SCRUTINY REPORT

Bury Council

MEETING: Scrutiny	**Health and Overview Scrutiny Committee**
DATE:	**Thursday 26th November**
SUBJECT:	**Adult Social Care CQC and Q2 update**
REPORT FROM:	**Adrian Crook Director of Community Commissioning**
CONTACT OFFICER:	**Adrian Crook Director of Community Commissioning**

1.0 BACKGROUND

This report provides an update on the performance of Adult Social Care during Quarter 2 2026/27 and outlines progress made following the recent Care Quality Commission (CQC) assessment. The report details the improvements being implemented in response to the revised CQC assurance framework, alongside performance against key strategic priorities and outcome measures. It also includes findings from the latest Adult Social Care Outcomes Framework (ASCOF) and user and carer surveys, providing insight into the experiences of residents and unpaid carers across the borough

2.0 KEY AREAS

CQC Improvement Programme

The report highlights six key improvement priorities identified through the CQC assessment process:

- Reducing assessment and review waiting times.
- Improving support for unpaid carers and access to respite provision.
- Strengthening local care market capacity, particularly for specialist dementia care.
- Improving hospital discharge arrangements and service transitions.
- Improving access to advocacy, information and advice.
- Strengthening quality assurance and consistency of practice across Adult Social Care services.

Adult Social Care Performance

Performance data presents a generally positive picture, with notable improvements in:

- Quality of life for people receiving care and support.
- Overall satisfaction with Adult Social Care services.
- People's sense of control over their daily lives.
- Hospital discharge performance.
- Feelings of safety among service users.

The report also identifies areas requiring continued attention, including:

- Timeliness of assessments and reviews.
- Reablement outcomes.

- Long-term admissions to residential care.
- Carer involvement in decision-making.
- Access to information, advice and support for residents and carers.

Strategic Improvement Activity

The Committee is also updated on delivery of the Adult Social Care Strategic Plan, including progress relating to reablement transformation, strengths-based practice, independent living and adaptations, supported living, commissioning activity, preparation for adulthood, and ongoing CQC readiness arrangements.

3.0 CONCLUSION

The report demonstrates that Adult Social Care continues to deliver positive outcomes for many residents, with performance improvements evident across several key indicators including quality of life, service satisfaction, personal independence and feelings of safety. Significant work is also underway to address issues identified through the CQC assurance process.

Whilst the overall direction of travel is positive, challenges remain in relation to assessment timeliness, support for unpaid carers, prevention and reablement services, and ensuring residents can easily access information and support. Continued focus on these areas will be important in maintaining improvement and demonstrating positive outcomes under the evolving CQC assurance framework.

4.0 RECCOMENDATIONS

- Note the contents of the report

List of Background Papers:-

Contact Details:-

[Report Author]

Executive Director sign off Date:_____

1. Adult Social Care Health and Overview Scrutiny Update — Nov 2026

2. CQC Assessment update



3. What remains the same

CQC continues to assess councils against 9 quality statements across 4 themes:

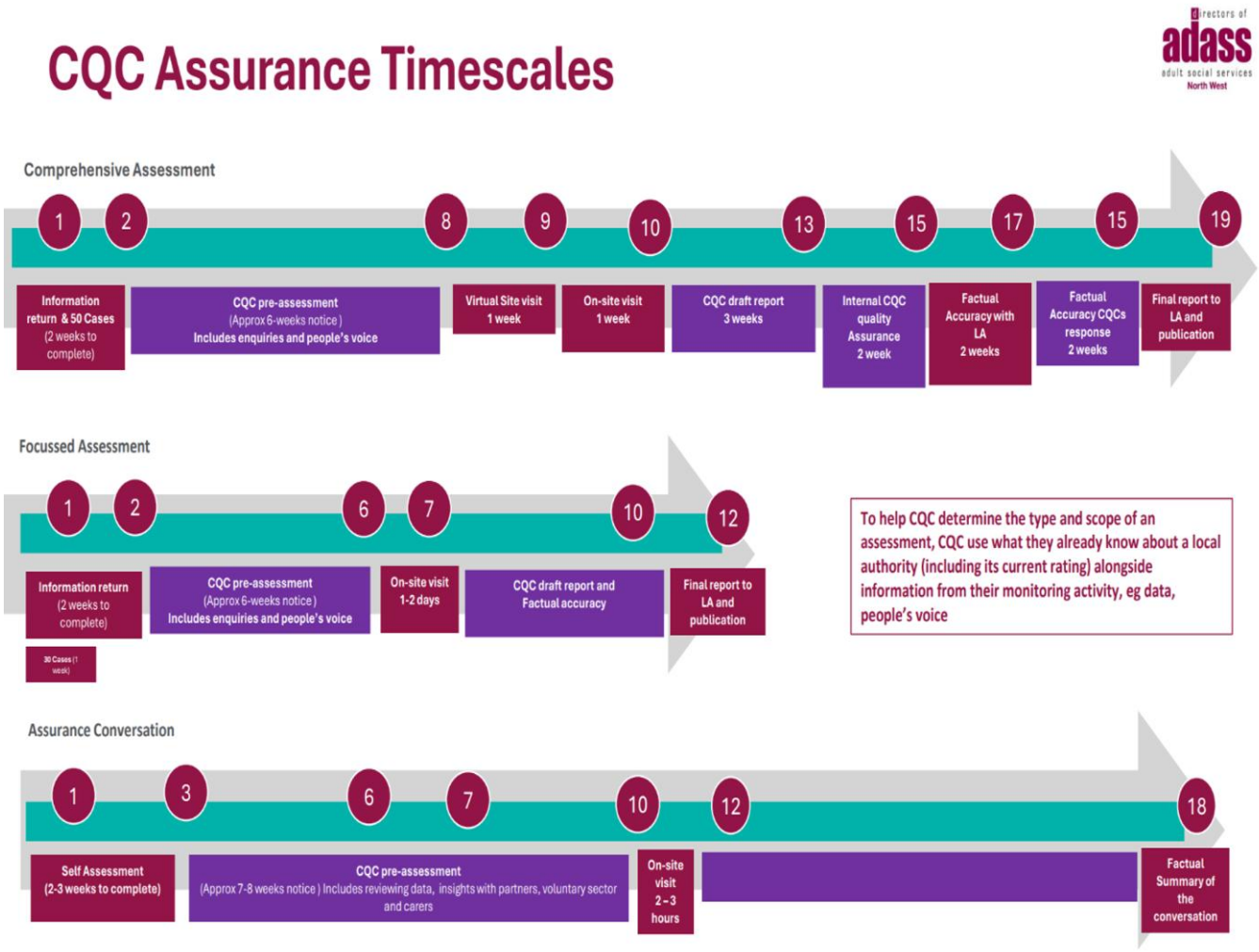
- How local authorities work with people
- How local authorities provide support
- How local authorities ensure safety within the system
- Leadership

Assessment remains focused on whether councils are delivering their statutory Care Act responsibilities and, importantly, the experiences and outcomes of people using adult social care and unpaid carers

4. What has changed

- CQC is moving beyond the baseline assessment of every council into continuing assurance. Councils need sustained assessment readiness rather than preparing primarily for a single inspection.
- CQC can undertake different types of assessment according to circumstances.
- CQC is introducing ongoing assurance meetings (expected to be annual) to understand the council's context, performance and the impact on people's outcomes and experiences.
- CQC has explicitly increased the emphasis given to unpaid carers within assessment activity, judgements and reporting.
- Assessment timescales have been compressed (see next slide).

5. CQC Assurance Timescales

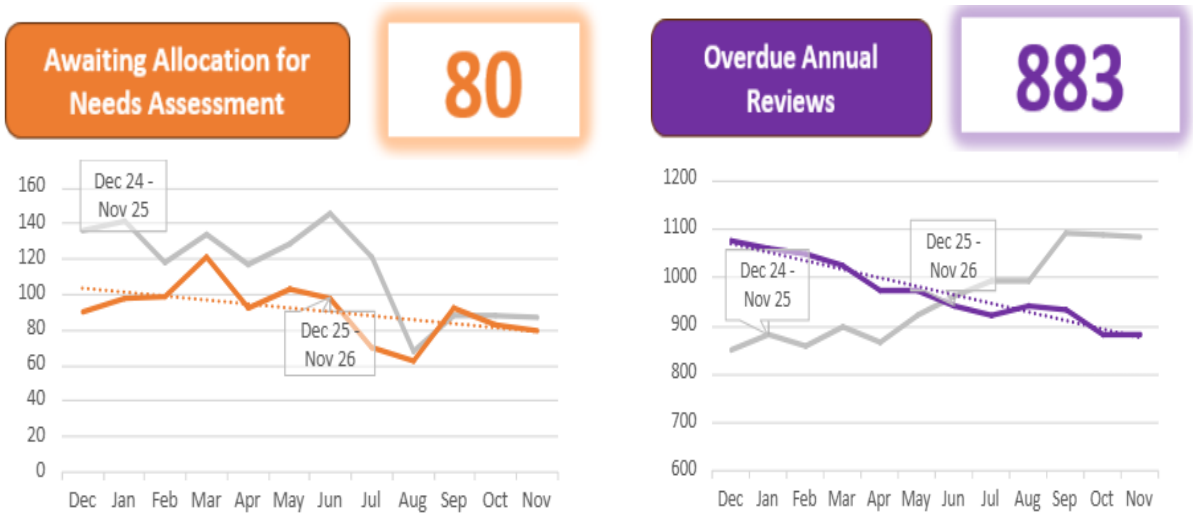


6. Improvement priorities and desired outcomes

Priority	Improvement required	Desired outcome
1	Reduce assessment and review waiting times	People receive timely assessments, care planning and reviews
2	Improve support for unpaid carers, particularly respite	Carers receive timely support and can access emergency breaks
3	Strengthen care market capacity	More specialist dementia, nursing and complex care provision locally
4	Improve hospital discharge and transitions	Safer, more consistent experiences when people move between services
5	Improve access to advocacy, information and support	People understand their rights and can participate in decisions
6	Strengthen practice consistency and quality assurance	More consistent assessments, safeguarding, recording and outcomes

7. Priority Improvements 1

Reduce assessment and review waiting times



8. Priority Improvements 2 and 3

Improve support for unpaid carers, particularly respite

- Carers Partnership Board now in place overseeing delivery on carers strategy
- Spot purchase respite options widened
- Developing improved respite offer with new carers co-production network
- 143 new carers identified last quarter

Strengthen care market capacity

- New specialist dementia care home opened
- Commissioning Strategy for dementia care underway

9. Priority Improvements 4, 5 and 6

Improve hospital discharge and transitions

- PSW now working with hospital team
- New manager now running transitions team and greater dedicated head of service support provided

Improve access to advocacy, information and support

- Training on advocacy delivered, changes to assessment templates made and use of advocacy now monitored though casefile audits
- Website refreshed and engagement on information and advice carried out to inform next steps

Strengthen practice consistency and quality assurance

- New quality assurance framework for social work practice in place
- Case file audits now taking place at much greater volumes
- Developing method of collecting user feedback

10. Adult Social Care Strategic Plan



11. Q2 Strategic Plan Highlights

Reablement transformation – New working model agreed and staff consultation underway for new job descriptions, work areas and patterns.

Independent Living and Adaptation – Improvement programme has been established with Housing, Commissioning and Finance to address the Foundations review recommendations and improve adaptations processes.

Strengths-Based Practice in Social Work – Huddles introduced, training, handbook and SOPs all introduced to support strengths-based practice.

Care at Home retender - Evaluations of conditions of participation completed and moderation done. Existing providers to be notified their existing contracted will continue under the same terms beyond the October end date.

Supported Living commissioning - Clear actions for commissioning and operational officers to understand voids situation and demand. Targeted reviews and scoping for OOB have been completed.

Front Door – working with Manchester and Social Care Futures on strengthening VCSE alignment. 'Beam Talk' (AI tool) pilot planned.

Preparing for Adulthood - caseload and financial impact tracker has been established to map cases and identify potential cost avoidance and cost savings.

CQC Assessment Planning – planning underway with updating of self-assessment and information return. Improvement work identified for unpaid carers and advocacy.

12. Q2 delivery priorities – RAG summary

RAG Status	Delivery priorities
NOT STARTED	1
ON TRACK	27
AT RISK	12
OVERDUE	0
COMPLETE	0
UNASSIGNED	0
TOTAL	**40**

13. Adult Social Care Performance: Q2 2026/27

Performance Framework and User and Carer Survey Results

Overall, Bury's adult social care performance presents a mixed but broadly encouraging picture, with improvements in people's reported quality of life, satisfaction with services and some aspects of independence. However, challenges remain around the timeliness of support, unpaid carers' experiences, access to information and the effectiveness of reablement. The results demonstrate areas of strength alongside priorities for continued improvement following the CQC assessment.

Quality of life and satisfaction

The latest Adult Social Care Outcomes Framework (ASCOF) results show improvements in the experiences of people receiving care and support. Overall quality of life has increased from 19.1 to 19.6, above both the England (19.1) and North West (19.2) averages. Satisfaction with care and support has also increased significantly, from 64.3% to 70.3%, exceeding the national average of 65.2%. This is a particularly positive finding, suggesting that people receiving services increasingly recognise the quality and value of the support provided.

The proportion of people who feel they have control over their daily lives has increased from 77.3% to 83.4%, compared with 77.4% nationally. This represents an important improvement and aligns closely with the Council's strategic emphasis on strengths-based practice, independence and personalised support.

Independence, prevention and service effectiveness

Performance relating to independence and prevention is more variable. The proportion of older people remaining at home 91 days after discharge into reablement has reduced slightly from 88.6% to 86.2%, although this remains above the national average of 77.1%. This indicates that reablement continues to deliver positive outcomes for many residents, while reinforcing the importance of the transformation programme currently underway.

Long-term support admissions for older people have increased from 664 to 672 per 100,000 population, remaining above the national comparator of 592.5. As lower admission rates are preferable, this suggests continued pressure on preventative services and the importance of developing alternatives to residential care. However, the number of older adults supported to live in a care home is 1675 per 100,000 of older adults compared to Northwest average of 1683

There are, however, encouraging improvements in hospital discharge performance. The proportion of people discharged on their discharge-ready date has increased from 88.6% to 90%, while average discharge delays have reduced from 13.1 to 8.5 days. Although delays remain above regional and national averages, the direction of travel is positive. Further transformation is underway in the reablement service in order to reduce this further.

Unpaid carers

The carers survey presents a more challenging picture and supports the Council's decision to prioritise improvements in carers' support following the CQC assessment.

Carers' reported quality of life has improved from 7.3 to 7.5, above both national and regional averages. Satisfaction with social services has also increased from 33.5% to 37.5%.

However, the proportion of carers reporting involvement in discussions about the person they care for has fallen from 70.9% to 62.8%. Similarly, the proportion finding it easy to access information has reduced from 60.5% to 56.9%, below the national average of 59.1%.

These findings highlight the importance of strengthening carers' involvement, improving access to information and developing more responsive respite and support arrangements. The establishment of the Carers Partnership Board and ongoing development of the respite offer provide opportunities to address these issues.

Safety, wellbeing and access to support

Results relating to safeguarding and wellbeing are generally positive. The proportion of people using services who feel safe has increased from 70.7% to 76.7%, above the national average of 70.2%.

Social contact measures also show improvement. The proportion of people using services who report having enough social contact has increased from 46.9% to 47.7%, above the national average of 45.4%. This is encouraging given the importance of tackling loneliness and social isolation. However, access to information remains an area requiring attention. Although the proportion of people using services who find it easy to access information has improved from 64.9% to 67.7%, it remains marginally below the national average of 67.8%. Work continues in this area to make further improvements.

Overall assessment and priorities

The performance data demonstrates that Bury is achieving positive outcomes across several important measures, particularly quality of life, satisfaction, personal control and feelings of safety. These provide a strong foundation for continued improvement and assurance.

Nevertheless, the results also reinforce the priorities identified through the CQC assessment, particularly improving support for unpaid carers, strengthening prevention and reablement, and ensuring people can access timely information and support.

The key challenge for the Council is to translate the improvement activity already underway into sustained, measurable improvements in residents' and carers' experiences. Continued monitoring of these outcome measures, alongside operational performance and direct feedback from people using services, will be essential in demonstrating progress and maintaining assurance.

14. Performance framework outcome measures

Identifier	Metric	Performance Direction	Bury					Comparators		Rankings		
			Year	Current	Previous	Status	Trend	England	NW	England (152)	NW (24)	CIPFA (16)
ASCOF - 1A	Quality of life – people using services	Higher	25/26	19.6	19.1			19.1	19.2	78	12	4
ASCOF - 1B	Quality of life – people using services (adjusted)	Higher	25/26	0.456	0.392			0.419	0.417			
ASCOF - 1C	Quality of life – carers	Higher	25/26	7.5	7.3			7.3	7.3	54	8	7
ASCOF - 1D	Satisfaction with care and support – people using services (%)	Higher	25/26	70.3	64.3			65.2	65.5	87	14	5
ASCOF - 1E	Satisfaction with social services – carers (%)	Higher	25/26	37.5	33.5			36.7	37.3	102	17	11
ASCOF - 2A	Reablement: no ongoing support needed (%)	Higher	Sep 26	86.2	88.6			77.1	78.5	40	5	4
ASCOF - 2B	Long-term support residential admissions (18–64) (per 100k)	Lower	Sep 26	5.9	3.4			17	21.3	128	15	14
ASCOF - 2C	Long-term support residential admissions (65+) (per 100k)	Lower	Sep 26	260.9	164			592.5	672	142	19	16
ASCOF - 2D Part 1	Home 91 days after discharge (%)	Higher	25/26	68.9	65.6			60.7	62.2	44	9	5
ASCOF - 2D Part 2	Reablement after hospital discharge (%)	Higher	25/26	5.1	4.1			5.7	6.6	85	15	11
ASCOF - 2E Part 1	Learning disability support in own home (%)	Higher	25/26	87.2	86.3			81.4	87.8	47	18	7
ASCOF - 2E Part 2a	Long-term support in own home (18–64) (%)	Higher	25/26	76.2	69.4							
ASCOF - 2E Part 2b	Long-term support in own home (65+) (%)	Higher	25/26	57.6	47.6							
ASCOF - 3A	Control over daily life (%)	Higher	25/26	83.4	77.3			77.4	78.6	87	18	9
ASCOF - 3B	Carer involvement in discussions (%)	Higher	25/26	62.8	70.9			66.4	65.5	36	7	5
ASCOF - 3C Part 1	Easy to find information – people using services (%)	Higher	25/26	67.7	64.9			67.8	67.8	105	16	11
ASCOF - 3C Part 2	Easy to find information – carers (%)	Higher	25/26	56.9	60.5			59.1	58.7	63	10	9
ASCOF - 3D Part 2a	Direct payments – people using services (%)	Higher	Sep 26	30.8	24.5			24.5	22.7	51	6	7
ASCOF - 4A	People using services who feel safe (%)	Higher	25/26	76.7	70.7			70.2	70	74	12	8
ASCOF - 4B	Safeguarding risk reduced or removed (%)	Higher	25/26	0.925	92.7			91.2	91	79	13	11
ASCOF - 5A Part 1	Enough social contact – people using services (%)	Higher	25/26	47.7	46.9			45.4	46.2	65	11	5
ASCOF - 5A Part 2	Enough social contact – carers (%)	Higher	25/26	32.4	26.1			30	30.4	110	15	12
ASCOF - 6A	Staff leaving adult social care jobs (%)	Lower	24/25	19				23.7	23.6	32	4	2
ASCOF - 6B	Residential providers rated good or outstanding by CQC (%)	Higher	24/25	88				81.7	79.5	41	4	4
ASCPri 01a	People accessing long term support (18 to 64) (per 100k)	Lower	Mar 26	926	1011			809.5	819.8			
ASCPri 01b	People accessing long term support (65+) (per 100k)	Lower	Mar 26	3846	4123			4125.3	3766.3			
PHOF 2.24	Emergency admissions to hospital for people (65+) (per 100k)	Lower	Mar 26	1137	1370			1640	1768			
BCF 02a	Discharged on Discharge Ready Date (16+) (%)	Higher	Apr 26	90	88.6			85.8	85.9			
BCF 02b	Average Discharge Delay (16+) (days)	Lower	Apr 26	8.5	13.1			6.7	6.8			

15. User and Carer Survey Results

Identifier	Metric	Performance Direction	Bury					Comparators		Rankings		
			Year	Current	Previous	Status	Trend	England	NW	England (152)	NW (24)	CIPFA (16)
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ASCOF - 1D	Satisfaction with care and support – people using services (%)	Higher	25/26	70.3	64.3			65.2	65.5	87	14	5
ASCOF - 3A	Control over daily life (%)	Higher	25/26	83.4	77.3			77.4	78.6	87	18	9
ASCOF - 3C Part 1	Easy to find information – people using services (%)	Higher	25/26	67.7	64.9			67.8	67.8	105	16	11
ASCOF - 4A	People using services who feel safe (%)	Higher	25/26	76.7	70.7			70.2	70	74	12	8
ASCOF - 4B	Safeguarding risk reduced or removed (%)	Higher	25/26	0.925	92.7			91.2	91	79	13	11
ASCOF - 5A Part 1	Enough social contact – people using services (%)	Higher	25/26	47.7	46.9			45.4	46.2	65	11	5

Identifier	Metric	Performance Direction	Bury					Comparators		Rankings		
			Year	Current	Previous	Status	Trend	England	NW	England (152)	NW (24)	CIPFA (16)
ASCOF - 1C	Quality of life – carers	Higher	25/26	7.5	7.3			7.3	7.3	54	8	7
ASCOF - 1E	Satisfaction with social services – carers (%)	Higher	25/26	37.5	33.5			36.7	37.3	102	17	11
ASCOF - 3B	Carer involvement in discussions (%)	Higher	25/26	62.8	70.9			66.4	65.5	36	7	5
ASCOF - 3C Part 2	Easy to find information – carers (%)	Higher	25/26	56.9	60.5			59.1	58.7	63	10	9
ASCOF - 5A Part 2	Enough social contact – carers (%)	Higher	25/26	32.4	26.1			30	30.4	110	15	12