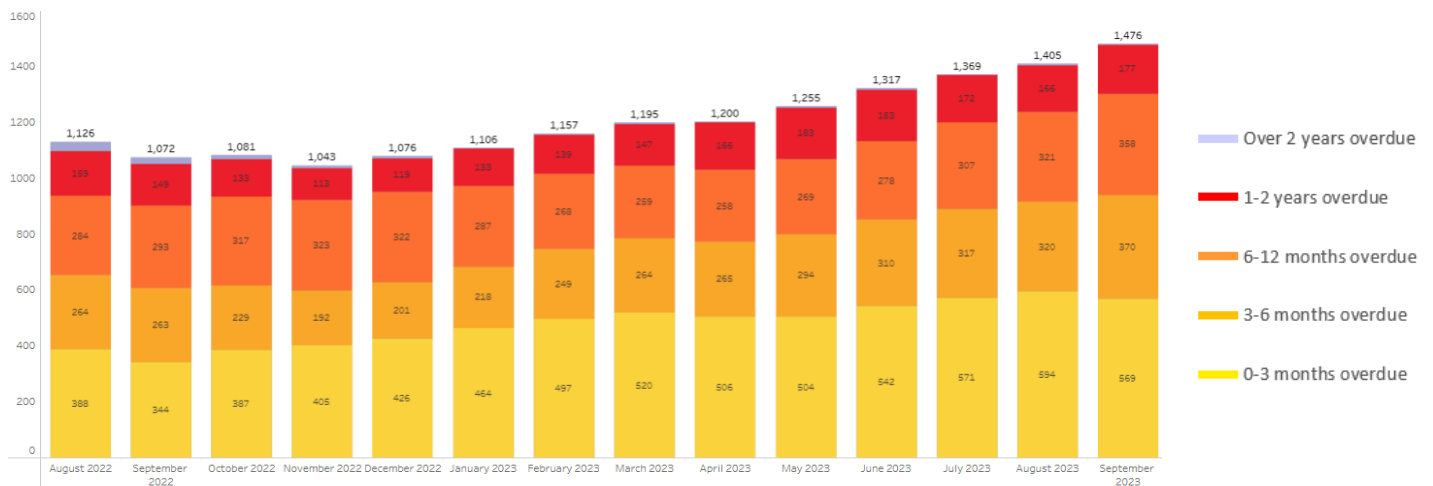
Adult Social Care reviews are a re-assessment of a person’s support needs to make sure that they are getting the right support to meet their needs. Needs may change and new services and technology may give someone more independence and improve their wellbeing. A lower proportion of unplanned reviews means that people are supported 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.

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



How does Bury Compare?

Metric	Bury	Northwest Average	Rank in Northwest (out of 22)
% of service users with a completed annual review	51.6%	55.1%	12 th
% of service users with a review 2 years overdue	0.5%	9.3%	2 nd

Last Updated: Q4 2022/23

Reviews - commentary

This shows the number of people who have had a review of their care and support and those who are overdue an annual review. All the 3000 people receiving long term services should receive an annual review each year and those new or in short term services should receive a review in the first 6 to 8 weeks.

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

These 2 charts evidence the symptoms of a department experiencing high new demand. 6-to-8-week review numbers have increased as we review new people entering our system, but this is at the expense of the annual review where the numbers overdue increase.

Comparisons with the Northwest are included which shows us being 12 out of 22 for overall overdue reviews which demonstrate a whole system under pressure. We perform better on making sure people do not go 2 years without a review with our performance being 2nd highest in the Northwest.

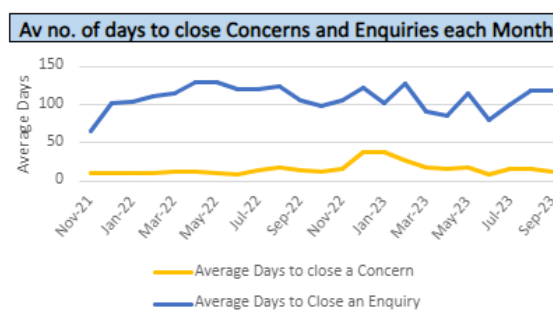
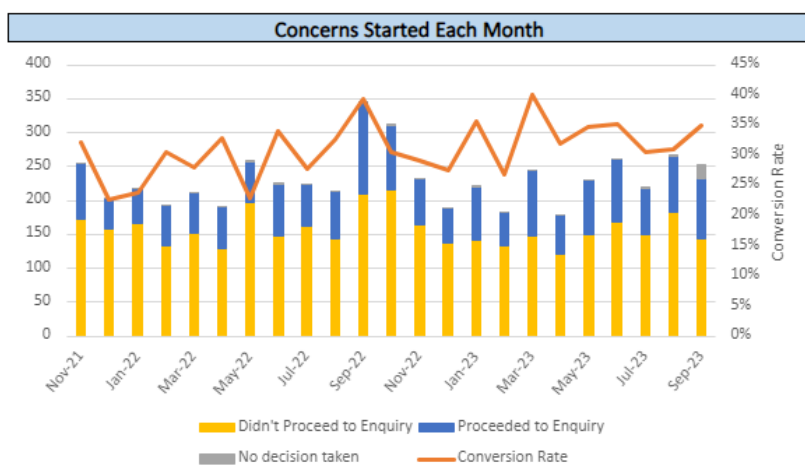
An investment proposal has been developed using the Market Sustainability and Improvement Fund to address this and is due to start implementation soon.

4.6 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.



Open Safeguarding Enquiries			
	Number	Av. Days	Max Days
ACS Safeguarding Team	165	67	277
Hospital Social Work Team	3	518	802
Learning Disability Team	4	91	224
OPMHT	17	48	141
Community Mental Health Team			
Strategic Adults Safeguarding Team	6	115	386
Discharge To Assess Heathlands			
Total	195	128	802



Active DoLS Requests			
	Urgent	Standard	Total
Waiting for Assessment	4	84	88
Processing	8	20	28
Total	12	104	116

How does Bury Compare?

Metric	Bury	Rank in Northwest (out of 22)
Conversion Rate	25%	11 th
Making Safeguarding Personal	54%	21 st
Making Safeguarding Personal - Outcomes		15 th

Last Updated: Q4 2022/23

Safeguarding - commentary

The data above shows some important trends and an improving picture for Adults Safeguarding in Bury. The measurements “How does Bury Compare?” was taken before the completion and rollout of the safeguarding dashboard and the data in the graphs above is taken directly from the safeguarding dashboard in October 2023.

A good conversation rate, according to our Head of Adult Safeguarding should sit between 30% - 40% which means around 3 – 4 safeguarding concerns are proceeding to an S.42 enquiry. If the rate is low (<20%) then Bury Council is probably receiving too many inappropriate safeguarding concerns; too high (>50%) then Bury Council is probably not receiving enough safeguarding concerns and abuse may be taking place but not being reported. The rationale for the 25% (which is lower than ideal) is due to an ongoing organisational safeguarding in which many safeguarding concerns have been linked to the organisational safeguarding rather than investigated as individual S.42 enquiries. This is acceptable practice, and has been discussed with individuals, families and representatives. Currently our conversation rate sits at 36%.

Ensuring we are asking outcomes during the safeguarding process is our obsession and is key to the strategy of making safeguarding everyone's business. We have improved from the low rate of 54% to 71% through data analysis, improvement work and communications across the adult social care system. There is further work to do in this area, including some work on the recording system to support front line practitioners to record outcomes more effectively.

There is no statutory timeframe for S.42 enquiries under the Care Act 2014. However, our average time for completion of S.42 enquiries was far more than 100 days, which without rationale does raise questions around timely completion. Over the last 6 months we have worked with the staff to understand why this is and set up some Key Performance Indicators to support the staff in the expectations of the Senior Leadership Team. We have seen a good reduction in time to complete S.42 enquiries with most teams now averaging under 100 days apart from the Hospital Social Work Team (which is due to administration and is being rectified). These are positive first steps in an improvement plan for adult safeguarding.

4.7 Complaints and Compliments

Complaints

Period 2023/24	Number of complaints received	Decision			20 working day timescale	
		Upheld	Partially Upheld	Not Upheld	Within	Outside
Q1	15*	5	4	5	9	5
Q2	19	1	9	9	9	10

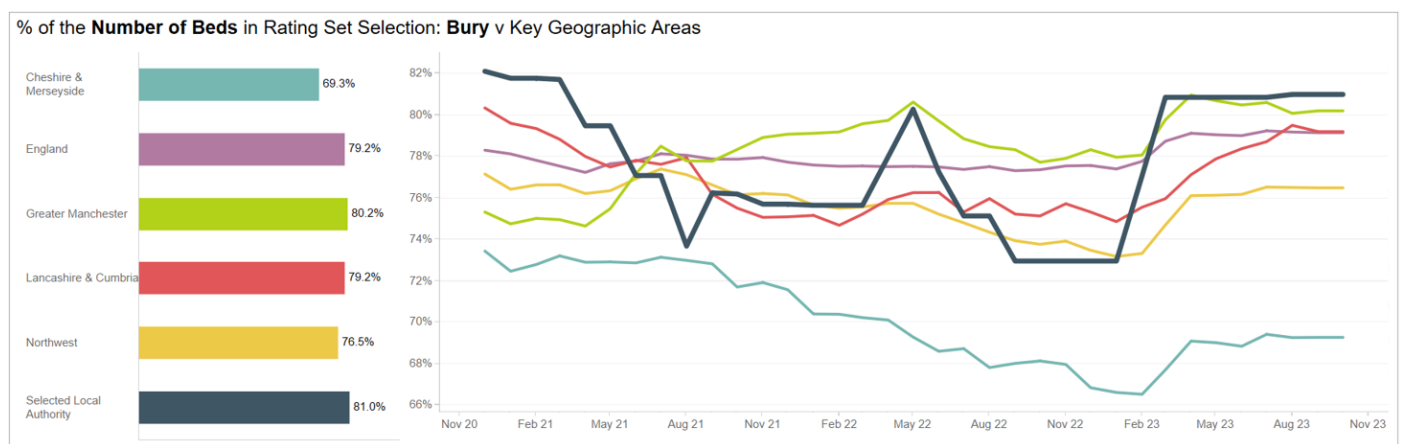
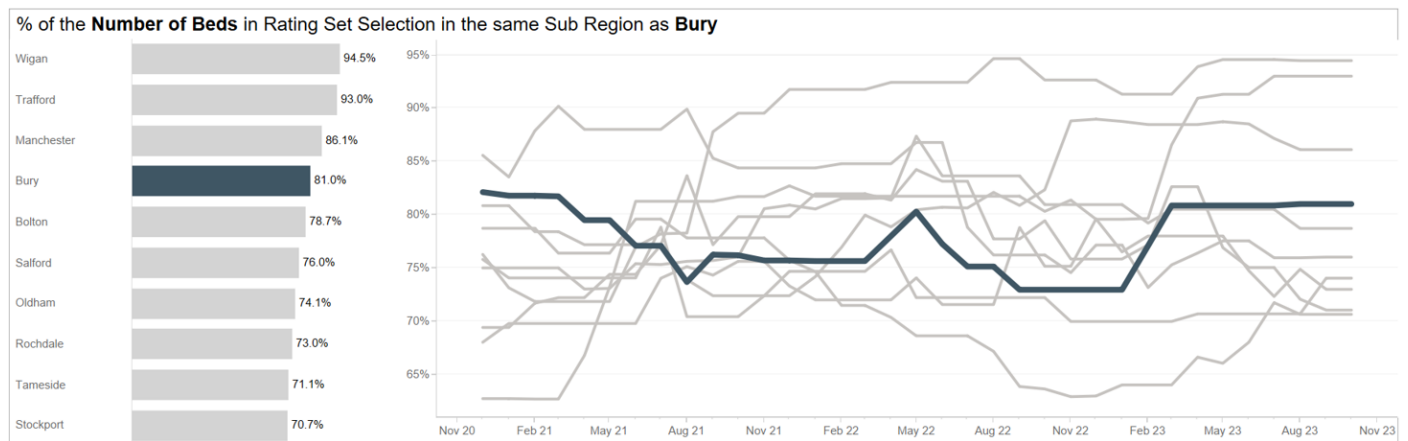
*1 complaint was withdrawn.

Compliments

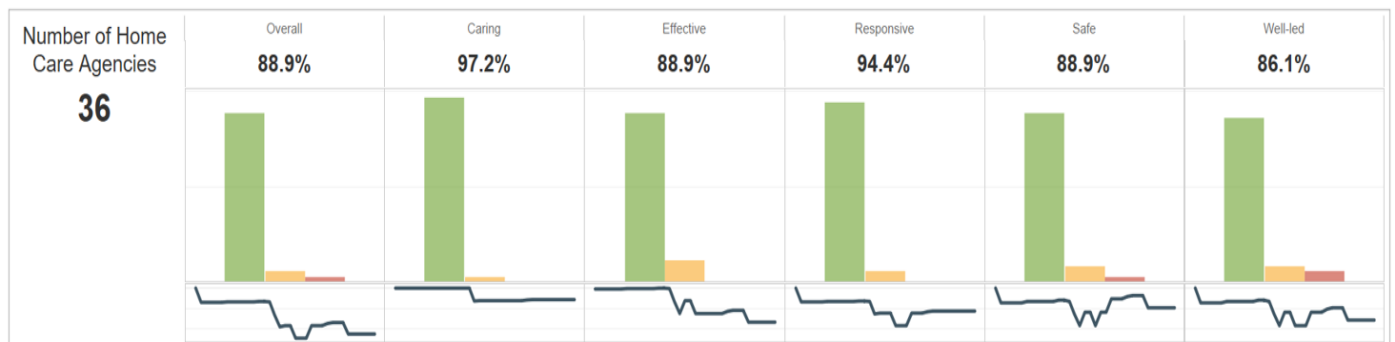
Period 2023/24	Source		
	Person receiving or had received services	Relative of person receiving or had received services	Other (incl. various survey responses)
Q1	7	20	148
Q2	16	12	183

4.8 State of the Care Market

Number of care home beds rated good or outstanding.



Quality Ratings of Bury's Home Care Agencies



Last Updated: Q4 2022/23

State of the Care Market - commentary

The top charts show the quality ratings of care homes in Bury compared to the rest of Greater Manchester showing the % of beds rated good or outstanding. The second chart shows Great Manchester compared to the other regions in England and the Northwest. The final chart shows the rating of home care agencies operating in Bury. For both charts the nearer to 100% the better.

Adult Social Care Providers in Bury have historically performed well compared to neighbouring authorities in achieving Good and Outstanding CQC ratings. In 2019 Bury was joint top of Greater Manchester Local Authorities in Good and Outstanding Care providers. Since the outbreak of the COVID pandemic, a noticeable drop in quality has been identified within care providers, with care homes especially being particularly affected. This resulted in a number of care homes being rated Inadequate by CQC, however, as the data shows, the Local Authority have worked hard to support those homes back to compliance while

proactively identifying other providers in need of improvement support. This has seen the overall quality picture in Bury improve greatly while the work being carried out on the Council's Quality Assurance and Improvement Framework will only enhance this further.

We continue to work with at risk providers and those with poor ratings from CQC and are currently focused on Burrswood Nursing Home which has received an Inadequate rating. A robust response by the Local Authority and Health colleagues, including funding additional resources into the home, has already resulted in improvements to the service being recognised.

The Local Authority has a clear and effective Provider Failure process which is being utilised with Burrswood but has also been required to support the closure of two Residential homes in the borough. Following the parent company of the two homes going into administration, the Local Authority worked quickly with residents, families, and the provider to facilitate moves to alternative accommodation. This was done successfully within 27 days of notice being given and is a testament to the teams involved in what was an incredibly difficult situation.

The Provider Failure process has also been used to support the turnaround of providers, with Nazareth House who were issued an Inadequate rating last year, a prime example. Through a formal improvement programme with support by the Local Authority commissioning team and Medicines Management, the home was re-rated Good with CQC noting that an improvement from 'Inadequate' to 'Good' has never before happened in the area.

4.9 Adult Social Care User Survey for England for 2022 to 2023

Published on 19th October 2023.

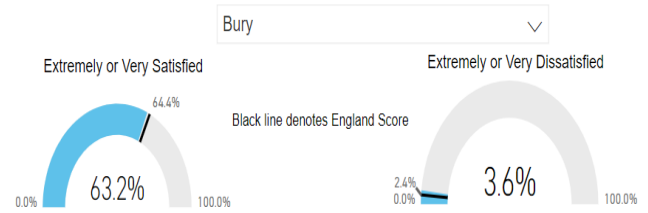


Key Findings

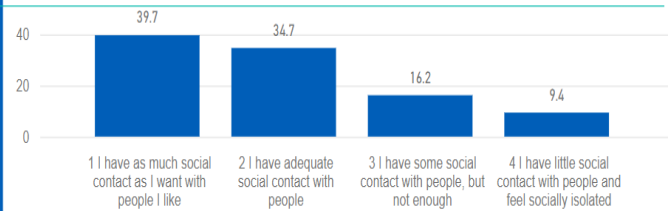
England right (by scrolling through the councils) to see the comparative figures for the selected council.



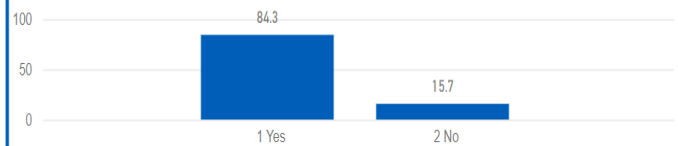
64.4% of service users were very or extremely satisfied with the care and support they received. 2.4% of service users were very or extremely dissatisfied with the care and support they received. The percentages were not statistically different to 2021-22.



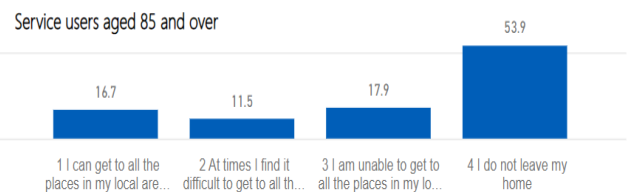
The percentage of service users that felt they have as much social contact as they want with people they like increased to 44.4% from 40.6% in 2021-22. The percentage of service users that reported they have little social contact and feel socially isolated decreased to 6.7% from 8.3% in 2021-22. The impact of COVID-19 should be considered when reviewing this data. The responses in 2022-23 are more in line with pre COVID-19 years.



The percentage of service users that felt care and support services help them in feeling safe increased to 87.1% from 85.6% in 2021-22.



Over half of service users aged 85 and over (52.8%), report that they do not leave the home.



NHS-E Adult Social Care Survey 22-23 - [Interactive Report](#)

Adult Social Crae Users Survey Commentary

The proportion of services users in Bury that are extremely or very satisfied with the care and support they receive, 63.2%, is comparable to the England average and has stayed the same since the previous survey in 21/22. 39.7% of service users have as much social contact as they would like, which is below the England average of 44.4% and has dropped 5 percentage points from last year.

This places us 5 out of 10 in Greater Manchester

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 4 data sources	
	Number of Long-term Adult Social Care services open on the 1 st of each month.		
	Proportion of Home Care vs Nursing and Residential Care Services compared against 2 years ago	Service data from Controcc Grouped by Service Type Count of service types, not people	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	