Classification:	Decision Type:
Open	Non-Key

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

Summary

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

Recommendation(s)

2. To note the report.

Reasons for recommendation(s)

3. N/A.

Alternative options considered and rejected.

4. N/A.

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Background

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

Links with the Corporate Priorities:

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

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

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

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

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

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

Equality Impact and Considerations:

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

Environmental Impact and Considerations:

8. N/A

Assessment and Mitigation of Risk:

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

Legal Implications:

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

Financial Implications:

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

Appendices:

Data sources and what good looks like.

Bury MBC ASC Preparation for Assurance Peer Challenge Report

Background papers:

Adult Social Care Strategic Plan 2023-2026

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

Term	Meaning	
CQC	Care Quality Commission	

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

1.0 Executive Summary

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

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

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

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

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

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

2.0 Delivery of the Adult Social Care Strategic Plan

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

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

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

Priority 1 – Transforming Learning Disabilities

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

Priority 2 – Excellent Social Work

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

Priority 3 – Superb Intermediate Care

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

Priority 4– Making Safeguarding Everybody's Business

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

Priority 5– A Local and Enterprising Care Market

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

Priority 6 – Connect Unpaid Carers to Quality Support Services

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

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

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

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

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

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

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

4.0 Highlight Report for Quarter 1, 2025/26

Adult Social Care - Quarterly Highlight Report - Quarter 1

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

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

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

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

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

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

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

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

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

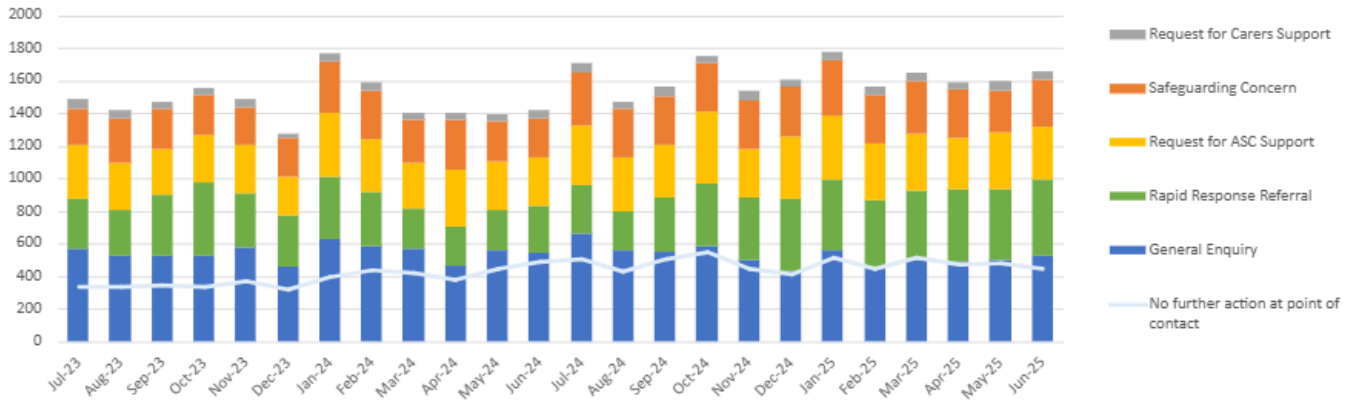
Improving the number of people accessing information is only collected annually as part of a national survey so this number will not change regularly. The most recent adult social care survey is contained later in this report

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

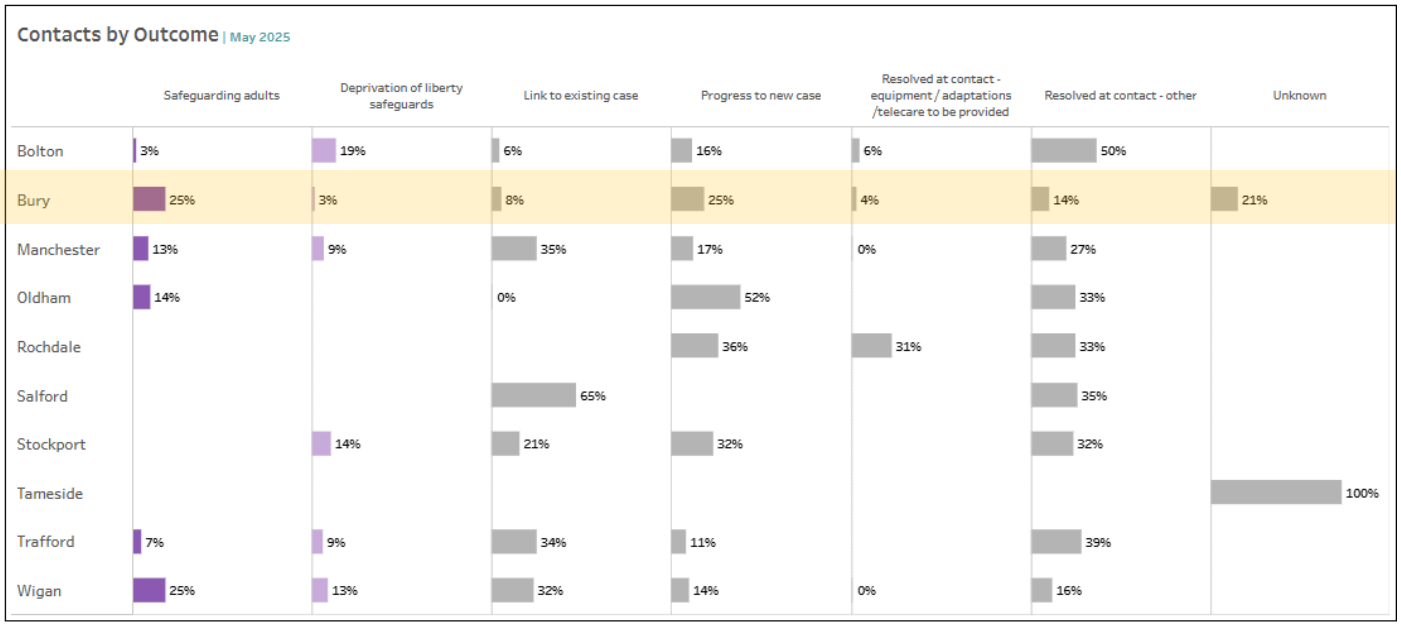
4.1 Contacts

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

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



Contacts by outcome - how does Bury Compare?



Contacts – Q1 commentary

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

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

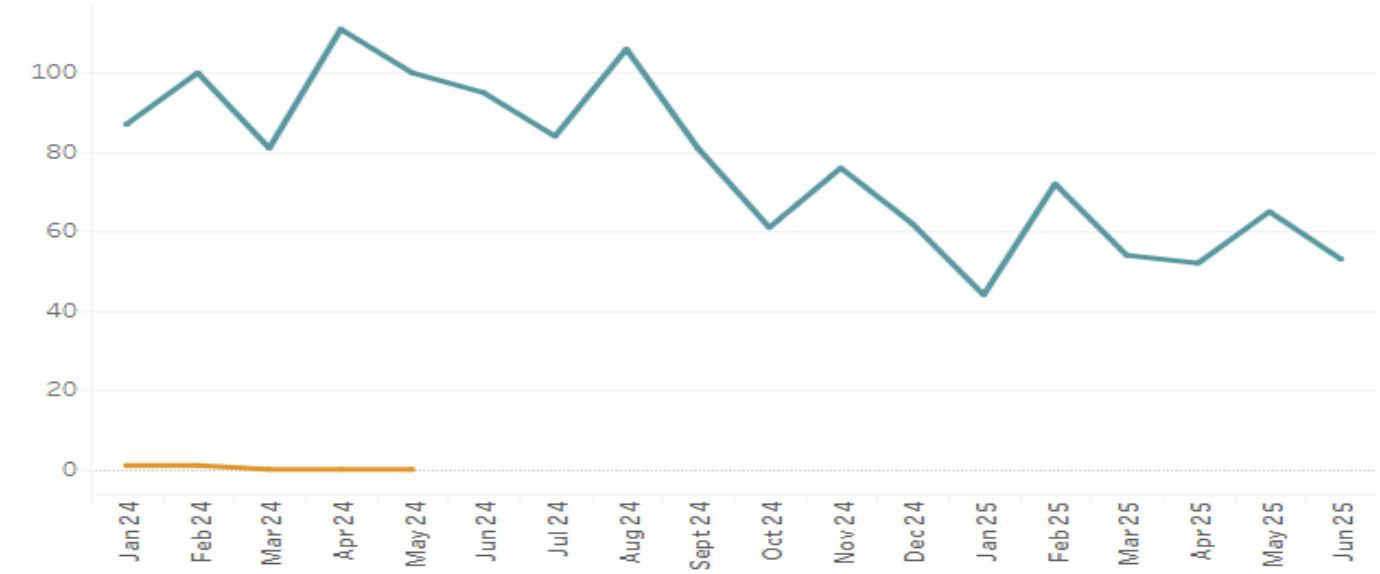
and delivery of an improvement program for our contact services to ensure we are giving an even better and more responsive service to our residents and this will follow with the development of digital routes now our new internet is launched and working well.

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

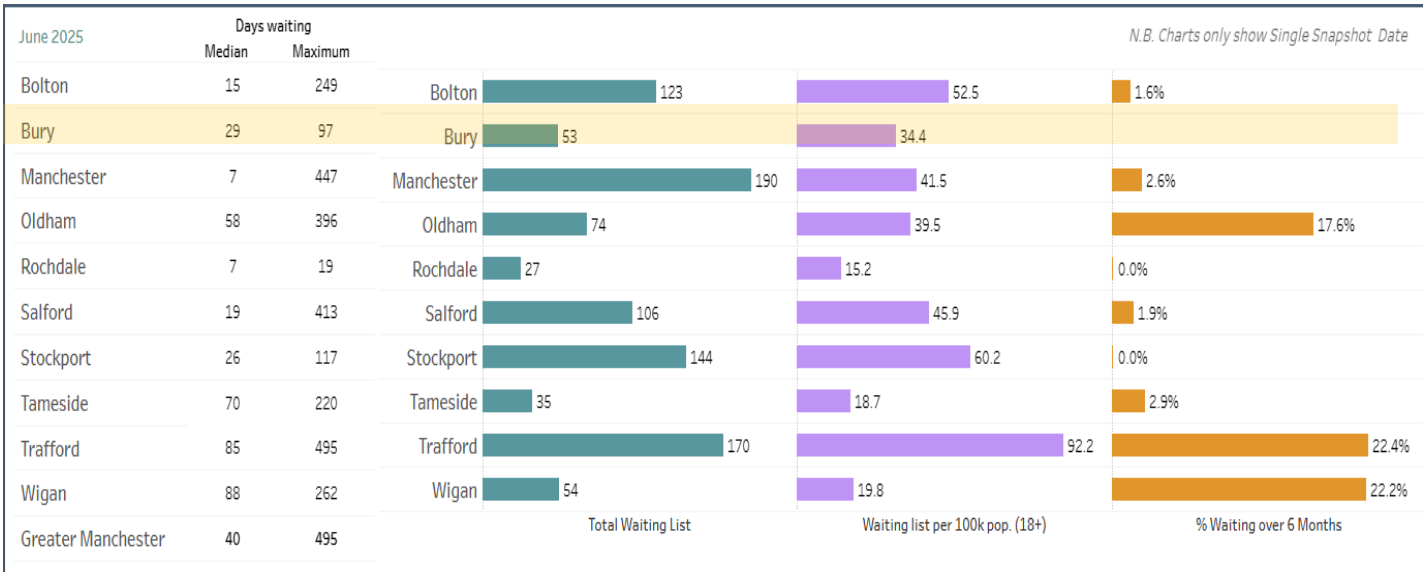
4.2 Assessments - Waiting

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

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



How does Bury Compare – Needs Assessments?



Assessments waiting – Q1 commentary

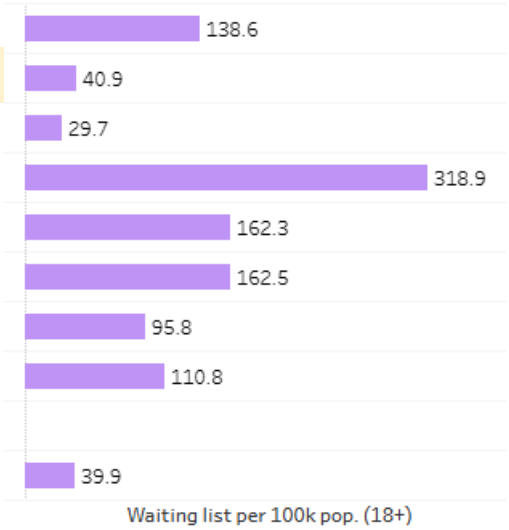
As a department we continue our key focus on reducing the numbers of people awaiting allocation for Care Act assessment through our targeted initiatives under the oversight of the Performance and Improvement Board. We continue to perform well against our targets with a slight increase in days waiting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

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

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

OT assessment - how does Bury Compare?

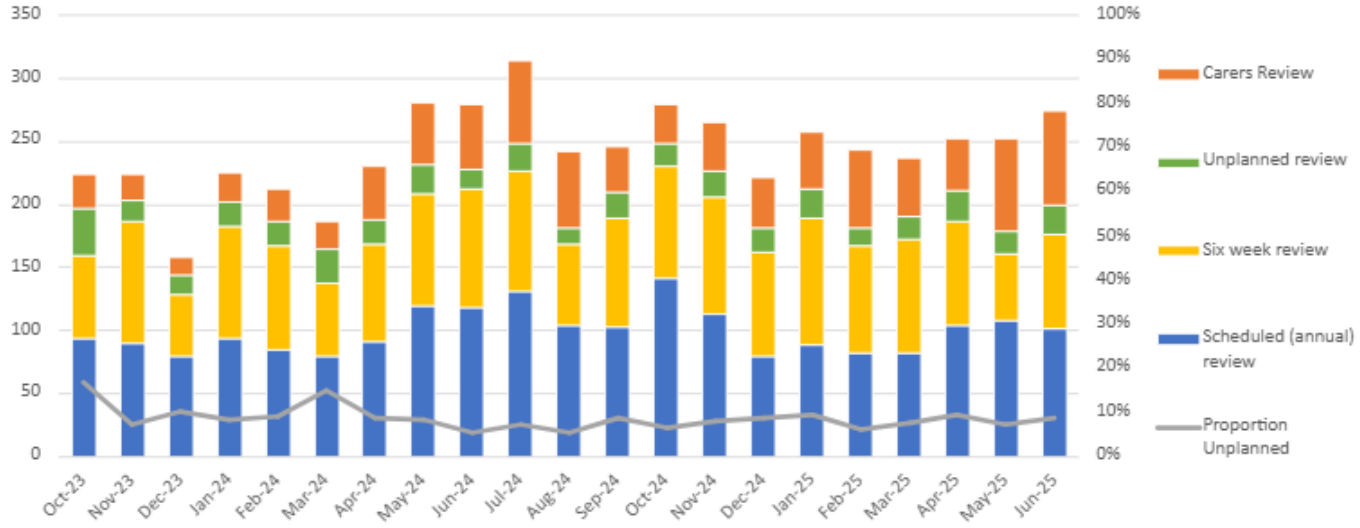
June 2025	Days waiting Median	Maximum
Bolton	20	69
Bury	50	207
Manchester	126	316
Oldham	175	266
Rochdale	49	98
Salford	28	106
Stockport	46	144
Tameside	87	263
Trafford		
Wigan	67	179
Greater Manchester	72	316



4.3 Reviews

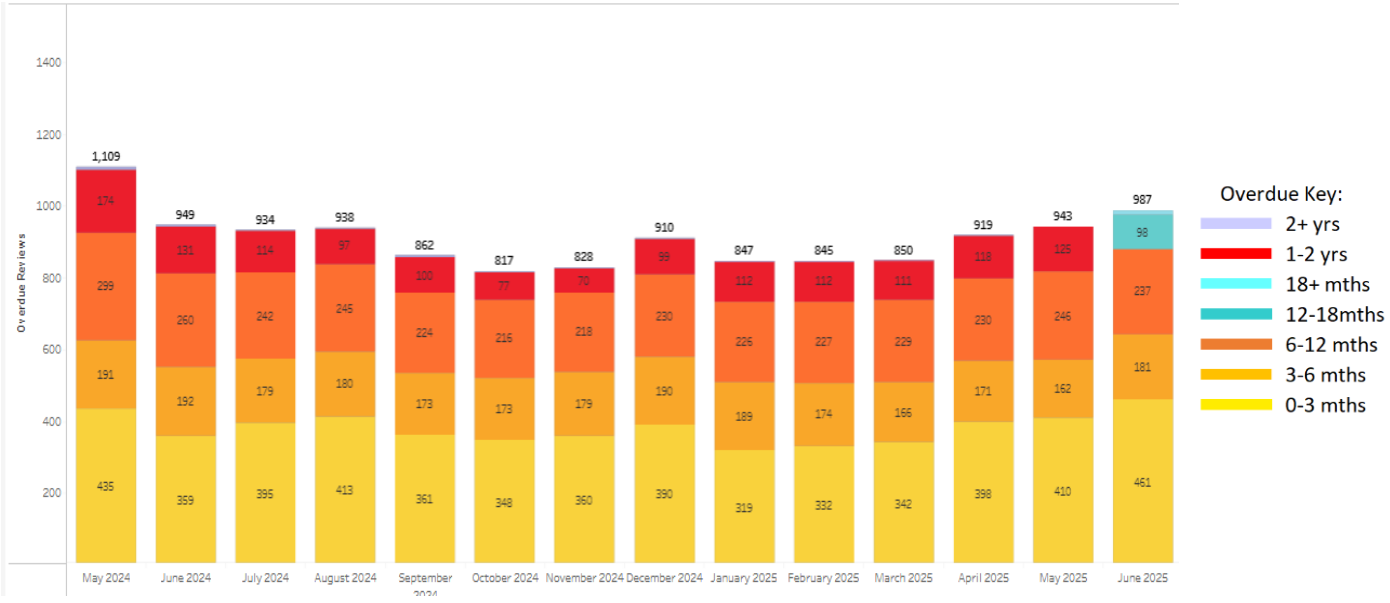
Adult Social Care reviews are a re-assessment of a person's support needs to make sure that they are getting the right support to meet their needs. Needs may change over time, and new services and technology may give someone more independence and improve their wellbeing. A lower proportion of unplanned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

Number of Adult Social Care Reviews Completed each month.



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

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



Reviews – Q1 commentary

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

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

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

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

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

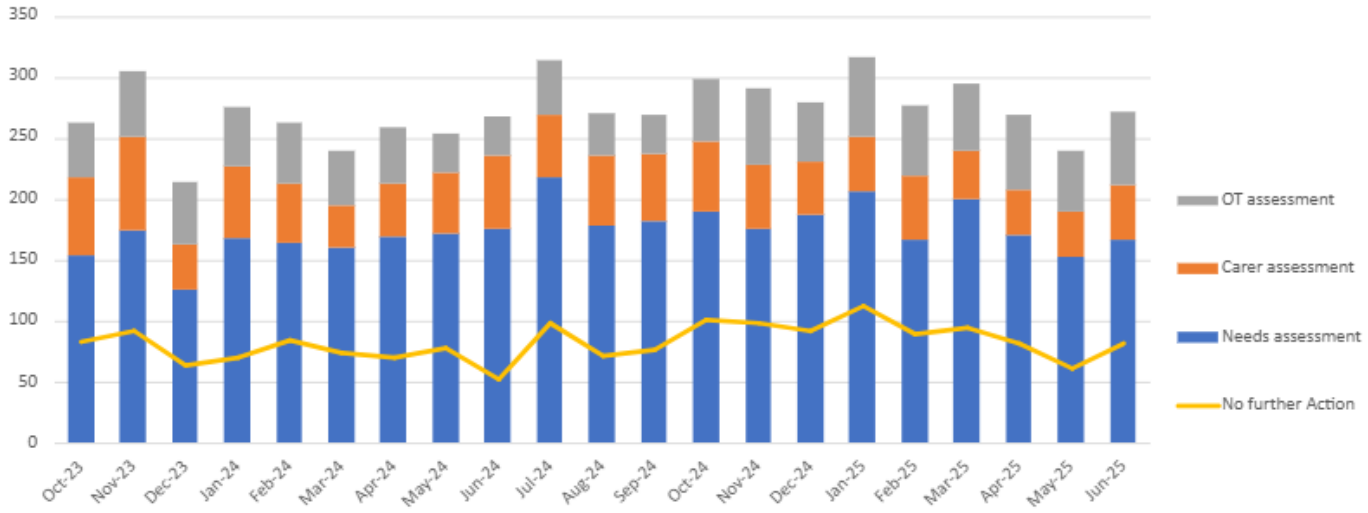
The graphs also reflect the extra efforts which have been taken to target carers reviews, with the adult social care reviewing team now being in a position where all carers reviews identified as due to become overdue in a particular month are allocated across the team at the beginning of the month with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

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

4.4 Assessments - Completion

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

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



Assessments – Q4 commentary

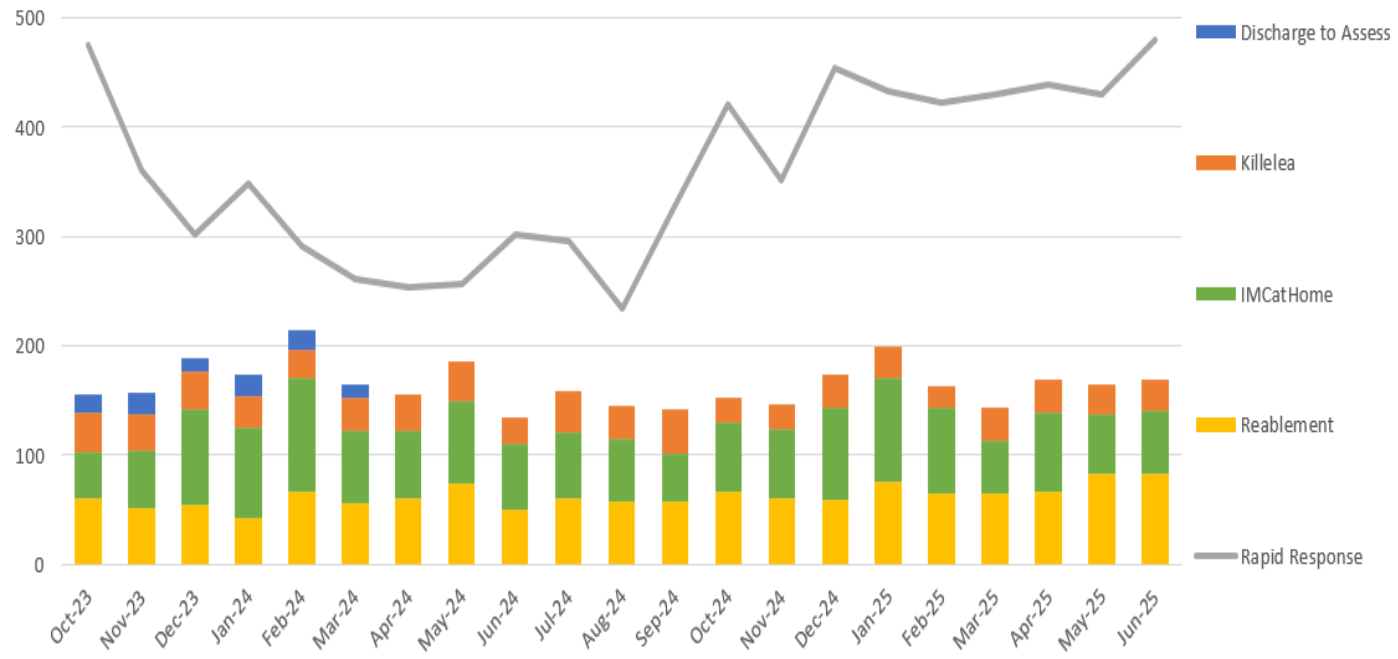
In Quarter 1, the demand for assessments dropped with May's numbers being the 3rd lowest in the last 2 years but does corelate with a small drop in contacts requesting support. This drop in demand was not seen in the same quarter last year. We will monitor this over the next quarter.

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

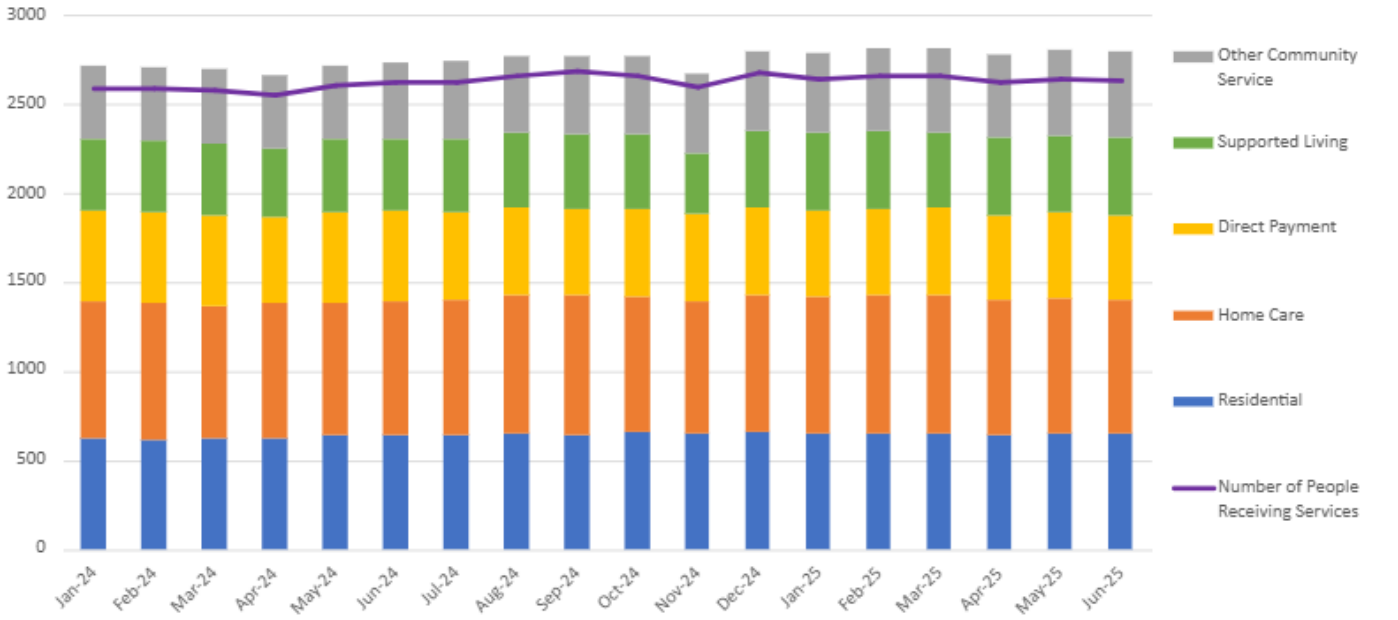
4.5 Services

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

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

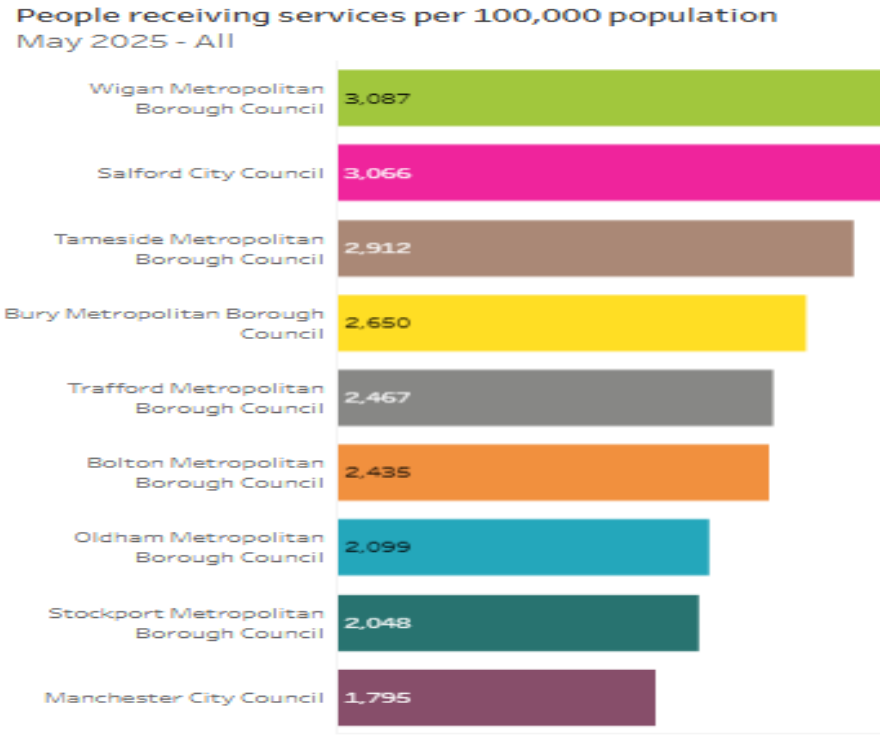


Number of Long-term Adult Social Care services open on the 1st of each month.



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

People receiving services - how does Bury Compare?



Services – Q1 commentary

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

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

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

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

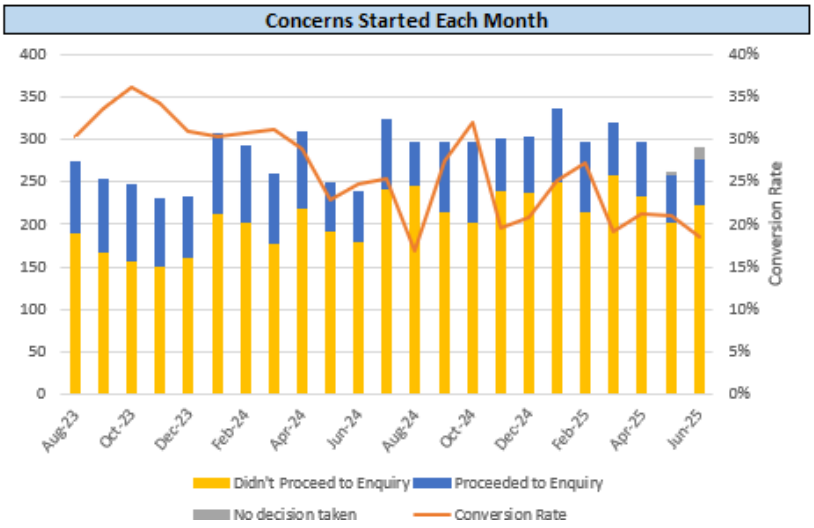
4.6 Adult Safeguarding

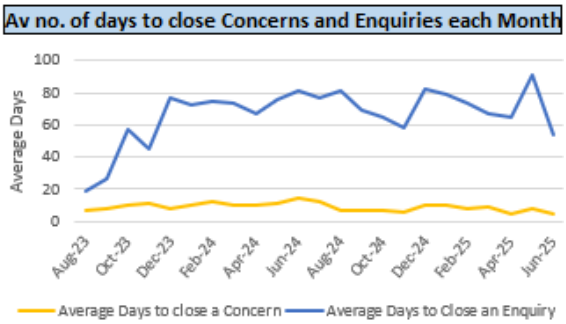
Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working **together** to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including,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

Safeguarding and DoLS Activity Summary

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

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





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

Adult Safeguarding - how does Bury Compare?

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

Last Updated: Q4 2024/25

Safeguarding – Q1 commentary

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Financial Material
Neglect and Acts of Omission
Self-Neglect

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

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

Own Home (including extra care)
Care Home

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

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

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

Key Achievements:

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

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

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

4.7 Complaints and Compliments

Complaints

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

3 complaints ongoing

Compliments

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

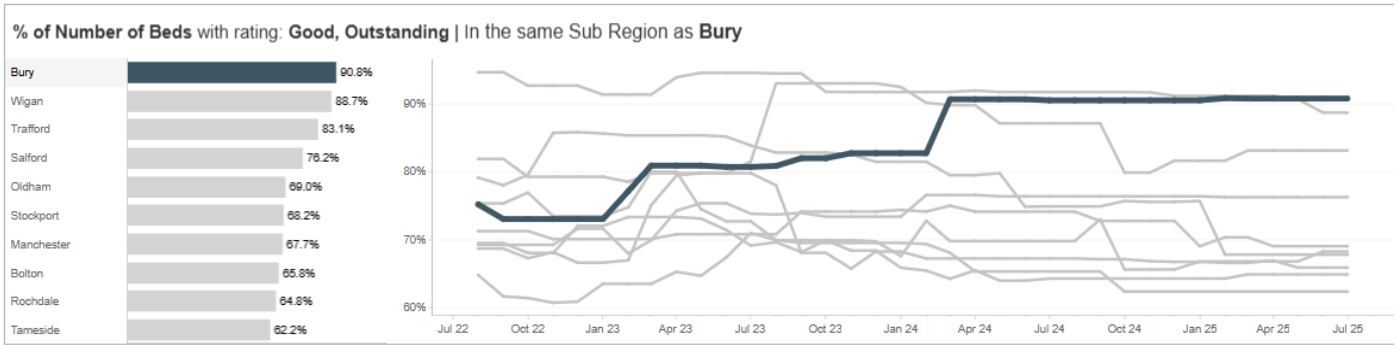
Complaints and Compliments – Q1 Commentary

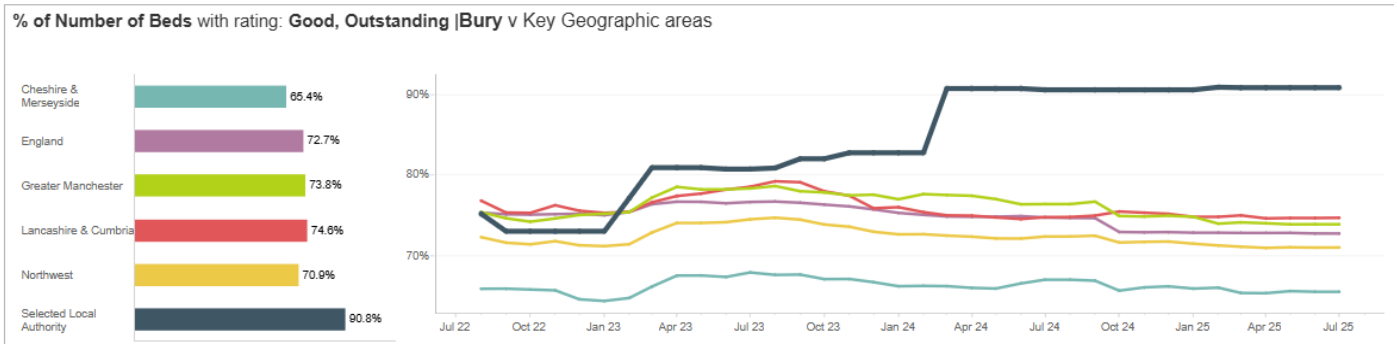
Complaints have shown a small decrease from this time last year, 18 in Q1 2024/2025. There are no highlighted areas of concern.

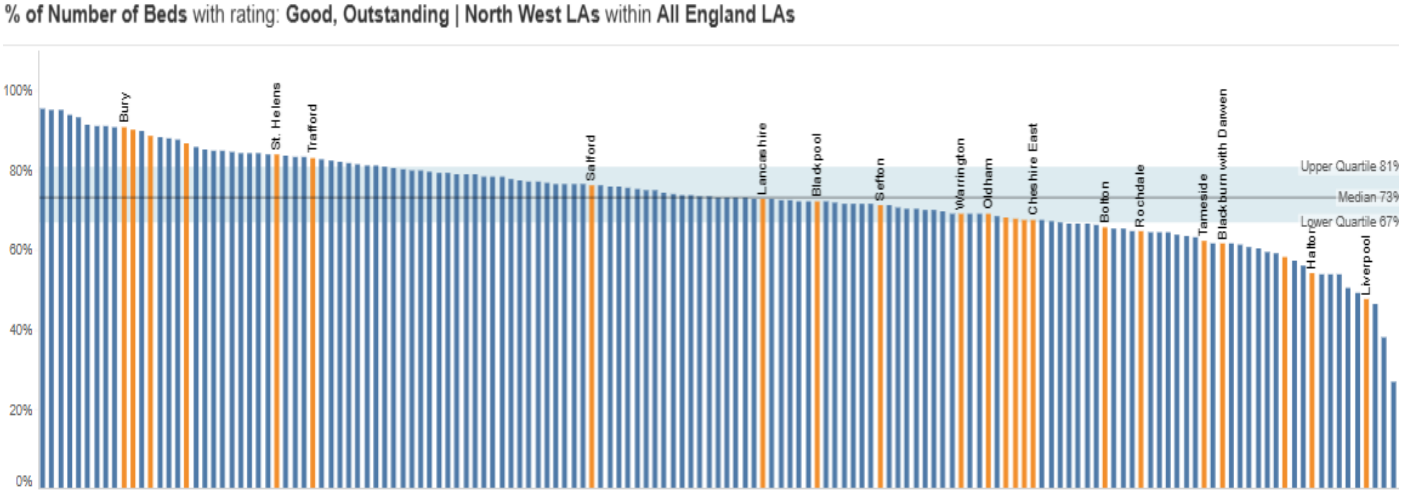
Compliments are showing a slight decrease from this time last year, 244 in Q1 2024/2025. Managers are reminded and encouraged to record and share all compliments received for their services.

4.8 State of the Care Market

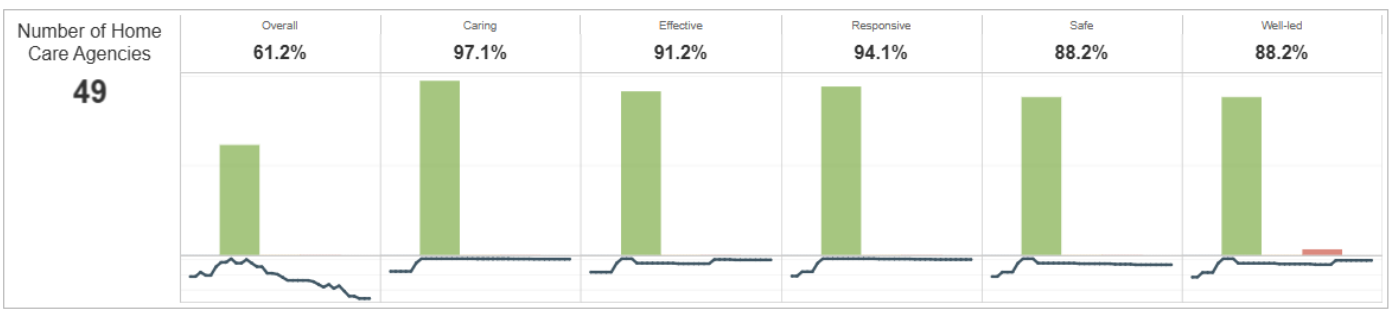
Number of care home beds rated good or outstanding.







Quality Ratings of Bury's Home Care Agencies



Last Updated: Q1 2025/26

State of the Care Market – Q1 commentary

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

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

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

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

Of those providers that the Council commission

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

4.9 Workforce Development Q1

Vacancies Tracker

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

Staffing

Current Agency Staff	Current Students
5	4

Progression Tracker

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

Other Routes	
Apprenticeship (PGDip)	Think Ahead
1	4

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

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

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

4.10 Tech and Digital Switchover

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

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

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

4.11 Veteran Friendly Care Home

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

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

4.12 Bury Carer's Hub Quarterly Update

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

4.13 Adult Social Care Survey: Summary of Responses

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

Provisional ASCOF Measures [higher is better]

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

ASC Users Survey Response Highlights

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

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

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

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

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

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

Responses regarding a person's knowledge and information:

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

Responses regarding a person's health:

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

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

Appendix - Data sources and what good looks like

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