

# ADULT SOCIAL CARE

SELF-ASSESSMENT

May 2025

## CONTENTS

<b>Introduction</b> .....	3
<b>Assessing Needs: What is working well?</b> .....	5
<b>Assessing Needs: What is being improved?</b> .....	7
<b>Assessing Needs: Recent success and innovation</b> .....	7
<b>Supporting People to Live Healthier Lives: What is working well?</b> .....	9
<b>Supporting People to Live Healthier Lives: What is being improved?</b> .....	10
<b>Supporting People to Live Healthier Lives: Recent success and innovation</b> .....	11
<b>Equity in Experience &amp; Outcomes: What is working well?</b> .....	12
<b>Equity in Experience &amp; Outcomes: What is being improved?</b> .....	13
<b>Equity in Experience &amp; Outcomes: Recent success and innovation</b> .....	14
<b>Care Provision, Integration &amp; Continuity: What is working well?</b> .....	15
<b>Care Provision, Integration &amp; Continuity: What is being improved?</b> .....	16
<b>Care Provision, Integration &amp; Continuity: Recent success and innovation</b> .....	17
<b>Partnerships &amp; Communities: What is working well?</b> .....	18
<b>Partnerships &amp; Communities: What is being improved?</b> .....	20
<b>Partnerships &amp; Communities: Recent success and innovation</b> .....	21
<b>Safe Systems, Pathways &amp; Transitions: What is working well?</b> .....	22
<b>Safe Systems, Pathways &amp; Transitions: What is being improved?</b> .....	23
<b>Safe Systems, Pathways &amp; Transitions: Recent success and innovations</b> .....	24
<b>Safeguarding: What is working well?</b> .....	24
<b>Safeguarding: What is being improved?</b> .....	26
<b>Safeguarding: Recent success and innovation</b> .....	27
<b>Governance, Management &amp; Sustainability: What is working well?</b> .....	28
<b>Governance, Management &amp; Sustainability: What is being improved?</b> .....	30
<b>Governance, Management &amp; Sustainability: Recent success and innovation</b> .....	30
<b>Learning, Improvement &amp; Innovation: What is working well?</b> .....	32
<b>Learning, Improvement &amp; Innovation: What is being improved?</b> .....	33
<b>Learning, Improvement &amp; Innovation Recent success and innovation</b> .....	33

## Introduction

Bury is a metropolitan borough of Greater Manchester in England. It is North of Manchester, to the East of Bolton and West of Rochdale. The borough is centred around the town of Bury but also includes the other towns of Ramsbottom, Tottington, Radcliffe, Whitefield and Prestwich. Bury bounds the Lancashire districts of Rossendale and Blackburn with Darwen to the north. With a population of 195,500 in 2023 (ONS Estimate), it is the smallest borough in Greater Manchester.

Bury is amongst the less deprived local authorities in Greater Manchester but internal inequalities vary significantly within and across neighbourhoods with many worsening and others improving over the last four years.

- Bury has become more deprived compared to others; more people are living in these areas of deprivation now than in 2015.
- The proportion of your life spent in good health has decreased by two years for men but increased by four years for women.
- The likelihood of being in work has reduced from 73% to 71%.
- Attainment in primary schools has got better but other places are improving faster.

These hidden inequalities are masked when we look at Bury as a whole and highlights the importance of understanding and quantifying health needs and health inequalities which is why we have configured our health and care services around these neighbourhoods to allow specific and targeted work to take place to address these challenges.

Our [Let's Do It!](#) strategy for 2030 gives us the vehicle to collectively tackle these deep-rooted issues:

- The strategy sees us deliver services **Locally** and targeted to the needs to the local population.
- It ensures we use **Enterprise** to develop an economic strategy; a skills strategy and ambitious regeneration plans for our towns.
- We have also committed to deliver these **Together** with our population and our public sector partners. This sees us deliver joined up health and social care services in our Integrated Care Partnership, alongside wider public sector reform.
- We are committed to always taking a **Strengths** approach. A place where people are helped to make the best of themselves, by recognising and building on strengths, not deficits.

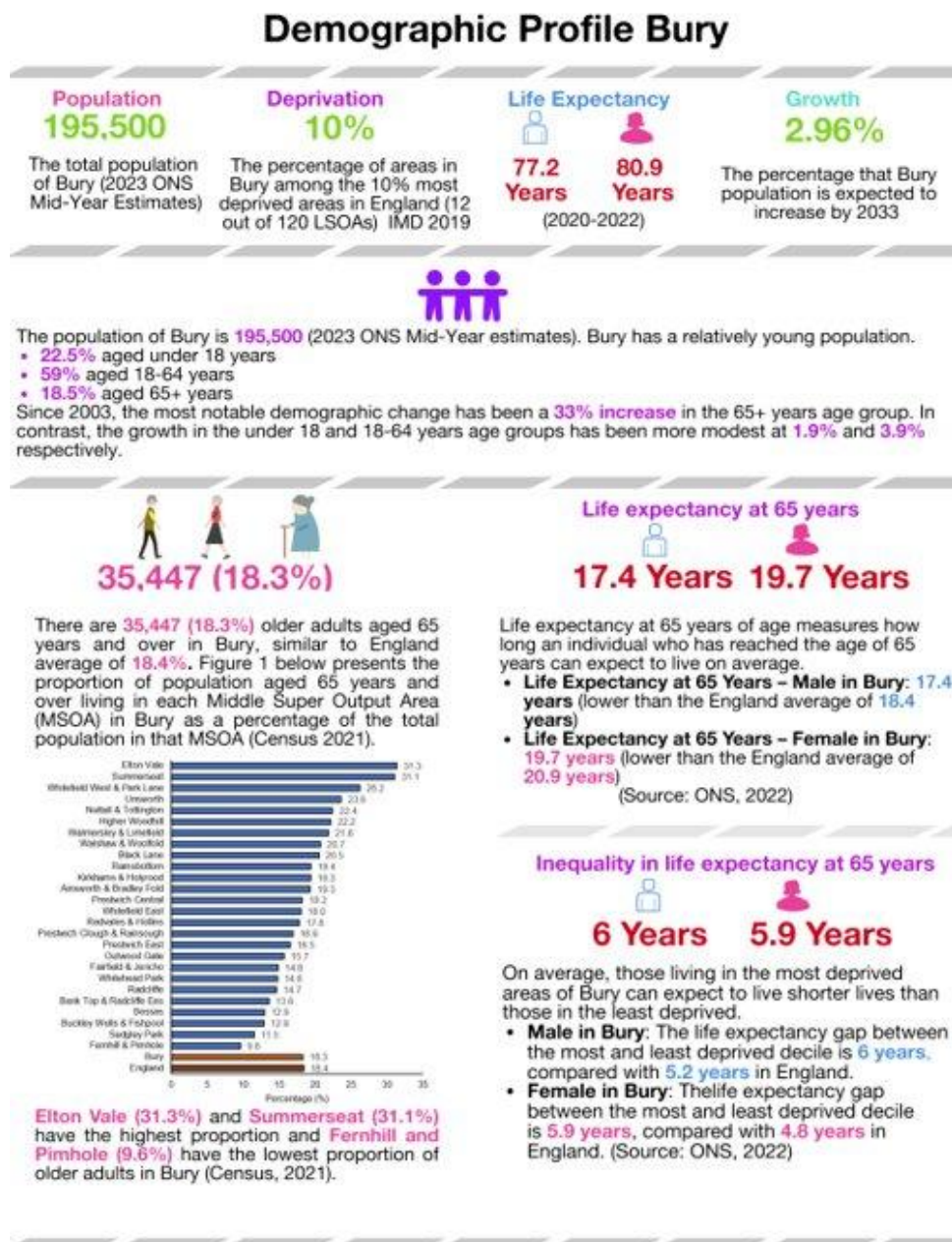
We are proud to be part of the Greater Manchester system and our approach to health and social care delivery and improving population health is rooted in the devolution deal of 2016 alongside our Let's Do It! strategy for 2030.

Through our relationships and infrastructure within the Bury Integrated Care Partnership, we have managed to deliver significant change in our Borough over the past 3 years with our approach recognised in a recent Kings Fund report ('Population Health in Greater Manchester – The journey so far', October 2024). Our health and care services are, wherever possible, now configured around our 5 neighbourhoods each with a population of around 50,000. This sees our social work teams working alongside health colleagues under the combined leadership of our neighbourhood leads where post holders are employed by both our health partner, the Northern Care Alliance, and the council.

Our strong belief in doing things together enterprisingly sees the council lead on the delivery of intermediate care services, including our urgent community response service, falls pick up service and hospital at home service. All these services see NHS and Council staff work alongside each other under council leadership and all are rated Good by the CQC. Normally provided by the NHS, in Bury the council leads on these services in our integrated care partnership.

Our Let's Do It strategy puts relationships first, something we have taken this to heart in Adult Social Care.

## Demographic profile

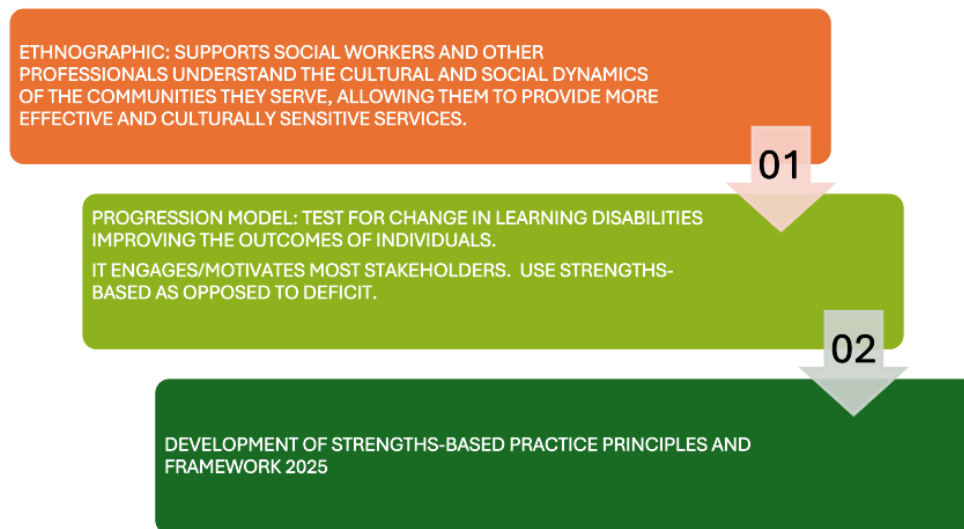


Infographics by Public Health Team Bury Council

[Link to access information on Bury's Population on the web](#)

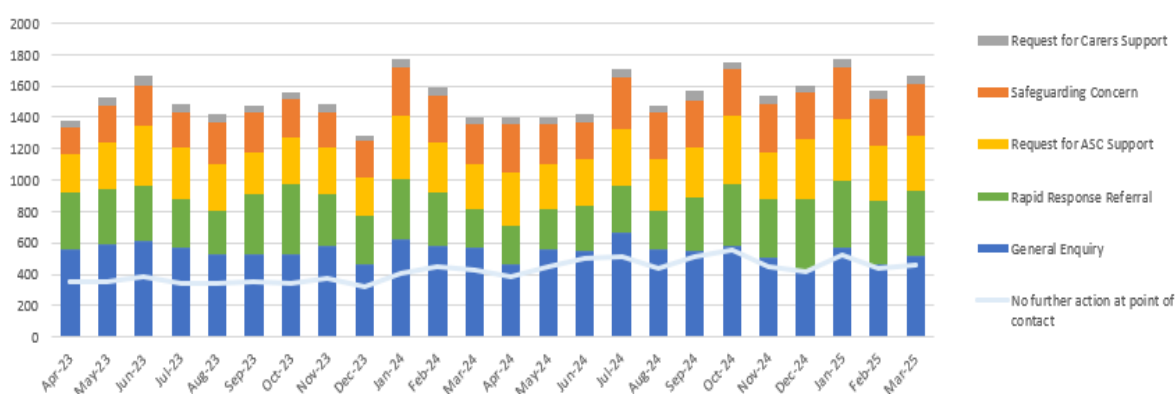
## Assessing Needs: What is working well?

- Our **strengths-based approach** to assessment with outcome focussed support planning, for both those with eligible need and their carers, is in place across our services with staff trained in strength-based assessment and support planning. Our active case management process in **our neighbourhood teams** is a targeted, community-based and pro-active approach to care that involves assessment, care planning, and care co-ordination and our **'My Life My Way'** care act assessment. Our approach continues to evolve with one of our priorities in 2025/26 being to build on our learning to date and to embed strengths-based approach across the Department, ensuring that people in Bury have 'independent and fulfilling lives connected to their communities':



- We have a positive and proactive approach to listening to feedback, improving practice, and achieving positive outcomes for the we people support. Since August 2024, **feedback from people** has been systematically collected during the assessment journey, allowing for the identification of areas of practice excellence and improvement. Our most recent report shows that, of 190 people approached, 115 provided responses, demonstrating a strong engagement from the people we serve. Many respondents expressed satisfaction with their assessment journey, highlighting supportive and caring social workers, clear communication, and effective outcomes. Specific mentions include timely assistance, helpful staff, and smooth transitions. Most respondents (75%) believe that the social worker or social work practitioner has made a difference in their lives. The report also highlights areas for further development to enhance the overall experience for the people supported by the Adult Social Care Operational Teams.
- To ensure that our residents can lead as independent lives as possible we lead on the provision of **reablement, intermediate care and urgent community response services** that support Bury residents to reach their full potential with an emphasis on preventing and reducing long term dependence on services. 85% of our users benefit from a reduction in support and continue to be supported in the community.

- The department has been improving its use of **data and intelligence** and recently enhanced this further as part of the governments Care Data Matters programme and collection of client level data. Being part of the GM business intelligence programme allows us to compare ourselves with other Greater Manchester boroughs, further enhanced with LG inform. Our Performance Board receives regular reports on waiting times and overdue reviews against set targets.
- Our Connect and Direct service offers **advice and information** to those who may benefit from guidance and direction to voluntary and community services within the borough. The call centre receives around 1,500 calls per month and deals with around 90% at the first point of contact.



- Our recent **LGA Adults Peer Challenge**, February 2025, noted that ‘staff and team managers can clearly articulate their approach to prioritisation, ensuring that those with urgent needs are seen promptly while maintaining contact with all individuals awaiting support. This proactive approach enhances resident safety and service efficiency.’ This is supported by a Waiting Well framework.
- Good progress continues to be made in reducing the numbers of people **waiting allocation** for Care Act assessment through our targeted initiatives under the oversight of the Performance and Improvement Board. We have been successful in maintaining our position as 3<sup>rd</sup> in Greater Manchester against this metric. We remain in a strong position on cases awaiting allocation and our recent LGA Peer Review identified that staff and managers are supporting the reduced number of people awaiting allocation with focus to managing any residual risk and with appropriate attention to prioritisation.

*“We just wanted to express our gratitude to you for all of your help. Your level of experience shone through from the start. You quickly grasped the severity of our situation and made the necessary arrangements to optimise his health, have a much-needed bed-based assessment over a period of time, with a view to determining what type of professional care and equipment is needed within the home. We think you helping to secure this referral will make all of our lives safer and more fulfilling. Warmest wishes.”*

**Feedback on the support from Bury North INT**

### Assessing Needs: What is being improved?

- At the end of Feb 2025, 850 people were overdue an **annual review**. This is a significant reduction compared to the position 18 months ago when the average number of overdue reviews was 1200-1450. However, there is still further progress to be made. This progress is down to several factors, including an expanded adult social care reviewing team and a continued push on data quality across the system.
- Our use of risk assessment to inform priorities identified the need to improve our support for **young people transitioning into adult social care**. The department has undertaken investment in additional social work and business support roles to provide a dedicated resource for preparing for adulthood. The Adult's department is working closely with Children's and SEND colleagues to coproduce a revised transition pathway and policy.
- An action plan to reduce **Occupational Therapist and Therapy** waiting lists is in place to meet required standards. The work will involve reviewing existing processes and procedures, enhanced communication with those waiting for an assessment and a GM benchmarking exercise.
- Our **Quality Board**, established in 2023, leads quality of practice and overall standards and improvements. Working with senior leaders and operational managers, we have developed an improvement plan with several thematic improvement priorities that have been informed by case file audits and moderation, to deliver our 'Excellent Social Work' priority in the ASC Strategic Plan.

### Assessing Needs: Recent success and innovation

- 2024/25 has shown consistent growth over 2023/24 with the number of **people contacting our department** up by 200 per month, a rise of 14%. A large part of this rise has been from the continued expansion of Rapid Response and Virtual Ward services that respond urgently to avoid unnecessary and premature admission to care services as well as avoid unnecessary hospital admission and support people at home. Without the expansion in these two services the increase in demand would have been much less and in line with population growth.
- Despite these **demand challenges** we have still seen great progress in continued reduction in waiting lists over the year dropping from well over 100 people waiting to see a social worker this time last year to just 60 at the end of Q4. This has been delivered by increased productivity in our social work teams and can be seen in an increase in the number of assessments completed over the year with the average number of needs assessment each month growing by 25 compared to the previous year.
- Greater reductions have also been seen in waiting lists for **people needing the support of an occupational therapist** following investment in additional staffing that reached a high 387 people waiting for minor and major adaptation assessments in August 2024 but reduced to 267 by December and have now further decreased to 178 in March 2025. Within this those waiting for major adaptations has dropped to 92.

- The biggest improvement in **waiting list reduction** has been seen in those waiting for review where a reduction from 1400 to 850 people, a drop of 39%, has been seen as the investment in additional staff to carry out reviews along with improvements in data quality and processes continue to embed.
- A **short-term assessment** has been introduced as a proportionate response to be used in urgent situations and only where there is insufficient time to complete a full My Life My Way assessment, and without the services in place, the customer would be at risk of harm/hospital admission.
- Our Living Options Group (LOG) meetings are a space where Social Care practitioners can discuss housing options for **people that require accommodation, are homeless or at risk of homelessness**. Bury has an increasingly difficult housing market, in both the social and private sector. This includes challenges of high rents and finite social housing stock. The LOG allows professionals with an expertise in housing and homelessness legislation to provide wide options, including providing vacancies for supported accommodation and supported living.

*"I wanted to take a moment to express my heartfelt gratitude for all the help and assistance Karis has provided to our family recently. Her compassion, dedication, and professionalism have made a significant difference during a challenging time for us. We would like to thank Karis for her unwavering support and for always being there when we needed her. Karis' kindness and expertise have been a true blessing. Her support has been invaluable, and we truly appreciate everything Karis has done for us."*

**Feedback on the support from Bury East INT**



## Supporting People to Live Healthier Lives: What is working well?

- Our strong belief in doing things together enterprisingly sees the council lead on the delivery of **intermediate care services**, including our urgent community response service, falls pick up service and hospital at home service. All these services see NHS and Council staff work alongside each other under council leadership and all are rated Good by the CQC. Our intermediate care services support many hundreds of people each month and support them in avoiding hospital admission, unnecessary or premature admission to care and ensures as many of our residents can maximise their independence and better manage their health and wellbeing.
- **Co-ordination of support** through our Integrated Neighbourhood Teams (INTs) that bring together health, social care, and voluntary sector services in the community. The core functions of the INTs are to deliver and co-ordinate person centred care through detailed assessment of clinical, social and environmental needs working with the individual to plan and enable independency, whilst achieving personal goals and fulfilling aspirations. In addition, they work with local communities, primary and secondary care to tackle health inequalities with each neighbourhood
- **Active Case Management** is provided in our integrated neighbourhood teams. Active Case Management proactively identifies people through use of primary care data who are at risk of their health and wellbeing deteriorating and prematurely requiring health and or care. Multidisciplinary meetings are held weekly on a rotation basis with each neighbourhood with practitioners designing personalised plans of support to help people improve their health and wellbeing. They also work with people who may not be eligible for care and support.
- The **Staying Well** service, delivered with all our Primary Care Networks (PCNs), is for people over 50 and provided by Bury Council. The service helps ensure people are receiving holistic care and support, so that they can enjoy good health and maintain their independence. The Staying Well Team provides advice, support and assistance to enable people to maintain their wellbeing, remain healthy and stay independent for longer. Our Staying Well Service accepts over 100 referrals per month from across the health and care system with over 95% needing no onward statutory health or care support.
- The **Bury Live Well service**, delivered with Primary Care Networks (PCNs) and Public Health, promotes healthy and active living and help people to make positive changes to their lifestyle. Live Well support people across the borough to reach a healthy weight; build more activity into their daily life; stop smoking; eat better; and improve their overall health and wellbeing.

*"We were so grateful for the way the carers and the Rapid Response Team coped with the difficulties over the first couple of weeks. The carers went way beyond what was expected of them, and the Rapid Response Team were there to provide the equipment and support as needed. Without doubt she would have needed to be re-admitted but for their assistance."*

**Feedback on the support from Rapid Response Team/Hospital at Home**

## Supporting People to Live Healthier Lives: What is being improved?

- A thorough review of our **Intermediate Care Services** has been undertaken; to further enhance productivity and future-proof our capacity to meet future demand, this includes staff to maintain people's independence in hospital and additional reablement workers to support discharge. This is further described in our Intermediate Care Strategy 2025-2027.
- We are strengthening our **Information and advice** offer. This has been underpinned by the Prevention and Wellbeing Strategy and our priority of 'providing timely advice when you need it'. We are committed to enabling people to engage with us in a way, and at a time that suits, them including online, we also have digital portals for financial assessment and self-assessment planned for within the next year and will further enhance the functions of the Bury Directory as a central point for people to access information about organisations, communities and the voluntary sector to support with health and wellbeing. Our **Information and support for Carers in Bury** has recently been revised to provide online access to up-to-date information, advice and resources for carers. This is reflected by a more refined page for Carers on the Bury Directory and co-producing it with residents and stakeholder who will be using this resource on a regular basis.
- A **Technology Enabled Care (TEC)** offer was established in October 2023, with establishment of a new team of TEC Triage Officers, a TEC catalogue and a new TEC referral process to embed a 'TEC first' approach into our 'My Life, My Way' assessments. In the last financial year 2024/25, TEC deflected approximately £1,200,000 in care costs by keeping people safe at home by using TEC.
- Our **Joint Strategic Needs' Assessment (JSNA)** has been updated to provide a comprehensive evaluation of the current and future health and care needs of the borough, highlighting local evidence-based priorities for commissioning which will improve the public's health and reduce inequalities. Updated evidence is already being used to inform commissioning activity, including that of our Care at Home and Carers services. Not only can it be used by professionals across the organisation and partner organisations to inform a variety of planning and commissioning activity including policy development and resource allocation, but by voluntary organisations to better align their services to needs of the community.
- Our new **Prevention and Wellbeing Strategy 2025-30** sets the commitment from Bury Council to prevent, reduce and delay the need for adult care and support over the next 5 years. The population is growing, and more are expected to live longer; the 2021 Census showed that there has been an increase of 19.8% in people aged 65 years and over since the previous census. It is therefore important that we encourage people to be more proactive about their health and wellbeing to reduce the need for care and support services in the future.
- Our **Winter Well** programme promotes advice on self-care during the winter months and is an opportunity to increase referrals for other services([Support for Bury residents to keep you well this winter](#)). Winter Well brings together a range of different agendas such as cost of living, heating and fuel, food and nutrition, mental wellbeing, physical health, and vaccinations.

## Supporting People to Live Healthier Lives: Recent success and innovation

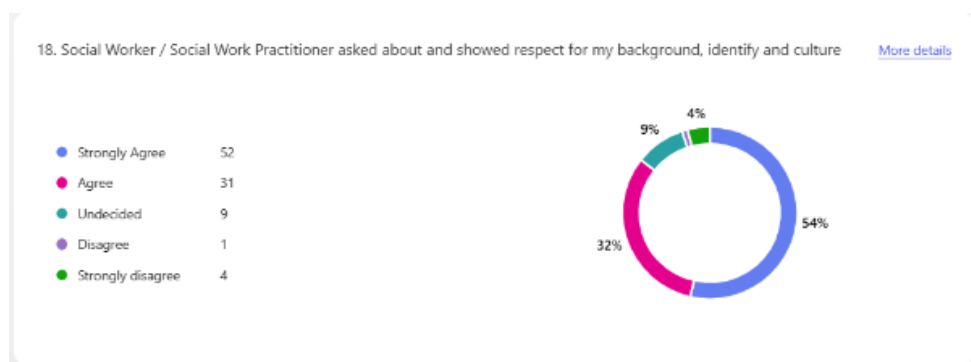
- 2024/25 has been the busiest ever for Adult Social Care with the number of **people benefiting from intermediate care** rising to over 6,000. The number receiving an assessment under the Care Act or from an Occupational Therapist or as a Carer to over 2,700 and the number of people we support with a service every day rising to over 2,555.
- We want to ensure that **more people than ever had an opportunity to live well at home** and retain their independence, and we obsessed about delivering superb intermediate care and making sure people who left our short-term services were as independent as possible. When we started, 81% of people left these services without the need for ongoing support; it is now up to 84% and we have improved from 11th out of 23 in the Northwest to 8<sup>th</sup>.
- **Creation of stand-alone intermediate tier bed-based and home-based services** has been completed. Hospital at Home service has been embedded under the Rapid Response service, facilitating people remaining in their own homes for hospital level care. Reablement is now working with the Intermediate Care at Home Service to improve better outcomes for Bury Residents. The Bury Community Intravenous Fluids (IV) Therapy team has developed alongside the Rapid Response service maintaining more people at home and not requiring hospital admission for treatment.
- Creation of an **Adult Social Care Financial Support Service** through a service redesign process that has been driven by the team, to improve our financial assessment and benefits, money management and direct payment services. The service will include income maximisation work to support people to live independent, healthier lives.
- Persona have been **trialling digital technology** which aims to prevent falls and deliver less intrusive support. Sensio Roommate has been piloted at Elmhurst and allows person centred alerts to be put in place dependent on someone's risk of falls. Where people are at higher risk of falls alerts would indicate if they sat up in bed so that staff can attend to assist before they attempt to mobilise on their own. Equally, the remote monitoring allows oversight without disturbing someone, for example overnight. Evidence is showing that this not only reduces falls but also provides intelligence that informs improved discharge planning and decisions because nighttime needs are better understood.

*"Yasmin has been helping my mum to get sorted over the last couple of weeks whilst she has been in Fairfield. I live 3 hours away and I'm her only child so it has not been easy, but she has kept me informed at all times she has been patient and has done everything in her power to get things done efficiently and I would just like to personally thank her nothing has been too much trouble. She really does go above & beyond. Thank you."*

**Feedback on the support from Integrated Hospital Discharge Team**

## Equity in Experience & Outcomes: What is working well?

- The council is taking several actions to identify and **address barriers to care and support** and inequality in experience and outcomes and has adopted addressing inequality as one of its core 3 strategies and our Let's Do It! strategy is based on improving inequality and addressing the building blocks of health and wellbeing. According to the 2021 census, 82.9% of Bury residents identified their ethnic group within the white category, and 17.1% of Bury residents identified within the Asian, Black, Mixed/multiple ethnic groups or other ethnic groups.
- Adult Social Care has invested in several initiatives where it has **identified inequity in access and experience**. These include the management of complex risk, preparing for adulthood, access to continuing health care and transforming learning disability services.
- Our work with the Jewish community including **The Fed** (formerly Jewish Social Services) and Focus Foundation reflects our commitment to serving the needs of our Jewish population, which is one the largest in the Northwest.
- We work closely with **Bury Blind Society** in relation to visual impairment and have further commitments to work with organisations that support people with hearing impairments, that is underpinned by our Sensory Impairment Strategy.
- We carry out **Equality Impact Assessments** to ensure our policies, procedures, strategies and services are inclusive by preventing prejudice or discrimination within our communities or our workforce.
- Representation on our **Young Adult Carers** group reflects the diversity of the local population, based on our JSNA data.
- The **Bury Older People's Network** commissioned via the VCFA, meets monthly, 50+ members with on average 25 to each meeting, has developed a local action plan of priorities important to the members, Lay Chair, own identity/branding. Members involved in commissioning and redesigning project groups e.g., Extra Care Strategy Group, Ageing Well Partnership Group and Chair a member of the Ageing Well Partnership Board.
- Our **Learning Disability Partnership** brings together Bury People First with the council and others to set priorities for improvement of support for people with learning disabilities. This partnership has seen us work together to deliver better health, better jobs and better homes. More health checks and health appointments with reasonable adjustments, more people in paid employment and a supported housing strategy attracting over £10m of new accommodation into the borough.



The person we support assessment journey feedback, April 2025

## Equity in Experience & Outcomes: What is being improved?

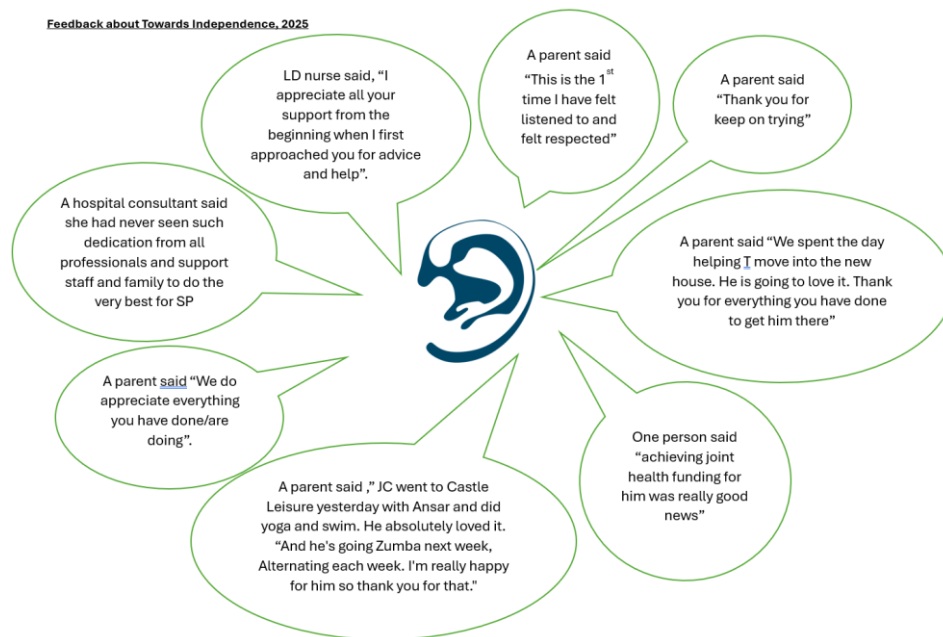
- The **'Together Towards Independence'** transformation programme in learning disability, rolled out in 2024/25, continues to improve care for and supports adults with learning disabilities and their families.
- Development of an **Autism Strategy** is underway through engagement with our residents, staff and partners raising awareness and co-production. We have already put in place a governance model for **Autism**, including establishing two **peer networks**, to make sure the voices of autistic people are heard.
- We are **improving how we use our JSNA data** and reporting on health inequalities and using that to inform our commissioning e.g. Market Position Statements. This is being achieved through regular updates to the JSNA and associated data, whilst ensuring it is easily accessible to stakeholders. A place-based approach has been adopted using neighbourhood profiles to help address specific community needs. Combining data collected from multiple sources including the census, health surveys, service-based information, and 'Lived experiences' is another example of how we strive to provide a comprehensive view of health inequalities.
- Our Health and Care Mental Health programme which we are involved in as part of our Integrated Care Partnership has developed a large-scale change programme for **community mental health services**. This has involved establishing a community Collaborative group and commissioning a lived experience partner, Collaborate Out Loud, to ensure the voice of lived experience shapes the new offer.
- We have developed a **Bury Sensory Impairment Strategy** which has been co-produced with residents and stakeholders in the borough. It places a strong emphasis on prevention and early intervention by taking a strength-based approach.
- We are improving how we listen to groups of people by strengthening our processes for **collecting and analysing feedback from people** for social work practice, safeguarding and in the intermediate tier.
- We have commenced development of an **EDI Plan for Adult Social Care** with the aims of ensuring equity in experience and outcomes for people who use our services and secondly creating a secondly to create a workforce representative of the communities we serve. The initial phase will see the establishment of an Inclusion Board with data collation and analysis to inform the plan.

*"Thank you so much for all your hard work and effort on mum's behalf in this matter. I can't express how much of a concern this has all been for mum and the rest of the family, and consequently how much relief your latest email has brought - we are all very grateful that the matter has been resolved. Finally, on a slightly more personal note, please let me express my admiration and gratitude to you for the respectful, polite and patient manner with which you have conducted this review. Thank you once again for your help, time and professionalism."*

**Feedback on the support from Reviewing Team**

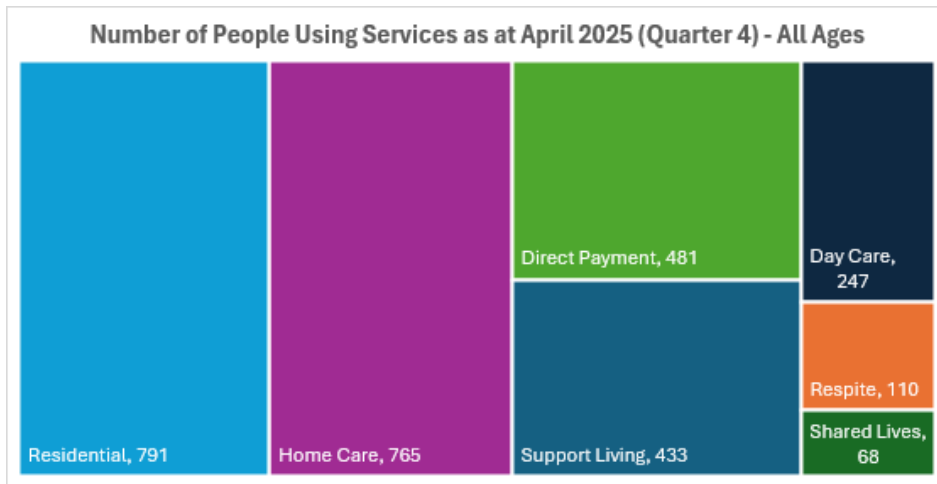
## Equity in Experience & Outcomes: Recent success and innovation

- The **'Together Towards Independence'** project received extremely positive feedback from Bury residents, families and professionals across the system as we work with people with learning disabilities to maximise their independence, choice and control. This 'strengths-based' approach, which aligns perfectly with Bury's "LET's Do It" values, is being embedded into ways of working.

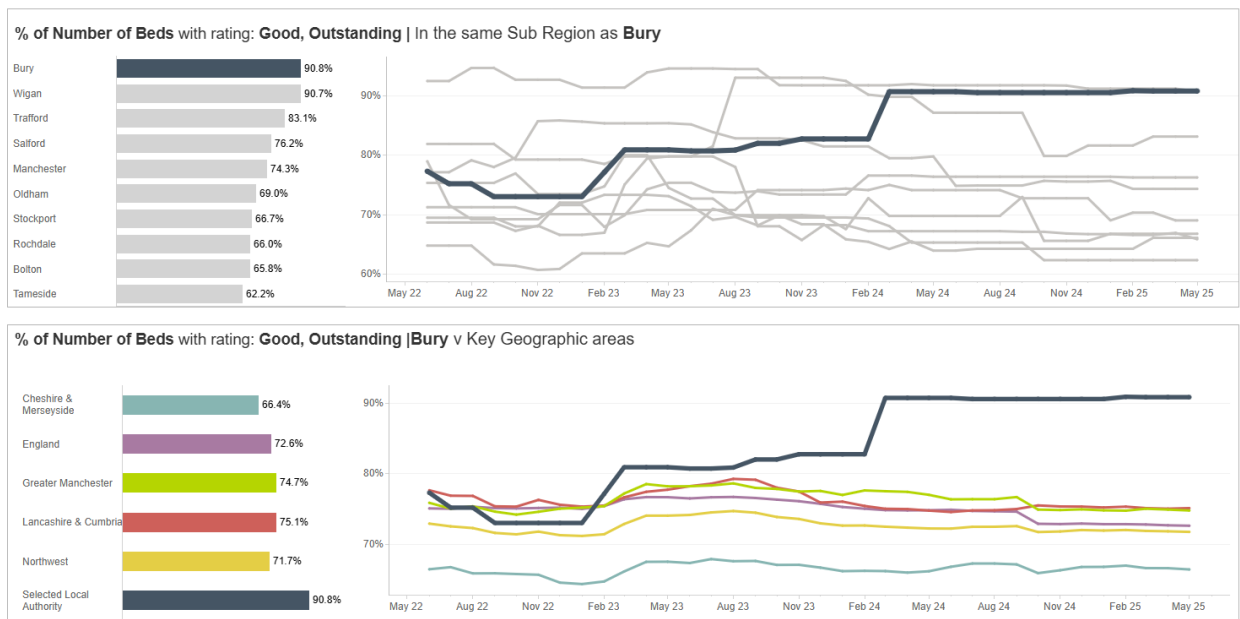


- As part of our priority to modernise learning disability services we wanted to provide the opportunity for people who draw on our care and support services to move to more modern accommodation. In the last year we have delivered over 40 **new places for people to live**, ranging from houses to small development of apartments and adapted bungalow accommodation. This has seen over **£6.5m of new investment** in property in the borough in one year alone. The **St Mary's Place** accommodation scheme provides a transitional home for up to 8 young Bury adults with Learning Disabilities and /or autism, aged 18-25 years. Young adults will be supported to learn skills for independent living over a period of up to 2 years, with a further 2-year outreach support available to them after they leave.
- We have developed specialist provision for people with mental health needs, which delivers the right accommodation for people to develop independent living skills and enhance their quality of life. The **Liberty House** scheme in Radcliffe is a mental health step-down supported living scheme that will support people, their loved ones, and professionals to develop person-centred recovery towards greater independent living with referrals via the Community Mental Health Team. **Saxon House** is another new scheme in the heart of Bury Town Centre. This provision is a step-down Supported Living Scheme that will support people to develop independent living skills, ready to live in the community. **Topping Mill** is a scheme which is currently being delivered for people that require a longer period of support (up to 5 years) to develop skills to sustain their tenancies.

## Care Provision, Integration & Continuity: What is working well?



- We have been supporting our **care providers** to achieve great quality ratings and 90.8% of our care home beds are rated Good or better, this is the highest in 3 years and has us 10<sup>th</sup> overall in England. An in-depth review of our fees and payments informed by the **Fair Cost of Care** exercise and use of the NWADASS MQIS data and intelligence system has led to substantial investment in the care sector that saw an average rise in fees of 15% for care services in 23/24 and 6.7% in 24/25 enabling providers to pay real living wage, national insurance rises and improving the sustainability of the care sector.



- We have a timetable of **Quality Assurance and Improvement** reviews, with all providers being subject to a regular in-depth audit. This proactively identifies areas for development and improvement, with Council offering support in these areas where possible. Monitoring the outputs of these audits inform both the Council's risk registers and service development plan, all aimed at ensuring high quality services in Bury.

- All our providers have allocated **Commissioning and Quality Assurance** officers who are their point of contact for any issues; proactively working in partnership to address any problems and develop the service to ensure quality provision for Bury residents. We also run regular care provider forums providing a space for sharing of best practice, operational updates and the opportunity to shape the strategic direction of services in Bury.
- We are proud of Bury Council's position as a **Real Living Wage** paying authority. Alongside providers, we co-designed the Council's phased approach to the implementation for the Real Living Wage in Bury. Providing enhanced rates to those providers who committed to paying all staff the uplifted rate has resulted in 84% of care homes, supported living and care at home providers paying their staff the Real Living Wage from 1<sup>st</sup> April 2023.
- The Council's care at home framework consists of 8 main providers who cover specific areas of Bury, with several back up providers also employed to support across the borough. The providers response rate is positive with very **low waits for care** compared to GM partners. Capacity is available across the borough to support new packages of care, evidenced by the last three months, people in Bury waiting an average of 3 days for their care at home package to start from the date it was brokered by the Council.

#### **Care Provision, Integration & Continuity:** What is being improved?

- The Council utilises an in-depth **Quality Assurance** Audit to assess and support providers but is now producing a robust Quality Assurance and Improvement Framework that captures all QA processes, including renewed governance arrangements and feedback mechanism as well as providing detail on how the authority supports and **manages the provider markets**.
- The **Bury Carers' Hub** is the primary resource for adult carers in Bury to provide information, advice, and a wide range of specialist support services. This is delivered direct to carers as a one stop shop/pop up approach in each of the five neighbourhoods of Bury. The Bury Directory has a dedicated carers section, which was developed by carers. We are keen to improve our waiting time for carers assessments in the coming year.
- We have updated our **Carers Strategy** and defined new commissioning intentions for 2024-2027, with a stronger focus on young adult carers and ensuring that Carers services reflect the rich diversity of the borough. We have used the **Accelerated Reform Fund** with Greater Manchester partners to connect carers to services who are discharged from Hospital, a partnership between Bury, Rochdale and Oldham Council who commission N-Compass to provide a hospital carers service.
- We have prepared a strategy with partners on the Extra Care Steering group for the delivery of our housing programmes for **extra care & older people's accommodation**.



## Care Provision, Integration & Continuity: Recent success and innovation

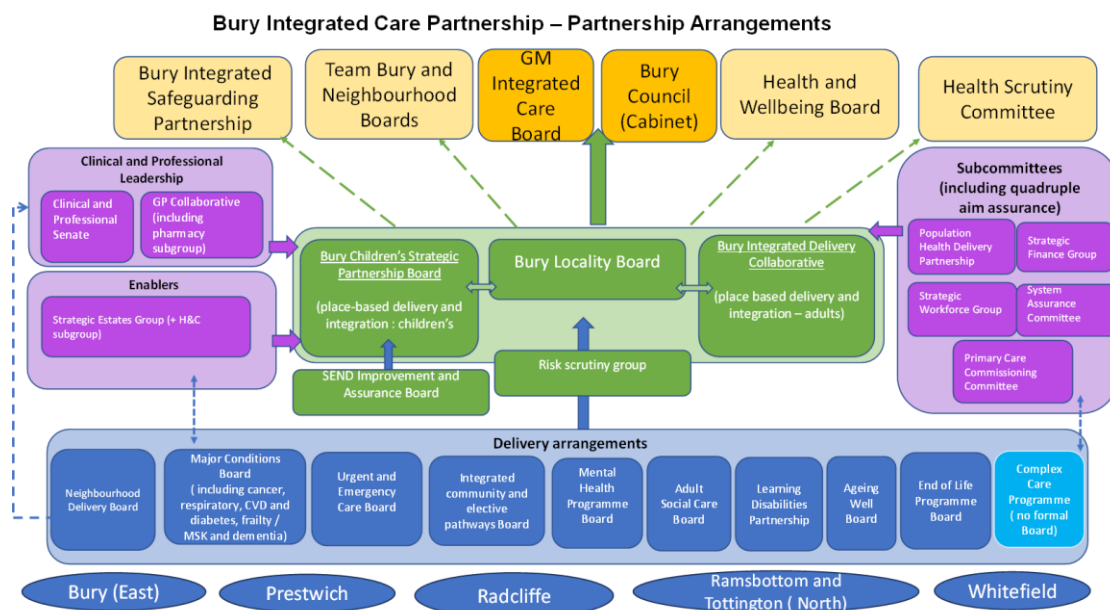
- As part of our priority to **transform learning disability services** we wanted to provide the opportunity for people who draw on our care and support services to move to more modern accommodation. In the last year we have delivered over 40 new places for people to live, ranging from single houses to small development of apartments. This has seen over £6.5m of new investment in property in the borough in one year alone. We now rank 4<sup>th</sup> out of 23 in the Northwest for having fewer people with learning disabilities living outside our borough. One new accommodation scheme alone created over 17 new jobs in Bury.
- The **Bury Supported Employment Service** supported 25 people with learning disabilities into jobs in 2024/25. Its best ever year. In 2023/24, the GM Supported Employment scheme received 31 referrals, with 12 Bury people getting jobs since the scheme started. The GM Individual Placement Scheme has now started, supporting people with Learning Disabilities and Autism to be referred into the scheme.
- Our **Shared Lives** scheme (“fostering for adults”, delivered by Persona) is very successful and now has 68 placements. The scheme has grown significantly over the last 3 years, offering people with learning disabilities the opportunity to be based with families and live as part of the wider community. The scheme included the development of specialist services for our Jewish community.
- Our **Adult Social Care Provider Workforce Support Offer** and **Centralised Permanent Recruitment Function** has been set up support providers with requirement and retention advice as well as advertising and screening of candidates. We have also established **Bury Flex**, a centralised shared workforce function that gives providers access to a “ready to work” bank of flexible staff, vastly reducing agency usage. This support has been recognised as best practice by the local government association.

*“My Aunt rang last week as she is really struggling to manage her caring role for my uncle who has dementia. She herself has failing health and I’ve tried to encourage her to ring a few times, but she was scared of a social worker getting involved. Anyway, she rang last week and as a full payer didn’t expect to get much help. She said the service she received from CAD was outstanding. They were kind, compassionate and really knowledgeable and helpful. They explained her options both as a carer and for my uncle. They referred her to a social worker who in turn rang the same day and arranged for my uncle to go into Grundy Day Care Centre to give her respite. Please pass on my thanks and well done to your team.”*

**Feedback on the support from CAD Hub**

## Partnerships & Communities: What is working well?

- We are proud to be part of the **Greater Manchester** system and our approach to health and social care delivery and improving population health is rooted in the devolution deal of 2016 alongside our Let's vision for 2030.
- Through our relationships and infrastructure within the **Bury Integrated Care Partnership**, we have managed to deliver significant change in our Borough over the past 3 years with our approach recognised in a recent Kings Fund report ('Population Health in Greater Manchester – The journey so far', October 2024). Our health and care services are, wherever possible, now configured around our 5 neighbourhoods each with a population of around 50,000. This sees our social work teams working alongside health colleagues under the combined leadership of our neighbourhood leads where post holders are employed by both our health partner, the Northern Care Alliance, and the council. Our Locality Plan was refreshed in December 2024; it outlines the 3-year ambition for our Borough and is set in the context of the GM ICS strategy and sustainability plan, building on the good work we have already progressed in the Borough over the last 3 years.
- This enables better **coordination of health and care services** for people who need care and support but also delivers our proactive system of active case management where we work with general practice to identify people at risk of developing health and care needs and our neighbourhood MDT intervene earlier to improve people's health and wellbeing. They do this by making sure they have the support they need but also connecting them with our live well and staying well services that provide personalised support promoting active living and health lifestyles and help people remain healthy, happy and independent for longer.
- Configuring our services this way enables our leads and their **neighbourhood teams** to work with general practice, other health services and community groups to target and further address health inequalities at neighbourhood level and delivers the variation in focus needed by a borough whose neighbourhoods have such diversity in need.



- As a key stakeholder in our local **Integrated Delivery Collaborative** & Integrated Care System, Bury was praised in its February 2025 LGA Adults Peer Review for its highly developed integrated working and collaboration. Local working relationships with our acute and community health and mental health colleagues are positive and we are currently working with our mental health provider, Pennine Care, in a review of our community mental health team alongside other GM local authorities to ensure that we can evidence effective partnership working.
- A formal **NCA-Bury Council Partnership Agreement** is now in place, building on the previous informal integration arrangements in place with Bury Council.
- The **Bury Voluntary Community and Faith Sector Alliance** (VCFA) which we established a number of years ago are engaged, consulted, and invited to support co-production across the health and social care sector. We have formed and fund the VCFA to act as a partner and conduit to the voluntary sector in Bury and are working on a memorandum of understanding between our integrated care partners and the VCFA to ensure the sector gets support from the public sector. An example includes the Ageing Well Partnership Board – commissioned via VCFA, Age UK, Healthwatch Bury and the Homeless Partnership. The board engages providers, probation, housing association, health colleagues and the faith community alongside the local authority.
- Work with the Bury Older People's Network has seen the delivery of **Age Friendly** status for our borough, a brand-new Ageing Well Strategy, Dementia Strategy and soon to be published Extra Care Strategy. The Network has also been integral to the engagement with people as we tender our Care at Home service. The Chair of the Network is a member of part of the evaluation panel and contributed to the development of the service model.
- Monthly **Healthwatch Bury** liaison meetings with Adult Social Care have been established since July 2024.
- Our Intermediate Care Services have worked with the **GP Federation** on patient safety to enable access to EMIS and prescriptions being able to be changed by the pharmacists, as well as putting information about treatment directly onto EMIS for the GPs to read.
- Through our **Dementia Steering Group**, we are collaborating with Age UK and Healthwatch Bury to support, inform and deliver our local dementia strategy.
- Further evidence of this close working relationship and strong sense of partnership rooted in our Let's Do It strategy and nearly 10 years of devolution is seen in our hospital discharge and flow services where council **social work staff are embedded in the hospital** under the leadership of the Northern Care Alliance.
- Working with our carers has delivered a brand-new **carers strategy and a carers service** provided by NCompass and working with our sensory impaired residents has delivered a sensory impairment strategy and a great service delivered by Bury Blind Society.

*"It's something that can be said for Bury; the social workers are great. You have been with my dad every step of the way and spent time getting to know him and I am thankful for that."*

**Feedback on the support from Community Mental Health Social Care Team (Older People)**

## Partnerships & Communities: What is being improved?

- We are working to redefine the **integrated working arrangements between Pennine Care and Bury Adult Social Care** in relation to community mental health provision. The new arrangements will begin in June 2025 and includes social workers and nurses being line managed by their respective organisations and recording on their own systems. The teams will continue to be co-located and work closely together. A Joint Operations Procedure is being developed and will be reviewed regularly as the changes are embedded over the next 12 months. Regular engagement with the staff and the people we support will continue to take place to inform this work. We are supported in this work by Gaddum who are commissioned to support lived experience engagement as part of this process as part of the wider Greater Manchester Transformation .
- Our **Ageing Well Partnership** governance has been strengthened so that it now reports into the IDC Board. This will support a more integrated and partnership approach to the governance and delivery of key work programmes across health, the Local Authority and other stakeholders.
- We are developing a **Live Well** Centre in Whitefield which is currently underserved by public sector assets.
- We are strengthening our public sector leadership teams further following the reintegration of our **council housing** provider into the Council.

*"My daughter has global learning difficulties and has been a member of Kisheron Langdon Community in Prestwich for the last 15 years. Jordan has conducted her annual review for the last 3 years. She is an amazing person, very dedicated and easy to get along with. She brings out the best in my daughter and enables her to express herself with confidence. I can't praise and commend her highly enough!"*

*"Thanks very much Lindsay, you've been really helpful, JC went to Castle Leisure yesterday with Ansar and did yoga and swim. He absolutely loved it. And he's going Zumba next week, Alternating each week. I'm really happy for him so thank you for that."*

**Feedback on the support from Learning Disability Team**

## Partnerships & Communities: Recent success and innovation






- The council adopted a '**person-centred approach**' to recruitment and management in the adult social care sector, with coaching support given to care provider managers to adopt the approach. A one workforce strategy embodies these values, creating a more joined-up and collaborative approach to workforce development across the health and care system. Using social media creatively and centralising recruitment processes has increased recruitment rates, reduced recruitment timescales and improved the suitability of candidates. Bury Council was highlighted as a best practice case study by the Local Government Association.
- We have **invested our pooled budget to support frailty same day emergency care** in our local A&E to complement our Urgent Community Response Team (Rapid Response) and additional investment in components of our Days Kept Away from Home collaborative and voluntary sector home from hospital service. This sees hospital teams work together to prevent deconditioning, support people with dementia differently and use a strengths-based approach to ensure more people can return home. This programme supported by the NHS England front runner programme recently won a HSJ award along with 2 highly commended.
- We have had demonstrable success with **days kept away from home (DKAFH)** through the Bury Integrated Delivery Collaborative in the hospital and our neighbourhood work with older adults. June 2024 national data for SAMIT 75+: GERI overall scores showed that Fairfield General Hospital, Bury was the best in the country
- Bury is part of the **Ageing in Place Pathfinder project** which is underway across Greater Manchester. The project is designed to engage people within a specific locality in understanding what will make their community a better place to age in and then working with key stakeholders and partners to take actions to improve the area.

*"Thank you Sean you have made my life so much easier and helped me a lot!"*

**Feedback on the support from Preparing for Adulthood Team**

## Safe Systems, Pathways & Transitions: What is working well?

- Our Locality Plan sets out that the **integrated system in Bury** works together to deliver the following benefits:

	<b>Patient outcomes</b>	<ul style="list-style-type: none"> <li>The holistic and anticipatory model of care helps <b>manage existing conditions better</b> and <b>prevent or delay new conditions developing</b> so <b>patients stay healthier for longer</b></li> <li>PHM takes account of wider determinants of health, helping to <b>address health disparities</b> through a data-driven approach</li> </ul>
	<b>Patient Experience</b>	<ul style="list-style-type: none"> <li><b>Personalised, holistic care plans and better care coordination</b> based on an individual's different needs</li> <li>Residents can become <b>active in their care</b>, empowering them to manage conditions with support from care professionals</li> <li><b>Focusing care around the individual</b> means care will more closely match need, with <b>more care delivered closer to home</b></li> </ul>
	<b>Staff Experience</b>	<ul style="list-style-type: none"> <li>Changing to a more integrated way of working <b>drives collaboration amongst staff across skillsets and organisations</b></li> <li>Supports more efficient use of staff's time and reduces duplication, reducing pressures and <b>improving work-life balance</b></li> <li>Gives the staff the opportunity to <b>expand their skillset and pursue career progression in different areas</b></li> </ul>
	<b>Demand management</b>	<ul style="list-style-type: none"> <li><b>Reduces duplication of effort across out of hospital services</b>, enabling <b>better coordination of services</b> and maximising synergy between service delivery through a shared care model for patients and open lines of communications</li> <li>Keeping more of the population healthier for longer will <b>reduce demand on acute services</b></li> </ul>
	<b>Value for Money</b>	<ul style="list-style-type: none"> <li>Focusing on prevention <b>moves activity out of acute care into more community driven health and care services</b></li> <li><b>Preventing escalations</b> of residents from generally well to chronic and complex needs will <b>reduce social care spend</b></li> <li>Holistic care interventions allow for <b>resources to be concentrated to where they are needed the most</b></li> </ul>

- Adult Social Care staff work in close **collaboration across the health, social care and voluntary sector** systems and with other system leaders across police, public health and community safety.
- Through the **Connect and Direct** (CAD) team we ensure that people who contact Adult Social Care are effectively triaged. For those who may not be eligible for local authority support, advice and information is provided and the CAD team signpost into our prevention offer which includes referrals to our Staying Well Team and voluntary, community and faith sectors.
- The health protection nurses undertake an **Infection Prevention and Control audit programme** to assess care providers compliance with national standards. IPC issues or outbreaks and plans are reviewed if new issues or concerns are identified via CQC, ASC team or complaints. Working with the ASC team, CQC and others on the Risk Escalation Group for ASC providers to share intelligence and highlight risks and actions taken.
- People who leave hospital are supported to feel safe. We updated our **pathways for hospital discharge** in July 2024 to ensure that we can support patients appropriate to their level of need.
- We have produced robust multi-agency **self-neglect** guidance to support practitioners across the partnership with this complex issue (<https://www.burysafeguardingapp.co.uk/self-neglect/>).

### **Safe Systems, Pathways & Transitions: What is being improved?**

- We have invested in the expansion of our **Preparing for Adulthood** service with the recruitment of additional social work and administrative capacity alongside the development of a new pathway and procedure to improve service delivery in this area. We co-ordinate a Preparing for Adulthood Board and a monthly assurance meeting where senior leaders from across Adult Social Care, SEND and Children's Services ensure that those young people transitioning to adult services receive timely, appropriate support and guidance. Our ambition is to expand our ability to work collaboratively with young people from the age of 14 within the next 2 years. We recognise that there is further work to do with colleagues working with this cohort of young people to ensure we are maximising opportunity and independence and that those requiring support afforded by legal frameworks can do so in the least restrictive way.
- **Infection Prevention and Control** work is planned to start on surveillance of health care associated bloodstream infections in care home residents with the aim of identifying root causes and learning points that we can share to prevent other cases. Work to improve the uptake of vaccinations in care home residents, targeting pneumococcal and shingles alongside the winter flu and COVID vaccine programmes and the new RSV programme with the aim of reducing the risk of hospital admissions and need for antimicrobial treatment.

*"Wow, what a fantastic response from your team and in particular yourself, to my hugely complex and upsetting correspondence over the phone in the past few days. If you could pass on to your employers my direct thanks for your kindness and empathy towards my father. In this, his time of need, I've been fighting against the tide of dementia and circumstances to get him to recognise his position and accept help. What you did today for us as a family shouldn't go unheralded. Thank you so much. I found everyone I spoke with to be hugely professional and both offering advice, a kind ear and impartiality. I hope now dad will allow himself to accept the kindness and professional help he requires and deserves. My faith in your services is certainly very high as a result of your actions in the past few days. Thanks for being there for dad".*

**Feedback on the support from Adult Safeguarding Team**

## Safe Systems, Pathways & Transitions: Recent success and innovations

- The **Home from Hospital** service, delivered by Age UK, has assisted recovery and independence at home, by supporting people during their transition from hospital to home, to allow them to feel safe, reassured, advocated for and as a result less socially isolated.
- An example of a success of our **complex needs programme** is [From Hospital to Home - Lily's Journey](#) (on YouTube), one of the individuals that has been supported in their journey out of long-term hospital care and into their new home in Bury.
- We have invested in **training staff working with young people** to ensure that they are able to work within appropriate legal frameworks relating to Care Act, Mental Capacity Act and strengths-based approaches.
- An innovative digital health app is saving lives in our care homes by preventing falls and reducing the number of callouts for ambulances. The **Safe Steps** app was piloted across 37 care homes in Bury using a deterioration management and multifactorial falls prevention app. The Safe Steps app was developed by our integrated care partnership, primary care, the council, Safe Steps and Health Innovation Manchester. According to Northwest Ambulance Service data, falls in the care homes fell from 83 in Jan-Mar 2023 to 51 in the same quarter in 2024 – a reduction of 38%. This compares with the rest of Greater Manchester which saw a 10% overall rise in falls in the same period.

*"I just wanted to email you to thank you, your wonderful service and fabulous staff for the care and support provided to my mum during her time at Killelea and Reablement. I have always known Choices for Living Well is an excellent service, but after my mum's fall, I got to see for myself the facilities at Killelea, starting with always receiving a warm welcome from those on the reception desk. The rooms were spotless, homely (not clinical), the care staff were patient, friendly and always treated my mum with kindness and encouragement. When she arrived at Killelea I wondered what mobility she'd regain, but with the support from the physios, OT's and care staff and with her own determination to be independent, she made huge progress. As a family we feel if she had not gone to Killelea her recovery would have taken much longer. Once home and with the additional support of the Reablement carers, mum has continued to improve to the point she is now back living independently, something a few weeks back seemed unlikely. On behalf of my mum and my family thank you all so much."*

**Feedback on the support from Choices for Living Well – Killelea IMC & Reablement**



**Safeguarding: What is working well?**

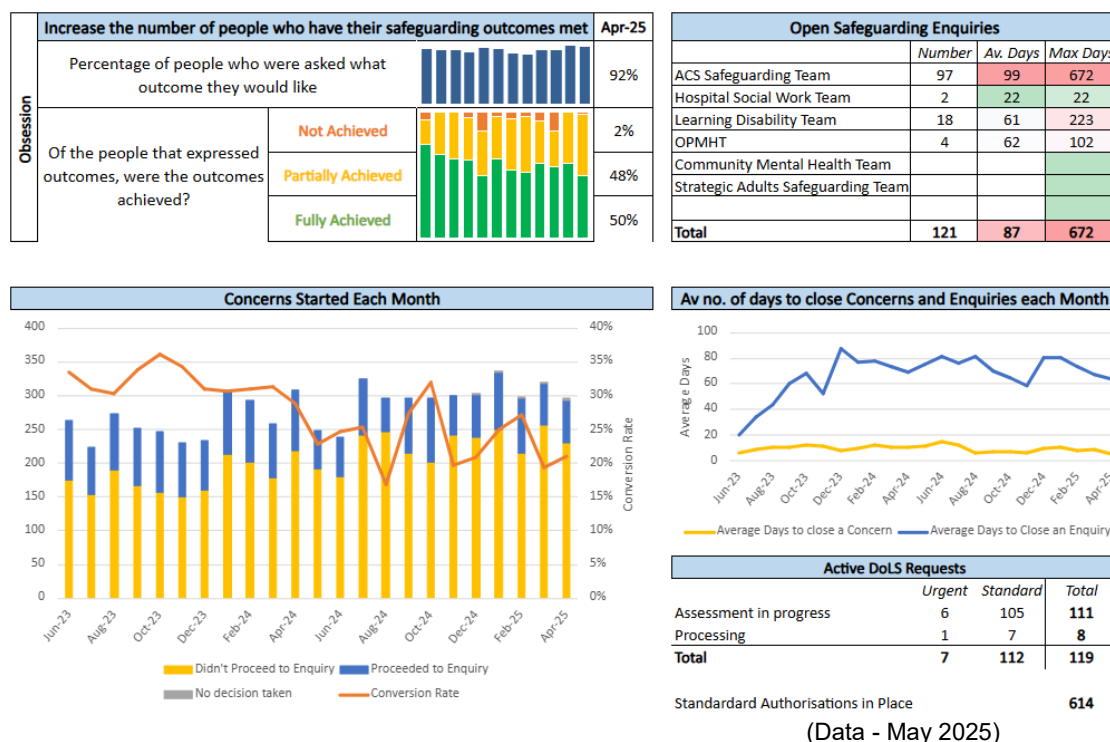
- We take great pride in our efforts to safeguard and work with the citizens of Bury. Our **commitment to person-centred safeguarding** is central, focusing on individual outcomes and ensuring that people live their lives according to their own choices while managing the risk of abuse and/or neglect. Emphasizing outcomes during the safeguarding process is a core aspect of our strategy to make safeguarding everyone's business.

"I'm happy to have the safeguarding team involved, you're helping me"

"I'm happy for you to stay involved, of course I am"

**Feedback on the support from Feedback from an individual with open S.42(2) Enquiry**

- This commitment is reflected in **comparative data from Bury and Greater Manchester**, which shows significant increases in both asking individuals about their desired outcomes and either fully or partially meeting those outcomes (Currently 6<sup>th</sup> (90%) in the region for asking people their outcomes and 10<sup>th</sup> (94%) for fully or partially meeting those outcomes). As part of our feedback process, within the local authority we also ensure that individuals subject to Section 42(2) of the Care Act 2014 are asked if they feel safer. Over 90% of those asked report feeling 'a lot' or 'quite a bit' safer after the Section 42(2) enquiry process.
- We ensure that **all safeguarding concerns are initially reviewed**, and immediate risk actions are taken on the day they are received by our service. Although our Emergency Duty Team colleagues do not make decisions to proceed to S.42(2) Care Act, they manage any immediate risks during weekends and out-of-hours.



- We work closely in partnership with **our community safety partnership (CSP)** and **commissioning** colleagues. A specific example being cuckooing within identified high risk areas of Bury through collaboration with Housing, Greater Manchester Police and the Community Safety Partnership. We also have worked with our commissioning colleagues and third sector providers to ensure that the risk of abuse and neglect is managed through organisational safeguarding with excellent outcomes. Within our safeguarding team we have direct contact with our Greater Manchester Police colleagues via an MS Team channel for information sharing and risk management.
- We have a documented and **robust audit process**, schedule and monitor detailed data metrics through our **safeguarding dashboard**. The Dashboard shows every open concern and every open S.42 enquiry for every Social Worker in the local authority; and it is open to all Team Managers so they can monitor their own progress and raise discussion points in supervision or team meetings.
- Our **Safeguarding Adults Board (SAB)** has a renewed Strategic Plan which is focused on learning from Safeguarding Adults Reviews (SARs) and key risks and issues. Our SAB sub-groups are focused, with oversight from the SAB on delivering on the Strategic Plan and improving the outcomes of the residents of Bury. During our Adults Peer Challenge (February 2025), the Local Government Association found that *'the relationships within the Safeguarding Adults Board (SAB) are described by partners as robust suggesting effective multi-agency collaboration. This partnership ensures that safeguarding responsibilities are well understood and that appropriate structures are in place to protect vulnerable residents.'* Our SAB undertakes multi-agency partnership events around identified learning areas, including with other regional partners such as our MCA Tri-Borough event.
- We have a high-performing dedicated **DoLS service**. As with last year, this year we have no delays for standard authorisations and are well-linked in with our regional partners.
- We have no **waiting list** for reviewing safeguarding concerns and a small waiting list for enquiries (3 as of 19<sup>th</sup> May 2025). Our S.42 enquiries are allocated weekly (unless it requires an urgent response and then they are allocated immediately to a qualified social worker).

#### **Safeguarding: What is being improved?**

- Following a comprehensive review of our practices over the past 12 months, we are embarking on an ambitious **safeguarding transformation programme**. This initiative aims to streamline the safeguarding journey for the citizens of Bury, building on the effective work of our staff and partners while addressing areas for improvement to become the best safeguarding service possible. This is in part to ensure that we have standardised data and process across the entire adult social care system. The programme will enhance our safeguarding pathways and processes, training and awareness, and electronic recording systems. It is being co-produced with individuals who have lived experience, from concept to completion.

- Action plans derived from the recommendations of **safeguarding adults reviews (SARs)** have been completed and signed off by the Safeguarding Adults Board (SAB), demonstrating our commitment to learning and development from SARs. Nonetheless, we acknowledge the need to strengthen feedback and communication channels around SARs to frontline staff, which is also addressed within the safeguarding transformation programme.
- We have made significant efforts to improve the timeframes for **Section 42 (S.42)** enquiries under the Care Act 2014. Previously, the average completion time for S.42 enquiries exceeded 100 days. Over the last 24 months, we have collaborated with staff to understand the underlying reasons and established Key Performance Indicators to support them. As a result, there has been a notable reduction in the time taken to complete S.42 enquiries, with most teams now averaging around 80 days, although in practice we will not close a S.42(2) until we are satisfied that the individual is unlikely to be abused or neglected.
- The Bury Safeguarding Adults Board (SAB) receives **feedback from individuals with lived experience through SARs**. Bury SAB seeks to enhance this process further, including how we engage with the residents of Bury and collect broader feedback. We recognize the need for additional efforts to obtain high-quality feedback from those who have undergone the safeguarding process. This objective is also integrated within the safeguarding transformation programme.

#### **Safeguarding:** Recent success and innovation













- The Safeguarding Adults Board (SAB) has implemented a **Multi-Agency Risk Management (MARM)** protocol and strategic panel, which convenes monthly to support partner agencies in managing individuals at the highest risk within our area. The MARM protocol is accessible to all agencies and the individuals they support.
- Recently, we have developed new **information** materials to help individuals understand the process and their rights under Section 42 of the Care Act 2014. This leaflet is now distributed to all individuals subject to a Section 42(2) enquiry. Bury People First, a self-advocacy service for individuals with lived experience, has created an easy-read document for safeguarding, which is now integrated into our practice.
- To ensure the dissemination of **safeguarding practices** and knowledge, we have established a peer support meeting open to all staff in adult social care, held monthly. Additionally, we have developed quarterly Continuing Professional Development (CPD) sessions with the Head of Adult Safeguarding, which are also open to all staff.
- **Bury Council and Greater Manchester Police (GMP)** have collaborated to address rising criminal activity in a specific local area, particularly organized crime gangs exploiting drug users and taking over their homes. Over a nine-month period, we conducted awareness initiatives, joint briefings, and training sessions. Key achievements included safeguarding tenants, recovering properties, conducting home visits, enforcing tenancy breaches, and securing an injunction. Community engagement involved distributing leaflets, hosting walkabouts, and organizing engagement days. This operation, led by GMP, saw significant contributions from neighbourhood partners, including Housing and Adult Social Care, resulting in commendations and awards. This initiative led to a reduction in criminality and tenancy breaches and increased ongoing support for those in need.

## Governance, Management & Sustainability: What is working well?

- Bury Adult Social Care Department has published its **3-year strategic plan** in 2023 which sets out the medium-term goals for the department, underpinned by an annual delivery plan. The corporate plan and 'Let's Do It' strategy also provide a framework for delivery. The Adults strategic plan was refreshed for April 2025. Improvement projects and programmes are overseen by our Transformation Board.
- The **management of risk** informs the priorities of our business planning and strategy development. Risk registers are in place across the Department and form standing items in management meetings. The ASC Department risk register is reviewed monthly by the Senior Leadership Team. An Enterprise Risk Management system (Datix ERM) was implemented in 2024.



- Refreshed **assurance governance** was implemented in 2023, rooted in the principles of business and practice assurance, with boards established for Performance, Quality, Workforce and Finance. A Legal Gateway Panel has also been introduced. This enables oversight and feedback to the senior leadership team but also embeds ownership and understanding of ASC's strategic and statutory requirements.
- Our governance arrangements enable the **monitoring of performance and assurance** across all areas of service delivery. This enables our department to identify themes and trends using data, monthly assurance reporting and robust escalation enables the early identification of issues impacting service quality and provision for action planning and escalation to address.
- Regular **performance reporting** is in place. A quarterly report to Cabinet provides a public overview of performance across Adult Social Care in Bury, supported by relevant datasets, and has been well-received by Members and Senior Leaders. Within the Department, monthly highlight reports are a standard agenda item at Senior Leadership Team meetings.

Adult Social Care - Quarterly Highlight Report - Quarter 4									
Obsessions	Performance Measures	Frequency	Polarity	Sparkline	Latest Data	Direction of Travel	Rank (higher is better)		Rank (lower is better)
							CIPFA (16) 22/23	NW (24) Q3 24/25	
Reduce the number of people waiting for a social work needs assessment	Number of people on waiting list for ASC needs assessment	Q	L		54	✓			3
	Median number of days waiting for an ASC needs assessment	Q	L		26	✓			4
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		85%	✗		11	
	Of those who expressed outcomes the proportion of people who have their safeguarding outcomes fully or partially met	Q	H		100%	✓		7	
Increase the number of people leaving intermediate care services independently	The proportion of people who received short-term services during the year where no further request was made for ongoing support	Q	H		85%	✗	8	8	
	The proportion of older people (65+) who were still at home 91 days after discharge from hospital	A	H		92%	✓	8		
Increase the number of people with a learning disability who are provided with the opportunity to live more independently	Number of people trained in the progression model	A	H		58	✓			
	Number of customers who have had an assessment or review using the progression model	A	H		285	✓			
Increase the number of people accessing care and support information and advice that promotes people's wellbeing and independence.	The proportion of people and carers who use services who have found it easy to find information about services and/or support	A	H		65%	✗	11		
	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		124	✓			
Increase the number of unpaid carers identified	Total number of new carers registered with Bury Carers' Hub	Q	H		84	✗			

Annual Measures: ASCOF 24/25  
Quarterly Measures: updated Q4 24/25

- Our Workforce Board leads and delivers a refreshed **Workforce Strategy** Delivery Plan 2025/6. This plan is linked to the Corporate Workforce plan and aims to ensure we have creative leaders, an engaged and flexible workforce, a confident and competent workforce, and effective recruitment and retention.
- Overall responses to the questions about managers in **our staff 'Pulse' survey** showed positive responses to 'senior managers are open and honest in their communications with staff' and 'my line manager communicates a clear picture of how my work relates to corporate strategies'. Our LGA 'Health Check' results are positive in all areas, and responses are mostly higher than the national average. Improvement actions are captured and monitored within the delivery plan.
- Persona** is the Council's Local Authority Trading Company for Adult Social Care. Created 9 years ago, it can provide a range of services for people in Bury on a not-for-profit basis at the same time as providing additional social value to support the LETS ambitions. Persona is a strategic partner to the Council and can offer additional capacity and support to help with innovation or to be part of response to market challenges including provider failure.
- The **GM Care Record** has been integrated into our care management system (Liquidlogic). GDPR e-learning is mandatory for all staff, we maintain a Register of Processing Activity (RoPA) and use data sharing agreements where required.

*"I just wanted to thank you for your kindness and support over the past few months. It has meant the world to me and has made the path of supporting so much easier."*

**Feedback on the support from Community Mental Health Team**

**Governance, Management & Sustainability:** What is being improved?

- The **Shareholder Panel for Persona** includes the Leader and Deputy Leader of the Council. The Persona Board comprises Executive Directors as well as a Staff Director and an Independent Chair and Non-Executive Directors and a refreshed shareholder agreement is being prepared by this group to facilitate greater independence and agility.
- Our **Inclusion Board** and action plan is a strategic and ethical commitment for the department, focusing on two broad areas: 'our people' and 'our workforce'. For residents, it means fairness, respect, and a voice in their community. Ultimately, this plan aims to build a more inclusive, equitable, and thriving community for all, ensuring that we can serve everyone in our community. We are clear about barriers and are actively working to address them. This approach is fundamental to our strengths-based approach.
- A diverse workforce brings various perspectives and experiences, enhancing creativity and problem-solving. It also increases staff satisfaction, retention, and morale, which helps reduce turnover and support consistency and quality in practice. Our **commitment to building a diverse workforce** ensures that it reflects the community it serves, thereby enhancing our ability to understand and address complex, varied needs effectively. A range of pathways into adult social work contributes to forming a more inclusive, skilled, and resilient workforce capable of meeting the needs of a diverse population. This approach ensures that adult social care benefits from a wide range of voices, experiences, and talents, ultimately leading to better outcomes for individuals and communities. We are committed to the **Workforce Race Equality Standard (WRES)** to support our development in this area.

**Governance, Management & Sustainability:** Recent success and innovation

- In Bury, we have co-designed our comprehensive **mandatory social care training** programme, which is being rolled out over a 2-year cycle. We recognize that mandatory training in social work is crucial for ensuring high-quality practice and positive outcomes for the individuals and communities that social workers serve. This training equips social workers with the necessary knowledge, skills, and competencies to perform their roles effectively and ethically. It also ensures that they are up to date with the latest policies, procedures, and best practices in the field. To support this further, we have Research in Practice (RIP), web-based support to ensure all staff have access to the current research and evidence-based practice, alongside the Policy Portal, to ensure policies and procedures are current, accessible, and reflective of best practice. Oversight and assurance are monitored with a training dashboard.
- A **Memorandum of Understanding (MoU)** has been agreed with the GP Federation and NHS Northern Care Alliance (NCA) for further access to health information in our intermediate care services.

- We have co-designed an **induction** process to support people joining our departments, ensuring staff start well and develop positive relationships across the department. Our comprehensive continued professional development offer supports staff at all levels. This is all detailed on our staff SharePoint Site. We have a refreshed newly qualified offer, a new consolidation year to continue the growth of social workers in year 2 of practice, practitioner forums, social work conferences, and targeted learning spaces to ensure knowledge and practice are continually developed.
- We currently have a very **low vacancy rate**, currently at 4%. Our workforce dashboard enables oversight for managers and senior leaders. It also gives the ability to plan for all our staff progressing through our development routes into social work.
- We have designed a diverse program of **routes into Social Work** in Bury with the purpose of broadening access to the profession. These alternative pathways enable individuals from various educational, cultural, and socio-economic backgrounds to enter the field.

## Career Routes into Bury Adult Social Work

Internal Social Work Apprenticeship	The local authority already runs a highly successful Social Work Apprenticeship programme for internal staff in Adult social care teams to progress to qualified worker – this programme is 30 months in total.
External Social work Apprenticeship	The external apprentice will already have at least two years' experience in a social care setting. They will undertake the academic components of the Social Work Apprenticeship training alongside the job role to become a fully qualified social worker within a 24-month period.
Think Ahead Mental Health Social Work Programme	We have been successful in our application to the Think Ahead programme, this programme offers a paid 12-month fast track route into mental health social work for graduates and career changers. This programme will start in August 2025.
Student Social workers	We are a committed member of our teaching partnership and recognise our responsibility to support the learning of training social workers across greater Manchester - this also support our recruitment into social work roles.

*"The placements were great to be able to gain experience of other services and teams. that ultimately I may not have had, it pushed me out of my comfort zone but it expanded my knowledge. This experience supported my decision to move to another team. It helped me recognise that I needed to increase my knowledge and learning. The apprenticeship has probably the most challenging, but very rewarding, experience of my life. There were times when I thought I couldn't do it and there were even more times when I wanted it to be over, but with the support of my colleagues, friends and family I got through it."*

**Social Work Degree Apprentice 2022 – 2025**

## **Learning, Improvement & Innovation: What is working well?**

- The department has commissioned three organisations to work alongside it and develop **co-production networks** for learning disabilities, mental health and older adults. The most mature is the learning disability partnership where Bury People First – a self-advocacy group of learning disabled people in Bury work alongside the council in setting priorities for improvement of support for people with learning disabilities. Secondly, our mental health partner, Collaborate Out Loud, facilitate a network to help shape community mental health transformation work through the Bury Living Well project group, advising on assessment processes, the type of support provided and communication plans. Thirdly, Bury Older People's Network, delivered by Bury's Voluntary Community and Faith Sector, has been created to create better outcomes for older people in Bury. It has led the campaign for Bury to become an age-friendly borough and is a partner on the Ageing Well board.
- We have established a **Health and Care Mental Health Programme Board** where together with health and Voluntary, Community, Social and Enterprise (VCSE) partners, we are committed to improving the outcomes for people living with mental health conditions. Bury's Mental Health Strategy is underpinned by the Thriving in Bury framework and covers 4 elements: Coping & Thriving, Getting Help, Getting More Help and Risk & Crisis.
- **Embedding the 'Progression' strengths-based approach** initially with teams working with high-needs Learning Disability cases has resulted in excellent feedback on the differences that the strengths-based approach has made to people's lives. Commissioners, Operational staff and selected Provider organisations are working together to deliver new ways of working and we continue to develop our strengths-based approach and cascade to our wider workforce.
- The **Greater Manchester Social Worker Academy** (GMSWA) is a Teaching Partnership between the ten local authorities and four universities. The Government's Teaching Partnership agenda aims to strengthen the quality of practice learning and continuing professional development (CPD) within the social work profession by delivering high-quality training for social work students and qualified practitioners, equipping them to practice effectively, to specified standards in a range of settings to best serve the people and families of Greater Manchester. Staff in Bury are able to access continued professional development across all levels, from students to managers, through a wide range of targeted training and CPD. Bury Council is a committed member of the GMSWA, having the chairing responsibility at the Governance Board by the Principal Social Worker. The memorandum of cooperation, signed at the director level, spells out the contribution from employers and universities.



## Learning, Improvement & Innovation: What is being improved?

- The Adult Social Care department is collaborating with Greater Manchester partners, contributing to the **GM Intelligence Hub (Curator)**. Using Client Level Data, the data and Intelligence service has worked with NHS GM to develop a suite of Tableau dashboards that not only provide local reporting but also benchmarks performance measures against all the GM authorities. Benchmarking allows the teams to see if improvements made operationally have an impact on our position in the region. This also allows analysis of client level data for all 10 Greater Manchester authorities enabling us to deliver improvement programmes across Greater Manchester supported by the Greater Manchester ADASS transformation programme.
- Bury Council and Persona have achieved Member status of the **GM Good Employment Charter** - the hallmark for great employment. Persona have also achieved Most Improved Large Employer 2023 and Best for Inclusion 2024. The local commitment to GMGEC is based on a belief that a well-supported workforce is essential to the delivery of outstanding support that makes a positive difference for people. The commitment to GMGEC is further embedded through the system wide workforce strategy which seeks to raise the standard of employment across the health and care sector in Bury.
- The NCA's **Frontrunner programme** for hospital discharge has tested dementia friendly principles for an acute medical ward at Fairfield general Hospital, to reduce bed moves and reduce harm and minimise days kept away from home. The programme also placed new key interventions to enhance the Intermediate Tier and work with key Commissioned Care Services, namely Bury Intermediate Tier, Reablement and Care Connect to co-manage the Care at home offer to people with dementia.

*"The apprenticeship was an amazing experience, not just from an academic learning perspective but for the varied perspectives and experiences of people in the cohort as a whole that I have learned from and this is now informing my own practice. The placements were opportunities to get experience on other teams that few people outside of the apprenticeship get the chance to have. I always felt fully supported."*

**Social Work Degree Apprentice 2022 – 2025**

## Learning, Improvement & Innovation Recent success and innovation

- Following feedback from **our Learning Disability Partnership** we have also recently commissioned several individuals living with learning disabilities on behalf of our learning disability partnership to join us in the quality assurance of learning disability services. We have co-designed a Quality Checking Questionnaire and process whereby a team of Experts by Experience; users of services, will visit commissioned providers and through speaking to those in receipt of support, assess the quality of provision. This is being piloted with our Local Authority Trading Company with parallel discussions being undertaken with the Job Centre and Bury Employment Support Team around how the Quality Checkers could eventually be employed by the Council and play a permanent role in the quality assurance of commissioned Providers.

- The Health and Care Mental Health programme has developed a large-scale change programme for **community mental health services**. This has involved establishing a community Collaborative group and commissioning a lived experience partner, Collaborate Out Loud, to ensure the voice of lived experience shapes the new offer. Collaborate Out Loud has recruited people with lived experience of mental health challenges, the Collaborators have been trained and supported to contribute at the meetings, with a clear focus on managing 'triggers' that may impact their mental health. The representatives have shared their personal stories and offered advice on communication, assessments and support.
- The establishment of a **Programme Management Office (PMO)** function for the Adults department over the last two years to drive transformation and improvement has enabled the accelerated delivery of programmes, projects, assurance governance, reporting and risk management across the Department.
- Persona has been working on early careers to engage younger people in thinking about careers in social care and the opportunities available to them. They recently offered a **'careers safari'** to a group of high school students to allow them to see what social care really is and to experience a range of activities designed to show what working in care involves.

*"She went out to see him and from the first telephone call she managed to get him to engage and really went slowly with him, he didn't need a lot of input, but he did need someone other than family to listen to him. Honestly he's so stubborn so we didn't expect much engagement and she may think she didn't do a lot but she has managed to do more than any of us and not only did he engage with her but thanks to her time and patience she not only managed to arrange a GP appointment which is a miracle in its self but he agreed to it and engaged with the GP and has been several times since and agreed to an onward referral. Honestly, we are all so grateful and can't thank her enough, she instinctively seemed to know how best to approach it and was very patient with him".*

**Feedback on the support from Older Peoples Staying Well Team**

[THIS PAGE INTENTIONALLY LEFT BLANK]



Bury  
Council