

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

Summary

1. This is the Adult Social Care Department Quarter 4 Report for 2025-26. The report outlines delivery of the Adult Social Care Strategic Plan, preparation for the Care Quality Commission (CQC) Assessment regime for local authorities and provides an illustration and report on the department's performance framework.

Recommendation(s)

2. To note the report.

Reasons for recommendation(s)

3. N/A.

Alternative options considered and rejected

4. N/A.

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Background

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

Links with the Corporate Priorities:

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

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

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

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

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

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

Equality Impact and Considerations:

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

Environmental Impact and Considerations:

8. N/A.

Assessment and Mitigation of Risk:

Risk / opportunity	Mitigation
N/A	N/A

Procurement Implications:

9. Procurement continue to support Adult Social Care (ASC) including the referenced Magic Notes.

Legal Implications:

10. There are no legal implications arising from this performance report. However, the report provides Members with details of performance reporting and demonstrates how the Council meets its Care Act 2014 statutory duties, preparation for the CQC inspection and the strategic plan for Adult Social Care.
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Financial Implications:

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

None.

Background papers:

None.

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

1.0 Executive Summary

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

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

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

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

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

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

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

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

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

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

2.0 Delivery of the Adult Social Care Strategic Plan

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



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

Priority 1 – Transforming Learning Disabilities

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

care placements for people with Learning Disabilities are the lowest in Greater Manchester – we are really proud of this, as our aim is to keep people in their own homes for as long as possible.

- Thanks to our NHS colleagues, 86% people with learning disabilities have health checks (far exceeding the national target of 75%) and breast and bowel screening are above GM averages.

Priority 2 – Excellent Social Work

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

Priority 3 – Superb Intermediate Care

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

Priority 4– Making Safeguarding Everybody’s Business

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

Priority 5– A Local and Enterprising Care Market

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

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

- Young Persons Supported accommodation has been commissioned for young people at risk of homelessness and for Young Families. The successful providers to deliver these services are Great Places for Young Persons supported accommodation and the Stepping Stone Project for Young Families.
- Together Towards Outstanding Care Strategy has been launched. This encompasses all the Council approaches and programmes of support available to providers. These all work together to drive improvements and deliver outstanding care in the borough.
- Prevention and Wellbeing, Extra Care, Dementia and Ageing Well strategies were approved and published.
- The Young People Supported Accommodation tender has been approved.

Priority 6 – Connect Unpaid Carers to Quality Support Services

- The appointment of a Carers Co-production Coordinator will strengthen the ability to involve carers in shaping service design and delivery, ensuring that support continues to reflect what matters most to carers.
- Dedicated outreach work by the Bury Carers Hub resulted in five sessions for carers from ethnic minority communities and strengthened community partnerships.
- 29 professionals completed Carer Awareness Training, and 21 individuals completed Carer Champion Training.
- 23 carers were supported to register for a Carers Emergency Card, providing reassurance and practical planning should they be unable to continue caring.
- Expanding the wellbeing offer for carers included a sound bath session, reflexology, art for wellbeing and music-based sessions, co-designed in response to carer feedback.
- The Accelerated Reform Fund (ARF) project finished March 2026. The work gave us the chance to test different ways of identifying and supporting carers in hospital settings across Bury, Oldham and Rochdale. A member of the Bury Carers Hub delivered a presentation at a GM celebration event on the outcomes, learning and legacy of the work.

3.0 Highlight Report for Quarter 4, 2025/26

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

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

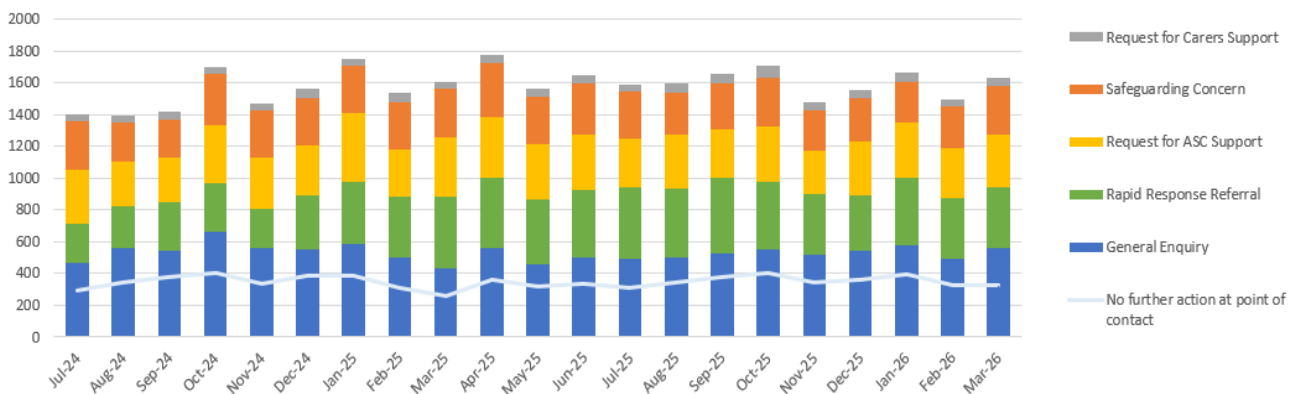
The Department has adopted an outcome-based accountability framework to monitor performance and drive improvement. Several outcomes have been chosen that will change if the objectives of our strategic plan are met, we call these our obsessions. An obsession is a key part of an outcome-based accountability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

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

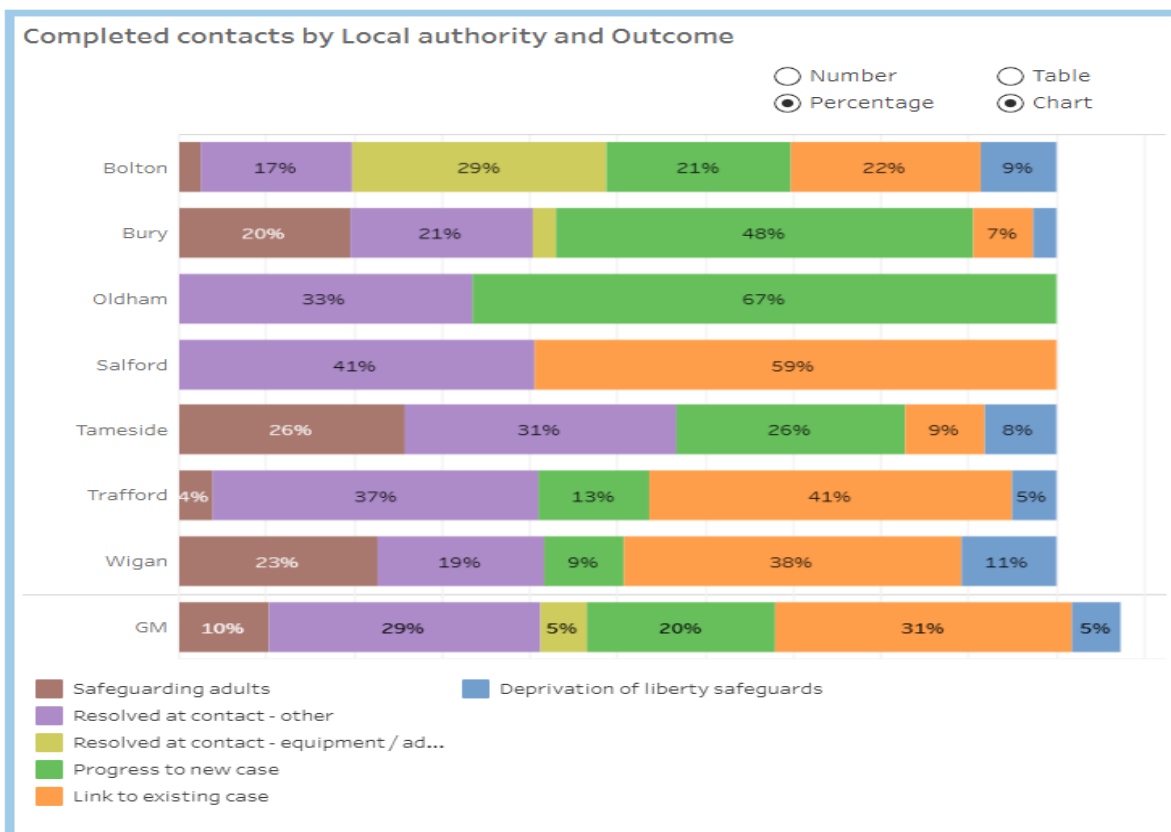
3.1 Contacts

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

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



Contacts by outcome - how does Bury Compare?



Contacts – Q4 commentary

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

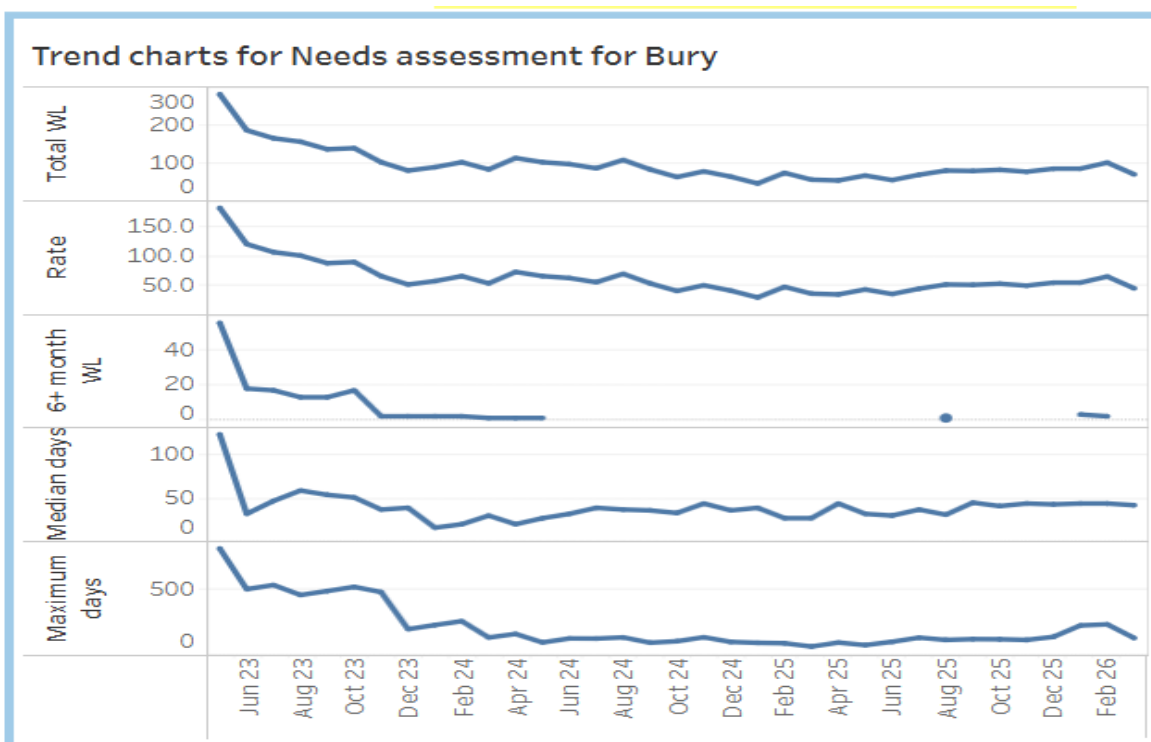
Contact volumes during Q4 followed expected seasonal trends and were broadly consistent with the same period in the previous year. The number of referrals and enquiries received across January, February and March aligned closely with historical patterns. As anticipated, volumes increased in January following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

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

3.2 Assessments - Waiting

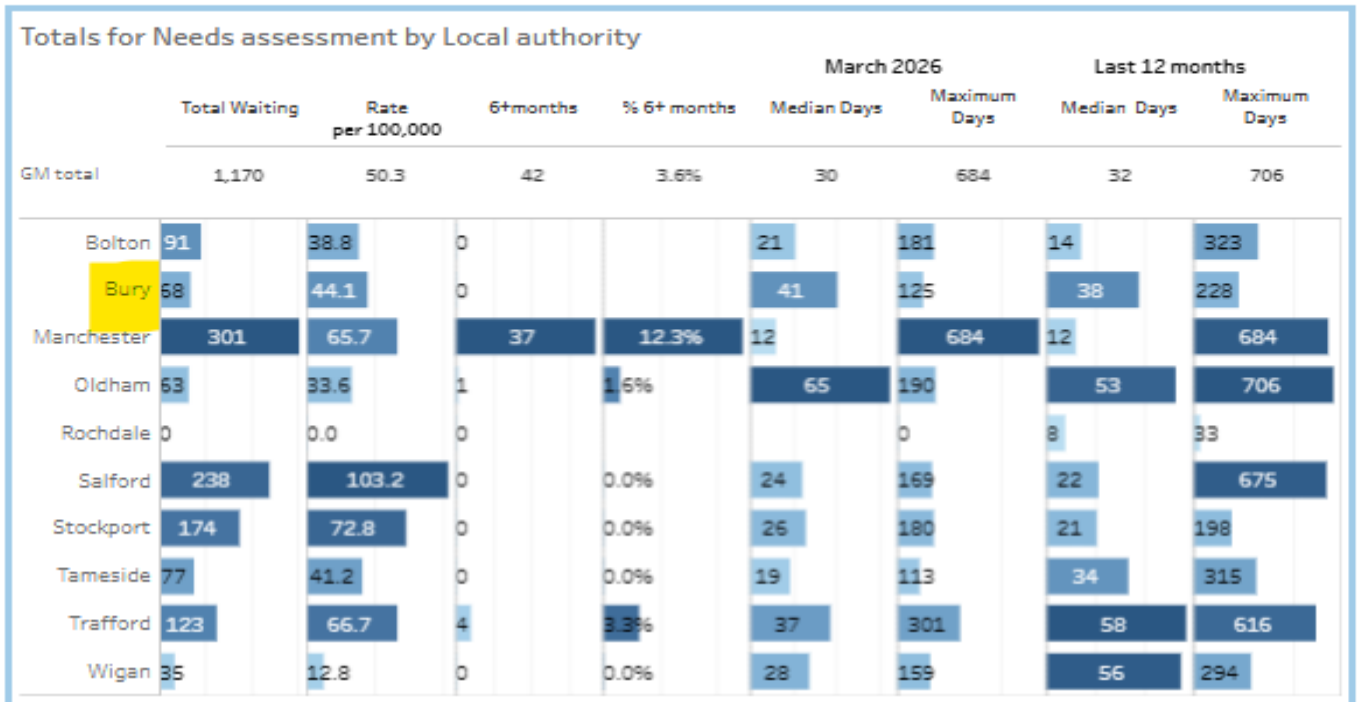
People awaiting an assessment (needs and carers assessments) by social workers, occupational therapists, or deprivation of liberty safeguards assessors. Reduced waiting times lead to improved outcomes for people because they are receiving a timelier intervention.

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



How does Bury Compare – Needs Assessments?

Waiting lists - March 2026



Assessments waiting – Q4 commentary

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

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

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

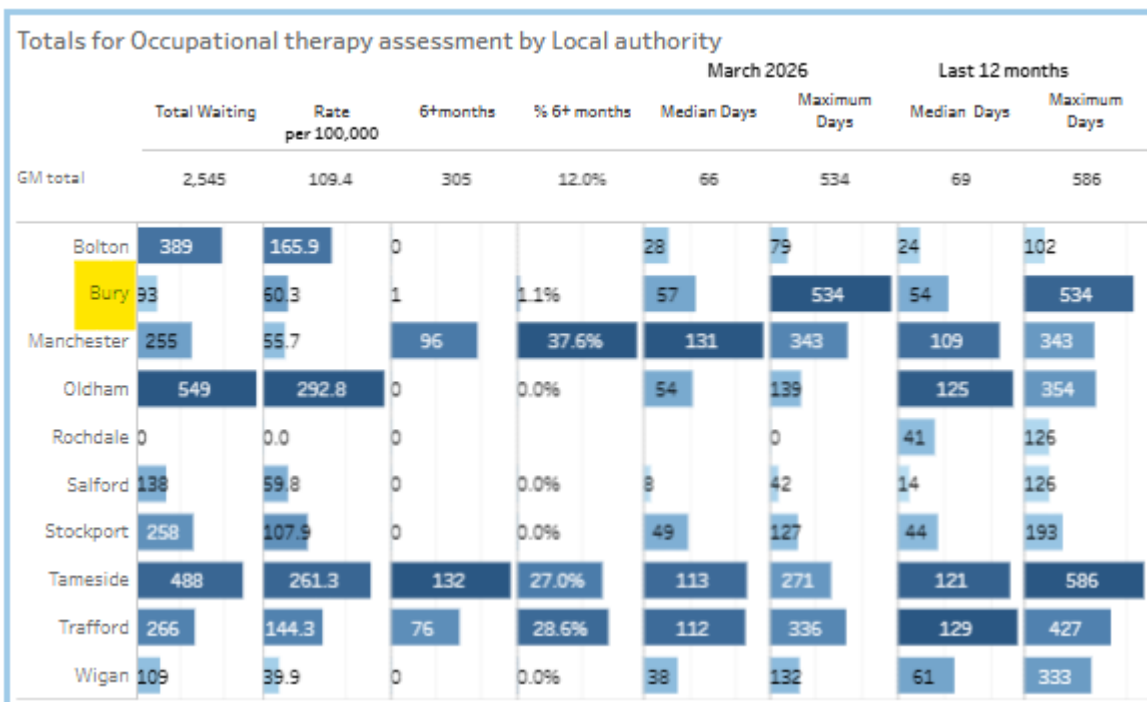
Reducing waiting times for an Occupational Therapy (OT) assessment continues to be an important focus, given the role of timely OT input in supporting independence and wellbeing.

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

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

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

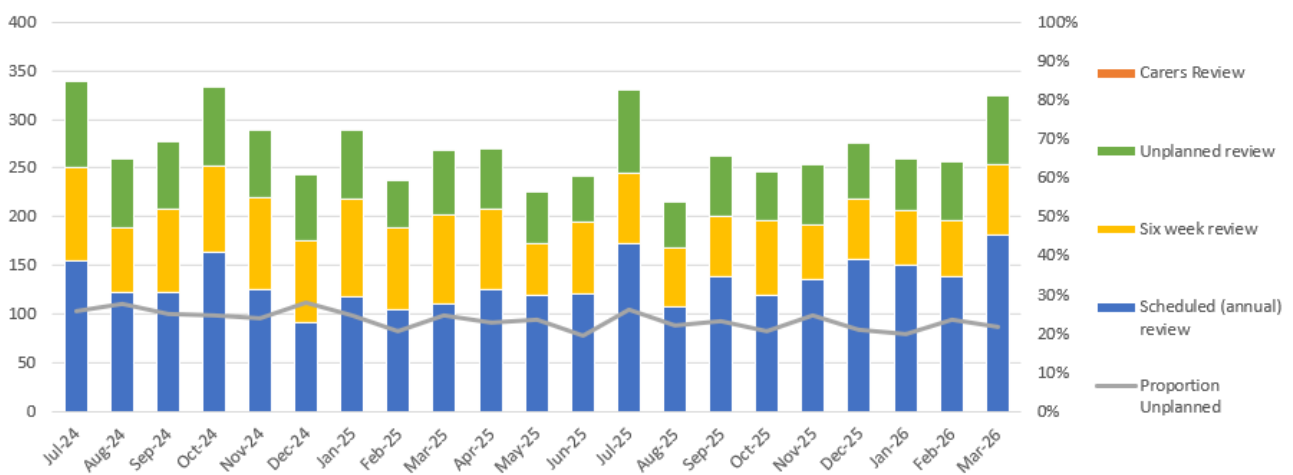
OT assessment - how does Bury Compare?



3.3 Reviews

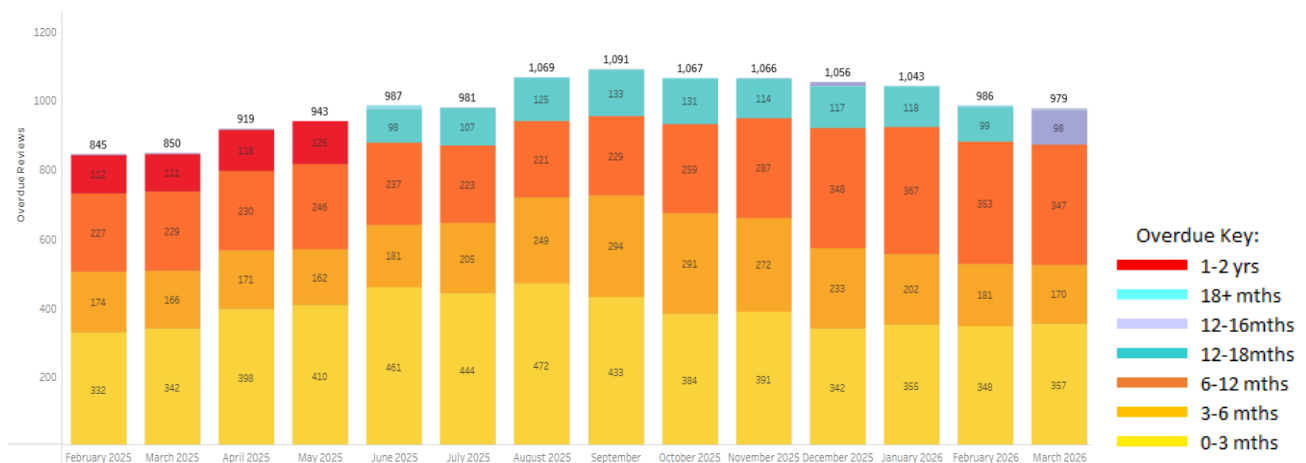
Adult Social Care reviews are a re-assessment of a person’s support needs to make sure that they are getting the right support to meet their needs. Needs may change over time, and new services and technology may give someone more independence and improve their wellbeing. A lower proportion of unplanned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



Reviews – Q4 commentary

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

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

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

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

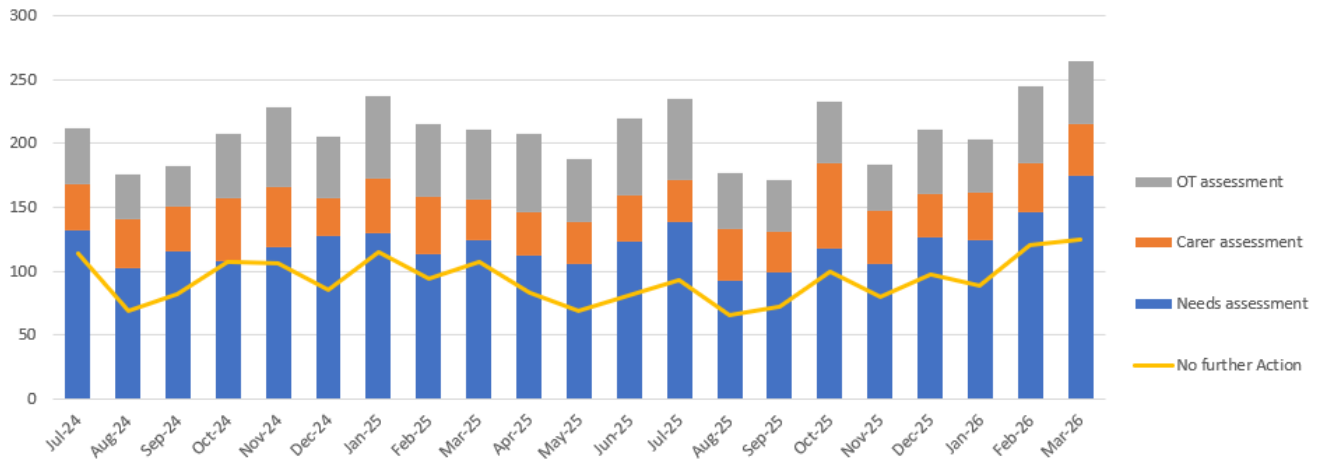
Reviews across the department continue to be strengths based and outcome focussed which require an investment of additional time from practitioners, however, these reviews yield much better outcomes for the customer and the department.

3.4 Assessments - Completion

Local Authorities have a duty to assess anyone who appears to have needs for care and support, regardless of whether those needs are likely to be eligible. The focus of the assessment is on the person's needs, how they impact on their wellbeing, and the outcomes they want to achieve. Assessments where there was no further action are where there were

no eligible needs identified or a person with eligible needs declined services. A lower number means that operation teams can focus their time on those people with identified needs.

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



Assessments – Q4 commentary

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

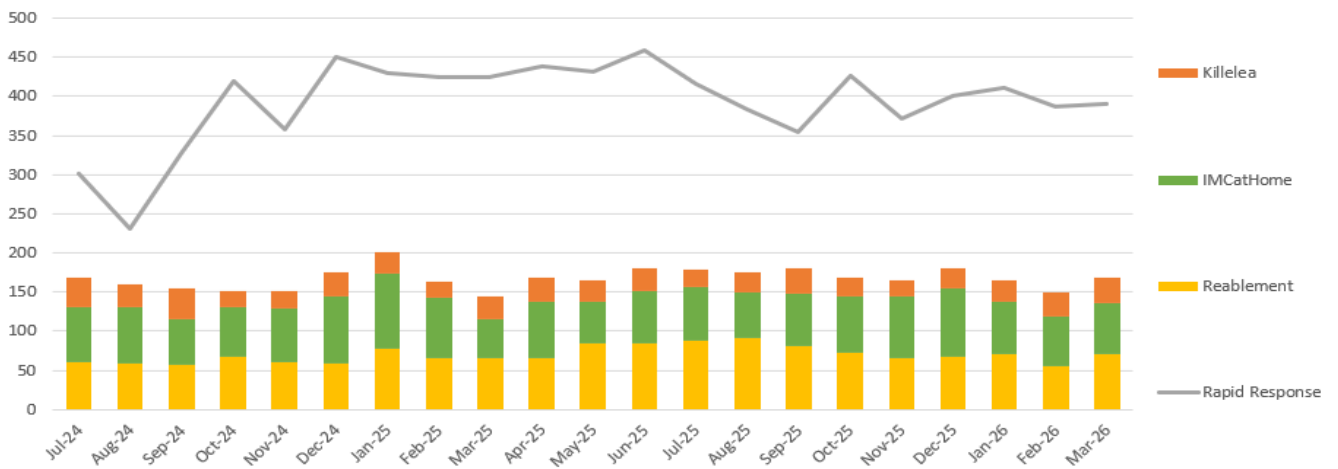
As a result, monthly assessment volumes increased consistently across the quarter, with February and March delivering the highest levels of completion compared to the same point twelve months ago.

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

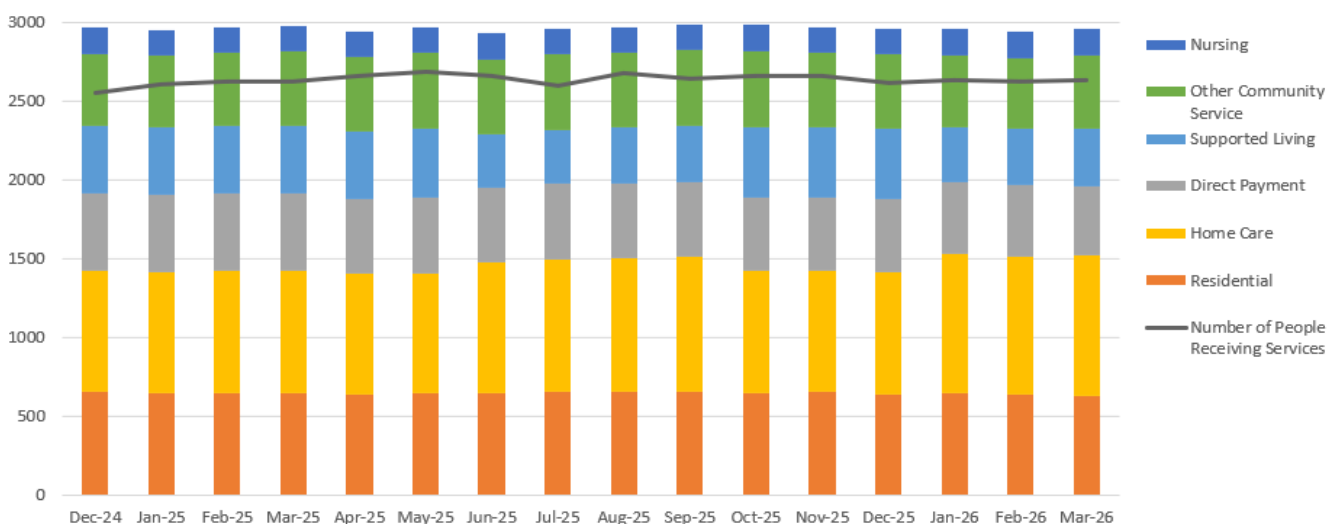
3.5 Services

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

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



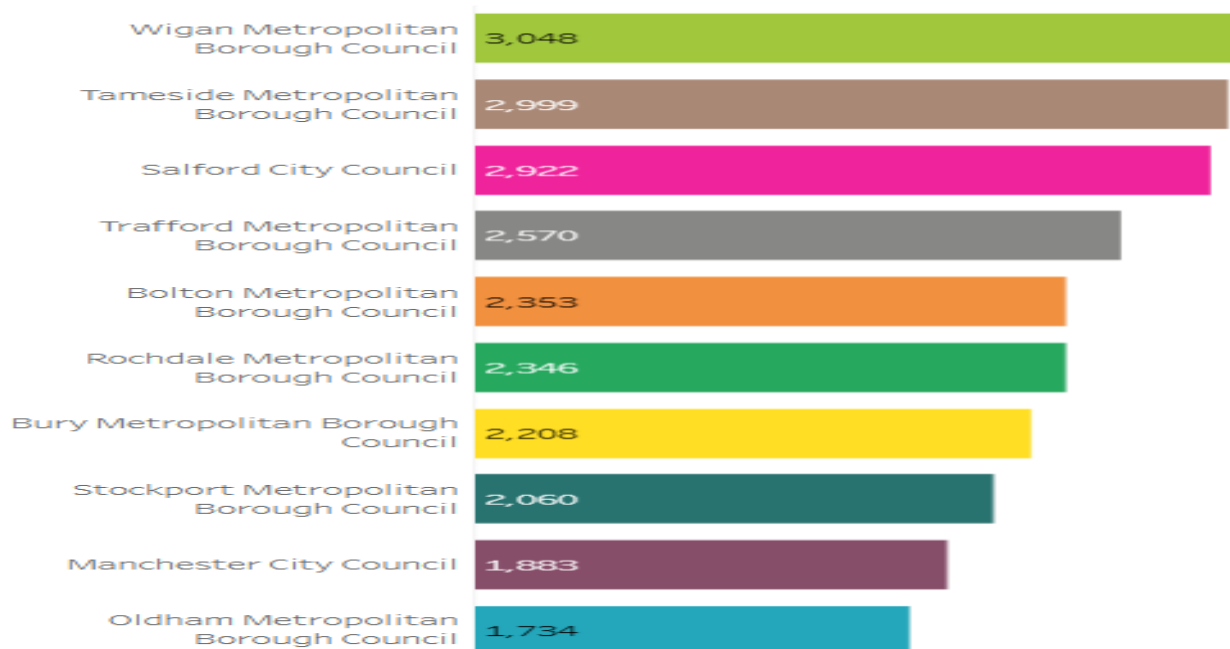
Number of Long-term Adult Social Care services open on the 1st of each month.



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

People receiving services - how does Bury Compare?

People receiving services per 100,000 population February 2026 - All



Services – Q4 commentary

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

The first chart shows the number of people supported in our intermediate care services. These services aim to prevent, reduce and delay the need for long-term care and support, so sustained activity and timely throughput remain key measures of success.

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

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

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

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

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

3.6 Adult Safeguarding

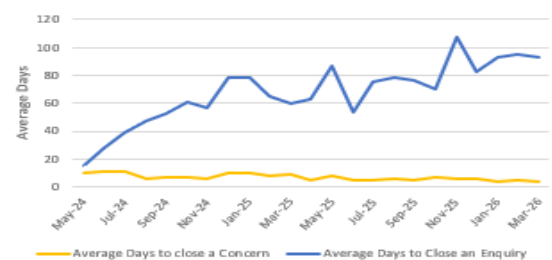
Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working **together** to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including,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

Safeguarding and DoLS Activity Summary

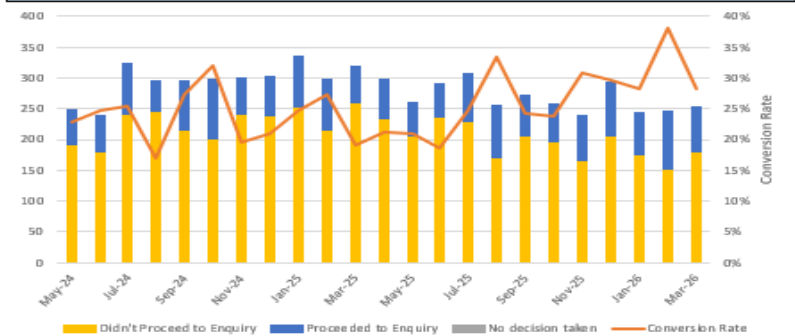
Increase the number of people who have their safeguarding outcomes met		Mar 26
Obsession	Percentage of people who were asked what outcome they would like	93%
	Of the people that expressed outcomes, were the outcomes achieved?	Not Achieved
		Partially Achieved
Fully Achieved		

Open Safeguarding Enquiries			
	Number	Av. Days	Max Days
ACS Safeguarding Team	138	81	613
Hospital Social Work Team	0		0
Learning Disability Team	0		0
OPMHT	0		0
Total	138	81	613

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



Concerns Started Each Month



Active DoLS Requests		
	Urgent	Standard
Assessment in progress	4	106
Processing	1	10
Total	5	116

Standard Authorisations in Place: **645**

Adult Safeguarding - how does Bury Compare?

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

Last Updated: Q4 2025/26

Safeguarding – Q4 commentary

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

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

We continue to see good practice in most safeguarding concerns, enquiries within the safeguarding service. We continue to work with the frontline on the importance of education and giving referrers feedback when they raise safeguarding and whilst this has been improved it continues to be picked up in supervision on an individual level. We will continue to monitor this in Safeguarding Operations Group to inform future practice.

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

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

Key Achievements this quarter:

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

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

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

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

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

3.7 Complaints and Compliments

Complaints

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

5 complaint ongoing + 1 complaint closed

Compliments

Period 2024/25	Number of compliments received	Source		
		Person receiving or had received services	Relative of person receiving or had received services	Other (incl. various survey responses/thank you cards)
Q4	253	9	20	224

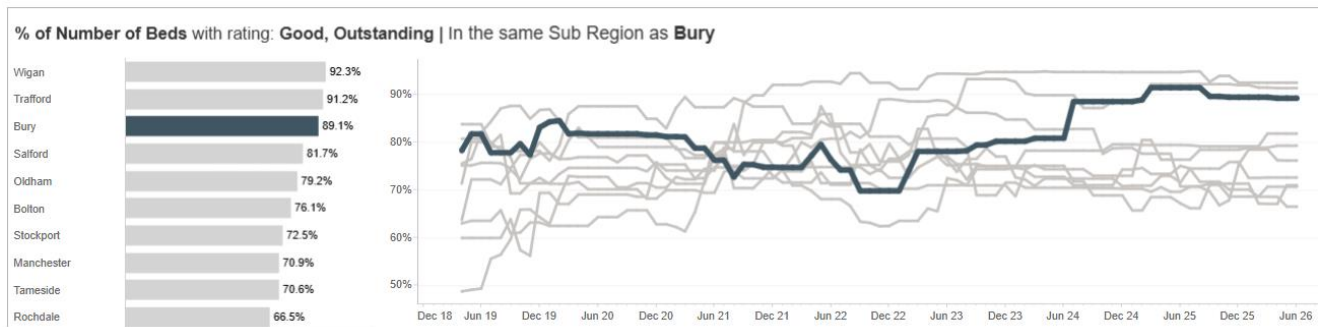
Complaints and Compliments – Q4 Commentary

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

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

3.8 State of the Care Market

Number of care home beds rated good or outstanding.



State of the Care Market – Q4 commentary

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

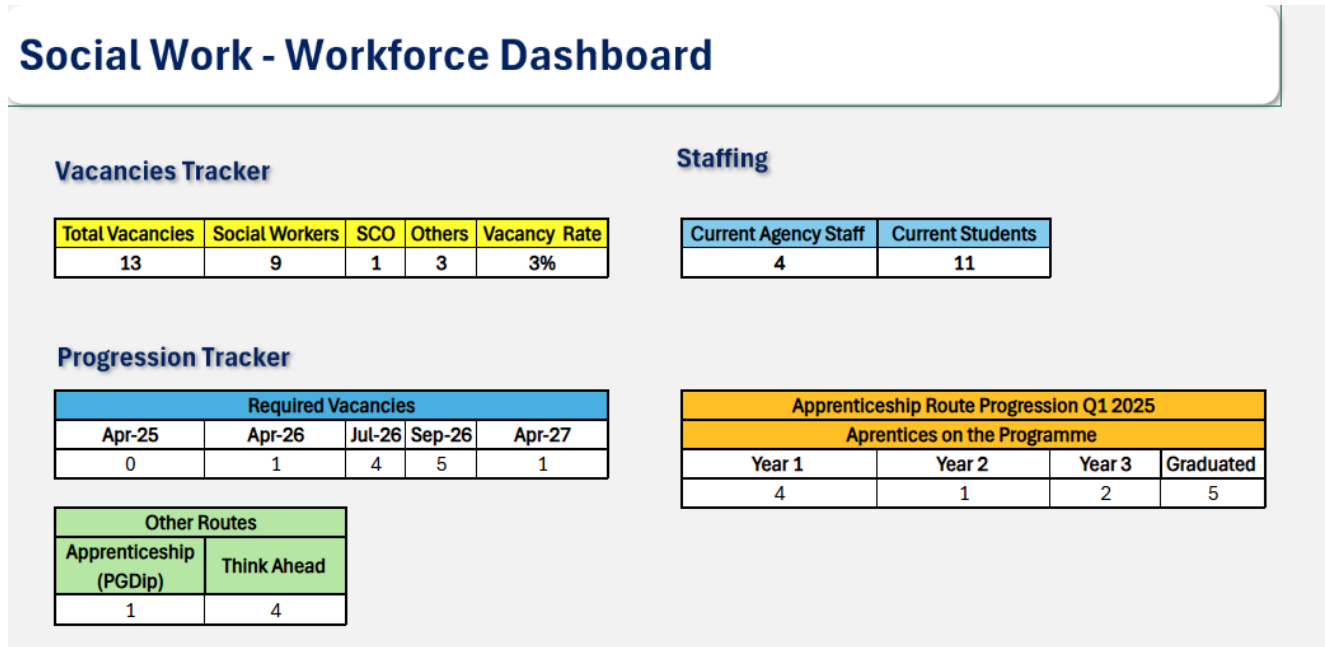
Residential and Nursing Homes:

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

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

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

3.9 Workforce Development Q4



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

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

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

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

4.0 Survey of adult users in England 2025/26

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

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

This is a marked improvement from last year

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

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

Appendix - Data sources and what good looks like

Section	Chart	Data Source	What does good look like?
Contacts	Number of Adult Social Care (ASC) Contact Forms recorded each month.	Contact Records in LiquidLogic: Contact Type Contact Outcome	Six Steps to Managing Demand in Adult Social Care: ≈ 25% of contacts go on to receive a full social care assessment.
	GM Comparison		
Waiting Lists	Waiting List Summary	Professional Involvement in LiquidLogic: Awaiting allocation work trays Brokerage Work trays Overdue Review Tasks DoLS data from the database.	Lower is better
	Needs and Carers Assessments: No of Cases Waiting for Allocation		
	GM Regional Comparison		
Assessments	Number of Adult Social Care (ASC) Assessments Completed each month	Assessment forms in LiquidLogic	
	GM Regional Comparison	Av. number of days from the contact start date to the assessment end date	Lower is better
Services	Number of Intermediate Care (short-term) services completed each month	All IMC Service data from four data sources	
	Number of Long-term Adult Social Care services open on the 1 st of each month.		
	Proportion of Home Care vs Nursing and Residential Care Services compared against 2 years ago	Service data from Controccc 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