

# Preparation for Assurance **Peer Challenge Report**

## **Bury Metropolitan Borough Council**

Final Report

February 2025



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## Background

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

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

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

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

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

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

The members of the peer challenge team were:

- **Jill Britton**, (DASS), Director of Adult Social Care, Luton Borough Council
- **Councillor Joanne Harding**, Executive Member for Finance, Change and Governance, Trafford Council
- **Alun Davis**, Expert by Experience Peer

- **Ruth Harrington**, Director of Adult Social Care, Adults with Disabilities and SE Essex, Essex County Council
- **Christine Conway**, Head of Adult Safeguarding and Principal Social Worker, Dudley Council
- **Sue Whetton**, Head of Commissioning, Derbyshire County Council
- **Sarah Morris**, Principal Social Worker for Adults, North Northamptonshire Council
- **Marcus Coulson**, Peer Challenge Manager, Local Government Association

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

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

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

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

They are:

## Care Quality Commission Assurance themes

<b>Theme 1: Working with people.</b> This theme covers:	<b>Theme 2: Providing support.</b> This theme covers:
<ul style="list-style-type: none"> <li>• Assessing Need</li> <li>• Supporting People to Live Healthier Lives</li> <li>• Equity in Experiences and Outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Care Provision, Integration, and Continuity</li> <li>• Partnerships and Communities</li> </ul>
<b>Theme 3: How the local authority ensures safety within the system.</b> This theme covers:	<b>Theme 4: Leadership.</b> This theme covers:
<ul style="list-style-type: none"> <li>• Safe Pathways, Systems, and Transitions</li> <li>• Safeguarding</li> </ul>	<ul style="list-style-type: none"> <li>• Governance, Management, and Sustainability</li> <li>• Learning Improvement and Innovation</li> </ul>

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

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

## Key Messages

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

## Strengths

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

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

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


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

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

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

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

**Exemplary Integration with Health Services.** The integration of health and social care services at both operational and strategic levels in the council is commendable and serves as a model of best practice. Collaborative working between the service and health partners has led to streamlined pathways, improved coordination of care, and better outcomes for residents. Staff provided clear examples of how this integration has had a tangible impact, including more efficient hospital discharges



and enhanced community-based support. It was noted that there had been a reduction in hospital attendance of 1.5%, at a time when the adjacent borough had a 4% rise.

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

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

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

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



performance indicators and respond to emerging trends positions the service well for ongoing service enhancement.

## Areas for Consideration

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

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

**Embedding Equality, Diversity, and Inclusion (EDI) Across All Teams.** While the Integrated Neighbourhood Teams (INTs) have made significant progress in considering ethnicity and religion in service delivery, other teams and aspects of EDI require further attention. A more consistent approach to inclusivity, ensuring that all aspects of diversity are embedded in practice, will strengthen service provision and responsiveness to diverse community needs.

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

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

## Co-production and the Lived Experience

### Strengths

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

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

**Bury Co-production Commissioning Charter.** One of the council's most notable best practices is the implementation of the Co-production Commissioning Charter.

This document serves as a framework for embedding co-production into commissioning processes. It includes a range of best practice initiatives, such as:


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

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

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

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

**Healthwatch Involvement.** Healthwatch plays a crucial role in shaping service



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

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

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

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

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

**Stable Service Provision.** The service continues to operate effectively, with no reported waiting lists for mobility support and stable vision impairment (VI)

registration numbers. This indicates a well-managed and demand-responsive service model. Maintaining this level of stability will be important, particularly in the context of potential future demographic changes and increased service demand.

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

### Considerations.

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

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

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

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

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

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

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

**Embedding the Voice of Lived Experience into Key Documentation.** People with lived experience should be actively involved in shaping the council's self-assessment documentation and other key reports. Their insights should be integrated into publicity materials and service improvement plans, reinforcing a commitment to genuine co-production and reflecting the real experiences of service users. By addressing these considerations, the council can further enhance its ability to deliver high-quality co-production, ensuring that adult social care services are shaped by and for the people they support. This will not only strengthen preparedness for assurance processes but also improve outcomes for service users and communities.

## Case File Audit

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

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

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

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

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

## Theme 1: Working with People

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

### Quality Statement One: Assessing Needs

#### Strengths

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

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

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

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

**Carers Hub Feedback.** Feedback from carers engaging with the Carers Hub was



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

		Aug-23	Feb-25
Care assessments	People on waiting list	154	72
	Average wait time	58	26
	Maximum wait time	449	86
Carer's assessments	People on waiting list	11	10
	Average wait time	38	14
	Maximum wait time	220	25
Care reviews	People on waiting list	1148	841
	Average wait time	180	172
	Maximum wait time	791	722

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

## Considerations

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

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

### Strengths

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

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

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

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

## Considerations

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

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

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

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

### **Strengths**

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

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

### **Considerations**

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

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

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

## Theme 2: Providing Support

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

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

#### **Strengths**

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

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

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

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

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

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


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

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

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

## Considerations

**Voice Of People.** Increase the visibility of the voice of people who draw on care and support and their carers in your evidence of co-production and outcomes achieved by



commissioned service provision, perhaps by utilising an outcomes framework aligned to Think Local Act Personal's Making It Real.

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

**Home Care Monitoring System.** The peer team heard that the implementation of the Home Care Monitoring System had meant that payment of fees was sometimes not achieved on time for some commissioned providers. However, the council was responsive to any escalation of payment issues and were carrying lessons learned forward into the forthcoming re-procurement process.

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

**Outputs and Outcomes.** When speaking to staff there was some confusion between the ideas and reality of outputs and outcomes and therefore the ability of staff to describe the difference services were making to people's lives. The council should seek to promote a clearer understanding for staff of the difference between outputs

and outcomes so that they can better describe their performance and achievements to the regulator when they arrive.

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


### **Strengths**

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

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

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

**Maturing Partnership with the Voluntary, Community, Faith, and Enterprise (VCFE) Sector.** The council has fostered a growing and maturing partnership with the VCFE sector, enhancing service integration and community-based care provision. Collaborative working has led to increased accessibility of services, improved pathways for service users, and strengthened community resilience. The development of a Memorandum of Understanding (MoU) between the VCFE sector



and the council further underlines the commitment to transparency, mutual support, and shared strategic priorities.

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


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

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

## Considerations

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





**Evidencing Commissioning for Outcomes.** A clearer framework for demonstrating how commissioning decisions contribute to measurable improvements in people's lives is essential for accountability and strategic planning. This requires refining data collection processes, establishing robust key performance indicators (KPIs), and embedding impact measurement within commissioning cycles.

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

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

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

## Theme 3: Ensuring Safety

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

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

#### **Strengths**

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

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

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

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

### **Quality Statement Seven: Safeguarding**

#### **Strengths**

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

**The Multi-Agency Risk Management process.** The Multi-Agency Risk Management process appears robust with clear evidence of its effectiveness. Staff described feeling more confident in supporting people in risky situations. Leadership within the service is making a tangible difference, driving improvements in areas such as hoarding interventions and the understanding of self-neglect. The Deprivation of Liberty Safeguards (DoLS) framework is well-regarded, with staff expressing pride in their achievements in this area of keeping waiting lists for standard authorisations to a minimum.

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

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

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

## Theme 4: Leadership

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

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

**Political Support for Adult Social Care.** There is clear political and senior officer support for adult social care at Bury MBC. The Cabinet Member is skilled and competent and understands the detail of the directorate, without veering into the operational. He is keen to ensure there is collective responsibility and oversight of the

performance and budget position of the directorate. As a result there is an added governance structure and Cabinet are sighted in a quarterly performance dashboard and a financial letter. There is also evident learning being taken from recent children's services issues at Bury MBC.

Political support includes opposition councillors who support the council leadership vision for adult social care and they receive regular briefings. Overview and Scrutiny appears to work well and the Chair is well regarded. The politicians have trusted relationships with the director and they report that adult social care related councillor casework is responded to swiftly.

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

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

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

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

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


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

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

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

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

**Training for Cultural Change.** There is a recognition by the director and his colleagues that cultural change takes time, but change is happening and staff feel supported in their development and their well-being. There are real and tangible examples of staff having formal development opportunities and access to resources



to achieve this. The peer team heard some fantastic examples of whole workforce training across health and care frontline staff, such as strength based training, which was frequently referenced in the conversations the peer team had with staff.

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

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

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

**Voice of the Lived Experience.** There are greater opportunities to bring the voice of the lived experience and co-design into development of services including those integrated with health. As these things are achieved ensure there is clear publicity for those with a lived experience and staff to be able to confidently describe their narrative of success to each other that drives your cultural change and the stories told to the regulator.

## General Top Tips for Assurance Preparation

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

## Lessons learned from other peer challenges.

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



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

## Immediate Next Steps

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

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

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

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

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

raised in this report to help inform ongoing consideration.

## Contact Details

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

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