

<b>Report to:</b>	Cabinet	<b>Date:</b> 11 June 2025
<b>Subject:</b>	Adult Social Care Performance Quarter Four Report 2024/25	
<b>Report of</b>	Cabinet Member for Adult Care, Health and Public Service Reform	

## Summary

- This is the Adult Social Care Department Quarter 4 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)

- To note the report.

## Reasons for recommendation(s)

- N/A.

## Alternative options considered and rejected.

- N/A.

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## Background

- This is the Adult Social Care Department Performance Report covering Quarter 4 of 2024-25.

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## Links with the Corporate Priorities:

- 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.

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### **Environmental Impact and Considerations:**

8. N/A

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### **Assessment and Mitigation of Risk:**

<b>Risk / opportunity</b>	<b>Mitigation</b>
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:**

*Data sources and what good looks like.*

## Background papers:

Adult Social Care Strategic Plan 2023-2026

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

Term	Meaning	
CQC	Care Quality Commission	

## Adult Social Care Performance Report for Quarter Four, 2024/25

### 1.0 Executive Summary

Quarter 4 marks the end of another year of our business planning cycle and gives us the opportunity to look back on the year and review our performance over the year as well as our progress against our objectives which excuses a larger executive summary this time.

#### 1.1. Performance

24/25 has seen another year where demand has shown consistent growth over 23/24 with the number of people contacting our department up by 200 per month, a rise of 14%. A large part of this rise has been from the continued expansion of Rapid Response and Virtual Ward services that respond urgently to avoid unnecessary and premature admission to care services as well as avoid unnecessary hospital admission and support people at home. Without the expansion in these 2 services the increase in demand would have been much less and in line with population growth.

Despite these demand challenges we have still seen great progress in continued reduction in waiting lists over the year dropping from well over 100 people waiting to see a social worker this time last year to just 60 at the end of Q4. This has been delivered by increased productivity in our social work teams and can be seen in an increase in the number of assessments completed over the year with the average number of needs assessment each month growing by 25 compared to the previous year.

Greater reductions have also been seen in waiting lists for people needing the support of an occupation therapist following investment in additional staffing that reached a high 387 people waiting for minor and major adaptation assessments in August 2024 but reduced to 267 by December and have now further decreased to 178 in March 2025. Within this those waiting for major adaptations has dropped to 92.

The biggest improvement in waiting list reduction has been seen in those waiting for review where a reduction from 1400 to 850 people, a drop of 39%, has been seen as the investment in additional staff to carry out reviews along with improvements in data quality and processes continue to embed.

The number of people using services in our borough continues to grow and rose by 4% overall in the last year. Some of this is explained by the work we have carried out to reduce waiting lists which sees more assessments completed. The biggest rises seen are in supported living and other community services. The other community services are explained by our new assistive technology services and supported living by our opening of mental health supported accommodation schemes. The numbers of people with a learning disability in supported living has not increased. However, we have also seen the use of residential care rise by 4.9% which is higher than population growth. This has been the result of a change in NHS processes for assessing continuing health care where patients are no longer funded by the NHS at the point of discharge from hospital, but rather funded as normal pending CHC assessment, this has seen a rise in the number of nursing home placements funded by the council that is responsible for this growth.

Overall, this suggests we still have more to explore over the coming year with increasing the use of our intermediate care services and a strengthening of our strengths based approach to care and support to ensure we are doing all we can to help our residents prevent, reduce and delay the need for care and support.

Our obsession to make safeguarding everyone's business saw the number of concerns rise from an average of 150 a month to over 200 per month as greater awareness was raised across our system. We have also been more successful in both asking and achieving outcomes with 90% now asked, compared to 74% a year ago, and 94% either fully or partially achieved, compared to 84% a year ago.

Of note throughout 24/25 has been the quality and sustainability of our care market. There have been no provider failures this year and no contracts have been handed back. We continued our focussed support to some providers who had previously been rated Inadequate or required improvement which following reassessment by the Care Quality Commission saw our quality ratings continue to improve. 90.9% of our care home beds are now rated Good or Outstanding which sees Bury's care home beds rated 12<sup>th</sup> highest in England and compares to an England average of 74%.

The remainder of our community services are rated 4<sup>th</sup> highest in Greater Manchester. We have only 1 supported living provider rated Requires Improvement and this year we will recommission our home care providers which will result in only care at home providers rated Good or Outstanding being commissioned.

Not seen in this data set but presented to our safeguarding board we have seen the number of acts of neglect or omission in our care services drop by half, which demonstrates the support we provide to our care providers really is making our services safer.

2024 to 2025 has been a great year for our social work workforce which has seen additional posts added in our reviewing team, our neighbourhoods, our intermediate care services and our safeguarding service. This year we have also supported more social work apprentices than ever before. Our vacancy rate has never been lower at only 3% and our staff engagement results from the pulse survey are the best across the whole council.

## **1.2. Objectives**

For 24/25 these were to:

- Continue our transformation of learning disability services
- Continue our improvement of social work services
- Ensure we delivered superb intermediate care
- Make safeguarding everyone's business
- Deliver a local and enterprising care market
- And connect unpaid carers to quality support services

### **1.3. Transforming learning disability services**

This year saw the full implementation of new preparing for adulthood team where we work with Children's services to ensure our younger residents a smooth transition into adult services. This team is now fully established and met its Q4 milestone of having every young person aged over 17 allocated to an adult's worker and having an assessment under the Care Act.

Our Together Towards Independence programme continued with staff being trained in the progression model ensuring our residents with a learning disability can be as independent as possible. In the coming year we will see the recommissioning our learning disability providers to ensure they are all working to this strengths-based approach designed to improve outcomes.

We have also formed the networks needed to develop our autism strategy and look forward to this being delivered in 25/26

### **1.4. Excellent Social Work**

A large focus of this objective was to reduce our waiting lists and times which has been hugely successful, but we have also implemented a new progression policy and embedded our quality assurance system for case work which now involves the collection of feedback from our users.

We more than doubled the number of apprentices with the help of a grant from the Department of Health and Social Care and have recently joined the Think Ahead programme which supports the training of additional social workers to work in Mental Health.

We also welcomed a new Principal Social worker to our team who brings with her even more experience that will help us further improve the quality of our social work practice.

### **1.5. Superb Intermediate Care**

A business case was prepared that saw additional investment in our Reablement Services to ensure even more people can benefit.

The home from hospital virtual ward service was implement and now supports up to 70 people every day who would otherwise be in hospital.

We have prepared a new intermediate care strategy for 2025 onward which will be ready for publication in the new financial year.

We finally took the plunge and purchased an electronic care record for our care services which will be in use from Q1 of 25/26.

Our work with our partners in the hospital as part of the front runner programme has seen our older residents and those with dementia in hospital supported to keep active and engaged whilst inpatients and as a result, we have seen demand for home based services rise and bed based services freed up to take more dependent patients. We have also supported more residents with dementia at home following hospital discharge. This programme called the 'Days Kept Away from Home Collaborative' went on to win a Health Service Journal Award for best partnership working as well as 2 highly commended in other categories.

### **1.6. Safeguarding in Everybody's Business**

A multi-agency risk management protocol was developed and implemented by our safeguarding board partners.

We launched our safeguarding transformation programme for our operation teams and are well on with the design phase ready for implementation next year.

We have also improved our work implementing actions from safeguarding adult reviews and delivered a greater number of learning and improvement events.

Processes have been changed and improved within the safeguarding team that see enquiries being completed faster and more people fully or partially achieving their outcomes.

### **1.7. A Local and Enterprising Care Market**

This programme saw the delivery of a brand-new quality assurance framework for our care providers. Our care workforce provider support offer was enhanced, and a new workforce strategy has been developed and is due to be agreed at cabinet in in Q1. This will see Persona grow to help us support our care market with attracting, retaining and training the care workforce in Bury.

In addition to seeing the continued delivery of our housing strategy which has delivered over £10m of inward capital investment in new accommodation schemes this programme has also developed an Extra Care Housing Strategy due for cabinet agreement in July 2025 and is now planning a refresh of our housing with additional needs strategy.

A Dementia and Ageing Well strategy have been developed, and work is almost complete on our prevention strategy.

We've also renewed our Internet Site and refreshed multiple parts of the Bury Directory making it easier to find information and advice. The Carers pages underwent huge transformation as part of our development of our new carers' strategy.

Underway now and due for delivery in 2025 is our new home care provision tender which will see all the borough's home care recommissioned.

### **1.8. Connecting Unpaid Carers to Quality Support Services**

This priority saw the development of our new Carers Strategy and recommissioning of our carers' services. Developed with hundreds of our carers at large engagement events our strategy and its priorities were then co-produced with our co-production networks, a smaller group of carers and our carers service. We are now forming a carers co-production network who will help oversee the implementation of our strategy.

In addition to this, in partnership with Rochdale and Oldham our carers service N-Compass we utilised an accelerated reform grant to develop a new carers service for our residents who are in hospital.

### **1.9. And finally**

Quarter 4 saw the department take part in a Local Government Peer Review where we hosted a group of health and social care professional for 3 days.

You can read a summary of their findings in the next section and the whole reported is appended to this report.

Whilst there is always more to do, they complimented the depth and breadth of our integration with our partners and praised our outstanding workforce for the difference they are delivery every day to our residents.

## 2.0 Delivery of the Adult Social Care Strategic Plan

- 2.1 Adult Social Care are committed to delivering the Bury 'LETS' (Local, Enterprising, Together, Strengths) strategy for our citizens and our workforce. Our mission is to work in the heart of our communities providing high-quality, person-centred advice and information to prevent, reduce and delay the need for reliance on local council support.
- 2.2 The Adult Social Care Strategic Plan 2023-26 sets out the Department's roles and responsibilities on behalf of Bury Council. It explains who we are, what we do, how we work as an equal partner in our integrated health and social care system and identifies our priorities for the next three years:



- 2.3 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 was refreshed in April 2025 supported by an updated annual improvement delivery plan which is monitored on a quarterly basis. Quarter 4 2024/25 delivery highlights include:

### Priority 1 – Transforming Learning Disabilities

- Establishment of peer networks for autistic adults and families/carers.
- People with a learning disability and/or Autism a) taking up training opportunities saw an 18% increase on 23-24 and b) who have paid employment saw a 17% increase on 23-24.



### Priority 2 – Excellent Social Work

- Q4 activity saw a review of our business plan following appointment of the new PSW with activity to be carried forward into a revised set of excellent social work improvement priorities for 2025/26.

### Priority 3 – Superb Intermediate Care

- A review of reablement customer demand and capacity has been completed with additional staff being recruited to ensure the capacity of the service is sufficient to meet demand

### Priority 4– Making Safeguarding Everybody’s Business

- Multi-Agency MARM protocol implemented.
- Safeguarding Adults Board learning and development practice session delivered.

### Priority 5– A Local and Enterprising Care Market

- Provider Quality Assurance and Improvement Policy has been signed off and implemented which will see further improvement and monitoring of our community care services

### Priority 6 – Connect Unpaid Carers to Quality Support Services

- Bury Adult Carers Strategy 2025-29 was approved.

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

- 3.1 Since the CQC finalized its assessment guidance for local authorities in December 2023, it has now published 27 completed assessment reports ([Local authority assessment reports - Care Quality Commission](#)) with most of the 153 councils working through the assessment process.
- 3.2 The CQC indicated that all local authorities yet to be notified, would be contacted between March and September 2025. The first council in Greater Manchester (Bolton) was contacted as part of the April notifications. The next two upcoming notification dates are 12<sup>th</sup> May and 9<sup>th</sup> June 2025.
- 3.3 Local progress in terms of CQC Assessment readiness activity includes:
- Reviewing the draft CQC Information Return.
  - Updating the Self-Assessment of Adult Social Care in Bury.
  - Confirming all local key contacts for the CQC for the site visit.
  - A 'Getting the Call' plan for pre-assessment site visit planning is in place.
  - Case tracking information preparation is underway.
- 3.4 In February 2025, an LGA Adults Peer Challenge took place at the request of the Adult Social Care Department, to support preparation planning for CQC inspection. A copy of the full report is attached as an appendix to this report.
- 3.5 Key messages from the Peer Challenge are summarised as follows:

**Passionate and Committed Workforce.** Staff across the adult social care directorate in Bury demonstrate a passion and positivity for their work.

**A Clear and Well-Articulated Improvement Journey.** Staff members are highly engaged in the ongoing improvement journey and can clearly articulate how strengths-based practice has been embedded within service delivery.

**Resources and Team Support.** Staff reported feeling well-equipped to carry out their roles effectively, with access to the necessary resources and support.

**Strong and Self-Aware Leadership.** The leadership of the directorate demonstrates a high level of self-awareness and is committed to creating an environment where staff can thrive.

**Visible and Approachable Leadership.** Staff consistently highlighted the visibility and accessibility of senior leadership within the service.

**Financial Commitment to adult social care.** In a challenging financial climate. The commitment to reinvesting in adult social care through additional staff resources demonstrates a proactive approach to sustaining the quality-of-service provision.

**Effective Management of Waiting Lists.** Significant progress has been made in reducing waiting lists for new assessments, reviews, and occupational therapy.

**Exemplary Integration with Health Services.** The integration of health and social care services at both operational and strategic levels in the council is commendable and serves as a model of best practice.

**Strong Provider Relationships and Quality Assurance.** The service's teams have established robust relationships with care providers, underpinned by a well-structured quality assurance framework.

**Effective Safeguarding Partnership Working.** The relationships within the Safeguarding Adults Board (SAB) are described by partners as robust suggesting effective multi-agency collaboration.

**Commitment to Co-Production.** The council demonstrates a genuine commitment to co-production, particularly among senior leadership and commissioning management.

**Robust Oversight of Data, Quality, and Finance.** The directorate was able to demonstrate to the peer challenge team clear oversight in data management, quality assurance and financial control.

- 3.6 A number of areas for consideration were also raised, these are summarised below, with improvement actions being undertaken by the Council:

**Embedding Safeguarding Awareness Across All Teams.** While safeguarding structures are in place, there is a need to ensure that safeguarding practice and referral pathways are consistently understood by all staff.

Action: A priority intervention within the Adult Safeguarding Programme is to agree a revised internal referral pathway for adult safeguarding from start to closure with referral routes out.

**Enhancing Support and Engagement for Carers.** Further work is required to ensure that carers fully understand the support available to them, how to access services, and how they can contribute to strategic planning.

Action: Work is planned for 2025/26 to establish a new carers' service, coproduction network and to develop a young adult carers' charter.

**Embedding Equality, Diversity, and Inclusion (EDI) Across All Teams.** While the Integrated Neighbourhood Teams (INTs) have made significant progress in considering ethnicity and religion in service delivery, other teams and aspects of EDI require further attention.

Action: Work has commenced on the preparation of an EDI plan for Adult Social Care to understand and address barriers to care and support, meet the diverse needs of communities and representation in our workforce.

**Improving Website Accessibility and Communication Clarity.** There is recognition that the accessibility of the corporate and adult social care webpages needs improvement to ensure residents can easily access information and support.

Action: Improved website content for adult social care is live following its redevelopment that had commenced prior to the Peer Challenge.

**Expanding Commissioning Beyond Accommodation-Based Support.** Currently, commissioning is largely focused on accommodation-based support. There is an opportunity to broaden this approach in partnership with the Voluntary, Community, Faith and Enterprise (VCFE) sector and with Persona.

Action: A refreshed set of commissioning intentions for 25/26 are being developed.

## 4.0 Highlight Report for Quarter 4, 2024/25

### Adult Social Care - Quarterly Highlight Report - Quarter 4

Obsessions	Performance Measures	Frequency	Polarity	Sparkline	Latest Data	Direction of Travel	Rank (higher is better)		Rank (lower is better)
							Peers (16) 23/24	NW (24) Q3 24/25	
<i>Reduce the number of people waiting for a social work needs assessment</i>	Number of people on waiting list for ASC needs assessment	Q	L		54	↓	4	24/25	3
	Median number of days waiting for an ASC needs assessment	Q	L		26	↓	4	24/25	4
<i>Increase the number of people who have their safeguarding outcomes partially or fully met</i>	Proportion of people that were asked about their outcomes	Q	H		85%	↑	11		
	Of those who expressed outcomes the proportion of people who have their safeguarding outcomes fully or partially met	Q	H		100%	↑	7		
<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		85%	↓	3	8	
	The proportion of older people (65+) who were still at home 91 days after discharge from hospital	A	H		92%	↑	7		
<i>Increase the number of people with a learning disability who are provided with the opportunity to live more independently</i>	Number of people trained in the progression model	A	H		58	↑			
	Number of customers who have had an assessment or review using the progression model	A	H		275	↑			
<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		65%	↓	10		
	The proportion of people who use services, who reported that they had as much social contact as they would like	A	H		47%	↑			
<i>Increase the number of people with lived experience who provide feedback</i>	Number of feedback provided	Q	H		124	↑			
<i>Increase the number of unpaid carers identified</i>	Total number of new carers registered with Bury Carers' Hub	Q	H		84	↓			

Annual Measures: ASCOF 24/25

Quarterly Measures: updated Q4 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 Quarter 4 we saw a small but anticipated increase in days waiting for assessment following the Christmas period, but this was quickly resolved in the following months, and we have maintained our positive performance standing in relation to this obsession, remaining 3<sup>rd</sup> in Greater Manchester for this measure.

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

Quarter 4 showed a very small dip in the numbers of people leaving our short-term services independent at 85% but this continues to be above the England average of 83% and was only 1% lower than last quarter

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

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

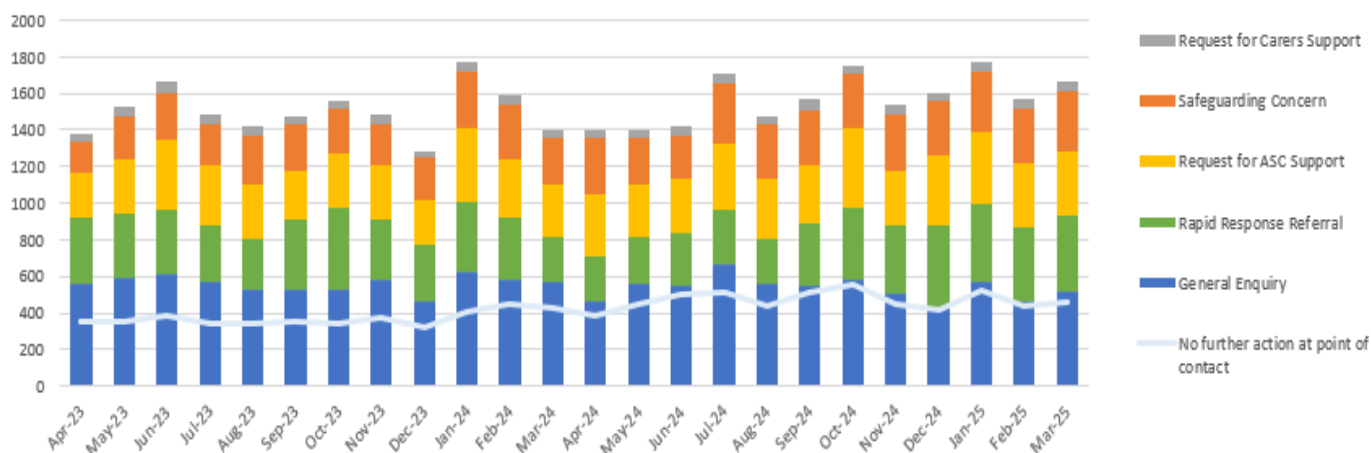
Improving the number of people accessing information is only collected annually as part of a national survey so this number will not change regularly. However, to ensure we can improve this we have been developing the council intranet and internet sites which went live in Q4, you can see them here [Health and Adult Social Care - Bury Council](#) or <https://www.bury.gov.uk/social-care-and-support/health-and-adult-social-care>

Our efforts to collect feedback from our users continues to embed and we are now collecting it regularly as part of our assurance processes for care services and case files audits. So far 386 people have provided feedback which will be used to inform the development of our services and service plans for 25/26.

## 4.1 Contacts

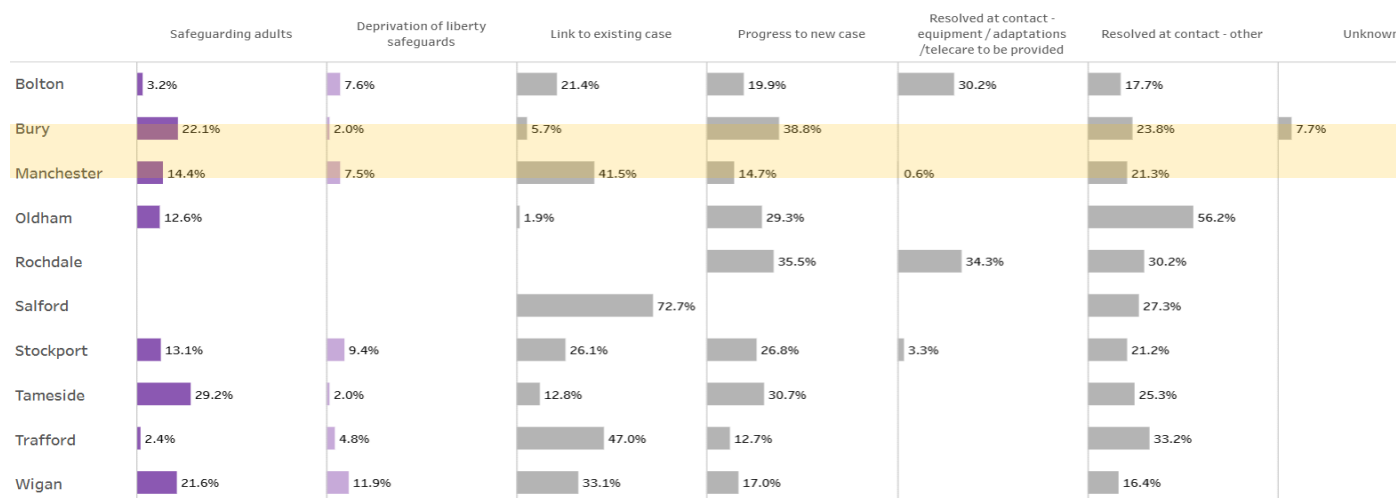
The primary means of public contact to request support, information and advice is through our care, connect and direct office (CAD). A higher proportion of contacts resolved by CAD means that people's enquiries are being dealt with straightaway and not passed on to other teams.

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



### How does Bury Compare?

Contacts by Outcome | February 2025



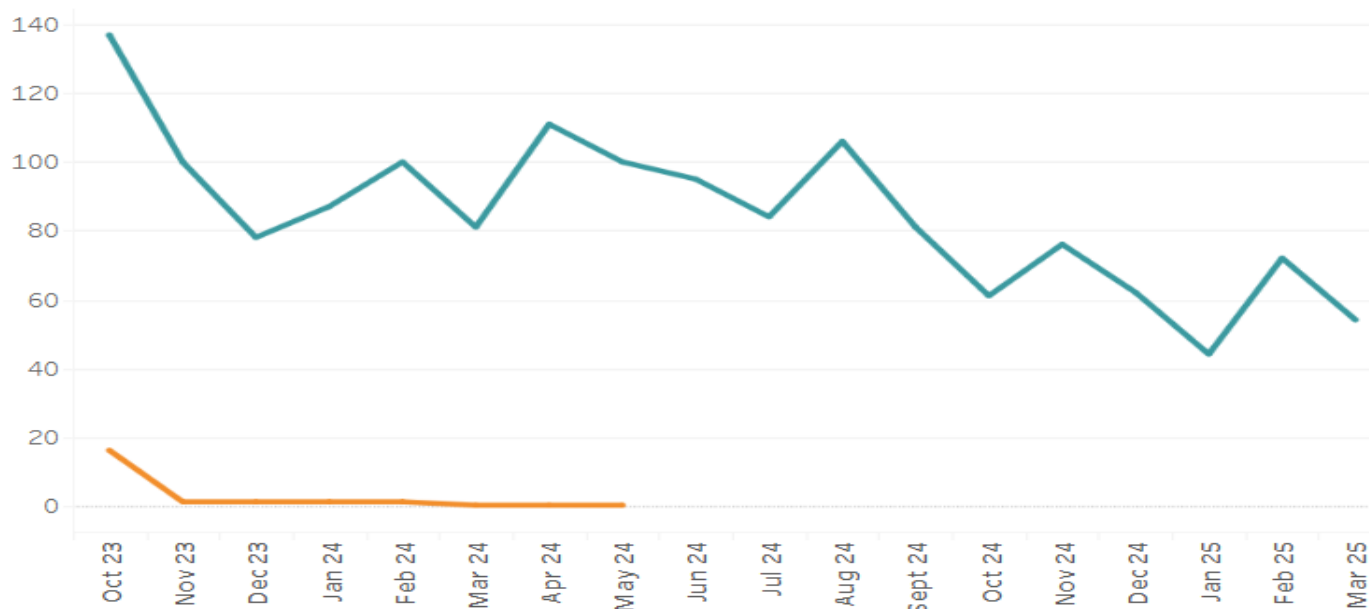
### Contacts – Q4 commentary

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.

Q4 showed volumes remaining at a busier level, January showed increased activity and is traditionally the most active month for all contacts. Activity returned to average levels during February and rose again in March but is now consistency 100 contacts per month higher than it was 2 years ago.

## 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 – Needs Assessment?

Waiting List By Local Authority			Choose Date Range		Waiting list type desc		The Average Median Days for Greater Manchester is the Average of the LA medians rather than a true median value	
			Latest Snapshot Date		Needs assessment			
March 2025			Days waiting				N.B. Charts only show Single Snapshot Date	
			Median	Maximum				
Bolton	15	249	Bolton	122	53.9	1.6%		
Bury	26	61	Bury	54	35.8			
Manchester	11	356	Manchester	178	40.4	3.9%		
Oldham	48	706	Oldham	72	39.7	19.4%		
Rochdale	10	33	Rochdale	17	9.9	0.0%		
Salford	18	645	Salford	143	65.7	7.7%		
Stockport	25	198	Stockport	153	65.5	0.7%		
Tameside	56	287	Tameside	101	55.8	12.9%		
Wigan	57	177	Wigan	49	18.5	0.0%		
Greater Manchester	30	706	Total Waiting List		Waiting list per 100k pop. (18+)		% Waiting over 6 Months	

### Waiting list – Q4 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. After a slight increase in days waiting in January (as is expected due to post holiday period demand) we have been successful in maintaining our position as 3<sup>rd</sup> in Greater Manchester against this metric. We remain in a strong position on cases awaiting allocation and our recent LGA Peer Review identified that staff and managers are supporting the reduced number of people awaiting allocation with focus to managing any residual risk and with appropriate

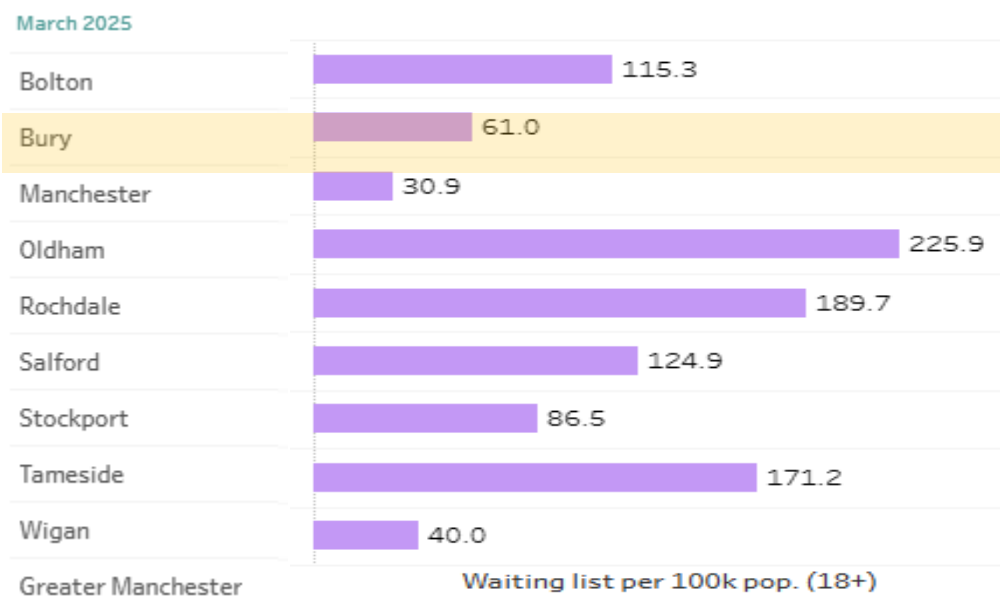


attention to prioritisation. Waiting well principles are being adhered to providing assurance that the reducing number of people awaiting assessment are 'waiting well'.

We continue to use data analysis to focus our performance strategies overseen by robust governance. Our vacancy rates in social work remain at an all-time low with continued and concerted effort towards further reductions in waiting times. Through the Adult Social Care Performance and Improvement Board managers across the department continue to focus on monitoring trends and themes in demand with continued refresh of the data recording and dashboards to evidence work undertaken and support efficiency in service delivery.

Efforts continue to focus on reducing the number of people waiting for an Occupational Therapy assessment, supported by the investment in two additional Therapists. This increased capacity has continued to show positive impact. After reaching a high of 387 people in August 2024, numbers reduced to 267 by December and have now further decreased to 178 in March 2025.

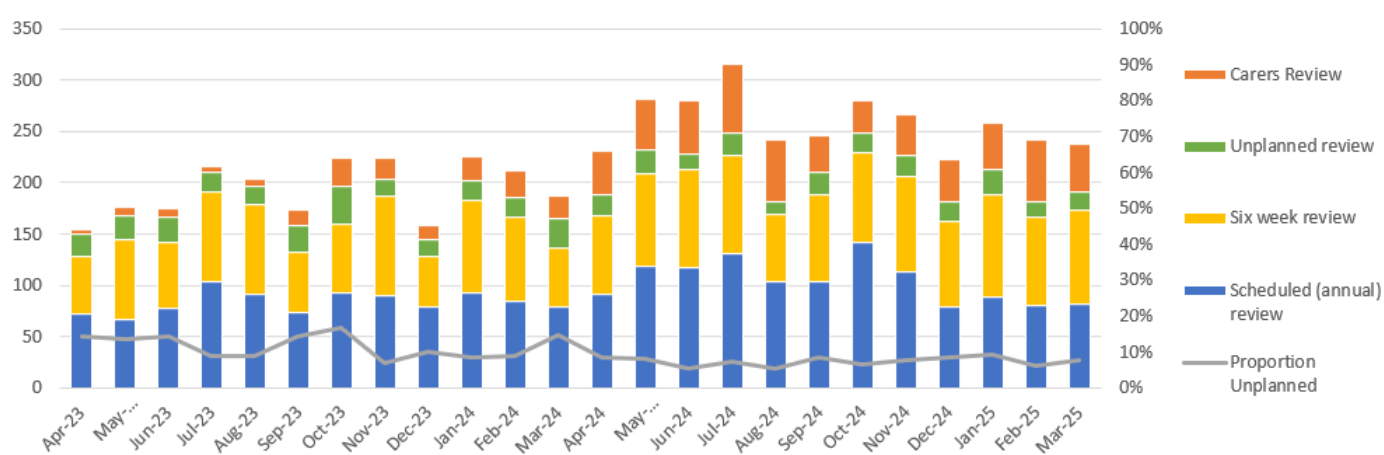
### How does Bury Compare – OT assessment?



## 4.3 Reviews

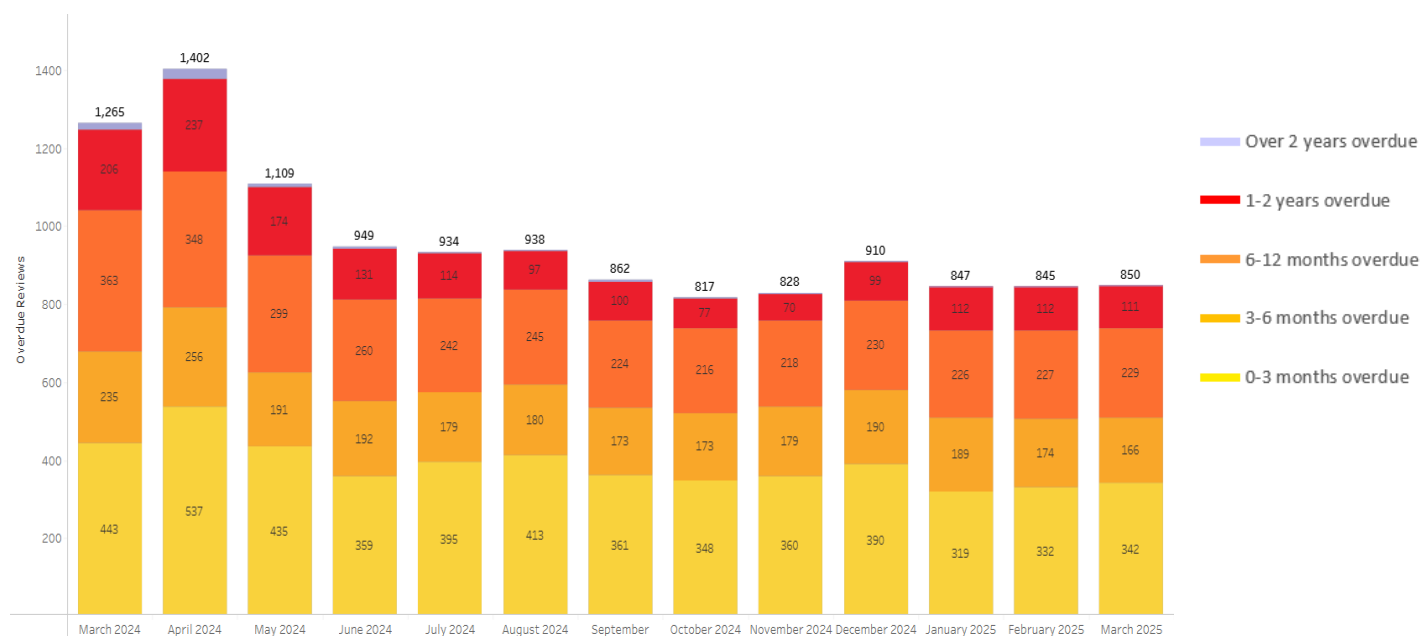
Adult Social Care reviews are a re-assessment of a person's support needs to make sure that they are getting the right support to meet their needs. Needs may change over time, and new services and technology may give someone more independence and improve their wellbeing. A lower proportion of unplanned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



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## Reviews – Q4 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 Feb 2025, 850 people were overdue a review. This is a significant reduction compared to the position 12 months ago when the average number of overdue reviews was 1200-1450, however, there is still further progress to be made given that the number of overdue reviews appears to be fairly stable over the past 6-9 months, though reassuringly, these figures are not increasing to the levels from 12 months ago.

This is significant progress when compared to the position 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 adult social care reviewing team now being in a position where all carers' reviews identified as due to become overdue in a particular month are allocated across the team at the beginning of the month, 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 and take great pride in doing so.

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

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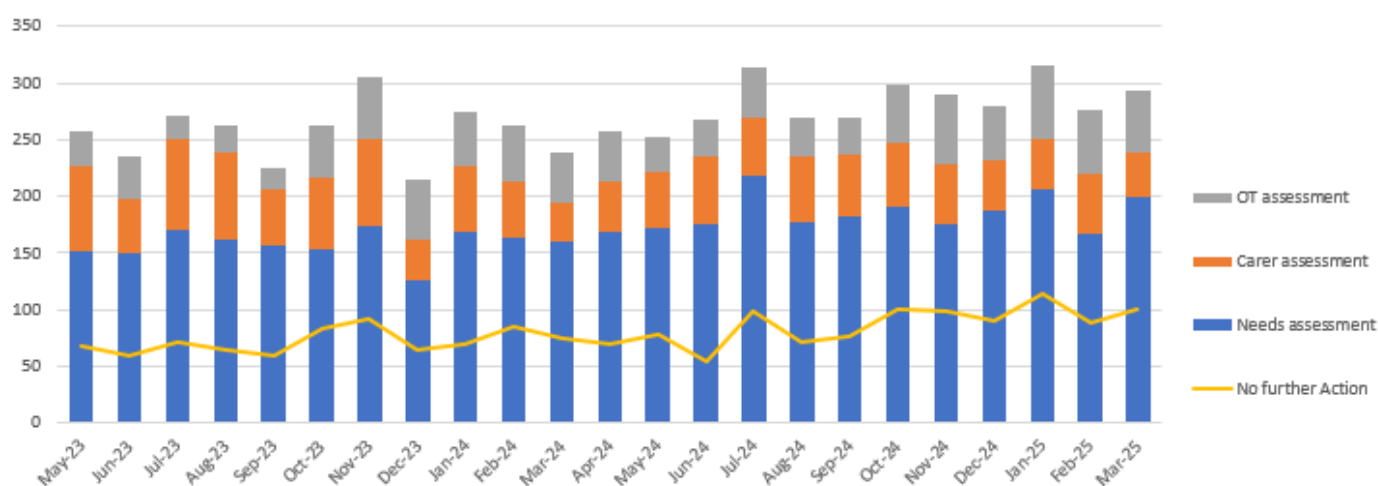
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## 4.4 Assessments

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

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



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### Assessments – Q4 commentary

In Quarter 4, the demand for assessments remained high, with average monthly numbers exceeding 200, compared to just over 150 two years ago. This increase in demand has been addressed by optimising workflows through prompt allocation of casework, the implementation of short-term assessments for urgent cases and maintaining a focus on caseload reviews. The department's efforts to improve efficiency and workforce capacity have resulted in a stable assessment completion rate, with the time taken to complete assessments improving compared to the Greater Manchester average. Moving forward, the department will continue to monitor demand and make necessary adjustments to staffing and processes to ensure that high standards of service are maintained.

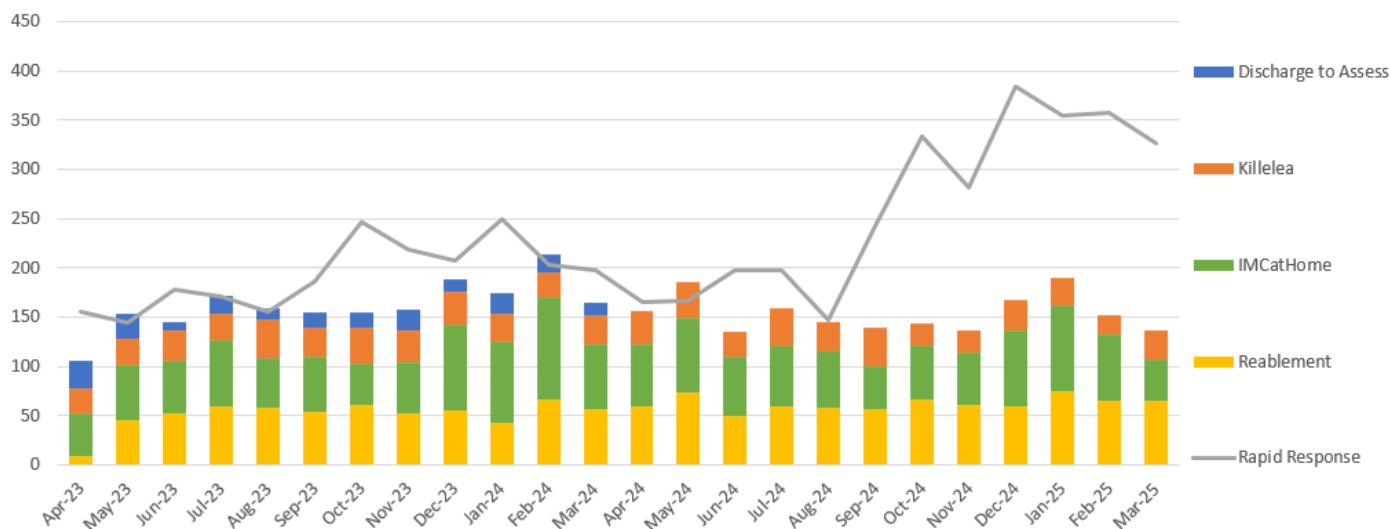
The focus on efficiency and workforce capacity has resulted in a stable assessment completion rate, with the time taken to complete assessments improving compared to the Greater Manchester (GM) average.



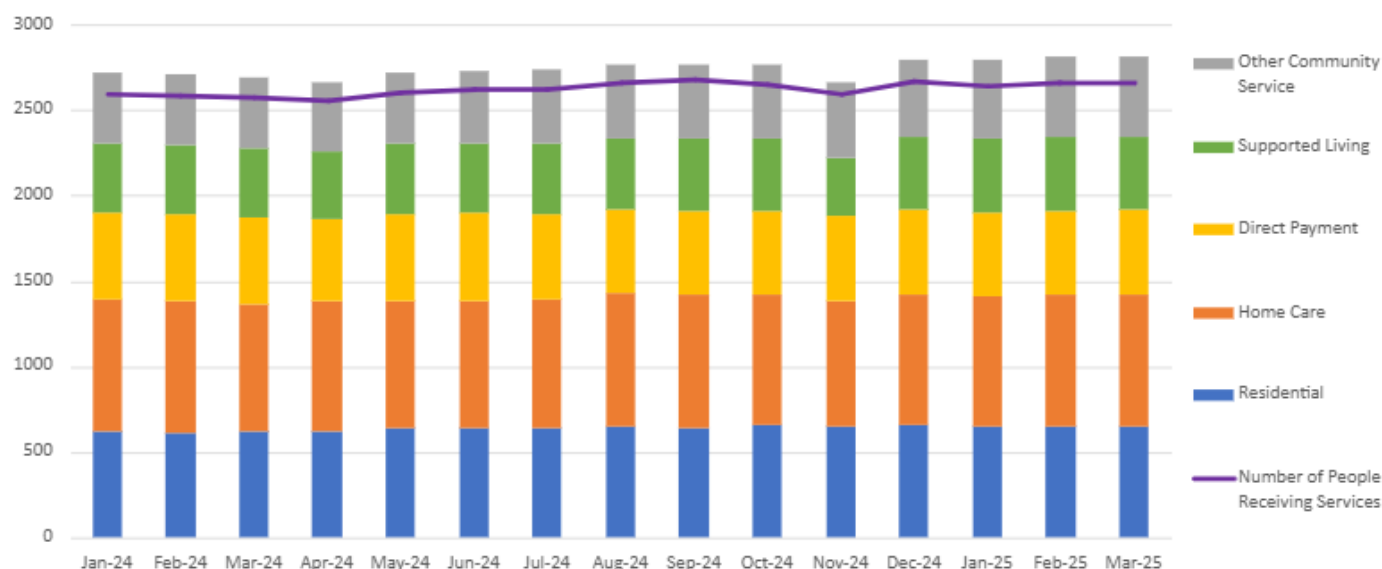
## 4.5 Services

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.**



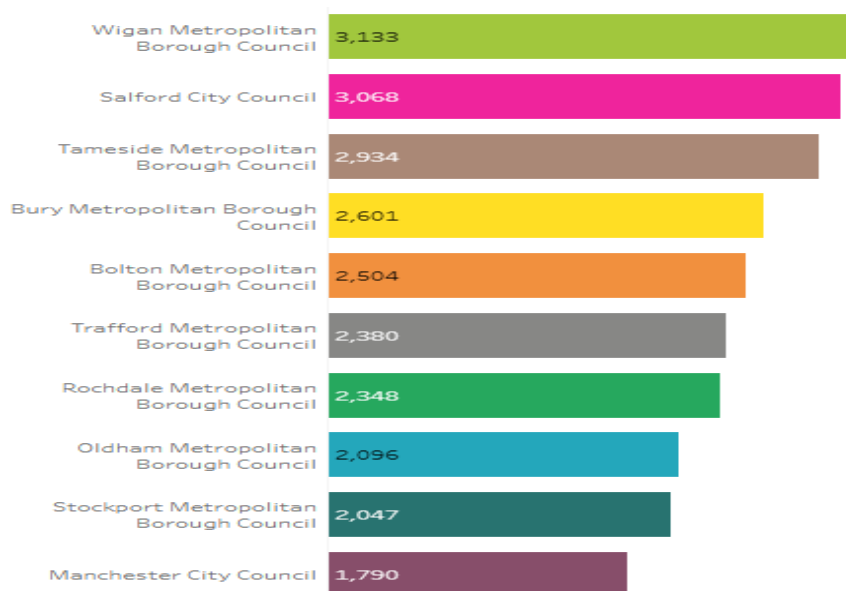
**Number of Long-term Adult Social Care services open on the 1<sup>st</sup> of each month.**



	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Residential	618	639	640	640	645	644	658	650	656	649	648	648
Home Care	764	746	748	757	782	779	760	737	769	766	776	775
Direct Payment	485	509	510	497	496	488	488	494	491	490	489	492
Supported Living	387	408	409	407	413	419	424	341	429	432	431	428
Other Community Service	408	417	424	440	434	438	440	445	451	453	468	471
Residential Placement	618	639	640	640	645	644	658	650	656	649	648	648
Supported at Home	1940	1965	1984	1988	2014	2041	2000	1945	2021	1996	2014	2013
Number of People Receiving Services	2558	2604	2624	2628	2659	2685	2658	2595	2677	2645	2662	2661

## How does Bury Compare?

People receiving services per 100,000 population  
March 2025 - All



## Services – Q4 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 4). Whilst it was envisaged the number would increase from quarter 3, there were also a reduction in referrals into the service. Whilst a drop in flow through our intermediate care bed based services is concerning, the referrals to the home based service (Reablement) increased significantly to the highest recorded in Q4, it did not impact on flow out of the hospital as the department purchased alternative domiciliary capacity from the independent sector to mitigate this. Quarter 4 has shown to have increased dependency, within the bed-based service, due to the local hospital ensuring people do not decondition when admitted, this has led to more people returning home with Reablement and IMC@home and the more dependant people requiring a bed base.

Although many services have remained stable you will see from the graph that Rapid Response activity has stabilised on the increased activity, this has not fallen to levels previously seen in Q1 and Q2. 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. Significant work has taken place with primary care colleagues and local care homes, to refer to Rapid Response as a first port of call, prior to calling an ambulance. In addition to this, the Northwest Ambulance Service (NWAS) has utilised Rapid Response more often, including utilising them for falls within the Bury location.

Overall service use is shown in the second and third charts which shows service use increasing with larger growth in other community services and supported living. The other community services are explained by our new assistive technology services and supported living by our opening of mental health supported accommodation. The numbers of people with a learning disability in supported living has not increased. However, we have also seen the use of residential care rise by 4.9% which is higher than population growth. This has been the result of a change in NHS processes for assessing continuing health care where patients are no longer funded by the NHS at the point of discharge from hospital, but rather funded as normal pending CHC assessment, this has seen a rise in the number of nursing home placements funded by the council that is responsible for this growth.



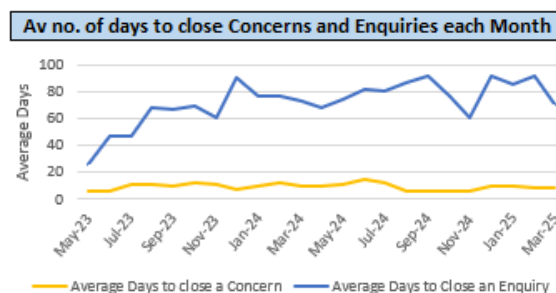
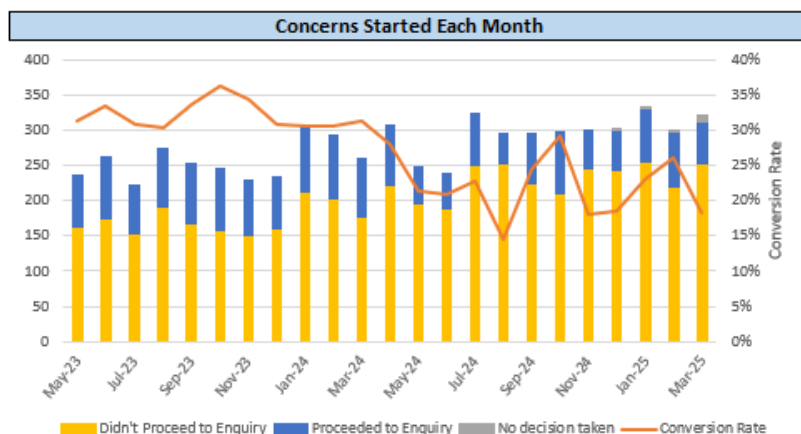
## 4.6 Safeguarding

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.

### Safeguarding and DoLS Activity Summary



Open Safeguarding Enquiries			
	Number	Av. Days	Max Days
ACS Safeguarding Team	96	95	637
Hospital Social Work Team			
Learning Disability Team	16	37	188
OPMHT	5	31	67
Community Mental Health Team			
Strategic Adults Safeguarding Te			
Operation Crawton			
<b>Total</b>	<b>117</b>	<b>86</b>	<b>656</b>



Active DoLS Requests			
	Urgent	Standard	Total
Waiting for Assessment	1	81	82
Processing	1	10	11
<b>Total</b>	<b>2</b>	<b>91</b>	<b>93</b>

### How does Bury Compare?

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

Last Updated: Q4 2024/25

### Safeguarding – Q4 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 90% of cases and 94% 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 is a continuation of the previous quarter. We continue to monitor this change this against our safeguarding concerns being received to ensure that we are not receiving an unusual amount of inappropriate safeguarding concerns. The

social workers continue to work with and education providers and partner agencies on this issue. Whilst our Head of Adult Safeguarding has raised this issue with his peers across the partnership, through the Safeguarding Adults Board.

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. We are now also 6<sup>th</sup> in the region in asking people their outcomes showing that we are focusing on our obsessions. Both regional data points have been held since the last quarter, so we hope that this good practice continues.

S.42 enquiry length times have remained consistent over the last two quarters 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; we held the last one in March and focused on duty systems and safeguarding concerns and the next booked for July which will focus on our incel ideology and link to our work in the Channel (radicalisation) space.

We have recently held our safeguarding away day, focusing on team development, CQC preparedness and safeguarding transformation and started rolling out the mandatory S.42 enquiry training for all adult social care staff.

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

## 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
Q4	26	3	10	5	10	14

\*2 complaints closed – consent not provided\*

\*\*6 complaints ongoing\*\*

### Compliments

Period 2024/25	Number of compliment s received	Source		
		Person receiving or had received services	Relative of person receiving or had received services	Other (incl. various survey responses/thank you cards)
Q4	173	6	15	152

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### Complaints and Compliments – Q4 Commentary

Complaints have shown a small increase from this time last year, 18 in Q4 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. The total number of complaints for the year is 92 which is very slightly above last year's numbers.

Compliments are showing a decrease from this time last year, 222 in Q4 2023/2024 and are 850 for the year although very slightly lower than last year remains nearly 10 times greater than the number of complaints.

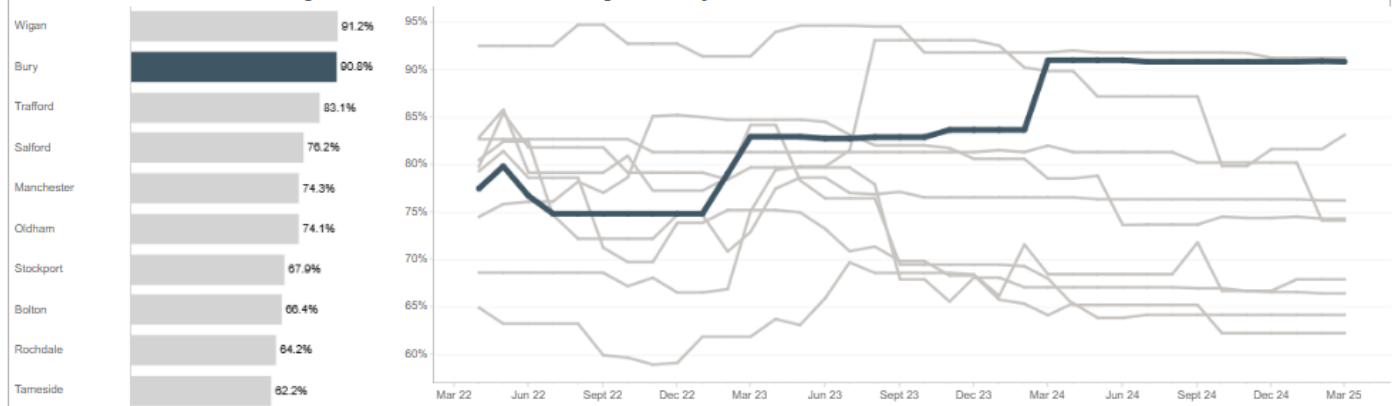
Further information on numbers, themes and teams will be available soon in the annual complaints report which will be tabled at Health Overview Scrutiny Committee later in the year.

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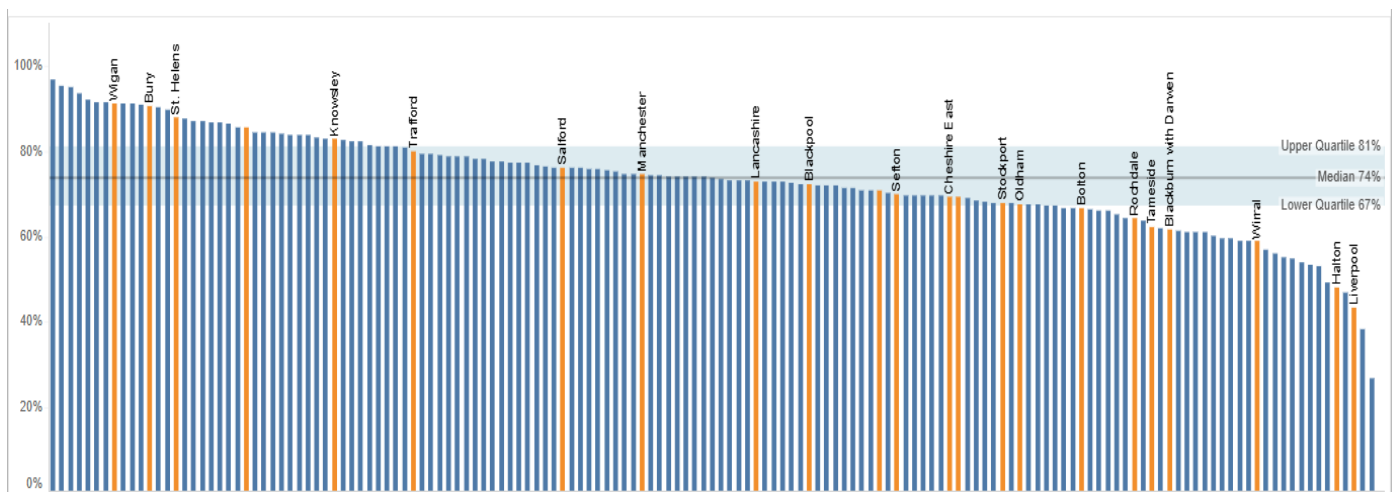
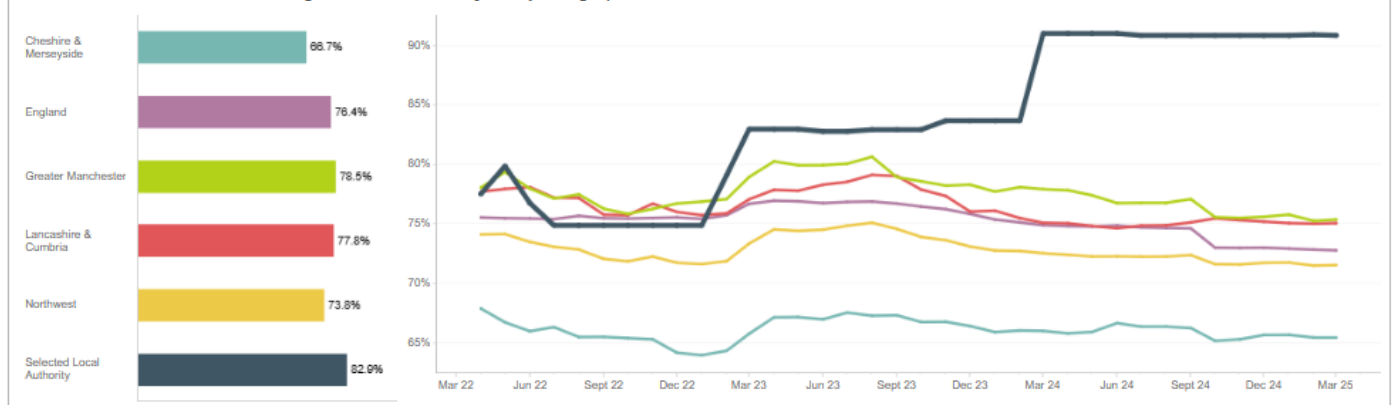
## 4.8 State of the Care Market

Number of care home beds rated good or outstanding.

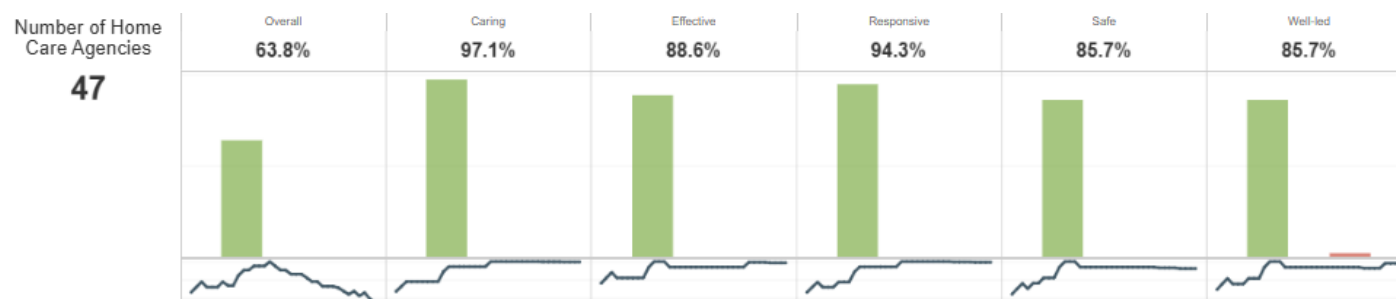
% of the Number of Beds in Rating Set Selection in the same Sub Region as Bury



% of the Number of Beds in Rating Set Selection: Bury v Key Geographic Areas



## Quality Ratings of Bury's Home Care Agencies



*Last Updated: Q4 2024/25*

### State of the Care Market – Q4 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 1<sup>st</sup> amongst its GM Neighbours and performing well above the England average and the average of all Northwest regions.

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

- The upcoming care at home retender will result in only care at home providers rated Good or Outstanding being commissioned
- Only one supported living provider rated Requires Improvement, the rest are Good or Outstanding.

## 4.9 Workforce Development

Workforce Board Performance					
Current Live Vacancies				Current Staffing	
Total Vacancies	Social Workers	SCO	Other	Current Agency Staff	Current Students
12	4	4	4	5	6
Apprenticeship Route Progression				March Vacancy Rate	
Apprenticeship Route Progression Q1 2025				3%	
Apprentices on the Programme					
Year 1	Year 2	Year 3	Graduated		
4	1	2	5		
Pending Vacancies				NSQ Positions Required for X Date	
Other Routes				Required Vacancies	
Apprenticeship (PGDip) Think Ahead				Apr-25	Apr-26
				Jul-26	Sep-26
				Apr-27	
				2	1
				4	6
					1

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

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

## Appendix - Data sources and what good looks like

Section	Chart	Data Source	What does good look like?
Contacts	Number of Adult Social Care (ASC) Contact Forms recorded each month.	Contact Records in LiquidLogic: Contact Type Contact Outcome	Six Steps to Managing Demand in Adult Social Care: ≈ 25% of contacts go on to receive a full social care assessment.
	GM Comparison		
Waiting Lists	Waiting List Summary	Professional Involvement in LiquidLogic: Awaiting allocation work trays Brokerage Work trays Overdue Review Tasks DoLS data from the database.	Lower is better
	Needs and Carers Assessments: No of Cases Waiting for Allocation		
	GM Regional Comparison		
Assessments	Number of Adult Social Care (ASC) Assessments Completed each month	Assessment forms in LiquidLogic	
	GM Regional Comparison	Av. number of days from the contact start date to the assessment end date	Lower is better
Services	Number of Intermediate Care (short-term) services completed each month	All IMC Service data from four data sources	
	Number of Long-term Adult Social Care services open on the 1 <sup>st</sup> 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

LGA Peer Challenge Final Report

Preparation for Assurance

**Peer Challenge Report**

**Bury Metropolitan Borough  
Council**

Final Report

February 2025



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## Background

Bury Metropolitan Borough Council (the Council) asked the Local Government Association (LGA) to undertake an Adult Social Care Preparation for Assurance Peer Challenge at the Council, and with partners.

The council commissioned an independent peer challenge to assess the ability of the adult social care service to deliver good services to people, as well as preparedness of the adult social service for a Care Quality Commission (CQC) assessment.

The purpose of a peer challenge is to help an authority, and its partners assess current achievements, areas for development, and capacity to change. Peer challenges are improvement focused and are not an inspection.

The peer team used their experience and knowledge of local government and adult social care (ASC) to reflect on the information presented to them by people they met, and material that they read.

Prior to being onsite, the LGA peer challenge team undertook a six case file audits, lived experience interviews, a review of data, and held 1-1 calls between members of the peer team and their counterparts at Bury MBC. The team were then onsite for three days holding interviews, focus groups, and discussions to fully understand the adult social care department to develop feedback and recommendations through triangulating the evidence presented.

All information collected was on a non-attributable basis to promote an open and honest dialogue.

The members of the peer challenge team were:

- **Jill Britton**, (DASS), Director of Adult Social Care, Luton Borough Council
- **Councillor Joanne Harding**, Executive Member for Finance, Change and Governance, Trafford Council
- **Alun Davis**, Expert by Experience Peer
- **Ruth Harrington**, Director of Adult Social Care, Adults with Disabilities and SE Essex, Essex County Council
- **Christine Conway**, Head of Adult Safeguarding and Principal Social Worker, Dudley Council
- **Sue Whetton**, Head of Commissioning, Derbyshire County Council
- **Sarah Morris**, Principal Social Worker for Adults, North Northamptonshire Council

- **Marcus Coulson**, Peer Challenge Manager, Local Government Association

The team were on-site at Bury MBC for three days from the 11<sup>th</sup> –12<sup>th</sup> February 2025. In arriving at their findings, the peer team:

- Held around fifty interviews and discussions with 190 different people including Councillors, officers, partners, people with lived experience, and carers.
- Had access to the full suite of the 38 CQC information return documents, which included multiple files in each return, plus the self-assessment., and other information was provided by request whilst on site.
- Completed six case file audits and spoke to people with lived experience during the onsite review.

The peer challenge team spent approximately 250 hours with Bury MBC the equivalent of twenty-five working days. Invariably, this is still a snapshot of the Council's adult social care service rather than being a comprehensive picture.

Specifically, the peer team's work focused on the Care Quality Commission (CQC) framework four assurance themes for the up-coming adult social care assurance.

They are:

## Care Quality Commission Assurance themes

<b>Theme 1: Working with people.</b> This theme covers: Assessing Need Supporting People to Live Healthier Lives Equity in Experiences and Outcomes	<b>Theme 2: Providing support.</b> This theme covers: Care Provision, Integration, and Continuity Partnerships and Communities
<b>Theme 3: How the local authority ensures safety within the system.</b> This theme covers: Safe Pathways, Systems, and Transitions Safeguarding	<b>Theme 4: Leadership.</b> This theme covers: Governance, Management, and Sustainability Learning Improvement and Innovation

All information was collected on a non-attributable basis. The peer challenge team would like to thank to thank councillors, staff, people with a lived experience, carers, partners, and providers for their open and constructive responses during the challenge process.

Initial feedback was presented to the council on the last day of the peer challenge and gave an overview of the key messages. This report builds on the presentation and gives a more detailed account of the findings of the peer team.

## Key Messages

There are observations and suggestions within the main section of the report linked to each of the CQC themes and the nine quality statements. The following are the peer team's key messages to the council:

## Strengths

**Passionate and Committed Workforce.** Staff across the adult social care directorate in Bury demonstrate a passion and positivity for their work. Their dedication to supporting residents is evident in their daily practice, and they take immense pride in their roles within the local authority. This sense of purpose translates into high levels of motivation and a commitment to continuous improvement and continuous personal development. Staff members consistently expressed a strong connection to the values and mission of the directorate, reinforcing a positive and supportive working culture.

**A Clear and Well-Articulated Improvement Journey.** Staff members are highly engaged in the ongoing improvement journey and can clearly articulate how strengths-based practice has been embedded within service delivery. They understand and embrace the importance of focusing on individuals' capabilities rather than deficits, ensuring that care and support services promote independence, choice, and control for residents. The impact of this approach is evident in improved resident outcomes, greater service user satisfaction, and increased staff confidence in delivering high-quality care.

**Resources and Team Support.** Staff reported feeling well-equipped to carry out their roles effectively, with access to the necessary resources and support. This includes not only financial and material resources but also a culture of peer support across teams and support from direct line managers. The collaborative working environment fosters knowledge-sharing, problem-

solving, and resilience, ensuring that staff can deliver services despite ongoing pressures.

**Strong and Self-Aware Leadership.** The leadership of the directorate demonstrates a high level of self-awareness and is committed to creating an environment where staff can thrive. Leaders actively seek feedback, reflect on practice, and engage with frontline workers to ensure continuous development. Opportunities for professional growth, training, and career progression are available, empowering staff to develop their skills and advance in their careers.

**Visible and Approachable Leadership.** Staff consistently highlighted the visibility and accessibility of senior leadership within the service. Leaders engage regularly with teams, providing encouragement, guidance, and a direct link to strategic decision-making. This approach has fostered a culture of openness and trust, ensuring that staff feel valued and supported in their roles.

**Financial Commitment to adult social care.** In a challenging financial climate,. The commitment to reinvesting in adult social care through additional staff resources demonstrates a proactive approach to sustaining the quality of service provision. Despite budgetary pressures, the council has strategically prioritised adult social care, ensuring that residents receive the support they need.

**Effective Management of Waiting Lists.** Significant progress has been made in reducing waiting lists for new assessments, reviews, and occupational therapy. Staff and team managers can clearly articulate their approach to prioritisation, ensuring that those with urgent needs are seen promptly while maintaining contact with all individuals awaiting support. This proactive approach enhances resident safety and service efficiency.

**Exemplary Integration with Health Services.** The integration of health and social care services at both operational and strategic levels in the council is commendable and serves as a model of best practice. Collaborative working between the service and health partners has led to streamlined pathways, improved coordination of care, and better outcomes for residents. Staff provided clear examples of how this integration has had a tangible impact, including more efficient hospital discharges and enhanced community-based support. It was noted that there had been a reduction in hospital attendance of 1.5%, at a time when the adjacent borough had a 4% rise.

**Strong Provider Relationships and Quality Assurance.** The service's teams have established robust relationships with care providers, underpinned by a well-structured quality assurance framework. Commissioners work closely with providers to ensure high standards of care, with a clear ambition to embed the resident voice at the heart of quality discussions. This collaborative approach fosters a culture of trust and continuous improvement and ensures that services remain

responsive to residents' needs.

**Effective Safeguarding Partnership Working.** The relationships within the Safeguarding Adults Board (SAB) are described by partners as robust suggesting effective multi-agency collaboration. This partnership ensures that safeguarding responsibilities are well understood and that appropriate structures are in place to protect vulnerable residents.

**Commitment to Co-Production.** The council demonstrates a genuine commitment to co-production, particularly among senior leadership and commissioning management. This commitment is embedded in strategic planning and operational practices, ensuring that co-production is not merely a policy statement but a principle guiding service development and delivery. There is a strong framework in place and progress has been made, there is also recognition that further work is needed to embed co-production more consistently across all service areas. The commitment to listening to the lived experience is a strength that will continue to drive service improvements.

**Robust Oversight of Data, Quality, and Finance.** The directorate was able to demonstrate to the peer challenge team clear oversight in data management, quality assurance and financial control. This enables informed decision-making, effective resource allocation, and continuous service improvement. The ability to track key performance indicators and respond to emerging trends positions the service well for ongoing service enhancement.

## Areas for Consideration

**Embedding Safeguarding Awareness Across All Teams.** While safeguarding structures are in place, there is a need to ensure that safeguarding practice and referral pathways are consistently understood by all staff. This includes providing ongoing training, enhancing internal communication, and reinforcing the importance of safeguarding responsibilities at every level of service delivery.

**Enhancing Support and Engagement for Carers.** Further work is required to ensure that carers fully understand the support available to them, how to access services, and how they can contribute to strategic planning. Strengthening communication channels and co-production with carers will help to ensure they receive the support they need while having a meaningful role in shaping future services.

**Embedding Equality, Diversity, and Inclusion (EDI) Across All Teams.** While the Integrated Neighbourhood Teams (INTs) have made significant progress in considering ethnicity and religion

in service delivery, other teams and aspects of EDI require further attention. A more consistent approach to inclusivity, ensuring that all aspects of diversity are embedded in practice, will strengthen service provision and responsiveness to diverse community needs.

**Improving Website Accessibility and Communication Clarity.** There is recognition that the accessibility of the corporate and adult social care webpages needs improvement to ensure residents can easily access information and support. This includes ensuring compliance with accessibility standards, simplifying navigation, and clearly identifying residents' communication needs. Digital inclusion initiatives should also be explored to support residents who may struggle with online access.

**Expanding Commissioning Beyond Accommodation-Based Support.** Currently, commissioning is largely focused on accommodation-based support. There is an opportunity to broaden this approach to include more preventative services in partnership with the Voluntary, Community, Faith and Enterprise (VCFE) sector and with Persona (a social care provider in Bury created in 2015). Strengthening prevention initiatives will help to reduce crisis interventions and promote greater independence for residents.

## Co-production and the Lived Experience

### Strengths

**Commitment to Co-production.** The council demonstrates a strong and genuine commitment to co-production, particularly among senior leadership and commissioning management. This commitment is embedded in strategic planning and operational practices, ensuring that co-production is not merely a policy statement but a principle guiding service development and delivery. Senior leaders actively champion co-production, fostering a culture where the voices of individuals with lived experience are valued and incorporated into decision-making processes.

**Co-production Networks.** The peer team were interested to see that substantial resources are dedicated to supporting co-production networks, with a focus on older people and individuals with learning difficulties. The council has established and maintained key partnership boards, such as the Mental Health Board and Learning Disability Partnership Boards, which provide structured platforms for ongoing engagement and co-production efforts. These boards play a pivotal role in shaping service design and delivery, ensuring that the needs and perspectives of those who rely on social care services are at the forefront of policy development.

**Bury Co-production Commissioning Charter.** One of the council's most notable best practices is the implementation of the Co-production Commissioning Charter. This document serves as a framework for embedding co-production into commissioning processes. It includes a range of best practice initiatives, such as:

- The inclusion of individuals with lived experience in quality assurance visits to service providers, ensuring services meet the needs and expectations of the people they are intended to support.
- The active involvement of people with lived experience in recruitment panels for key social care positions, ensuring that the workforce is selected based on an understanding of service user needs. Workers told the team that they were planning to involve people with lived experience in a forthcoming recruitment process.
- The engagement of people with lived experience in procurement processes, providing valuable insights into the commissioning and contracting of services. The peer team met with people with lived experience who have been involved in quality reviews of providers; they told the team that there are plans for a paid position to undertake these reviews.

The council's approach to co-production reflects a structured and thoughtful integration of service users into the broader governance and oversight of adult social care services, reinforcing a commitment to transparency, inclusivity, and continuous service improvement.

### **Voluntary, Community, Faith, and Enterprise (VCFE) Sector**

**Positive Directorate Relationships.** The adult social care directorate has established a productive and collaborative working relationship with the VCFE sector. Partnership working is well embedded, with regular engagement mechanisms ensuring that the sector is involved in discussions on service delivery, transformation, and emerging priorities. These relationships provide a strong foundation for continued collaboration, ensuring that the diverse expertise within the sector is effectively harnessed to support communities.

**Healthwatch Involvement.** Healthwatch plays a crucial role in shaping service delivery, acting as a key conduit between service users and commissioners. As a commissioned partner, Healthwatch has undertaken a range of projects that provide valuable insight into user experience and system performance. This intelligence is used to inform service improvements and to ensure that user voices influence decision-making. There is an opportunity to further integrate Healthwatch's findings into strategic planning processes to enhance responsiveness to local needs.



**Sector Challenges.** Despite the positive contributions of the VCFE sector, it is facing increasing pressure due to rising staffing costs and resource constraints. These challenges have the potential to impact service sustainability, particularly for smaller organisations that play a vital role in community-based provision. Exploring opportunities for additional support, including capacity-building initiatives and funding stability measures, will be important to ensure the sector remains resilient and able to continue delivering essential services.

### **Sensory Impairment Service (SIS)**

**Bury Blind Society Partnership.** The partnership between the council and Bury Blind Society for the delivery of the SIS is well established, with positive feedback from both service users and providers. The commissioned service is reported to be highly responsive, with effective communication channels facilitating strong joint working. The ongoing collaboration ensures that people with sensory impairments receive tailored support that meets their specific needs.

**Co-Produced Service Delivery.** The recent redesign of SIS was developed through a comprehensive co-production process, ensuring that individuals with sensory impairments played an active role in shaping the service model. This approach has led to a service that is both user-centred and aligned with best practices. Continued investment in co-production methodologies will support the ongoing refinement and adaptation of services in response to evolving needs.

**Stable Service Provision.** The service continues to operate effectively, with no reported waiting lists for mobility support and stable vision impairment (VI) registration numbers. This indicates a well-managed and demand-responsive service model. Maintaining this level of stability will be important, particularly in the context of potential future demographic changes and increased service demand.

**Deaf Community Engagement.** While the SIS is performing well overall, there is an identified need to enhance engagement with the local deaf community. A key organisation supporting this community has encountered difficulties in maintaining links, which may have impacted access to support and representation in service planning. Strengthening outreach efforts, fostering new partnerships, and exploring targeted engagement strategies will be important to ensure that the needs of deaf individuals are effectively addressed within the wider sensory impairment service landscape.

### **Considerations.**

While significant progress has been made, there are opportunities to further embed co-production and the lived experience across all areas of adult social care. Key considerations for strengthening the council's approach include:

**Establishing a Task and Finish Group.** A dedicated task and finish group, comprising relevant stakeholders including service users, carers, voluntary sector representatives, and commissioning leads, could be established to develop a directorate-wide co-production framework. This framework should provide a clear definition of co-production, outline its principles, and set measurable outcomes to assess effectiveness.

The group should also consider best practice from other local authorities and national guidance to ensure alignment with wider sector expectations.

**Raising Awareness Among Frontline Staff and Carers.** Frontline staff and carers play a crucial role in implementing co-production principles. Awareness-raising activities, including training sessions, workshops, and case study presentations, could enhance understanding and buy-in.

**Carers Co-Production Clarity.** While carers are engaged in service planning activities, there is an opportunity to further clarify and formalise their role in co-production and decision-making. Embedding co-production into staff induction and ongoing professional development will help create a workforce that values and consistently applies co-production in day-to-day practice.

**Securing Resources for Co-production Processes in Underrepresented Groups.** While existing co-production networks support older people and individuals with learning difficulties, there is a need to allocate funding and resources to extend co-production opportunities for people with physical impairments and autism. Investment in accessible engagement methods, including assistive technology and tailored communication approaches, will ensure that co-production is truly inclusive.

**Developing a Policy for Paying People with Lived Experience.** Meaningful involvement in co-production should be recognised and valued appropriately. Developing a clear policy on reimbursing individuals with lived experience for their time and contributions is essential. This policy should include guidance on payment structures, reimbursement for expenses, and non-monetary incentives where appropriate, ensuring a fair and transparent approach.

**Embedding the Voice of Lived Experience into Key Documentation.** People with lived experience should be actively involved in shaping the council's self-assessment documentation and other key reports. Their insights should be integrated into publicity materials and service improvement plans, reinforcing a commitment to genuine co-production and reflecting the real

experiences of service users. By addressing these considerations, the council can further enhance its ability to deliver high-quality co-production, ensuring that adult social care services are shaped by and for the people they support. This will not only strengthen preparedness for assurance processes but also improve outcomes for service users and communities.

## Case File Audit

Prior to the onsite visit six cases files were reviewed. The **strengths** that were identified in these cases were:

- A flexible use of carers personal budgets
- The recording templates demonstrate the voice of the person
- There was an example of clear understanding of legal frameworks and full involvement of a young person arranging her support with the team around her
- There was an example of risk enabling practice with a person who had complex needs including mental health issues, and with the young person moving into adulthood.

The **areas for consideration** identified in these cases were:

- The carers assessments did not include analysis of the carer's situation
- The voice of the relative was sometimes stronger than the voice of the person
- The opportunities to work in a person-centred way were sometimes missed
- The council should consider providing guidance on the use of the first person narrative in cases as this was sometimes inconsistent
- The case summaries provided could include a more balanced evaluation including areas for development.

This was a small cohort of case files audits, but in line with the number that is likely to be undertaken by CQC.

## Theme 1: Working with People

This relates to assessing needs, planning, and reviewing care, arrangements for direct payments and charging, supporting people to live healthier lives, prevention, wellbeing, information, and advice, understanding, and removing inequalities in care and support, and people's experiences and outcomes from care.

### Quality Statement One: Assessing Needs

#### Strengths

**Culture of Support.** A strong culture of support exists among staff, with managers and leaders providing clear guidance and encouragement. Staff described a workplace where employees feel valued and equipped to deliver quality services. In conversations with the peer team staff demonstrated a commitment to strengths-based working and actively engaging with individuals to co-develop care plans that focus on personal outcomes.

**Use of Population Data.** The strategic use of population data plays a key role in understanding and addressing the specific needs of individual neighbourhoods. By leveraging this data, the service ensures that local nuances are reflected in the care planning process.

**Practice Framework.** The continuous development of the practice framework has been well received by practitioners, who acknowledge its role in shaping effective service delivery. The integration of Liquid Logic into this framework has further streamlined processes, improving workflow efficiency and record management.

**Assessment of Need.** Innovative tools such as Canary are being utilised to enhance the assessment of needs, providing valuable insights into service users' requirements. Trusted assessors within Integrated Neighbourhood Teams (INTs) contribute significantly by ensuring timely access to basic equipment.

**Carers Hub Feedback.** Feedback from carers engaging with the Carers Hub was overwhelmingly positive. A key strength of the service is that all carers who have sought support through the hub have received a carers assessment. The table below illustrates the significant positive trends from August 2023 to February 2025:

		Aug-23	Feb-25
Care assessments	People on waiting list	154	72
	Average wait time	58	26
	Maximum wait time	449	86
Carer's assessments	People on waiting list	11	10
	Average wait time	38	14

	Maximum wait time	220	25
Care reviews	People on waiting list	1148	841
	Average wait time	180	172
	Maximum wait time	791	722

While all carers reported receiving a carers assessment, there remains a need to address the number of overdue reviews to ensure a continuity of support, which the director and his colleagues are aware of.

## Considerations

**Access to Occupational Therapists (OTs).** The service should ensure consistent and equitable access to occupational therapists (OTs) across different service areas to enhance the efficiency of interventions. Improving the accessibility of the Directory of Services, including the council's website, is a recognized priority to ensure individuals and carers can easily navigate available support options. Advocacy services should be given a greater profile to empower individuals in making informed decisions about their care.

## Quality Statement Two: Supporting People to Live Healthier Lives

### Strengths

The responsive equipment service ensures timely support, allowing individuals to maintain independence.

**Technology Enabled Care.** Technology is well integrated into care provision, with new innovations being piloted successfully. Good examples and user perspectives have highlighted the positive impact of these initiatives. The expansion of the Shared Lives program is also noteworthy, and it is recommended that a select number of case studies be included in the self-assessment to showcase successful implementations.

**Preventative Pathway.** The presence of a robust preventative pathway—including Staying Well, Social Prescribing, and community assets demonstrates a proactive approach to wellbeing. INTs have proven highly effective in supporting individuals and improving outcomes, while the Intermediate Tier services and Reablement pathways are well-embedded within community teams.

**Bury Employment and Support Team.** The Bury Employment and Support Team's work, including initiatives such as a café, workshop and garden run by service users, exemplifies an outstanding model of engagement, social inclusion and support to develop skills towards employment opportunities.

## Considerations

**Individuals with Autism.** Alternative strategies should be explored to better address the needs of individuals with autism. Enhancing the information available at the referral stage of the reablement service would improve user experience and expectation management.

**An All-Age Prevention Pathway.** The introduction of an all-age prevention pathway could further streamline and integrate support services. Additionally, concerns have been raised about limited access to mental health support for individuals who do not meet the threshold for secondary services.

**Referrals into Adult Social Care.** A clearer pathway for referrals into adult social care is needed, ensuring a seamless and efficient process. Referral processes to Persona should also be reviewed to ensure they are outcomes focused.

### **Quality Statement Three: Equity in Experiences and Outcomes**

## Strengths

**People with Learning Disabilities.** A housing strategy is in place for people with learning disabilities to ensure that sufficient and appropriate accommodation is made available. The learning disability team is proactively addressing digital exclusion and working towards greater accessibility for service users.

**Interpreters and Translation Services.** Staff report good access to interpreters and translation services, ensuring that language barriers do not hinder service engagement. Cultural and religious competence training is widely available, enhancing the ability of staff to provide inclusive care. The INTs actively consider the needs of diverse communities, with strong links established with Jewish and Asian communities, ensuring culturally appropriate support.

## Considerations

**Articulating Outcomes.** While there is awareness of seldom-heard communities, it is important to better articulate the outcomes achieved for these groups.

**Demographic Data Collection.** Demographic data collection should be improved to enable a more detailed analysis of service impact and effectiveness. Signing up to the Workforce Race Equality Standards may help in further embedding inclusivity within staff recruitment and development processes and demonstrating this commitment to staff. Expanding staff networks will provide additional peer support and development opportunities.

**Equity of Access.** The Staying Well Team appear to only work with people aged fifty plus. It may be beneficial to extend the offer to include all adults to ensure equity of access to early support for all people aged eighteen plus.

## Theme 2: Providing Support

This relates to market shaping, commissioning, workforce capacity and capability, integration, and partnership working.

### Quality Statement Four: Care Provision, Integration and Continuity

#### Strengths

**Home Care Market.** There is a stable and resilient home care market with commissioning arrangements appearing to work well on a locality basis, minimising travel times and costs and waiting times for new packages of care.

**Ensuring quality of local services.** The peer team heard evidence of a recently developed and robust quality assurance framework, with staff teams demonstrating a sense of pride in maintaining high standards and local providers having higher than average CQC ratings when compared across Greater Manchester (GM). This has been supported by effective monitoring, feedback mechanisms, and an open culture of continuous improvement.

**Managing Provider Failure.** The peer team heard and read evidence of robust policy and procedures to manage provider failure. Although provider failure appears to be a rare event, the close relationships with provider organisations in the market have contributed well to this process in ensuring all people impacted had a swift and positive outcome.

**Service sustainability.** The Bury Flex initiative has been highly effective in supporting recruitment and training for both permanent and relief staff within the adult social care sector and providers told the peer team how much they valued this free offer of support. This initiative is proactively addressing workforce challenges by developing a sustainable pipeline of skilled professionals, ultimately improving service continuity and stability.

**Exemplary Integration with Health Services.** The integration of health and social care services at both operational and strategic levels in the council is commendable and serves as a model of best practice. Staff reported their ability to work well as multi-disciplinary teams and were extremely proud of their improvement journey.

**Workforce.** There is a comprehensive Integrated Care Partnership Locality Workforce Strategy in place which is closely aligned to the Greater Manchester Integrated Care Strategy and the 'Let's Do It' Strategy for the Borough. The peer team heard about good examples of a strong local training offer for commissioned providers as well as well supported progression opportunities for council staff.

**Technology-Enabled Care (TEC) Advancements.** The TEC team provided evidence of positive outcomes for individuals supported by innovative technology solutions. People have benefitted from assistive technology that promotes independence, safety, and well-being. The integration of TEC within the broader care framework demonstrates the council's commitment to modern, sustainable, and person-centred approaches.

**Accommodation.** There is robust evidence of supporting the development of new appropriate accommodation for older people, people with mental ill health and those with a learning disability and/or who are autistic. The commissioning led 'Living Options' group was highly regarded by the INTs to support them to explore housing and accommodation options available to people they were supporting.

**Staying Well and Connect and Direct.** The council led Staying Well and Connect and Direct (CAD) teams presented evidence of holistic assessment and person-centred approaches that achieve positive outcomes for people delaying the need for increased statutory support.

## Considerations

**Voice Of People.** Increase the visibility of the voice of people who draw on care and support and their carers in your evidence of co-production and outcomes achieved by commissioned service provision, perhaps by utilising an outcomes framework aligned to Think Local Act Personal's Making It Real.

**Ensure sufficient capacity in local services to meet demand.** The council recognises that there are several market position statements outlining activity in the directorate which are not fully understood by providers. Commissioners should support the provider market further so that they are more able to engage with the council's vision and the ambitions that are outlined, particularly in relation to the need to increase nursing care, specialist dementia nursing care and care and support for younger adults with complex needs. It would also be helpful to create just one or two market position statement documents.

**Home Care Monitoring System.** The peer team heard that the implementation of the Home Care Monitoring System had meant that payment of fees was sometimes not achieved on time for some



commissioned providers. However, the council was responsive to any escalation of payment issues and were carrying lessons learned forward into the forthcoming re-procurement process.

**Development Of Bespoke Accommodation.** Whilst choice of accommodation has improved or is improving for older people and people with a learning disability, further development of bespoke accommodation for those with complex needs, including for those who are living out of area would provide more choice and improved outcomes for people. Alongside this, consideration should be made for growing the workforce alongside an enhanced fee rate/structure to consider the requirement for enhanced skills and support for those with complex needs including advanced complex dementia.

**Outputs and Outcomes.** When speaking to staff there was some confusion between the ideas and reality of outputs and outcomes and therefore the ability of staff to describe the difference services were making to people's lives. The council should seek to promote a clearer understanding for staff of the difference between outputs and outcomes so that they can better describe their performance and achievements to the regulator when they arrive.

## **Quality Statement Five: Partnerships and Community**

### **Strengths**

**Person-Centred Approaches and Positive Outcomes.** The Staying Well and Connect and Direct (CAD) teams demonstrated a commitment to person-centred care. Evidence presented highlighted a range of positive outcomes achieved through tailored approaches that consider individual needs and preferences. Service users have reported enhanced well-being, improved independence, and greater access to community-based support. These person-centred approaches align with national best practices and reinforce a culture of responsive and adaptable care.

**Integrated Working with Health Partners.** Collaborative integrated working with health partners has led to streamlined pathways, improved coordination of care, and better outcomes for residents. Staff provided clear examples of how this integration has had a tangible impact, including more efficient hospital discharges and enhanced community-based support.

**Effective Safeguarding Partnership Working.** The relationships within the Safeguarding Adults Board (SAB) are strong, demonstrating effective multi-agency collaboration. This partnership ensures that safeguarding responsibilities are well understood and that appropriate structures are in place to protect vulnerable residents.

### **Maturing Partnership with the Voluntary, Community, Faith, and Enterprise (VCFE) Sector.**

The council has fostered a growing and maturing partnership with the VCFE sector, enhancing service integration and community-based care provision. Collaborative working has led to increased accessibility of services, improved pathways for service users, and strengthened community resilience. The development of a Memorandum of Understanding (MoU) between the VCFE sector and the council further underlines the commitment to transparency, mutual support, and shared strategic priorities.

**Carers Service Improvements.** The Carers Service has made significant strides in identifying and supporting carers, resulting in increased referrals from a diverse range of agencies. These improvements ensure that more carers are receiving timely assessments, access to essential support services, and opportunities for respite. Feedback from carers highlights improved awareness of available support and enhanced collaboration between health and social care teams.

**Strong Provider Relationships.** Service providers have reported a positive and respectful relationship with the council, with one provider describing the current partnership as “the best it’s been in Bury.” This collaboration has contributed to a high level of trust, improved service quality, and a shared commitment to continuous improvement.

**Accommodation and Housing Initiatives.** Positive progress has been made in the development of accommodation options to support individuals with a range of care needs. This includes increased provision of supported living arrangements, ensuring people can live independently with the necessary support in place.

### **Considerations**

**Fee Differentials for Complexity of Need.** Current fee structures may not fully account for the varied complexity of individuals' care requirements, leading to potential inequities in resource allocation. A structured review of funding mechanisms should explore how payment models can better reflect the intensity and specialisation of care required. This includes developing tiered funding frameworks that align with assessed need, incentivising providers to offer services that cater to individuals with higher acuity needs while maintaining financial sustainability across the care sector.

**Evidencing Commissioning for Outcomes.** A clearer framework for demonstrating how commissioning decisions contribute to measurable improvements in people’s lives is essential for

accountability and strategic planning. This requires refining data collection processes, establishing robust key performance indicators (KPIs), and embedding impact measurement within commissioning cycles.

**Lived Experience Partnerships.** While existing initiatives have enhanced service user involvement, further steps are required to embed co-production as a standard practice across adult social care. Strengthening the role of individuals with lived experience in service design, evaluation, and governance structures will help ensure that policies and practices reflect the realities of those receiving care. Establishing formalised co-production frameworks and expanding training opportunities for both staff and service users will reinforce meaningful engagement.

**Home First Data Presentation.** The Home First approach, which prioritises supporting individuals in their own homes rather than institutional settings, lacks clear visibility within existing data reports. Enhancing data disaggregation by categorising service users by nursing care, supported living arrangements and self-funded placements will provide greater clarity on service effectiveness.

**Comparative Performance Analysis.** Regular reference to internal performance data is evident, yet expanding comparative analysis with other GM councils could enhance strategic insights. Utilising regional benchmarking tools and national datasets will offer a more nuanced understanding of best practices and areas for development.

## Theme 3: Ensuring Safety

This area relates to Section 42 safeguarding enquiries, reviews, safe systems, and continuity of care.

### **Quality Statement Six: Safe Systems, Pathways and Transitions**

#### **Strengths**

**Preparing for Adulthood (PFA).** Significant progress has been made in ensuring that young people transitioning from children's services to adult social care receive the support they need. Early involvement with young people and their families has led to stronger relationships between children's and adult services staff, creating a more seamless transition. The establishment of a dedicated virtual PFA team has further strengthened communication and collaboration, ensuring that families receive clear guidance and support.

**Financial Services in the PFA Team.** Financial services in the PFA team have been restructured to better accommodate transitioning individuals, including enhanced welfare benefits advice for families. However, there remains scope for improvement in PFA data collection and analysis to inform service planning and delivery. The council should explore ways to enhance access to both the children's services and adult social care recording systems to streamline information-sharing and support continuity of care.

**Hospital Discharge and Rehabilitation.** A well-defined hospital discharge pathway is in place, supported by technological solutions that facilitate timely and effective transitions from hospital to home or other care settings. 84% of people now leave these services managing independently and the service has moved to 8<sup>th</sup> in the Northwest region from 11<sup>th</sup> with 6,500 people benefiting from the rapid response and intermediate care services. The INTs are proactively managing waiting lists, ensuring that individuals receive the necessary support without unnecessary delays.

**Person-Centred Rehabilitation.** Person-centred rehabilitation approaches are yielding positive outcomes, with good examples of tailored interventions that promote independence and recovery, staff talked about how they, in partnership with health colleagues, could escalate or step-down through a clear pathway to avoid hospital admission. Partnerships with key stakeholders, including Community Safety and the SAB, have been instrumental in enhancing service delivery and ensuring coordinated responses to complex cases.

## **Quality Statement Seven: Safeguarding**

### **Strengths**

**Safeguarding and Risk Management.** A culture of safeguarding as a collective responsibility is taking hold, with staff increasingly recognising its importance across the workforce. Strategic partners within the SAB are working well together, leading to improved outcomes. An example is that there has been a steady reduction in the time it takes to complete a section.42 enquiry and there has been an increase in meeting or partially meeting people's safeguarding needs. However, there is recognition that further progress is needed to strengthen safeguarding practices and ensure consistency.

**The Multi-Agency Risk Management process.** The Multi-Agency Risk Management process appears robust with clear evidence of its effectiveness. Staff described feeling more confident in supporting people in risky situations. Leadership within the service is making a tangible difference, driving improvements in areas such as hoarding interventions and the understanding of self-

neglect. The Deprivation of Liberty Safeguards (DoLS) framework is well-regarded, with staff expressing pride in their achievements in this area of keeping waiting lists for standard authorisations to a minimum.

**Safeguarding Transformation Plan.** Team managers have demonstrated confidence in articulating risk management approaches, underscoring a culture of accountability and proactive intervention. The head of service is driving the necessary changes outlined in the safeguarding transformation plan. Plans to implement a hub and spoke safeguarding model could further enhance service coordination and responsiveness.

**Despite these positive developments, challenges remain.** The service recognises that the existence of multiple routes into safeguarding can create confusion and inefficiencies. A review of referral pathways could help streamline processes and improve access to timely interventions. Additionally, strengthening feedback mechanisms for individuals and organisations that raise safeguarding concerns would reinforce transparency and trust in the system.

**Staff Awareness of Quality Assurance Processes.** Raising staff awareness of quality assurance processes and their links to the broader risk management framework is another key area for development. The ongoing efforts to establish multi-agency auditing within the SAB should continue, ensuring that safeguarding practices are rigorously assessed and continuously improved.

## Theme 4: Leadership

This relates to strategic planning, learning, improvement, innovation, governance, management, and sustainability.

### **Quality Statement Eight: Governance, Management, and Sustainability**

**Political Support for Adult Social Care.** There is clear political and senior officer support for adult social care at Bury MBC. The Cabinet Member is skilled and competent and understands the detail of the directorate, without veering into the operational. He is keen to ensure there is collective responsibility and oversight of the performance and budget position of the directorate. As a result there is an added governance structure and Cabinet are sighted in a quarterly performance dashboard and a financial letter. There is also evident learning being taken from recent children's services issues at Bury MBC.

Political support includes opposition councillors who support the council leadership vision for adult

social care and they receive regular briefings. Overview and Scrutiny appears to work well and the Chair is well regarded. The politicians have trusted relationships with the director and they report that adult social care related councillor casework is responded to swiftly.

**Leadership by the Adult Social Care Director.** In the view of the peer team the leadership of the Adult Social Care Director is exemplary, visible and proactive. Nothing in the feedback from the peer team to him was a surprise demonstrating his comprehensive knowledge of his service and the people in it. He promotes collective responsibility and oversight of performance, quality and finance, which the peer team saw evidenced across the directorate management layers demonstrating positive governance and accountability.

**Leadership that is Accessible and Supportive.** The director and his senior leadership colleagues are seen by many staff to be accessible and supportive. These staff say they are proud of the improvement journey they have been on and keen to develop it further where needed.

**Quality of the Health and Care Partnership.** From speaking with key stakeholders it was clear to the peer team that the quality of the health and care partnership is exceptional and is a joint force that is really visible. The council is wedded to integration with health and the VCFE sector and this is evident from strategic perspectives through to operational delivery. All council and health staff the peer team spoke with are rightly proud of what has been achieved. There appeared to be good cohesion across the council departments such as housing, finance and transformation.

**Integrated Neighbourhood Teams.** The council structure has five Integrated Neighbourhood Teams (INTs) which are developing in maturity as they start to identify priorities for specific areas, using data and knowledge of the local community. One member of the LGA peer team with many years' experience said, *"I always knew integrated teams were a good idea, now I've been to Bury I can see it actually working really well for the staff and local people."*

**Senior Adult Social Care Management Capacity.** When looking at the management structure of adult social care it appears complex with the director managing a large span of people, across a range of levels of seniority and there are two groups of senior leadership meetings described. There may be a rational for bringing in an additional assistant director and to simplify the structure and give greater support to the director to focus on strategy and partnerships.

**Key Performance Indicators.** To support delivery of activity across the integrated teams the council should increase the visibility of the joint health and care KPIs for staff so they can more effectively direct their work. This was a direct ask from staff.

**Health Economy.** The health economy situation is a real risk to adult social care and the integration achievements delivered thus far. The integration of health and care for the children's sector will need to be accelerated for it not to impact the wider system.

### **Quality Statement Nine: Learning, Improvement, and Innovation.**

**Relationship with GM health.** The peer team wish to recognise the value of the relationship between Bury MBC adult social care directorate and the health structures in GM and the support received for the council. This includes the value of the ten GM DASS's working collaboratively.

**Training for Cultural Change.** There is a recognition by the director and his colleagues that cultural change takes time, but change is happening and staff feel supported in their development and their well-being. There are real and tangible examples of staff having formal development opportunities and access to resources to achieve this. The peer team heard some fantastic examples of whole workforce training across health and care frontline staff, such as strength based training, which was frequently referenced in the conversations the peer team had with staff.

**GM Social Work Teaching Partnership.** As part of the GM social work teaching partnership social workers have access to a wide range of training and development opportunities, provided by the partners across GM. There are innovative integrated teams with health and care leadership, leading to tangible improvements in hospital attendance and rehabilitation. New technology is being piloted and decisions made based on evaluations.

**Consistency of Social Work Practice.** The senior leadership of the directorate recognises that there is work to be done on consistency of social work practice. The strengthening of the implementation of the quality assurance framework would support this. Senior leaders are aware that the support to staff and particularly local people need to improve so they understand what services are available. There are plans to revise the corporate and adults website and the adult social care directory of services to make it easier for people to access services and increase choice.

**Innovation.** There are opportunities to involve the arm's length trading body Persona to test and support innovation in service delivery. For example, learning from piloting and prototyping TEC in extra care and residential care could support roll out in the wider sector to maximise outcomes and efficiencies.

**Voice of the Lived Experience.** There are greater opportunities to bring the voice of the lived experience and co-design into development of services including those integrated with health. As

these things are achieved ensure there is clear publicity for those with a lived experience and staff to be able to confidently describe their narrative of success to each other that drives your cultural change and the stories told to the regulator.

## General Top Tips for Assurance Preparation

- Appoint an adult social care lead.
- Political briefings.
- Secure corporate support and buy-in.
- Maximise the Council's adult social care business intelligence capacity to inform the self-assessment.
- Get health partners and integrated services leadership on board.
- Compare and learn from children's inspections.
- Gather insights from partners and providers.
- Be clear on approaches to co-production and responding to diverse needs.
- Encourage organisational self-awareness.

## Lessons learned from other peer challenges.

- Councils need an authentic narrative for their adult social care service driven by data and personal experience.
- The narrative needs to be shared with those with a lived experience, carers, frontline staff, team leaders, middle managers, senior staff, corporate centre, politicians, and partners in health, the third sector and elsewhere.
- Ideally this story is told consistently, is supported by data, and personal experience - do not hide poor services.
- This will probably take the form of:
  - What are staff proud to deliver, and what outcomes can they point to?
  - What needs to improve?



- What are the plans to improve services?
- In the preparation phases, consider putting it on all team agendas asking staff what they do well, what is not so good and to comment on the plans to improve. Collate the information from this process and add to the self-assessment. Ensure the self-assessment is a living document that is regularly updated.
- Immediately prior to CQC arriving, ask staff what they are going to tell the regulator. How is their experience rooted in observable data and contributes to the overall departmental narrative? These stories drive the understanding of yourselves and others.
- The regulator is interested in outcomes and impact from activity. The self-assessment needs to reflect this as do other documents.
- The conversation with the regulator is not therapy! For those interviewed it should be a description of what they do and the impact they have had in people's lives. Case examples written in the authentic voice of those with a lived experience bring this alive.

## Immediate Next Steps

We appreciate the senior political and managerial leadership will want to reflect on these findings and suggestions to determine how the organisation wishes to take things forward.

Whilst it is not mandatory for the council to publish their report, we encourage councils to do so in the interests of transparency and supporting improvement in the wider sector. The LGA would like to publish this Preparation for Assurance Peer Challenge Report on the Association's website but will only do so once we have been advised that it has been put in the public domain by the council through its own internal governance processes.

As part of the peer challenge process, there is an offer of further activity to support this. The LGA is well placed to provide additional support, advice, and guidance on several the areas for development and improvement and we would be happy to discuss this.

**Clare Hogan** is the **LGA Principal Adviser for the North West Region** and main contact between your authority and the Local Government Association. Clare's contact details are:

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In the meantime, we are keen to continue the relationship we have formed with the council throughout the peer challenge. We will endeavour to provide signposting to examples of practice and further information and guidance about the issues we have raised in this report to help inform ongoing consideration.

## Contact Details

For general information about Adult Social Care Preparation for Assurance Peer Challenges please contact:

### **Marcus Coulson**

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### **Local Government Association**

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For more information on the programme of adult's peer challenges and the work of the Local Government Association please see our website: [Adult social care peer challenges | Local Government Association](#).