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

Report to:	Cabinet	**Date:**	16 April 2025
Subject:	Adult Social Care Performance Quarter Three Report 2024/25		
Report of	Deputy Leader and Cabinet Member for Health and Wellbeing		

Summary

1.   This is the Adult Social Care Department Quarter 3 Report for 2024-25. 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 Adult Social Care Department Performance Report covering Quarter 3 of 2024-25.

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Links with the Corporate Priorities:

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

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

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

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

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

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

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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.

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Legal Implications:

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

Financial Implications:

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

Appendices:

Appendix - Data sources and what good looks like.

Background papers:

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 Three, 2024/25

1.0   Executive Summary

1.1.   Quarter 3 saw some great moves forward with the department's objectives in its business plan as we saw waiting lists reduced further, now down to no more than 62 people waiting with a slight increase in the number of days of the waiting. This measure will be subject to fluctuation as demand ebbs and flows.

1.2.   We saw great improvement in the number of people trained in the progression model which is now converting into users of our learning disability services having new care and support plans. The progression model really concentrates on maximising the independence of our residents living with learning disabilities through very small achievable steps and personalised goals. It's great to hear and see so many more people benefiting from it.

1.3.   Overall, the service remained busy over the quarter with the number of assessments and number of reviews remaining high.

1.4.   The numbers of people receiving services continues to grow but at a slower rate than the number of assessments and reviews we are completing. This shows that our strength-based approach and use of intermediate care services is helping to manage demand for new services.

1.5.   Quarter 3 was a little bit of a disappointing month for our intermediate care services as they struggled with the number of dependent people they were supporting and a few people requiring rehousing. This slows down the flow through the services which in turn reduces the number of people that can be supported. We expect this to return to normal in quarter 4 having now discharged the people who have been taking up this space. I am pleased to report that this did not have an impact on the hospital though as we purchased services from the independent sector to mitigate this.

1.6.   I do want to draw your attention to the fantastic performance of the rapid response hospital at home service which you can see in section 4.5. The hospital at home service is now really embedding well and every single day of the week supporting between 60 and 70 people who would otherwise be in hospital.

1.7.   A new chart has been added to the quality of our care services section where you can now see our position as regards the quality of our care home beds compared to all the other local authorities in England. I'm pleased to report that we're currently 12th highest for the quality of our care home beds in the whole of England

1.8. Finally, one of our obsessions that we are really concentrating on is collecting feedback from people who use our services, our care services but also our social work services. It's important we do this to understand what we can do to improve further and the numbers able to provide feedback is beginning to increase rapidly. A couple of those comments are included at the end of the report about our safeguarding team.

2.0 Delivery of the Adult Social Care Strategic Plan

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

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

Transforming Learning Disabilities	Excellent Social Work	Superb Intermediate Care
Making Safeguarding Everybody's Business	Local and Enterprising Care Market	Connect Unpaid Carers to Quality Services

2.3 To build a health and social care system which will sustain our communities in the coming years within the funding available to us we need to look at providing support in different ways. Our journey over the next 3 years will be one of improvement and transformation, with the development of clear assurance mechanisms to enable transparency and accountability to the communities we serve. As we explore what social care delivery will look like 3 years from now, we will ensure that people who receive our support and their carers are at the heart of co-producing our social care delivery model and that their voice is central as we navigate through the financial and systemic changes we must make. The need for a new strategic priority to 'connect unpaid carers to quality support services' has been identified alongside the preparation of a new carers strategy in 2024/25 and progress will be included in future quarterly reports.

2.4   The 2023-26 Strategic Plan includes an annual delivery plan to deliver the service priorities, this is monitored on a quarterly basis. Quarter 3 highlights include:

Priority 1 – Transforming Learning Disabilities

- A forum for Learning Disabilities and Mental Health Providers was held.
- A gap analysis of the Autism Act was completed to inform the development of a strategy

Priority 2 – Delivering Excellence in Social Work

- A new Principal Social Worker for Adult Social Care (Emma Massey) joined the organisation.
- An updated workforce delivery plan was prepared.

Priority 3 – Superb Intermediate Care

- Reablement capacity and demand has been reviewed leading to a business care for increased capacity.

Priority 4– Making Safeguarding Everybody's Business

- Review of multi-agency MARM protocol completed.
- Safeguarding Adults Board learning and development session on the Mental Capacity Act delivered.

Priority 5– A Local and Enterprising Care Market

- Draft Dementia Strategy prepared for IDC Board in January 2025.
- Specification for Provider Workforce Support Offer being developed alongside Persona with a view to them picking up the Workforce Support Offer via the TECKAL agreement.

Priority 6 – Connect Unpaid Carers to Quality Support Services

- Cabinet report prepared for February 2025 to approve implementation of new Carers' strategy and commissioning intentions.
- Recruitment taking place for N-Compass to mobilise the Accelerated Reform Fund project to connect carers to services who are discharged.

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

3.1   Since the CQC finalised its assessment guidance for local authorities in December 2023, it has now published 22 completed assessment reports ([Local authority assessment reports - Care Quality Commission](#)) as it works towards assessments of all 153 councils over two years. The CQC has indicated that the remaining local authorities will be notified of their assessment between March and September. No local authorities in Greater Manchester had been contacted at the time of writing.

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

- A CQC Information Return has been compiled.
- A Self-Assessment of Adult Social Care in Bury has been prepared.
- Local key contacts for the CQC for the site visit have been confirmed.
- A 'Getting the Call' plan for pre-assessment site visit planning is in place.
- Commissioning of an LGA Peer Review to take place in February 2025 and we look forward to sharing the results of this review in the Q4 report.

4.0   Highlight Report for Quarter 3, 2024/25

Adult Social Care - Quarterly Highlight Report - Quarter 3

Obsessions	Performance Measures	Frequency	Polarity	Sparkline	Lastest Data	Direction of Travel	Rank (higher is better) CIPFA (16) 22/23	Rank (higher is better) NW (24) Q2 24/25	Rank (lower is better) GM (10) Q3 24/25
Reduce the number of people waiting for a social work needs assessment	Number of people on waiting list for ASC needs assessment	Q	L		62 ✓				2
	Median number of days waiting for an ASC needs assessment	Q	L		41 ✗				6
Increase the number of people who have their safeguarding outcomes partially or fully met	Proportion of people that were asked about their outcomes	Q	H		89% ✓			11	
	Of those who expressed outcomes the proportion of people who have their safeguarding outcomes fully or partially met	Q	H		96% ✓			7	
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% ✗		8	8	
	The proportion of older people (65+) who were still at home 91 days after discharge from hospital	A	H		86% ✗		8		
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		285 ✓				
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		66% ✓		11		
	The proportion of people who use services, who reported that they had as much social contact as they would like	A	H		46% ✓				
Increase the number of people with lived experience who provide feedback	Number of feedback provided	Q	H		115 ✓				
Increase the number of unpaid carers identified	Total number of new carers registered with Bury Carers' Hub	Q	H		98 ✓				

Annual Measures: ASCOF 23/24
Quarterly Measures: updated Q3 24/25

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

In Q3 we have sustained improvements in waiting lists and the days waiting only increased very slightly. These measures will be subject to small variations as demand ebbs and flows and is not consistent

Safeguarding outcomes continue to be strong, and further detail is available later in this report,

Quarter 3 showed a very small dip in the numbers of people leaving our short-term services independent at 86% but this continues to be above the England average of 83%

One of our priorities is transforming learning disability services by implementing the progression model throughout our services that support people with learning disabilities. A "progression model" for learning disabilities refers to a framework that focuses on maximizing independence for individuals with learning disabilities by providing tailored support to gradually develop life skills, allowing them to progress towards greater autonomy in their daily lives, often through small, achievable steps and personalized goals based on their individual strengths and needs; it emphasizes a focus on increasing independence rather than relying on long-term care services.

So far, we have trained 58 social workers and care providers in this new model and 285 of our learning disability users have benefited from this new model of care and support planning.

Improving the number of people accessing information is only collected annually as part of a national survey so this number will not change regularly, however to ensure we can improve this we have been developing the council intranet and internet sites which should be ready for publishing on the world wide web in Q4.

Our efforts to collect feedback from our users continues to embed and we are now collecting it regularly as part of our quality assurance processes for care services and case files audits. So far 115 people have provided feedback which will be used to inform the development of our services and service plans for 25/26. Some feedback received about our safeguarding team is found at the end of this report.

4.1 Contacts

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

Number of Adult Social Care (ASC) Contact Forms recorded each month.
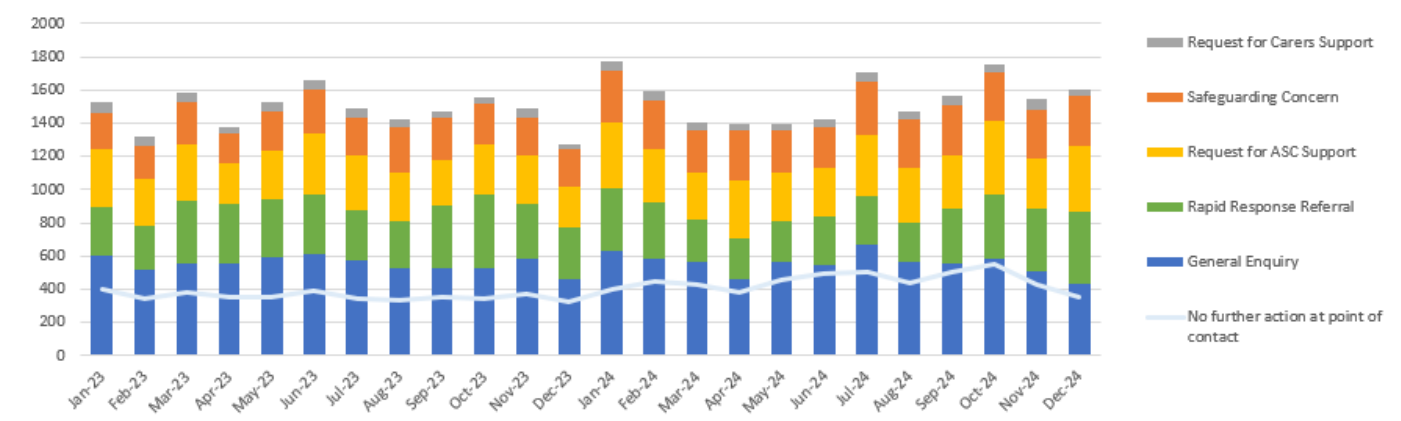
How does Bury Compare?

Contacts by Outcome | November 2024

	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	2.4%	6.2%	21.2%	21.3%	29.3%	19.7%	
Bury	20.8%	3.4%	6.0%	34.8%		26.9%	8.2%
Manchester	13.0%	7.2%	40.6%	14.7%	0.8%	23.7%	0.0%
Oldham	12.8%		0.6%	30.2%		56.4%	
Rochdale				28.7%	35.4%	36.0%	
Salford			69.9%			30.1%	
Stockport	14.6%	11.2%	22.6%	25.7%	5.4%	20.6%	
Tameside	29.4%		11.6%	32.0%		27.0%	
Trafford	4.1%	8.2%	41.5%	12.4%		32.4%	1.4%
Wigan	23.4%	10.7%	30.2%	18.1%	0.0%	17.6%	

Contacts – Q3 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.

Q3 showed volumes returning to busier levels. October peaked and activity returned to average levels during November and December. It is anticipated that activity increases heading into the new year with January traditionally being the most active month for all contacts.

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.
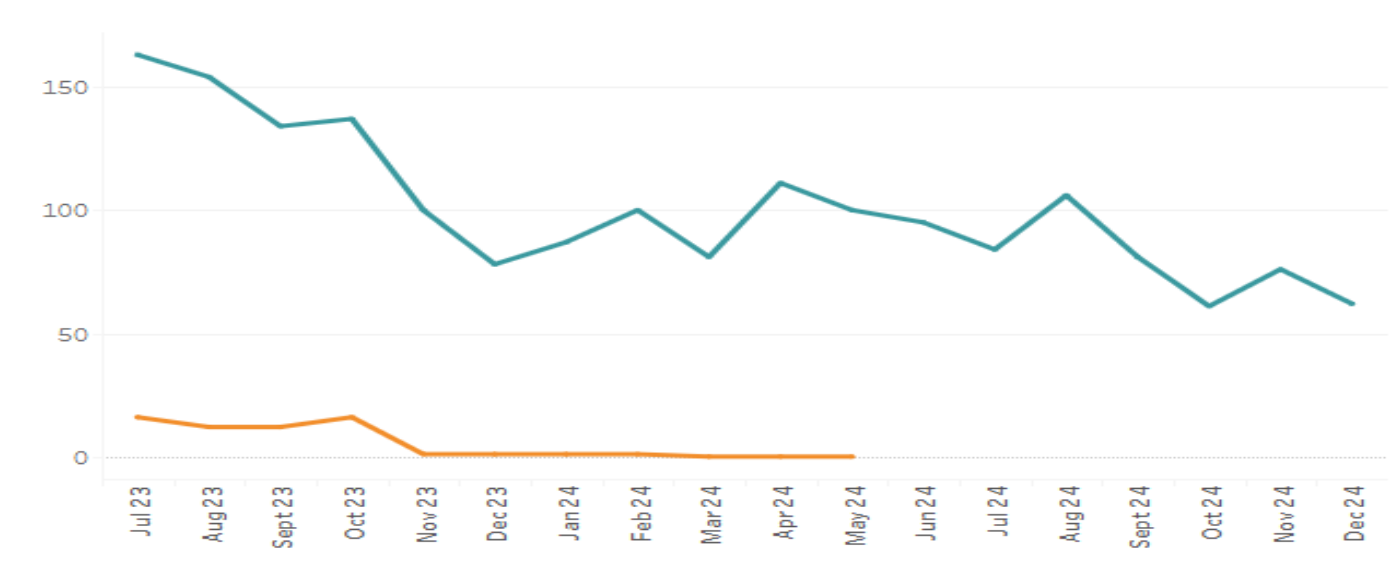
How does Bury Compare?

Waiting List By Local Authority	Days waiting	
December 2024	Median	Maximum
Bolton	22	219
Bury	41	176
Manchester	27	2,505
Salford	27	556
Stockport	40	155
Tameside	66	264
Wigan	27	526
Greater Manchester	36	2,505

The Average Median Days for Greater Manchester is the Average of the LA medians rather than a true median value.

N.B. Charts only show Single Snapshot Date

	Total Waiting List	Waiting List per 100k	% Waiting over 6 Months
Bolton	82	27.43	2.4%
Bury	62	31.86	
Manchester	198	34.80	21.2%
Salford	131	47.11	3.8%
Stockport	240	80.78	0.0%
Tameside	144	61.87	9.0%
Wigan	58	17.36	12.1%

Waiting list – Q3 commentary

Progress continues to be made in reducing the numbers of people awaiting allocation for Care Act assessment through our targeted initiatives under the oversight of the Performance and Improvement Board, with the number waiting to see a social worker down to 62 at the end of December.

We remain in a strong position within Greater Manchester for our position on cases awaiting allocation and work continues to develop a published protocol for those awaiting allocation, this
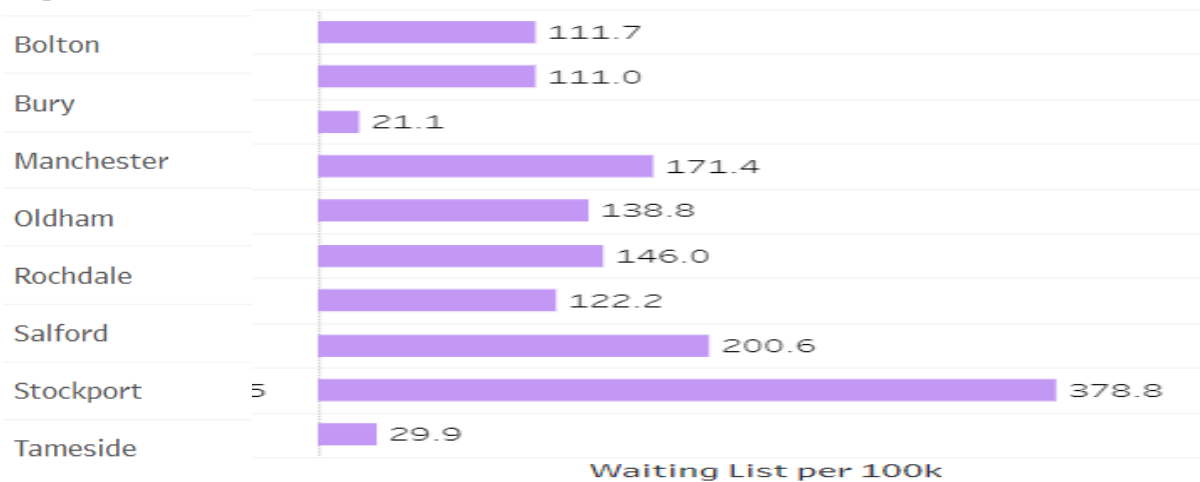
will provide assurance that the reducing number of people awaiting assessment are 'waiting well' and any risks are mitigated.

The application of data driven strategies overseen by robust governance along with our lowest vacancy rates in social work for the past 2 years has enabled a continued and concerted effort towards further reductions in waiting times. We have continued to expand social work capacity through successful recruitment with currently our lowest vacancy rate for the last 2 years.

Efforts continue to focus on reducing the number of people waiting for Occupational Therapy assessments and we have invested in 2 additional therapists to combat these waits which is beginning to have some impact. Reaching a high of 387 people in August 2024 this extra capacity as seen the numbers waiting reduce to 267 in December

Whilst too high this use to be like other areas in Greater Manchester, it is now in the lowest 3.

August 2024

| Area	Waiting List per 100k
Bolton	111.7
Bury	111.0
Manchester	21.1
Oldham	171.4
Rochdale	138.8
Salford	146.0
Stockport	122.2
	200.6
	378.8
Tameside	29.9

Waiting List per 100k

4.3 Reviews

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

Number of Adult Social Care Reviews Completed each month.
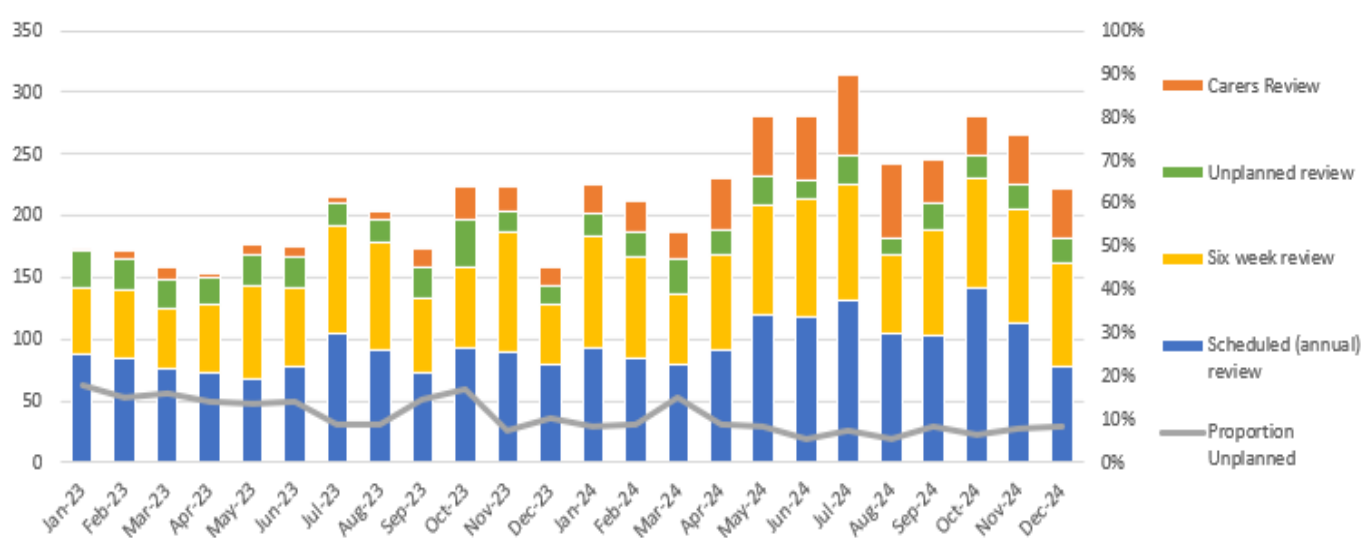
Note - the % axis references the grey line which is the proportion of unplanned reviews.

Number of Overdue Adult Social Care Reviews on the last day of each month
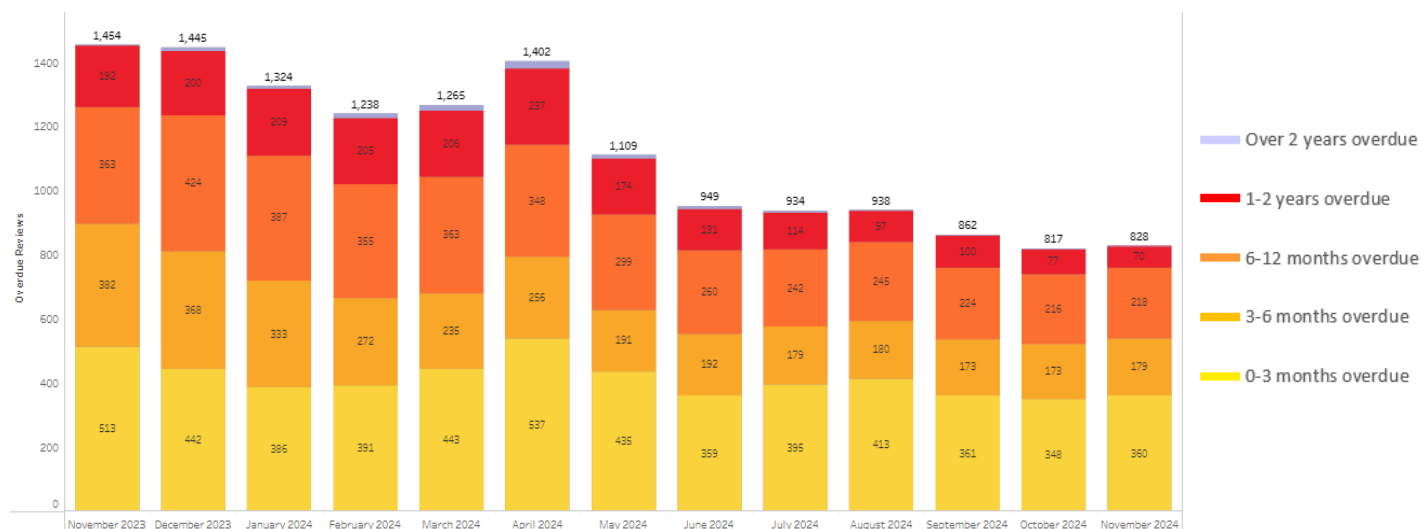
Reviews – Q3 commentary

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 an initial review in the first 6 to 8 weeks of service commencing.

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

At the end of Q3 820 people are overdue a review. This is a significant reduction compared to the position 12 months ago when the average number of overdue reviews was 1450, and notable progress when compared to the average number of overdue reviews when compared to the Q2 24/25 average of 911 overdue reviews.

This is significant progress when compared to the position 6-12 months ago and is down to several factors, including: the expanded adult social care reviewing team continuing to be fully staffed, as well as a continued push on data quality across the system and ensuring that reviews are not incorrectly showing as overdue. The graphs also reflect the extra efforts which have been taken to target carers reviews, with the reviewing team now being in a position where all carers' reviews identified as due to become overdue in a particular month are allocated across the team at the beginning of the month, meaning that all unpaid carers are reviewed yearly. Identifying and supporting unpaid carers is a departmental target and we have achieved our target set out in Q1 of being in a position where unpaid carers are now no longer overdue their reviews. At present, the team are now maintaining this position.

This is a very positive achievement for the department and further demonstrates where adopting an obsession drives positive performance.

4.4 Assessments

Local Authorities have a duty to conduct 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 can focus their time on those people with identified needs.

Number of Adult Social Care (ASC) Assessments Completed each month.
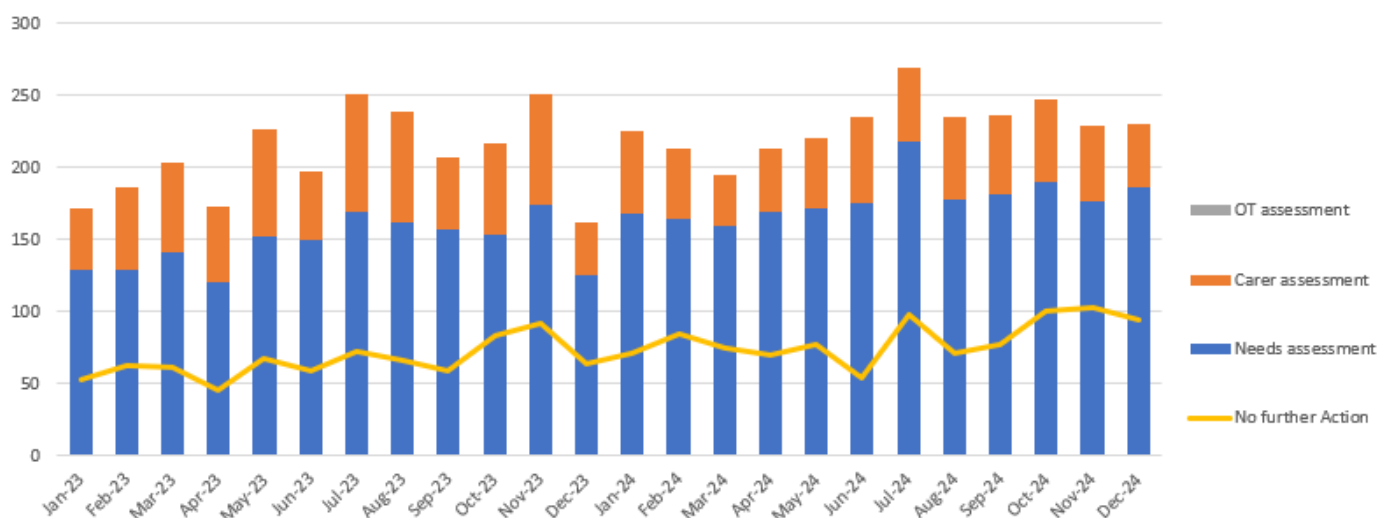
Assessments – Q3 commentary

High demand for assessments continues to be a challenge with average monthly numbers being over 250 compared to just over 150 2 years ago. To address this, the department continues to focus on optimising workflows through the implementation of the short-term assessment to enable proportionate assessment in urgent cases and maintained a focus on caseload reviews to ensure workflow. additional resources strategically.

The focus on efficiency and workforce capacity has resulted in a stable assessment completion rate, with the time taken to complete assessments improving compared to the Greater Manchester (GM) average. Moving forward, the department will continue to monitor demand and make necessary adjustments to staffing and processes to ensure that the high standards of service are maintained.

4.5 Services

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

Number of Intermediate Care (short-term) services completed each month.
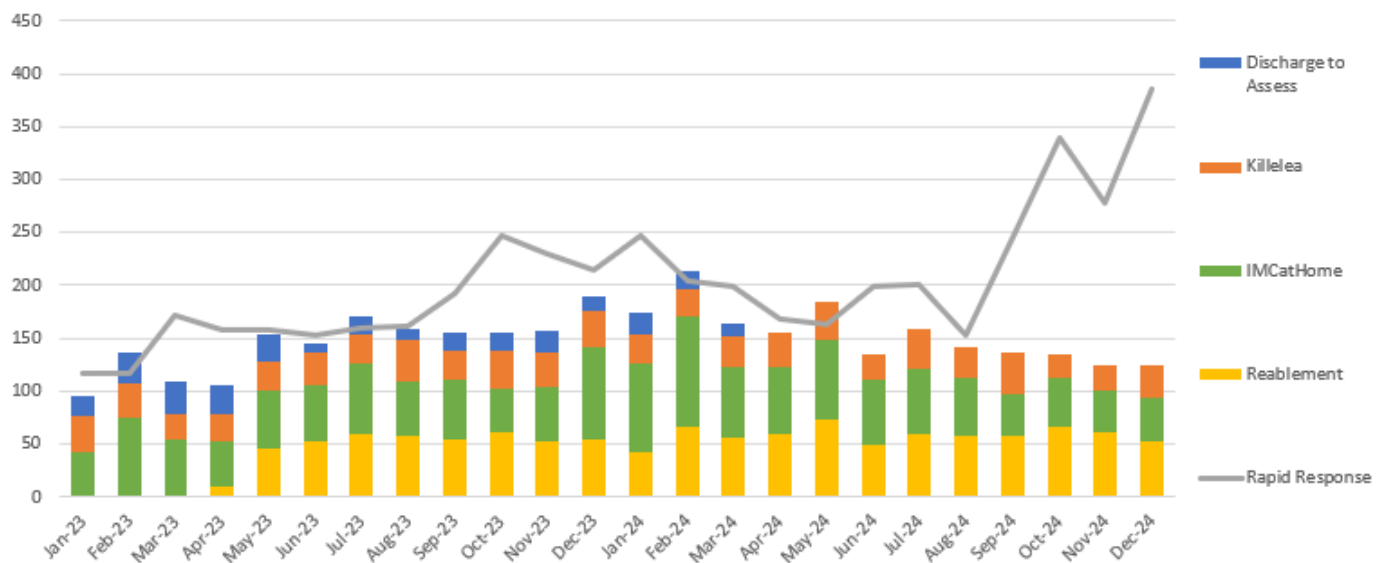
Number of Long-term Adult Social Care services open on the 1st of each month.
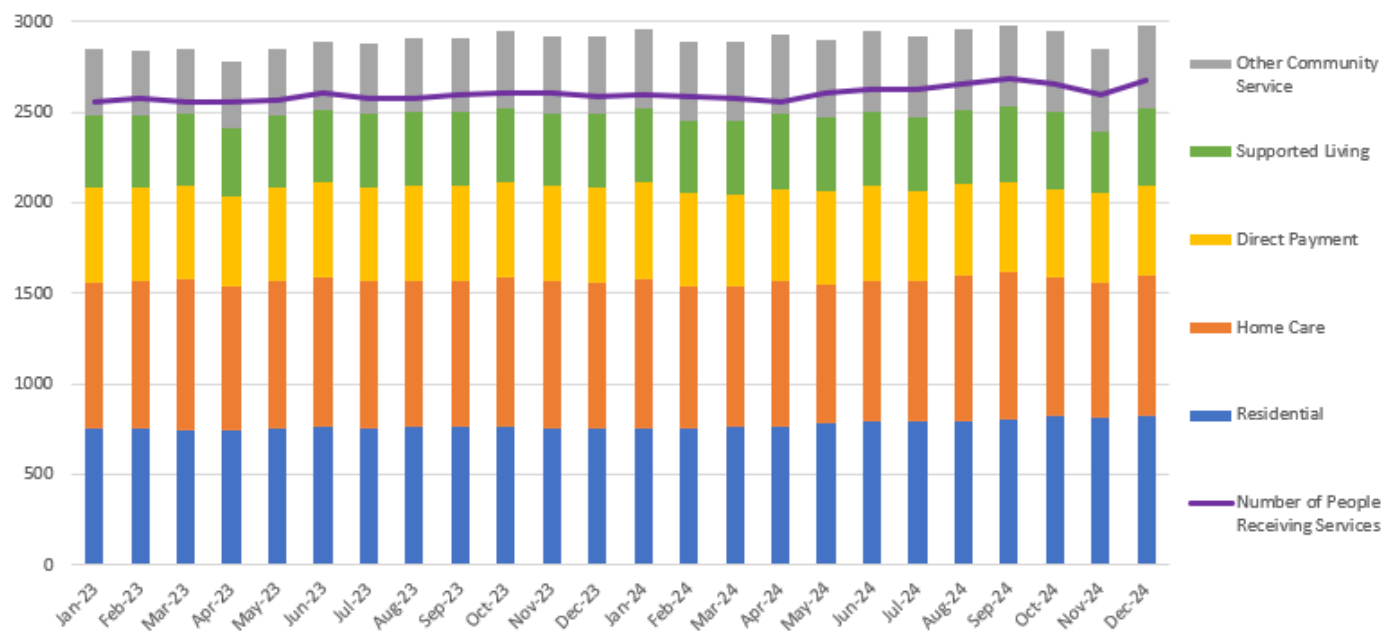
How does Bury Compare?

People receiving services per 100,000 population
January 2025 - Direct Payment, Home Care, Long term
nursing care and 3 more

Area	Value
Bolton	1,975.2
Salford	1,852.5
Rochdale	1,825.9
Bury	1,780.7
Trafford	1,630.0
Tameside	1,523.8
Wigan	1,502.0
Stockport	1,473.3
Manchester	1,360.9

Services – Q3 commentary

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

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

There have been a reduced number of people through Killelea due to the high acuity over the winter months (quarter 3), on top of increased homeless people and people requiring 24-hour care, this slows down the flow and reduces the number of people who can benefit. It is envisaged this number will increase in quarter 4 as significant work has taken place with the acute hospital trusts and the housing department to resolve these issues. Whilst a drop in flow through our intermediate care services is concerning it did not impact on flow out of the hospital as the department purchased alternative capacity from the independent sector to mitigate this.

Although the majority of services have remained stable you will see from the graph that Rapid Response activity has significantly increased again. This is caused by the increasing success of the hospital at home service continuing to support even more people and avoiding hospital admissions, thus maintaining people in the community ensuring they do not escalate to require ongoing Social Care services, whilst also recovering at a much quicker rate.
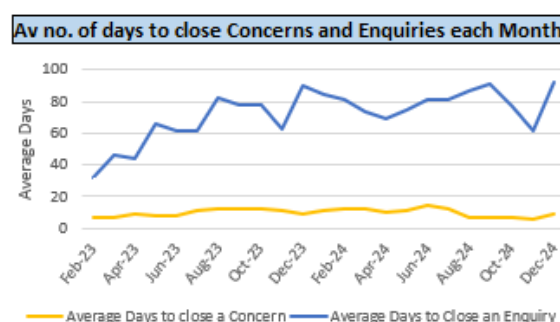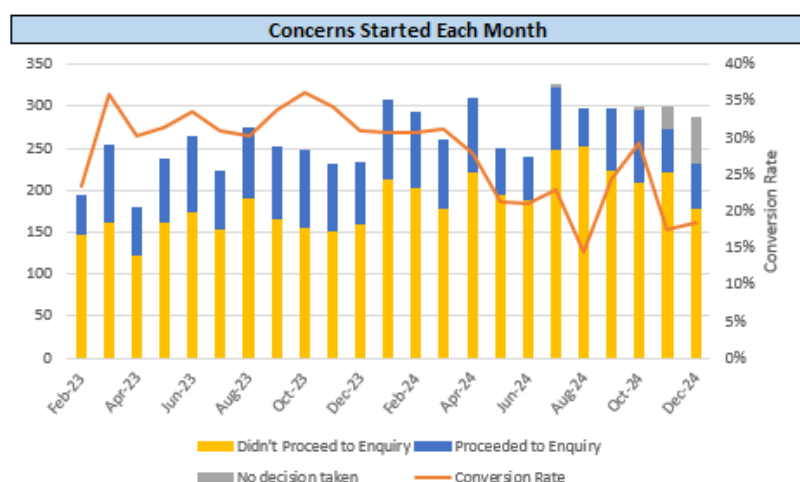
Overall service use is shown in the second and third charts which shows service use increasing but at a slow and steady rate despite the increase in assessments taking place, this demonstrates the effectiveness of our services that support people to maintain or regain their independence.

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.

	Increase the number of people who have their safeguarding outcomes me		Dec-24
Obsession	Percentage of people who were asked what outcome they would like		89%
	Of the people that expressed outcomes, were the outcomes achieved?	Not Achieved	4%
		Partially Achieved	46%
		Fully Achieved	50%

Open Safeguarding Enquiries

	Number	Av. Days	Max Days
ACS Safeguarding Team	115	93	539
Hospital Social Work Team	1	32	32
Learning Disability Team	13	55	124
OPMHT	2	127	165
Community Mental Health Team			
Strategic Adults Safeguarding T			
Operation Crawton			
Total	**131**	**98**	**827**

Concerns Started Each Month

Av no. of days to close Concerns and Enquiries each Month

Active DoLS Requests

	Urgent	Standard	Total
Waiting for Assessment		55	55
Processing		8	8
Total		**63**	**63**

How does Bury Compare?

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

Last Updated: Q2 2024/25

Safeguarding – Q3 commentary

A continuing picture of good performance for Bury Adult Safeguarding. Last quarter we saw a marked increase in asking people their outcomes and either fully or partially achieving those outcomes. This has continued in practice with outcomes being asked in 89% of cases and 96% of these cases having their outcomes met or partially met. It is unlikely that we will ever meet everybody's outcomes all the time. However, we continue to be happy with this level of outcome data.

The conversion rate as stated in the chart has dropped to 16% which again shows a fall in conversions to S.42 enquiries. We reviewed this change and discovered that some changes needed to be made to the way our social workers were managing the safeguarding on duty (they were

starting the enquiry work at the screening stage). We also believe that within the service some old S.42 enquiries were closed which has skewed the data; we are following this up with our business intelligence team. Currently, our conversion rate is back up to 25% which is within what our head of adult safeguarding perceives as normal parameters. This will be shown in the Q4 data.

We have moved up in the last 12 months at a regional level in Making Safeguarding Personal. Now we are in the top 10 local authorities in the Northwest, and there is potential as new data is collected and collated that this will improve further. We are now also 6th in the region in asking people their outcomes showing that we are focusing on our obsessions.

S.42 enquiry length times have remained consistent over the last quarter and is showing a good picture. This is partially due to reviewing how allocations have been taking place and focusing the front-line staff in completion of paperwork where the risk has already been managed. We continue to undertake reflective sessions, the next booked for March which will focus on our duty system and screening safeguarding concerns to further embed the learning and need for a solid conversation rate. We also continue to promote a shared risk culture within the safeguarding service. This has potentially, and by design, allowed more positive risk management on safeguarding outcomes.

Deprivation of Liberty Safeguards (DoLS) continues to perform well with no concerns from a supervisory body perspective. We are reviewing how to implement the test for change of our internal best interest assessors in the upcoming months.

4.7 Complaints and Compliments

Complaints

Period 2024/25	Number of complaints received	Decision			20 working day timescale	
		Upheld	Partially Upheld	Not Upheld	Within	Outside
Q3	22	4	9	6	11	8

2 complaints closed / 1 complaint withdrawn

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)
Q3	233	11	27	195

Complaints and Compliments – Q3 Commentary

Complaints have shown a small increase from this time last year, 11 in Q3 2023/2024. Although there has been an increase it has not highlighted any areas of concern and appears to be in line with the extra assessment and review activity being undertaken by the department.

Compliments are showing an increase from this time last year, 185 in Q3 2023/2024. Managers are reminded and encouraged to record and share compliments received.

4.8 State of the Care Market

Number of care home beds rated good or outstanding.

% of the **Number of Beds** in Rating Set Selection in the same Sub Region as **Bury**

Wigan	91.2%
Bury	90.5%
Trafford	79.8%
Salford	76.2%
Manchester	74.5%
Stockport	67.9%
Oldham	67.6%
Bolton	66.6%
Rochdale	64.2%
Tameside	62.2%
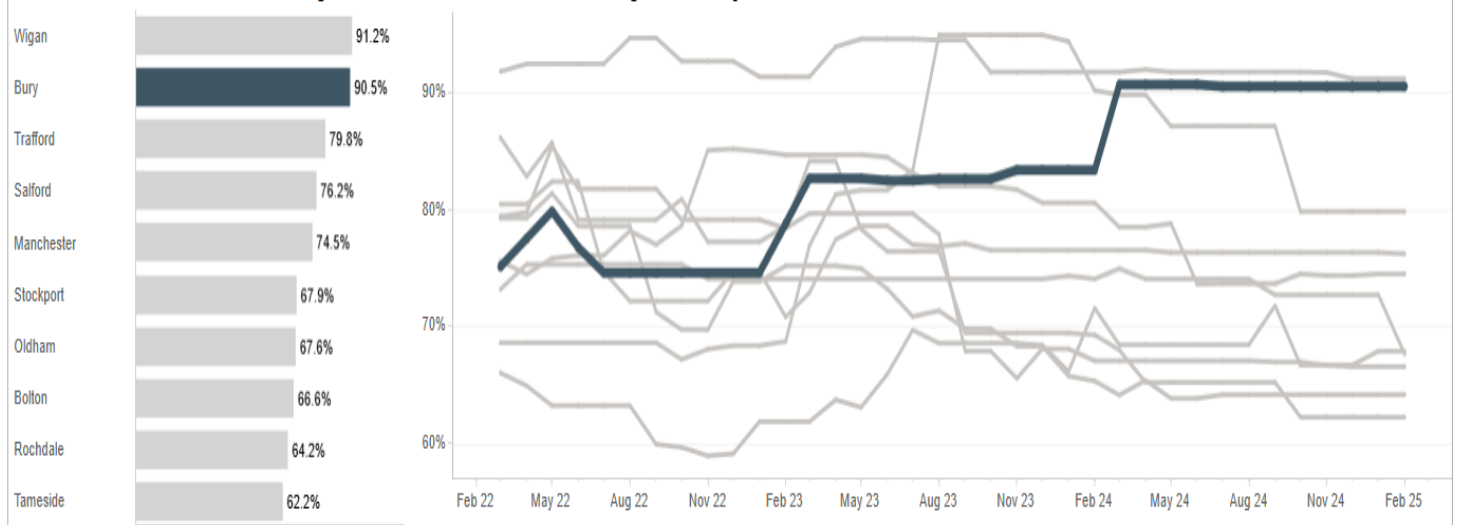
% of the **Number of Beds** in Rating Set Selection: **Bury** v Key Geographic Areas

Cheshire & Merseyside	65.2%
England	72.7%
Greater Manchester	74.4%
Lancashire & Cumbria	74.8%
Northwest	71.1%
Selected Local Authority	90.5%
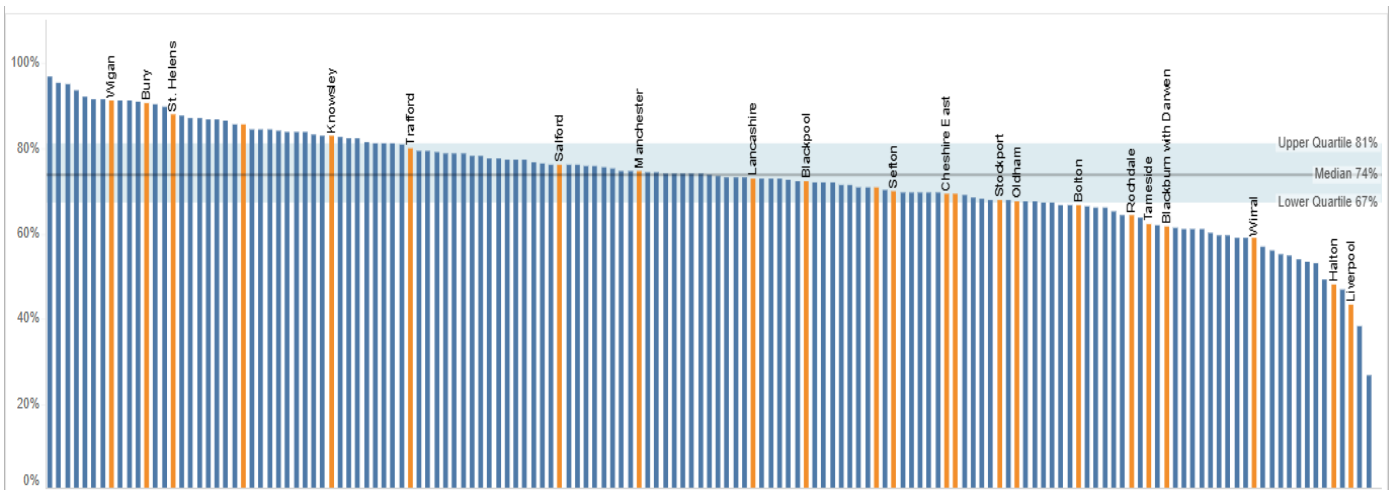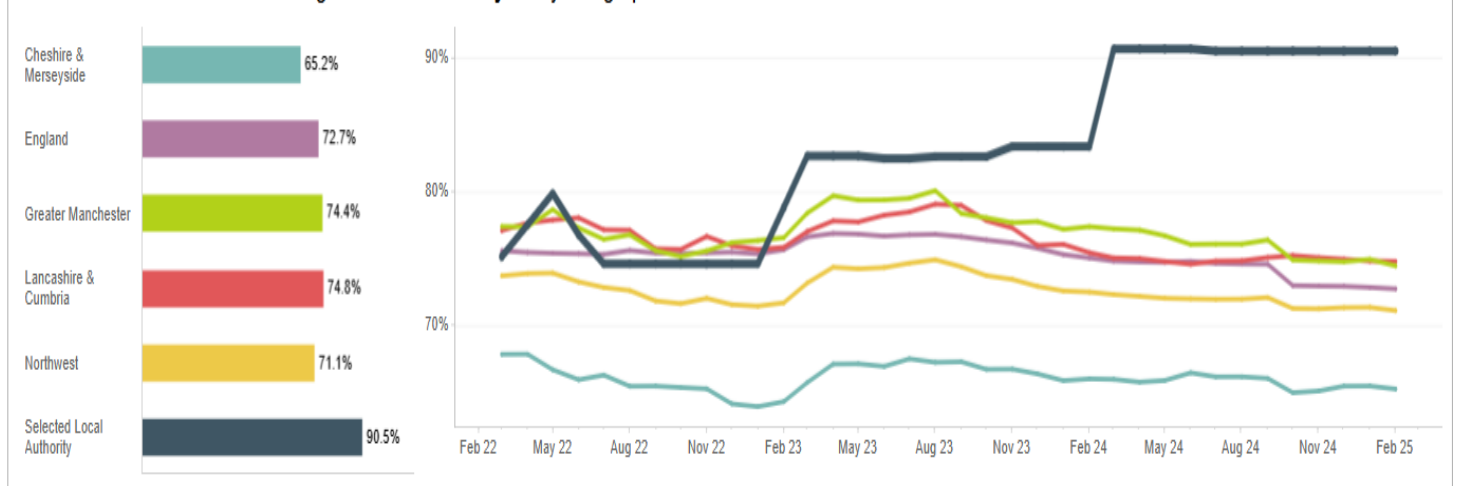
Quality Ratings of Bury's Home Care Agencies

Number of Home Care Agencies	Overall	Caring	Effective	Responsive	Safe	Well-led
44	**65.9%**	**97.1%**	**88.6%**	**94.3%**	**82.9%**	**82.9%**
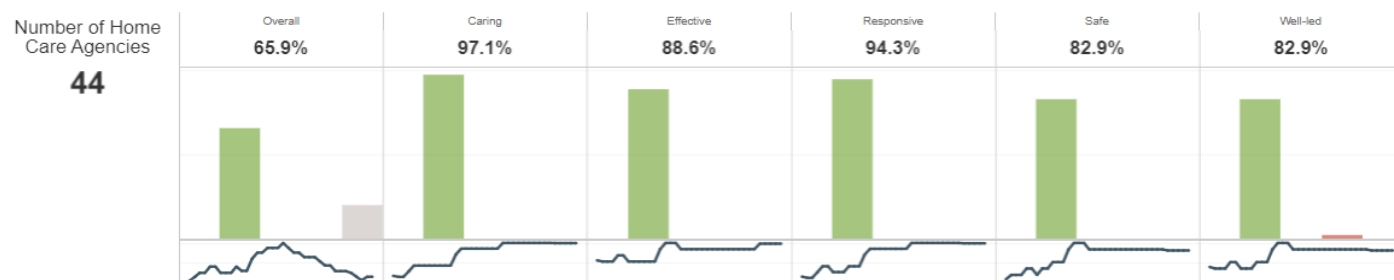
Last Updated: Q3 2024/25

State of the Care Market – Q3 commentary

The top charts show the quality ratings of care homes in Bury compared to the rest of Greater Manchester showing the % of beds rated good or outstanding. The second chart shows Bury, and in turn Great Manchester compared to the other regions in England and the Northwest. The third chart shows the % of care home beds rated Good or better across the whole of the country with Bury being at number 12

The final chart shows the rating of home care agencies operating in Bury. For both charts the nearer to 100% the better. The overall quality of our care homes continues to increase with Bury now joint 1st amongst its GM Neighbours and performing well above the England average and the average of all Northwest regions.

Bury is ranked 4th in GM for community providers including care at home and supported living, however, it should be noted that this takes into account all providers active in our locality. Of those providers that the Council commission

- All care at home providers rated Good or Outstanding
- Only one supported living provider rated Requires Improvement, the rest are Good or Outstanding.

4.9 Collecting Feedback

This year we have made collecting feedback on of our obsessions so that we can understand how we can make our services better for the people we serve

Here is some of that feedback collected about our safeguarding team recently.

*"**What you did today for us as a family shouldn't go unheralded…***

Wow, what a fantastic response from your team and in particular yourself, to my hugely complex and upsetting correspondence over the phone in the past few days.

If you could pass on to your employers my direct thanks for your kindness and empathy towards my father.

In this, his time of need, I've been fighting against the tide of dementia and circumstances to get him to recognise his position and accept help.

What you did today for us as a family shouldn't go unheralded.

Thank you so much. I found everyone I spoke with to be hugely professional and both offering advice, a kind ear and impartiality .

I hope now [dad] will allow himself to accept the kindness and professional help he requires and deserves.

My faith in your services is certainly very high as a result of your actions in the past few days.

Thanks for being there for dad."

A concerned son

Much more trust, support and transparency…

A few years ago, if we sent a referral that met section 42 criteria, we were often pulled into a room taking half a day out of our job and made to sit round a desk with a load of professionals and basically had to explain ourselves like we were in court and made to feel like we've done something wrong. It could feel very intimidating for some providers.

The process now has improved significantly and in recent years there has been much more trust, support and transparency and importantly - feedback. Now the process typically involves a call or a visit from someone on the team where we have an honest and open conversation and are treated with respect. The staff are all approachable and the whole process is done in collaboration rather than feeling blamed for something.

Registered Manager, Gorsey Clough Care Home

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.
Contacts	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
Waiting Lists	Needs and Carers Assessments: No of Cases Waiting for Allocation		
Waiting Lists	GM Regional Comparison		
Assessments	Number of Adult Social Care (ASC) Assessments Completed each month	Assessment forms in LiquidLogic	
Assessments	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	
Services	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	
Services	Proportion of Home Care vs Nursing and Residential Care Services compared against 2 years ago		Lower Residential & Nursing Care is better
Services	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.
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
Reviews	Regional Comparison	As above	
Safeguarding	Percentage of people who have their safeguarding outcomes met	Completed safeguarding enquiries: Making Safeguarding Personal questions	Higher is better
Safeguarding	Outcomes were achieved		
Safeguarding	Open Safeguarding Enquiries	Safeguarding enquiry forms on LiquidLogic and CMHT/EIT spreadsheets	Target: Enquiries closed in 56 days or less
Safeguarding	Concerns Started Each Month	Contact Forms on LiquidLogic: form type safeguarding concerns	
Safeguarding	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
Safeguarding	Regional Comparison	As above	Higher is better