Halton Borough Council: local authority assessment

How we assess local authorities

Assessment published: 4 July 2025

About Halton Borough Council

Demographics

Halton is a unitary authority in the county of Cheshire. Since 2014 Halton has been one of the six local authorities that make up the Liverpool City Region Combined Authority. Halton straddles the river Mersey and is made up of the twin towns of Widnes and Runcorn together with the villages of Hale, Moore, Daresbury and Preston Brook.

Halton is home to nearly 129,000 residents and the population size has increased by 2%, from around 125,700 in 2011 to 128,200 in 2021. This is lower than the overall increase for England (6.6%). The wider trend shows that the population is ageing, as the number of residents who are 65 years and over has increased by 38.5% since 2011.

Less than 5% of Halton's population is ethnically diverse, with the majority being White (96.50%) and smaller communities identifying as Mixed or multiple ethnicities (1.39%), Asian or Asian British (1.12%), Black, Black British, Caribbean, or African (0.40%), and other ethnicities (0.59%). Halton has an Index of Multiple Deprivation (IMD) score of 8, placing it in decile 8. A local authority with a decile of 1 means it is in the least deprived group (lowest 10%), while a local authority with a decile of 10 means it is in the most deprived group (highest 10%).

Halton is part of the Cheshire and Merseyside Integrated Care System (ICS), which includes Liverpool, Wirral, Knowsley, Sefton, Warrington, Cheshire East, St Helens and Cheshire West, essentially encompassing the wider Merseyside region.

Halton Borough Council has had a Labour majority since its creation in 1974 with 50 of the 54 councillors representing the Labour party.

Financial facts

- The local authority estimated that in 2023/24, its total budget would be **£233,004,000**. Its actual spend for that year was **£333,991,000**, which was **£100,987,000** more than estimated.
- The local authority estimated that it would spend **£63,036,000** of its total budget on adult social care in 2023/24. Its actual spend for that year was **£68,980,000,** which was **£5,944,000** more than estimated.
- In 2023/2024, **20.65%** of the budget was spent on adult social care.
- The local authority has raised the full adult social care precept for 2023/24, with a value of **2%**. Please note that the amount raised through adult social care precept varies from local authority to local authority.

- Approximately **2710** people were accessing long-term ASC support, and approximately **450** people were accessing short-term adult social care support in 2023/24. Local Authorities spend money on a range of adult social care services, including supporting individuals. No two care packages are the same and vary significantly in their intensity, duration, and cost.

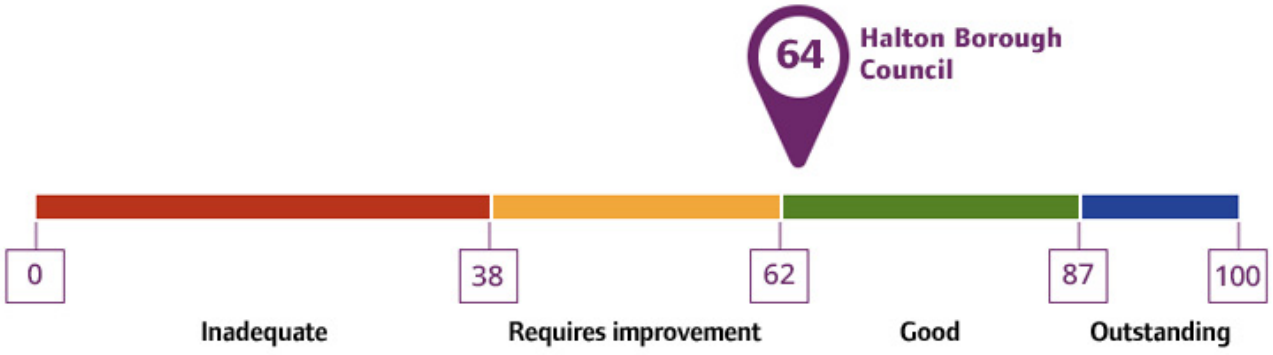
This data is reproduced at the request of the Department of Health and Social Care. It has not been factored into our assessment and is presented for information purposes only.

Overall summary

Local authority rating and score

Halton Borough Council

Good



Quality statement scores

Assessing needs

Score: 2

Supporting people to lead healthier lives

Score: 3

Equity in experience and outcomes
Score: 3

Care provision, integration and continuity
Score: 2

Partnerships and communities
Score: 2

Safe pathways, systems and transitions
Score: 3

Safeguarding
Score: 3

Governance, management and sustainability
Score: 2

Learning, improvement and innovation
Score: 3

Summary of people's experiences

People received assessments from teams trained in how to meet their needs and waiting times for assessment had reduced over the previous year. People sometimes had to wait for an assessment or review of their needs, but staff took a risk-based approach and people with urgent needs were responded to promptly. People told us examples of how staff had supported them to achieve their outcomes and they found staff to be knowledgeable and compassionate. However, some people also told us about changes in staff which led to them having to tell their story multiple times.

In relation to home care services, people had a limited choice of service provider due to there being only one main home care provider contracted by the local authority. At the time of our assessment, the local authority was putting a new contractual framework in place which included more home care providers and increased people's options. National data from the Adult Social Care Survey (2023-2024) showed 57.02% people felt they had a choice over services which was significantly worse than the England average (70.28%).

People had positive experiences when interacting with the Prevention and Wellbeing service at the local authority's 'front door' and although there were waiting list for occupational therapy assessments, when people received this, they were supported to maintain their independence. The local authority had completed recruitment to occupational therapist posts and the waiting list for assessment had reduced over the previous 18 months.

People told us their experience of transitioning from children's to adults services was mostly positive however a partner told us some families did not know how to access the transitions service when they were not automatically referred, and they did not feel information was readily available outside of the transitions team.

Feedback from unpaid carers was mostly positive, with carers telling us they had received assessments from the local authority and were updated regularly with information which could support them in their caring role such as caring groups. Carers told us they knew who to contact in the local authority if they needed to do so. However, some unpaid carers also told us they did not have emergency plans in place should they be unable to continue in their caring role.

People told us work on co-production was in its infancy, with some people having been consulted for strategies such as the Carer's Strategy, and other people telling us they had not been made aware of any consultations or co-production work.

Summary of strengths, areas for development and next steps

We saw good support for adult social care at all levels in the local authority in the context of challenging financial conditions and increasing demand for adult social care. There was strong leadership from the Chief Executive and Executive Director for Adult Services and a split between the children and adult directorate had increased the prominence of adult social care at senior leadership level. The local authority was moving from a culture of providing high support for people towards a strengths-based model and there was more to do to fully embed this across all services. Some leaders told us they needed to move on to a prevention-based focus at all levels and move on from a culture of wanting to over support people to eliminate risks in their lives

The local authority had redesigned their 'front door' to adult social care to create the Prevention and Wellbeing Service which was supporting a co-ordinated service from referral through to the completion of an appropriate level of assessment. There were clear pathways in place for care assessments which were undertaken by the teams who also undertook longer-term work with people, such as the Complex Care teams, the mental health team and the transitions team.

Staff were completing assessments in a strengths-based way and the local authority had verified this through a series of case and practice audits. There was a corporate Transformation Programme in place which had elements of work for adult social care which had a specific team and plan to deliver this. The transformation in adult social care was focussed on working with people with a learning disability to redesign services to function in a more strengths-based way such as moving on from long-term day services. This was in progress and there was limited feedback as to the programme's effectiveness and the wider impact for people at the time of our assessment.

Safeguarding processes ensured people's ongoing safety and there had been a multi-agency risk approach introduced to support people where concerns about risks present did not meet the threshold of a safeguarding enquiry. The local authority had completed work to ensure staff were making safeguarding personal, as per national guidance.

There were mixed processes in place for people moving from children's to adult services with some people having an assessment from aged 14, and others transitioning at 18 where they had mental health needs. This meant some people did not receive a planned transition in line with best practice and were assessed only once they had reached adulthood. There was a dedicated transitions team in place who worked with people from the age of 16 where they had a learning disability.

The local authority had limited care provision within the area although there were steps being taken to increase the choice of home care provision for people with a new commissioning framework due to commence after our assessment. Staff told us people often had to move out of the area for specialist residential care such as dementia plus care, although there was good availability of general residential and nursing care homes within the local authority area. People did not usually have to wait for care as staff had good links with care homes in neighbouring authorities to ensure the timeliness of care. The local authority was working with its care providers to improve the quality of care people received with a robust quality assurance process in place.

The local authority had processes in place to support people being discharged from hospital. Partners told us there was currently an average of 22% of patients within hospitals who have no criteria to reside, however there was a partnership approach to working with the local authority to address any delays to a person's discharge. There were new processes being trailed during our assessment, such as daily board rounds to see if these led to improvements. The local authority had worked with health partners to set up a jointly funded intermediate care and reablement service and staff told us this was supporting people to regain their independence after a period of hospital admission. Short and Long Term Support (2023-2024) national data said 96.43% people aged 65+ remained at home 91 days after discharge from hospital into reablement or rehab which was better than the England average (83.70%).

The local authority had undertaken some work to hear the voices of seldom heard people within the community. They had liaison officers in place who were building relationships with the Gypsy, Traveller and Roma community and providing support such as benefits and housing advice. The local authority acknowledged there was more work to do to ensure equity in outcomes for all people in the borough.

The local authority used feedback from people's experiences to identify and address areas for improvement. For example, a Care Home Development Group was looking at ways to improve the quality of provision and the experiences of people in residential care settings; and there was an Occupational Therapy workplan focussed on improving the amount of feedback received from people to further enable development of the service.

The local authority had a strong culture of learning and development and using research to inform their decision making. Staff were enthusiastic about their work and passionate about providing good care and support for people in Halton. Staff told us they were well-supported and there was a 'grow your own' approach which was clearly embedded throughout the local authority. There were clear career pathways and development opportunities in place.

Theme 1: How Halton Borough Council works with people

This theme includes these quality statements:

- Assessing needs
- Supporting people to live healthier lives
- Equity in experience and outcomes

We may not always review all quality statements during every assessment.

Assessing needs

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that is coordinated, and everyone works well together and with me.

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Key findings for this quality statement

Assessment, care planning and review arrangements

The local authority provided routes for people to access care and support services with self-referral options by phone, online or through a professional referral. Referrals were received into the 'front door' which had been redesigned into a new Prevention and Wellbeing Service (PWS). The PWS had been in place for a year at the time of our assessment and local authority data told us there had been a 47% reduction in people contacting the front door going on to need long-term services following the introduction of the PWS. This was a multi-disciplinary team consisting of social workers, community care workers, occupational therapists and wellbeing officers.

There was a separate referral process to refer into the mental health social work team, although referrals were also accepted through the PWS and transferred to the mental health team where a person had a mental health diagnosis. Professionals could also refer directly to the Halton Intermediate Care and Frailty Service (HICaFS) by phone or by email and partners told us this was effective.

Initial Care Act assessments were completed by the PWS who triaged referrals and held twice-daily huddles to discuss work and ensure fast and effective referrals to the appropriate service. Interim care planning arrangements were made for people within the PWS including a first review of this support after 6-8 weeks. If people required longer-term support, they had a review or reassessment from the Complex Case Teams. There were processes to transfer work between internal local authority teams with any disputes about the responsible team being discussed by managers.

People also received Care Act assessments from mental health social workers who were co-located with secondary mental health teams. There was a dedicated Transitions team who worked with young people from the age of 16 to 25 to support them in transitioning from children's to adult services using a named worker approach where a person maintained the same allocated worker to the age of 25. The Complex Care team and mental health teams did not use a named worker approach, and some people told us they could have multiple social workers which resulted in them telling their story numerous times.

Staff told us they were well trained and were able to carry out Care Act assessments for people with varying needs and care plans we reviewed evidenced this. Where staff had specialist knowledge they worked with people with those needs, despite the Complex Care teams being generic in nature. People told us their social workers were knowledgeable and skilled within their roles.

There were Visual Impairment Rehabilitation Workers who held specialist qualifications and were based within the Complex Care teams. The rehabilitation workers worked with people with sight loss to support them to maintain their independence. There was a Positive Behaviour Service who worked with people with learning disabilities and autistic people where their placement may be at risk of breakdown. This was a dedicated team of behaviour analysts and practitioners who specialised in understanding communication and behaviour, with additional training to effectively support people in this area. Staff told us the Positive Behaviour Service assess a person's communication and needs and work with them on a long-term basis to enable people to live more fulfilling lives. We heard examples of where people had restrictions on them removed following the team's assessment and support.

People told us their assessment was person-centred, focusing on their wellbeing, although some people also told us they felt staff were rushed and ran out of time when speaking to them, which meant their experiences may not be fully understood. Staff described to us how they worked in a person-centred way to enable a person to make their needs and wishes clear through their Care Act assessment and support planning. Strengths based practice had been a focus for the local authority, and they had arranged a programme of training from an external provider for staff to support their knowledge. A leader told us they had been undertaking targeted reviews of care plans, and these evidenced the strength-based culture within the local authority had been well-embedded. We reviewed care plans and assessments which were person-centred and highlighted a person's desired outcomes.

People's needs were reviewed to check they continued to be met. Staff in frontline teams completed first and annual reviews with people, and a reviewing team had been set up to provide additional support in completing annual reviews due to the local authority identifying they were not successfully completing all reviews annually with the current staff resource. This had made a significant impact on the local authority's ability to complete a review of people's care plans at least annually and data from Long and Short Term Support 2023-24 (SALTS) showed 94.88% people had received a review of their support which was significantly better than the England average (57.77%). Where people's needs had changed, staff carried out a reassessment and made changes to their care plans. Data from the Adult Social Care Survey (2023-2024) showed 64.60% people were satisfied with their care and support which was similar to the England average (62.72%).

Timeliness of assessments, care planning and reviews

The local authority provided data which showed 25 people were waiting for a Care Act assessment in February 2025. This was a reduction from 53 people who were waiting in October 2024. There were 282 people waiting for an annual review as of February 2025 according to data provided by the local authority. The local authority told us the maximum waiting time for a review had reduced from 602 days in October 2024 to 138 days in February 2025.

The local authority had adopted a 'waiting well' framework to ensure waiting lists were prioritised and allocated effectively. People waiting for assessment or review were RAG (red, amber, green) rated to inform the urgency of allocation. There were dedicated duty workers in place daily within the teams who gathered information to inform priority. Staff told us wellbeing packs were sent to people waiting for an assessment to give them information and contact numbers. Staff also told us people were contacted regularly to see if anything had changed and to monitor risk.

Providers and partners told us when a person had an allocated worker from the local authority, they received a timely response, however they could find people had a long wait for a re-assessment or review of their needs. Providers told us they understood people were allocated to a worker based on the urgency of their need and where a person's needs had changed significantly providers told us a person received a quicker response from the local authority.

There were no waits for an assessment for hospital discharge and the average time between allocation to a worker and discharge taking place was 7 days according to data provided by the local authority (February 2025). The local authority told us the 7 days from allocation to discharge could include where a person required further medical intervention, engagement with families for best interest decisions and sourcing placements for discharge. Staff told us Care Act assessments for people in hospital started within 24 hours of receiving a referral from the hospital ward and they would begin to collate information and meet with the person and their family. This process was mirrored for people in mental health hospitals where social workers were informed about admissions and attended the initial assessment meeting on the ward, they would then attend multi-disciplinary meetings to understand a person's readiness for discharge and commence assessment if required.

Local authority data showed access to occupational therapy assessment was improving and waiting lists had reduced from 409 in July 2023 to 122 in February 2025. The local authority attributed this to the set-up of the Prevention and Wellbeing Service (PWS) and the appointment of a Principal Occupational Therapist to oversee this. The PWS had implemented a screening process via dedicated duty workers to determine the priority of a referral and staff told us this had meant people were seen more quickly and risk identified sooner. There were twice daily huddles to discuss referrals and ensure a person was seen by the appropriate discipline within PWS. We saw plans which were in progress to continue the improvement in reducing waiting times for people for Occupational Therapy assessments through new services such as GP drop-in assessment spaces.

Assessment and care planning for unpaid carers, child's carers and child carers

The needs of unpaid carers were recognised as distinct from the person with care needs. Staff told us they would discuss a carer's assessment with unpaid carers and undertake this if the carer consented, they would also undertake annual reviews of carers assessments if this was due according to the recording system. There were also dedicated carer's assessors within the Prevention and Wellbeing Service (PWS) who completed a carers assessment if there was not an allocated social worker. Staff told us carers had the option for their assessment to be completed by the allocated worker or by an independent assessor if this was a person's preference.

People gave us mixed feedback on the effectiveness of carer's assessments as they felt the carer's assessment had a positive impact on their health and wellbeing, but people also told us they did not have a contingency plan in case of being unable to continue in their caring role. Data from the Survey of Adult Carers (2023-2024) in England showed 44.00% carers were satisfied with social services which was better than the England average of 36.83%.

Local authority data showed 6 people were waiting for a carer's assessment with a maximum wait time of 8 days from contact to allocation (February 2025). The median wait time for a carer's assessment was 0 days. Unpaid carers told us they did not necessarily have an allocated worker at the local authority however they knew how to contact the local authority and would do so if needed. Partners told us carers had fed back they could wait a long time on the phone to the local authority to request a carer's assessment and the local authority had implemented a drop-in at the partner offices so carers could access help from the local authority directly during these sessions.

Help for people to meet their non-eligible care and support needs

People were given help, advice and information about how to access services, facilities and other agencies for help with non-eligible care and support needs. The Prevention and Wellbeing Service provided advice and signposting to broader wellbeing services before they needed statutory care. Staff told us they used a person-centred approach to identify services a person could access, such as reablement and Voluntary, Community and Faith Sector Enterprises (VCFSE), without requiring a Care Act assessment.

The local authority had commissioned services from partners to support people with their non-eligible needs when accessing assistance would support them to maintain their independence at home, such as social prescribing, community connectors and welfare and benefits advice. There was a Prevention Panel where staff could discuss with colleagues and management to identify ways to support people with their non-eligible needs and staff told us this was a useful resource in learning about services to support people staff may not have known about. Staff also told us the online recording system prompted referrals which could be made within the system to services to support people with their non-eligible needs.

Eligibility decisions for care and support

The local authority's framework for eligibility for care and support was transparent, clear and consistently applied. The local authority had the Care Act eligibility criteria clearly displayed on their website for people to read. We saw processes and guidance which were clear for staff to follow when applying eligibility criteria. The local authority had not had any appeals against eligibility decisions made within the previous 12 months (February 2025). We reviewed people's assessments completed by the local authority and found people's eligible needs were clearly documented.

Financial assessment and charging policy for care and support

The local authority's framework for assessing and charging adults for care and support was clear, transparent and consistently applied. There was guidance in place with amounts which were charged and the key principles for determining if a person should contribute to the cost of their care. There was an appeal process in place should a person be dissatisfied with the outcome of their financial assessment which was overseen by elected members and the reviewing team. People told us when they had spoken to the financial assessment team they received clear guidance in a timely manner.

The local authority had wait times for completion of financial assessments although they told us some of this was due to waiting for applications or evidence to be returned from people to enable the assessment to be completed. The local authority told us the completion of financial assessments could be delayed where supporting evidence was not received from people or people were awaiting financial Deputies to be appointed by the Court of Protection. There were 55 financial assessments awaiting completion with a median wait time of 30 days across residential and home care assessments, with a maximum wait time of 305 days for residential assessments and 298 days for home care assessments (February 2025). This demonstrated progress in the timescales for completion of financial assessments from October 2024 where the median wait time was 43 days and there were 100 financial assessments awaiting completion.

The local authority had amended their financial assessment process to offer a person a telephone assessment within 2 working days of a referral and the person would be provided with a provisional charge during the call to ensure people were able to plan for likely financial costs of care. The final assessed charge would be provided in writing once any required evidence had been received. The local authority had plans to introduce an online calculator to allow people to obtain an estimated charge prior to services being put into place.

Provision of independent advocacy

Timely, independent advocacy support was available to help people participate fully in care assessments and care planning processes. The local authority had an Advocacy Hub which was accessible via the Healthwatch Halton website. There was information on what advocacy was, including the different types such as Independent NHS Complaints Advocacy (ICAS) and Independent Mental Health Advocacy (IMHA), and how to get in touch to access it.

Partners told us they were able to deliver advocacy services in a timely manner. Staff told us about good relationships with advocacy providers and this supported positive outcomes for people. An example was provided where a person was re-referred for advocacy and an advocate was allocated who they had previously worked with, which prevented them having to tell their story again.

Supporting people to live healthier lives

Score: 3

3 - Evidence shows a good standard

What people expect

I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.

I am supported to plan ahead for important changes in my life that I can anticipate.

The local authority commitment

We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.

Key findings for this quality statement

Arrangements to prevent, delay or reduce needs for care and support

The local authority worked with people, partners and the local community to make available a range of services, facilities, resources and other measures to promote independence, and to prevent, delay or reduce the need for care and support. The Prevention and Wellbeing Service (PWS) contained Wellbeing Officers who worked with people to identify where they could be supported by Voluntary, Community and Faith Sector Enterprises (VCFSE) as opposed to accessing formal services and support. The triage process within the PWS involved managing referrals and signposting people to appropriate services such as community meals, moving and handling support and welfare and benefits advice to reduce the need for formal care and support unless it was necessary.

Leaders told us there was more to do in promoting this preventative, strength-based culture within Halton, as the prevailing one was underpinned by an expectation that the local authority would look after people through the provision of services and other formal support. The PWS had been formed as the new 'front door' to adult social care. The local authority's own data showed a 47% reduction in the number of people contacting adult social care and going on to receive a Care Act assessment and longer-term support since the PWS had commenced in February 2024.

The local authority had a range of preventative services for unpaid carers including activities arranged though VCFSE providers. Carers gave us mixed feedback about access to preventative services, with some attending groups for unpaid carers and finding these useful, and others telling us they were unable to attend groups due to their caring role. Staff told us the Carer's assessor within the PWS was working to address this by holding community drop-ins for carers to discuss their needs. Data from the Survey of Adult Carers in England (2023-2024) showed carers accessing support groups or someone to talk to in confidence was somewhat better than the England average at 41.67% against the England average of 32.98%.

Staff told us the mental health team had a focus on preventative measures to support people and to prevent crisis. Mental health social workers worked closely with the mental health outreach team, the PWS, housing, and drug and alcohol services to support a person holistically. Staff also told us about providing 'professional support' to give a flexible response to people, guiding them and supporting their independence outside of formal care services. We reviewed people's care plans which demonstrated the effectiveness of this approach in supporting them to achieve positive outcomes.

The local authority provided a Vision Rehabilitation Service which supported people with a visual impairment in the community to maintain their independence, reduce isolation and prevent harm or risk of injury by providing suitable equipment to meet their needs. The local authority had also commissioned an Integrated Sensory Support Service to provide specialist support for people with sensory loss which included information and advice, rehabilitation, training and equipment to support independence.

Staff gave examples of working with people to regain their independence following a diagnosis of visual impairment, supporting a person holistically to reduce their needs. The rehabilitation officers also supported people with welfare benefit maximisation and help to access social groups and events to prevent or reduce loneliness. There was a follow up service provided by a partner organisation to continue working with people following involvement from the local authority rehabilitation officers and the service undertook a joint review with the local authority after 12 weeks of support.

The local authority had a prevention strategy in place and had committed to looking at tackling health inequalities and barriers to a good life. The local authority had worked with Think Local Act Personal's national personalisation experts to co-produce strategies around this looking at increasing independence and improved wellbeing for people. Partners told us about a health improvement team who were working as part of this to promote healthy lives to reduce a person's future need for social care support.

As a wider preventative measure in response to increased poverty in the area, the local authority had funded two additional posts to support people who had accumulated debt for unpaid care charges. The service supported people to check they had accurately identified all their disability related expenses, maximised their welfare benefit entitlements and helped them to create a payment plan for their outstanding care charges. The local authority told us they had received positive feedback from people who had used the service, saying it had alleviated their worries about debt and helped them to better manage their finances.

The local authority was exploring the expansion of technology enabled care and was undertaking a pilot scheme jointly with Cheshire and Mersey Integrated Care Board to look at trialling technology, initially within supported living schemes, to provide people with greater independence. The pilot was ongoing at the time of our assessment, but staff told us it would be a positive step to supporting people to live more independently. The local authority had an existing provision of care alarms which supported people to access help in an emergency which was widely available. Staff told us they had worked with partners to look at new and emerging technology which could reduce a person's need for formal support such as medication dispensers.

Provision and impact of intermediate care and reablement services

The local authority worked with partners to deliver intermediate care and reablement services that enabled people to return to their optimal independence. The local authority had worked with health partners and used Better Care Funding (BCF) to set up the Halton Intermediate Care and Frailty Service (HICaFS) which provided reablement, intermediate care, and urgent community response services. HICaFS was a multi-disciplinary team which included physiotherapists, Occupational Therapists, reablement workers, social workers and community care workers to enable holistic assessment of a person either in their home or at the intermediate care facility. Partners told us this had streamlined the approach to intermediate care and brought together teams who were previously working in silos to provide better outcomes for people.

Referrals into HICaFS were received into the single point of access and triaged to determine the level of risk and which members of the multi-disciplinary team were most appropriate to respond. Staff told us there was a prioritisation system in place to triage referrals and respond within 2 hours or up to 72 hours dependent on a person's need. Staff told us the service was focused on preventing, reducing on delaying needs and setting personalised goals for people to maintain their independence.

Adult Social Care Outcomes Framework (ASCOF) data showed 3.18% people aged 65+ received reablement or rehabilitation services after discharge from hospital which was similar to the England average of 3%. Staff told us they considered reablement as a first service when supporting a person on discharge from hospital to ensure a person could be supported at home to regain their independence. Short and Long Term Support (2023-2024) national data said 96.43% aged 65+ remained at home 91 days after discharge from hospital into reablement or rehab which was better than the England average (83.70%).

Access to equipment and home adaptations

People were able to access equipment and minor home adaptations to maintain their independence and continue living in their own homes. The local authority Occupational Therapy team were placed within the Prevention and Wellbeing Service (PWS) at the 'front door' of adult social care. This meant when referrals were received to adult social care they were screened and allocated during the daily huddle for an equipment assessment if this was indicated which enabled a quicker response to be provided. The local authority provided data which showed 98% equipment was delivered and 100% of minor adaptations were completed within 7 days of a referral being received by the Prevention and Wellbeing Service (PWS). The local authority had no waiting lists for assessment or equipment provided by specialist Visual Impairment Rehabilitation Officers.

The local authority had waiting lists for a full assessment by an occupational therapist which was for more specialist equipment and home adaptations. However, since the implementation of the PWS and recruitment to occupational therapist posts the waiting list had reduced from 409 in July 2023 to 122 at the time of our assessment (February 2025). The local authority told us they had had trouble in occupational therapist recruitment, but this had been resolved and there had been a steady reduction in waiting lists demonstrated over the previous 18 months. We reviewed documents which evidenced the local authority had a policy and process in place to support people to apply for funding for adaptations such as Disabled Facilities Grants. Data provided by the local authority showed a median wait time for equipment to be delivered of 14 days with a maximum wait of 355 days for home adaptations (October 2024).

Provision of accessible information and advice

People could access information and advice on their rights under the Care Act and ways to meet their care and support needs, including for unpaid carers and people who funded or arranged their own care and support. Staff told us the local authority commissioned care and support for people who self-funded their care if they wanted the local authority to do so, including care home placements where this was appropriate to meet a person's needs. Staff told us they would share information packs with people or direct them online to access information if they had the means to do so. However, partners told us the local authority website could be frustrating to people who couldn't find what they needed but there was ongoing work to improve this through joint working around digital inclusion outreach by local authority staff providing face to face contact at a partner office. The local authority had created a 'Living Well in Halton' guide which was available for staff to share electronically or in print for people who did not have internet access.

Partners told us there was a 'useful information' booklet which was given to unpaid carers to direct them towards Voluntary, Community and Faith Sector Enterprise (VCFSE) partners as well as containing information about carers assessments and what to expect. People told us they felt the information provided by the local authority was good and they received regular updates to ensure information was up to date. National data from the Adult Social Care Survey showed 72.22% people who used services found it easy to find information about support which was somewhat better than the England average (67.12%). The Survey of Adult Carers in England said 85.42% of unpaid carers in Halton found information and advice helpful which was similar to the England average (85.22%).

Direct payments

There was good uptake of direct payments, and they were being used to improve people's control over how their care and support needs were met. The Adult Social Care Outcomes Framework (ASCOF) shows 40.95% people who used services received direct payments which was significantly better than the England average (25.48%). Local authority data demonstrated the number of people receiving direct payments had increased steadily each month from October 2023 to October 2024. Unpaid carers told us they had received a one-off direct payment which they had used to arrange breaks from their caring role.

The local authority had clear policies in place to provide guidance for staff and people on the use of direct payments. Leaders told us the direct payment policy was broad which enabled people to have choice and control over which services they accessed. Staff told us people may choose to use direct payments to personalise their support and gave examples of people using direct payments to access different day services of their choice. Staff also told us people used direct payments to access home care agencies of their choosing outside of the local authority's primary provider of home care which allowed people to have increased personalisation of their care however staff told us there were limited agencies who accepted the local authority rates and therefore people may have to 'top-up' their care by funding the difference.

The local authority had identified issues with the recruitment and retention of Personal Assistants (PAs) for people to employ using Direct Payments. There was a workplan in place to address this through the Direct Payments Forum which had recently been set up and also looked at practices in neighbouring local authorities to inform decision making. The Forum workplan was co-produced with people who used Direct Payments who also participated in the Forum meetings. The local authority was also completing outreach with education providers to give information on a career as a PA so that people leaving education were aware of this as an occupation as well as advertising PA vacancies on their website for visibility. Staff gave examples of people they had supported to employ PAs to give people flexibility in their support.

Equity in experience and outcomes

Score: 3

3 - Evidence shows a good standard

What people expect

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

Key findings for this quality statement

Understanding and reducing barriers to care and support and reducing inequalities

The local authority had an understanding of its local population profile and demographics. It analysed equality data on people accessing social care and staff told us their collection of data on Equality, Diversity and Inclusion (EDI) had improved recently and this was providing a better picture of who was accessing local authority services and their outcomes. The local authority considered people's protected characteristics when completing case file audits to ensure people's outcomes were equitable. The local authority had signed up to the Social Care Workforce Race Equality Standard (SC-WRES) and leaders told us this was a long-term project and their workplan was being developed.

The local authority had identified some seldom heard groups in the area including carers, members of the Gypsy, Roma and Traveller community and refugees and people seeking asylum. There was an EDI work plan in place and partners told us the local authority was keen to improve links with people from seldom heard communities as part of this. The local authority's EDI strategic group met monthly and had, as part of their work, commissioned training for all staff on EDI. The local authority had used data on seldom heard groups who may access services to provide guidance for staff on tailored support available for people including people who identify as LGBT+, people who require information in different formats, and people who are homeless.

There was a liaison officer within the local authority who was working with members of the Gypsy, Roma and Traveller communities, and we saw there were plans in place to include the liaison officer within wider strategic planning to look at improving links with members of these communities. Staff told us by increasing visibility within the Gypsy, Roma and Traveller community they would be able to provide improved outcomes for people by having a better understanding of their specific needs.

There was a hotel in the area which was providing temporary accommodation for people seeking asylum and partners told us work was ongoing to create links with people who were residing there. Staff told us they had worked with people seeking asylum and had worked alongside representatives from the Refugee service to support people during their Care Act assessment. There was a multi-agency forum in place which met quarterly to discuss issues facing people who were placed by the Home Office in the hotel and local authority funding had been provided to Voluntary, Community and Faith Sector Enterprises (VCFSE) to support people seeking asylum. Staff told us there were plans to position a wellbeing officer from the local authority in the hotel to promote independence, although this was not in place at the time of our assessment. The local authority had a resettlement officer who worked within the hotel for the purpose of supporting people with access to services and empowerment.

The local authority used the Joint Strategic Needs Assessment (JSNA) and information from partners to identify seldom heard groups within the community and wider inequalities. The local authority was working with partners to reduce health inequalities through measures such as Halton Health Hub at Runcorn Shopping City which was supporting people to have health appointments in a more accessible way in response to feedback from people which stated they were often unable to attend appointments during standard business hours. Partners told us there was shared data on health inequalities through the Health and Wellbeing Board and there was joint problem solving to identify solutions such as through the Halton Health Hub and a mobile cancer screening clinic to improve early screening attendance rates.

The Health and Wellbeing Board as part of the wider Cheshire and Mersey Integrated Care System had been identified as a Marmot Community working with the Institute for Health Equity to address differences in health outcomes for people across Halton. There were Beacon Indicators in place to enable the local authority to monitor progress towards this. The Beacon Indicators were a set of locally agreed data measurements covering each of the Marmot themes which when reviewed annually would demonstrate if there had been reductions in inequalities. The life expectancy between people in Halton varied between 11 years for men and 9 years for women depending on where a person resided within the local authority. Partners told us there were plans to introduce neighbourhood teams to enable health and local authority teams to work more closely with communities and understand their specific needs, but these were not in place at the time of our assessment

The local authority had regard to its Public Sector Equality Duty (Equality Act 2010) in the way it delivered its Care Act functions. There were processes in place to ensure Equality Impact Assessments were undertaken when strategic policies were being designed or reviewed. The local authority had included two additional protected characteristics in its Equality Impact Assessments; carers and social-economic disadvantage, to ensure vulnerable groups specific to the area were considered in strategic planning.

Local authority staff involved in carrying out Care Act duties had a good understanding of cultural diversity within the area and how to engage with people appropriately. Staff and leaders told us reverse mentoring had been set up to ensure cultural competence at all levels within the local authority and we heard a great example of how this was working in practice and the impact it was having. Leaders told us they were using evidenced based practice from other local authorities to learn how to embed and improve EDI in Halton as well as supporting within wider Northwest networks to improve awareness of EDI across the region. Staff also told us staff network groups had been established to develop and share understanding of LGBTQ+, Disability and Neurodiversity, Race and Religion although it was noted staff participation was low in some groups.

Inclusion and accessibility arrangements

There were appropriate inclusion and accessibility arrangements in place to enable people to engage with the local authority in ways that worked for them. The local authority had undertaken assessment of their website to ensure it was accessible and issues which had been identified were being addressed. The local authority had also translated their website into non-English languages to ensure it was accessible to people who spoke other languages. A partner told us they had provided deaf awareness training to local authority staff, so they were better able to understand the inclusion requirements of people who are deaf or have hearing impairments. The partner also told us there was good access to British Sign Language interpreters to support people accessing local authority services.

Staff told us they worked with people who don't speak English as a first language and used interpreters to support communication as well as providing paperwork such as support plans to people in their own language. Staff had access to telephone interpretation and in person translation to ensure people could engage with the local authority. Staff in specialist teams told us they had training in Makaton and talking mats to engage with people who can’t use words to communicate.

Theme 2: Providing support

This theme includes these quality statements:

- Care provision, integration and continuity
- Partnerships and communities

We may not always review all quality statements during every assessment.

Care provision, integration and continuity

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that is coordinated, and everyone works well together and with me.

The local authority commitment

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Key findings for this quality statement

Understanding local needs for care and support

The local authority worked with local people and stakeholders to use available data, for example the Joint Strategic Needs Assessment (JNSA), to understand the care and support needs of people and communities. The JNSA provided an overview of health and social care needs of the people in Halton and underpinned the One Halton Health and Wellbeing Strategy 2022-2027 and commissioning plans for the local authority. The local authority monitored demographic changes to understand the changing needs of their community and anticipated future demands on services.

The local authority, in addition to data analysis, gathered insight through community engagement with partners, residents, carers, and people who use services to gather qualitative evidence about lived experiences. People's voice was incorporated into planning and service evaluation to provide a broader understanding beyond statistical indicators. For example, the local authority had undertaken the 'Big Conversation', a public consultation, which had enabled people to say what mattered the most to them to inform the local authority's service planning.

The local authority used information from partner organisations such as the NHS, Public Health teams and Voluntary, Community and Faith Sector Enterprises (VSFSE) to further understand emerging and ongoing needs. Data on hospital admissions, GP registrations, long term health conditions and safeguarding alerts were monitored as part of the local authority's broader care planning process. The One Halton Health and Well-being Strategy 2022 - 2027 outlined priorities to ensure services were more accessible, efficient, and responsive to the community. The local authority worked as partners of One Halton to align some services with health partners which enabled information sharing across services to address key challenges to improve health and well-being across Halton.

The Adult Social Care Vision was to improve the health and wellbeing of people so that people lived longer, healthier and happy lives. To evidence progress towards this, the local authority gathered and used information on social determinants of health such as housing, employment, education, and income. These wider factors were considered when assessing the circumstances which may influence the support needs of people and communities.

Market shaping and commissioning to meet local needs

People had access to local support options that were effective, affordable, and good quality to meet their care and support needs. There was limited choice of home care providers for people whose care was arranged by the local authority. This was because the local authority contracted with only one principal home care provider which operated across the borough although there was an additional provider sub-contracted. The local authority had recognised the limited choice and capacity risks with this arrangement, and they were moving to a new multi-provider framework which was coming into effect shortly after our assessment.

Staff told us people had the option to use direct payments to arrange their support with alternative home care providers if they wished to do so. However, this did not always support individual choice as some home care providers charged a rate that was above the direct payment rate, meaning that people had to 'top up' the fees to be able to use their provider of choice. Data indicated that people who used services in Halton who felt they have choice over services was 57.03% which was significantly worse than the England average of 70.28% (Adult Social Care Survey 2024). The local authority told us only a small number of people were paying to top up their direct payment to access a home care provider of their choice.

The local authority had a well-distributed geographical spread of residential and nursing home provision and sufficient capacity to meet current demand for non-specialist services. Staff told us people requiring more specialist care often had to seek residential care services outside the borough, particularly for people with mental health needs and more complex support requirements. Halton Borough Council was part of the Liverpool City Region Combined Authority which enabled them to access the Liverpool City region Flexible Purchasing System (FPS) to procure services for people with a range of needs and commission services from providers which were not available within Halton. This supported people who were placed out of borough to, in many cases, access placements which were within a 10 mile radius of Halton.

Commissioning strategies were aligned with the strategic objectives of partner agencies. The local authority had worked with partners to better understand market challenges to influence long-term planning and improve service delivery. Partners told us they had a very good relationship with the local authority, and they felt the local authority was responsive and personable. A local Co-production Charter was developed with people with lived experience along with commissioned research to explore the needs of the local population through a series of workshops and engagement sessions and surveys alongside feedback from complaints, and compliments enabled to shape the future of services. The local authority had used this to inform their commissioning of the upcoming home care provider framework.

The local authority had used the Market Position Statement 2023-2025 to identify market shaping measures which would need to take place to ensure they could meet the future needs of their population. The Market Position Statement identified to meet future demand due to the projected increase in population aged over 65 in the next 10 years, the current capacity within home care and residential and nursing homes will need to expand but leaders told us limited planning had taken place around this. The local authority had anticipated the increase in home care demand and factored this into their decision making to implement a wider home care provider framework which was due to commence after our assessment.

The local authority had commissioned and in-house services such as shared lives, day services and supported employment services to provide people with a range of support options. The services supported people with a wide variety of needs including adults with learning disabilities, people with physical and sensory disabilities and people with dementia. The local authority recognised that some of the commissioned models of care and support were not in line with best practice, such as building based day services, and were looking to make changes to provision where appropriate to ensure they were proportionate to a person's level of need. While some day services were based in micro-enterprises such as a brewery and a hair salon and some people had been supported to move into paid employment, we also heard about people who had been long-term attendees at the day centres.

The local authority had a transformation project in progress to improve support for adults with learning disabilities, aiming to enhance independence and optimise service efficiency. The local authority had identified key priority areas which were Supported living, Day Services, Respite Care, Residential and Nursing Care. To shape the future delivery of services, the local authority engaged with people who used services and their families to gather their insights. The local authority had commissioned research on provisions for people with a learning disability which was nearing completion at the time of our assessment. The local authority aimed to use the research to inform decision making on developing a more efficient and responsive service model.

The local authority had used their internal data from their housing panel to identify a rise in referrals for supported living provision where people can have their 'own front door'. Staff told us the local authority had identified their current housing stock for supported living was outdated and there were properties due to be decommissioned as the local authority updated their provision. The local authority was exploring options to build more single tenancy properties and had included this in their future housing strategy. While this was in progress and to support independence within existing provision, technology pilot programs were introduced, testing a blended model of care which integrated digital solutions, including computer tablets and sensors, to enhance flexibility and independence. The local authority highlighted in their Market Position Statement they wanted to explore the use of Individual Service Funds (ISF) to enable people to have more choice and control over their support.

The local authority had conducted research into the approaches taken by other local authorities to develop their Adult Social Care Commissioning Strategy for Care and Support 2023-2026. One focus of the strategy was on developing the support available from Voluntary, Community, and Faith Sector Enterprises (VCSFE) through grant funding. The local authority invested in a range of VSCFE, but partners told us they felt financial challenges had limited the growth of the sector. Partners told us they had noted improvements in recent months, expressing their input was valued in discussions about future service delivery. Partners told us felt their voices were heard and welcomed in board meetings, recognising their role as key stakeholders aligned with the local authority's strategic goals.

The local authority demonstrated work with stakeholders to review and expand integrated immediate care services within the community to reduce the reliance on long term services. There were examples of commissioning to support a preventative approach including the use of block-booked residential care home beds to support short term health needs to prevent hospital admissions. In addition, there was also a commissioned ‘step up- step down’ service working in partnership with stakeholders to facilitate hospital discharges and prevent hospital admissions to enable people greater opportunities to regain a level of independence. Partners told us this was an effective integrated team who worked together to respond to people who were unwell at home and give clinical support to prevent hospital admission.

Ensuring sufficient capacity in local services to meet demand

There was sufficient capacity to meet demand for people who required home care, and the local authority told us people did not have to wait for services to start. The local authority had good availability within extra care provision, where older adults can live independently with onsite support. Vacancy levels for non-specialist residential and nursing homes fluctuated based on demand however, generally had remained stable, with sufficient capacity to meet current needs. The local authority told us people could have some waits for residential and nursing home placements; however, these could be for a variety of reasons such as not being ready for discharge from hospital, or waiting for a placement of their choice, rather than lack of capacity.

There was some need for people to use services or support in places outside of their local area due to lack of local provision. Local authority data told us that as of October 2024, 141 people were placed in care homes outside of Halton. The local authority told us the reasons for such placements were due to the lack of specialist care home support within Halton, people's own choice and the timeliness of transfers such as to progress a person's discharge from hospital. Staff told us they had a focus on supporting individuals to return to their communities, when this was a person's choice, and their needs could be met within the area. Staff gave an example of a person who had been placed in an out-of-borough care home but was able to return to the local area when a nearby care home recruited additional staff to enable them to meet their needs. Staff told us there was an emphasis to keep the person within their community, however there were times the person's needs outweighed this.

The local authority had recognised the importance of unpaid carers and partners told us there was a good relationship with the unpaid carers network. Feedback from unpaid carers was actively sought by the local authority through consultation events on the theme of 'what carers feel is working or not in Halton'. This feedback was then incorporated into the One Halton Carers strategy 2024-2027.

We had mixed feedback about whether there was sufficient capacity for unpaid carers to have access to replacement care for the person they care for, in both planned and unplanned situations. Unpaid carers told us mixed feedback as some told us they had not heard of respite opportunities; however, others told us they had regular access to short breaks to enable them to continue in their caring role. The local authority had commissioned a respite service which was delivered within people's homes to enable carers to take a break where this was pre-booked. Data from the Survey of Adult Carers in England (SACE 2024) showed 15.00% of carers in Halton were accessing support services to take a break from caring for 1-24 hours, this was somewhat worse than the England average of 21.73%.

The local authority had identified through their consultation with unpaid carers there was no pre-bookable residential respite for older adults within the area, and they were evaluating their current respite provision and commissioning opportunities. The data for unpaid carers accessing support or services allowing them to take a break from caring for more than 24 hours was 20.00% which was similar to the England average of 16.14% (SACE 2024). There was provision of pre-bookable respite for people with a learning disability within the borough and staff told us this was reflected in people's care plans. Staff told us respite for unpaid carers of older adults provided within a residential home may mean the person moving to a care home out of the local authority area due to lack of availability in the borough when respite may be requested, which made it difficult for family and carers to visit.

The local authority had developed a data management system which provided information on the numbers of people who used support, broken down by service and primary support reasons which meant they knew what the market was providing, when and where people were receiving care, and they could track a person's journey across different care provisions over time. This data was used to identify people who were out of the borough and target the work of the specific teams to identify where people could move back to the area should they wish to.

Ensuring quality of local services

The local authority had clear arrangements to monitor the quality and impact of the care and support services being commissioned for people and it supported improvements where needed. The local authority had an established dedicated adult social care quality assurance team responsible for monitoring, reviewing and supporting commissioned care services. The quality assurance team played a crucial role in assessing the performance of commissioned services to ensure compliance with the established standards. Their responsibilities included evaluating provider performance against the expectations set out in contracts and service specifications in conjunction with the local authority's overall strategic priorities. Senior management within the local authority provided strategic oversight of the quality assurance process.

The quality assurance process for the local authority's internal care home provision was separate to their quality assurance framework for commissioned providers. There were improvement plans in place for all internal care home services as 1 was rated Good by CQC and 4 were rated Requires Improvement. At the time of our assessment, the Head of Service for Internal Care Homes was vacant. Given this was a critical role in the quality assurance process, an interim leadership arrangement was in place. The local authority had seconded additional staff into the Care Home division to ensure there was effective strategic oversight of quality. Partners told us work was ongoing and continuing to improve the quality of care within local authority owned care homes and they were seeing improvements through the reduction in quality-of-care concerns raised.

There were 41 registered adult social care services in Halton, including those managed by the local authority, at the time of our assessment, which were rated as 65.85% Good, 19.51% requires improvement and 2.44% inadequate by Care Quality Commission (CQC) with the remaining services unrated. National Data from the Adult Social Care Survey (2024) showed 79.13% of people who use services say those services have made them feel safe and secure which was lower than the England average (87.82%).

People told us they had concerns about the quality of care in care homes in Halton. The local authority was addressing safety and quality concerns in commissioned care provision and had undertaken comprehensive assessments through structured tools such as the Provider Assessment and Market Management Solution tool (PAMMS). PAMMS was a framework to assess the quality and compliance of care providers and partners told us they had undertaken these assessments and worked with the local authority collaboratively on any improvements which were required. The PAMMS process ensured the local authority were assured about the performance of providers through detailed analysis enabling identification of areas for improvement.

Where it was identified external providers required improvements to be made to the service, the local authority had put measures in place to continue monitoring and supporting the service. The local authority worked with a multi-disciplinary team through the Care Home Development Group which included key partners such as medication management teams, GPs, infection control teams, district nurses, and the local authority's care management team. The local authority was taking a collaborative approach to improving the quality of care however did place sanctions such as preventing new admissions to care homes when this was necessary. Partners told us they felt this work was showing improvements in the quality of care provided within care homes which they triangulated with information received from services working alongside providers.

The local authority quality assurance team carried out routine annual safe and well visits to commissioned services outside of core business hours which were unannounced. There was a focus on health and safety, observations of care and support, environmental factors and consultation with residents and staff. The local authority had 'keeping in touch' (KIT) days which were scheduled monthly with care home providers to establish and build relationships. Contract meetings were scheduled with Supported living and Domiciliary care providers on a quarterly basis. Providers told us they had strong relationships with the local authority and felt there was an open dialogue about any quality concerns to work together on improvements and an example was given of a recent issue with pharmacies where the local authority acted as an intermediary to resolve issues and ensure prescriptions were delivered in a timely manner.

The local authority's quality assurance framework included home care providers. Leaders told us work had been undertaken to ensure the quality assurance team had capacity to monitor the additional providers due to be added to the new provider framework. Through the quality assurance process, people who were using direct payments to purchase care with alternate care providers were given information on the quality of their chosen provider to enable them to make an informed decision about their care.

The local authority had processes in place should there be a service disruption, such as a provider failure to ensure the continuity of care, safety and wellbeing of all people using services. The local authority had a specific and comprehensive process for managing care home closures. A 'lessons learned' approach was undertaken upon reviewing the circumstances of failure to inform improvement measures and to prevent further recurrence.

Providers informed us the monthly 'information sharing group' meeting, facilitated by the local authority enabled external providers to come together to share trends, patterns and risks or emerging issues which may impact service delivery.

Ensuring local services are sustainable

We heard mixed feedback about how the local authority collaborated with care providers to ensure that the cost of care was transparent and fair. Partners told us the local authority had not yet confirmed funding rates for the new financial year at the time of our assessment. The rates were expected to be announced close to the start of the financial year which providers told us would create significant financial challenges as they would be unable to budget and forecast for the year ahead. The local authority told us they had undertaken consultation with providers and were expecting to notify providers about their funding rates shortly after our assessment.

In the past 12 months, no contracts had been handed back to the local authority by care providers across home care, supported living, or residential services. There was a stable and collaborative relationship between the local authority and the domiciliary care providers. Leaders told us a national care home provider had withdrawn from the market however, had waited for a purchaser rather than closing the homes which had enabled the care homes to remain open.

The local authority used performance and financial data to evaluate the current impact and value of care services and used this to target key areas of spend where improvements could be made to ensure the overall financial sustainability of care services within Halton. Leaders told us rather than cutting services to reduce costs, the focus was on remodelling to improve outcomes and reduce reliance and demand for services by increasing people's independence. For example, the provision of services for adults with learning disabilities had been identified as a high-cost area which was currently under review through the transformation programme to determine whether they could be provided in more efficient and effective ways while still providing good outcomes for people.

The transformation programme had commenced in 2023 and was due for initial completion in 2026. The local authority had carried out engagement seeking the views of people who used the services and their families to gain a better understanding of the service delivery. Additionally, this project focused on finding ways to sustain services more effectively and align them with the broader goals of the Adult Social Care Prevention Strategy 2023-2027. The key priorities included creating more employment opportunities for people with Learning Disabilities and increasing the focus on independence in service design.

The local authority had identified an increase in demand for services for older adults with projections indicating this will continue to rise over the next 10 years. Leaders were clear on the critical need to continue the work to prevent, reduce and delay care needs to manage future demands on services. The local authority had undertaken financial modelling to plan for the impact of meeting the potential future needs of their population.

The local authority understood its current and future social care workforce needs. It worked with care providers, including personal assistants and other agencies, to maintain and support capacity and capability as the high use of agency staff within home care and care homes presented significant challenges to the quality and consistency of care provided. The local authority's Adult Social Care Risk Assurance Framework 2024/25 identified recruitment and retention challenges, and an Adult social care workforce strategy was being developed.

Partners told us the local authority had been supportive of their efforts to recruit more staff and had assisted by advertising their vacancies on the local authority website for visibility. The local authority had made positive steps in recruiting a permanent workforce for their internal care homes, with just one having below 50% permanent staff at the time of our assessment and the other care homes nearly fully recruited. The local authority identified in their Market Sustainability Plan that a permanent workforce would provide better outcomes for people and better meet their needs and leaders were pleased with the progress they had made in the recruitment of permanent staff for their in-house services.

The local authority was working in partnership with the Liverpool City Region on a pilot programme, bringing together Direct Payment leads to explore ways to promote the role of personal assistants within adult social care. According to data shared by the local authority 645 people were currently receiving direct payments, however approximately half of these were using their direct payment to pay for a home care provider, rather than using the one offered by the local authority. The remaining people receiving a direct payment were using this to hire personal assistants. As part of the pilot actions were being taken to address this issue including the creation of job vacancies for those interested in pursuing a career as a personal assistant. The goal was to encourage more people to consider personal assistant as a viable and sustainable option for care thereby expanding the use of direct payments and more flexible in person centred way.

Partnerships and communities

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that is coordinated, and everyone works well together and with me.

The local authority commitment

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Key findings for this quality statement

Partnership working to deliver shared local and national objectives

The local authority worked collaboratively with partners to agree and align strategic priorities, plans and responsibilities for people in the area and to address shared concerns. The local authority had established the One Halton partnership where agencies agreed strategic plans and priorities which were laid out in the One Halton Health and Wellbeing Strategy for 2022-2027. One Halton was a partnership between the local authority, NHS organisations, GP Practices, Fire, Police and Voluntary organisations. Partners told us the One Halton Partnership was developed as a system-wide approach to address and reduce health inequalities within the area and there was a shared understanding of what the partnership was aiming to achieve. Partners told us One Halton was demonstrating small but incremental changes such as an increase in cancer screenings, which would potentially prevent, reduce or delay the future need for social and health care. A mid-point review of the One Halton Strategy was in planning stages at the time of our assessment to understand the impact the strategy had made on people's outcomes so far.

An example of collaborative work within the One Halton partnership had been the focus on falls prevention, specifically targeting older adults. Within this population, falls were of significant concern, leading to serious injuries, prolonged stays in hospitals or care settings, and reduced quality of life. The local authority had analysed data and worked closely with stakeholders including Public Health and healthcare providers to understand key issues. Prevention strategies had been developed to reduce key risk factors such as frailty, mobility and environmental hazards with initiatives to raise awareness and to educate older adults and their carers on prevention such as safe moving techniques and balance exercise programmes. The collaborative approach was delivered through the Intermediate Care and Frailty Service (HICaFS) where older adults received assessments and interventions designed to reduce the risk of falls. The One Halton partnership had focused on improving outcomes for older adults and ultimately reducing the future demand on healthcare and social care services.

The local authority had close links with educational establishments to support training of their workforce and had established The Research and Practice Development Care Partnership (RPDCP) which was a joint venture between the local authority, the University of Chester, Age UK Mid-Mersey, and the Caja Group. The local authority told us the partnership aimed to improve experiences of care by forging closer links between social care professionals and researchers. A recent piece of research had identified factors that were important in care services for older adults to maintain their wellbeing, such as the location of care in communities close to people where they could still access the same GP and community centres. The local authority was using these findings to inform their future planning of care provision, and this was being undertaken at the time of our assessment.

The local authority had worked closely with health partners to set up the Halton Health Hub. This was an outpatient clinic led by Warrington and Halton Teaching Hospitals NHS Foundation Trust, however, was developed jointly with the local authority and the local authority had accessed central government New Town funding to support this. Partners told us the local authority had been instrumental in joint planning for the Hub including public consultation to identify how people felt they would most benefit from the Hub. The Hub was supporting people to positive health outcomes for people to reduce their future need for social care. Partners told us there were plans for a joint health and education centre where local authority services will also be on site.

The local authority had integrated aspects of its care and support functions with partner agencies where this was best practice, and when it showed evidence of improved outcomes for people. The local authority worked closely with health partners to determine effective and appropriate ways to address shared issues such as people with no criteria to reside in hospital. The hospital discharge team and the mental health teams were both co-located with their health partners to ensure effective information sharing. Staff told us they worked closely with health partners to ensure positive outcomes for people, for example, through safe discharges from mental health hospitals.

Arrangements to support effective partnership working

When the local authority worked in partnerships with other agencies, there were clear arrangements for governance, accountability, monitoring, quality assurance and information sharing. Roles and responsibilities were clear. The One Halton Partnership had workstreams in place to agree strategic plans around specific identified priorities and senior responsible officers in place for these. Leaders told us there were close relationships between the local authority and partners which enabled information to be shared, and plans made appropriately around this.

The local authority used opportunities to pool budgets and jointly fund services with partners to achieve better outcomes. For example, pooled budgets had been used to set up Halton Integrated Care and Frailty Service (HICaFS) which was an integrated hospital discharge, reablement, intermediate care, and urgent community response service with a multi-disciplinary staff team working together to improve outcomes for people. There were joint funding arrangements in place to commission the Halton Integrated Community Equipment Service (HICES) through the BCF to enable professionals to access equipment to support people both on hospital discharge and at home.

The local authority was undertaking a pilot in a supported living provision which was funded by Cheshire and Merseyside Integrated Care Board (ICB) to trial blended support with technology being used alongside traditional care to support people to have greater independence and care tailored to their needs. The pilot had not been evaluated at the time of our assessment, but staff told us the early signs were showing positive outcomes for people.

Impact of partnership working

People told us the local authority had worked well with partners in a multi-agency way, and this had improved their outcomes. We reviewed people's care plans which evidenced multi-disciplinary partnership working to support people's wellbeing. The local authority monitored and evaluated the impact of its partnership working on the costs of social care and the outcomes for people. This informed ongoing development and continuous improvement. Partners told us they had positive working relationships with the local authority and there was two-way dialogue and appropriate challenge to ensure outcomes for people were being met.

Partners gave an example of where they had given the local authority feedback about a lack of understanding of sensory processing, and the local authority worked with partners to run workshops for families, professionals, and social care staff to increase their understanding of sensory processing. Partners also told us they had spoken with the local authority about people giving feedback about struggling to contact the local authority and not being able to use online services. The local authority had been responsive to this feedback and a Prevention and Wellbeing officer had commenced drop-in sessions at the partner's office to support people to access adult services if they needed this.

Working with voluntary and charity sector groups

The local authority worked collaboratively with Voluntary, Community and Faith Sector Enterprises (VCFSE) to understand and meet local social care needs. The local authority provided funding and other support opportunities to encourage growth and innovation within VCFSE. The local authority had provided funding to a range of VCFSE to enable them to provide services such as post-hospital discharge support and social support to reduce a person's isolation which were supporting people to remain healthy and independent. A partner told us they had a positive relationship with the Prevention and Wellbeing Service at the local authority and were supporting people who needed some assistance to live independently at home such as social prescribing and benefits advice which reduced people's need for local authority services.

However, partners told us they were having to reduce or remodel their offers due to reduced funding from the local authority, which was limiting the positive impacts they could provide for people and support them to prevent, reduce or delay their need for adult social care. We heard mixed views from partners on the impact of this, as one partner told us they had redesigned services to be more strengths-based to achieve the same outcomes for people with their reduced funding, and we heard an example of reducing long-term befriending services to focus on short-term interventions such as linking people with community assets. Some partners told us the local authority needed to be more creative in their approach to VCSFE and invest further in VCSFE to enable more people to be supported outside of commissioned adult social care services.

Other partners told us they felt the local authority was proactive in engagement with the voluntary sector and the local authority had a good understanding of the work and contribution from voluntary sector organisations. Staff told us some VCFSE had closed during covid and there were not as many as there used to be, which limited options for people to socialise outside of formal care services, but the community centres were providing good outcomes for people.

Theme 3: How Halton Borough Council ensures safety within the system

This theme includes these quality statements:

- Safe pathways, systems and transitions
- Safeguarding

We may not always review all quality statements during every assessment.

Safe pathways, systems and transitions

Score: 3

3 - Evidence shows a good standard

What people expect

When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place. I feel safe and am supported to understand and manage any risks.

I feel safe and am supported to understand and manage any risks.

The local authority commitment

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

Key findings for this quality statement

Safety management

Safety was a priority for everyone. The local authority understood the risks to people across their care journeys; risks were identified and managed proactively; the effectiveness of these processes in keeping people safe was routinely monitored. The views of people who use services, partners and staff were listened to and considered. For example, leaders told us the data around people feeling safe in a care home had dipped and the Safeguarding Adults Board challenged why this was, therefore a task and finish group was set up to identify solutions to ensure people felt safer. We saw documents that evidenced people's care plans identified risks to the person and the wider public and staff had identified measures to manage risk while ensuring a person-centred approach. The local authority used data to have oversight of waiting lists and had adopted a waiting well approach to ensure people were given regular updates and risk re-assessed while they awaited a Care Act assessment.

Policies and processes about safety were aligned with other partners who were involved in people's care journeys. Multi-agency audits were undertaken by the Safeguarding Adults Board to provide assurance that risks to people in their care were identified and themes were addressed as a joint priority. Partners told us key priorities were reviewed regularly at partnership boards and the Health and Wellbeing Board to ensure risks were shared between partners and addressed.

Information sharing protocols supported safe, secure, and timely sharing of personal information in ways that protected people's rights and privacy. Partners told us that local authority staff had access to their computer recording system to ensure they could safely access a person's records to streamline their care without needing information to be shared between systems. Staff told us there was effective sharing of information within the hospital discharge services to ensure they were updated on people's needs. We reviewed documents that demonstrated safe and timely information sharing between services when a person moved into a residential home in another area to ensure a smooth transition.

Safety during transitions

Care and support was planned and organised with people, together with partners and communities in ways that improved their safety across their care journeys and ensured continuity in care. This included referrals, admissions, and discharge, and when people were moving between services.

The local authority had a pathway in place to support safe transitions from child to adult services. People approaching the age of 16 who had an Educational Healthcare Plan (EHCP) were referred to the dedicated transitions team who worked with young people from aged 16 to 25 with a named worker approach which meant people kept a consistent worker into adulthood. A person could also be referred to the transitions team at age 14 if it was identified a longer term involvement was required to facilitate a smooth transition to adult services. The transitions team worked with people who had learning disabilities, visual and/or hearing impairments and life limiting physical disabilities to ensure they had a care plan in place before their 18th birthday.

We heard mixed feedback about people who did not meet the criteria for the transitions team with people with mental health illnesses transitioning to adult services aged 18 when they were closed to Child and Adolescent Mental Health Services (CAMHS). The local authority's transitions protocol reflected that a young person should be assessed by the mental health team at 16 however we heard this was not happening in practice. Local authority leaders told us their mental health social workers could become involved prior to a person turning 18 and provided the example of people who had been subject to the Mental Health Act. Partners told us there needed to be greater focus on continuity of care for people transitioning to adult services when they were open to mental health services as the focus was on age criteria for services rather than need. Other partners told us families did not know how to access the transitions service when they were not automatically referred, and they did not feel information was readily available outside of the transitions team.

The local authority had social workers based on hospital sites to ensure safe and timely discharge from hospital. Partners and staff told us local authority staff were integral parts of the discharge process to work collaboratively with the hospital to co-ordinate a person's transition out of hospital. Partners told us this approach was mirrored in mental health acute hospitals where local authority staff were invited to initial multi-disciplinary meetings on a person's admission and contributed to discharge planning from this point. Staff told us they worked flexibly across the hospital sites in Warrington and Whiston to support discharge flow in both areas. Staff gave examples of working jointly with health partners to ensure a person's needs were clear and they had the appropriate support in place on discharge, such as requesting speech and language support to undertake mental capacity assessments.

Where there were identified delays to a person's discharge this was discussed jointly between the health trust and the local authority and partners told us there was joint ownership of any issues impacting on safe discharge. The local authority was working with partners to trial new processes for hospital discharges such as introducing board rounds in one hospital site to ensure services and teams were kept up to date on people's needs. Staff told us there were daily discussions between the hospital and Halton Intermediate Care and Frailty Service (HICaFS) to discuss reablement care as a first option for people to ensure they had the opportunity to regain their optimal independence.

The local authority had recently commenced use of the Trusted Assessor model to support admissions to care home placements. Partners told us this would enable the local authority to follow a best practice model which has been adopted by many local authorities nationally. The trusted assessor reviewed a person's discharge assessment to determine the most appropriate discharge location and then identified care home placements which could meet that person's needs. Staff told us this was in the early stages of implementation, and it was planned to be expanded to home care packages, but it was already providing benefits for people. Staff told us the trusted assessor was able to streamline processes for people by discussing a person's need with care homes and this meant a person, or their family, only had to discuss this with one professional rather than with each care home.

Specific consideration was given to protecting the safety and well-being of people who were using services which were located away from their local area, and when people move from one local authority area to another. The local authority had an Out of Borough Provider Validation process to quality assure and review services being used which were out of the local authority area. The local authority had reciprocal information sharing agreements in place with neighbouring authorities to ensure any concerns about care in care homes outside the area were shared with the placing authority. Staff told us they would complete annual reviews for people when they were moved to a service out of the local authority area.

Contingency planning

The local authority had undertaken contingency planning to ensure preparedness for interruptions in the provision of care and support. The local authority knew how it would respond to different scenarios; plans and information sharing arrangements were set up in advance with partner agencies and neighbouring authorities to minimise the risks to people's safety and wellbeing. However, some unpaid carers told us they did not have an emergency plan in place should they be unable to continue in their caring role.

The local authority had clear business continuity plans in place for any disruptions which might impact local authority functioning. We reviewed an example of how this had been implemented with minimal disruption during a power cut at the local authority. The local authority had jointly devised service continuity plans with partners to provide guidance in case of any provider failure and minimise disruptions to a person's care.

Funding decisions or disputes with other agencies did not lead to delays in the provision of care and support. Staff told us they were aware of when a home care provider may close the provision due to a hospital admission and described good links with the provider to ensure a person had support in place when they were discharged from hospital.

Safeguarding

Score: 3

3 - Evidence shows a good standard

What people expect

I feel safe and am supported to understand and manage any risks.

The local authority commitment

We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

Key findings for this quality statement

Safeguarding systems, processes and practices

There were effective systems, processes, practices to make sure people were protected from abuse and neglect. The local authority had clear safeguarding polices in place and undertook regular case audits to ensure processes had been followed. The local authority had an Integrated Safeguarding Unit (IASU) who screened all safeguarding concerns to determine whether they met criteria for a section 42 enquiry. Partners told us they were able to contact the local authority and receive advice and guidance as to whether they should raise any safeguarding concerns.

Local authority processes stated concerns were to be screened within 24 hours of receipt and an initial risk assessment completed within 48 hours. Data provided by the local authority showed the median waiting time between receiving a concern and screening being completed was 0 days. Following the screening, if a section 42 enquiry was required, this would be completed by an appropriate member of staff from any of the social care teams.

The local authority worked with the Safeguarding Adults Board (SAB) and partners to deliver a co-ordinated approach to safeguarding adults in the area. The SAB did not have an independent chair, however following a North West ADASS Peer Review an independent scrutineer had been appointed which partners told us was helping the Board function better and provided increased internal challenge. Partners told us there was wide representation from different organisations on the board and the board membership had been widened to include more health partners and emergency service safeguarding leads which was leading to greater engagement and discussion. Leaders told us the Independent Scrutineer was due to provide their first report shortly after our assessment however there had already been useful feedback provided and improvements made, for example in using performance dashboards to monitor trends.

There were strong multi-agency safeguarding partnerships, and the roles and responsibilities for identifying and responding to concerns were clear. Information sharing arrangements were in place so that concerns were raised quickly and investigated without delay.

When safeguarding concerns related to people using a care service, the local authority had a pathway in place whereby the care provider would undertake an enquiry into the concern if it did not meet the threshold for a section 42 enquiry. Staff told us where providers led on investigating concerns, the local authority would review these to identify any emerging themes and identify any action which needed to be taken. Themes were also fed back to the Care Home Development group and multi-agency action plans devised if needed.

Staff involved in safeguarding work were suitably trained and supported to undertake safeguarding duties effectively. National data showed 53.92% of independent or local authority staff had completed safeguarding adults training which was similar to the England average of 48.70% (Adult Social Care Workforce Estimates 2023-2024). Staff told us they felt challenged due to a lack of experienced social workers within the IASU however told us they were a supportive team and worked together to manage risk with support from experienced managers and staff. The local authority undertook regular audits of safeguarding enquiries to ensure consistent practice across staff.

Responding to local safeguarding risks and issues

There was a clear understanding of the safeguarding risks and issues in the area. The local authority worked with safeguarding partners to reduce risks and to prevent abuse and neglect from occurring. The Safeguarding Adults Board (SAB) had identified their priorities for 2023-24 as quality assurance, co-production, and engagement, and learning and professional development. In their annual report 2023-24 the SAB reported they had undertaken thematic audits of cases under the themes of self-neglect, neglect and acts of omission in a person's home and concerns triaged by the Emergency Duty Team.

The local authority maintained strong links with a secure mental health rehabilitation service within the area and there were weekly meetings which took place between the centre's lead safeguarding practitioner and the local authority's Integrated Adult Safeguarding Unit (IASU) to ensure any themes on concerns were identified and to discuss any new concerns. There was also a wider multi-disciplinary team meeting which took place monthly between IASU, the Safeguarding Lead, advocacy, the Integrated Care Board (ICB) safeguarding lead and a linked officer from Cheshire Police. This enabled any themes or concerns to be discussed with a wider team of professionals.

Following an audit into a case involving self-neglect, the local authority had implemented a Multi-Agency Risk Assessment and Management policy (MARAM). The MARAM provided a framework for multi-agency working to address risk where an individual was not subject to a section 42 enquiry. Staff told us they felt the MARAM approach had been useful when working with several agencies to ensure risk management was co-ordinated and shared between services and gave us an example of working with a person with significant health needs and working under MARAM were able to co-ordinate responses to ensure a person's needs were met holistically.

Lessons were learned when people had experienced serious abuse or neglect, and action was taken to reduce future risks and drive best practice. The local authority had not been subject to a Safeguarding Adults Review (SAR) in the 2 years prior to our assessment despite several cases having been considered and rejected. To allay concerns about this, the Safeguarding Adult Board had introduced a new process whereby referrals for SARs were considered by a sub-group with sign off from the SAB Chair on their decision and oversight from the Independent Scrutineer. Partners told us the SAR referral criteria had been reviewed as it was not aligned with neighbouring authorities' which could cause uncertainty on when to refer. At the time of our assessment there were 7 cases going through the SAR consideration process, 2 of which were to be progressed to a SAR.

The SAB disseminated learning from SARs which had taken place across the region, arranging lunch and learn sessions for all partner agencies of the board and their staff to attend. Staff told us they had attended recent training sessions on learning from SARs including sessions about domestic violence and alcohol abuse.

Responding to concerns and undertaking Section 42 enquiries

There was clarity on what constituted a Section 42 safeguarding concern and when S42 safeguarding enquiries were required, and this was applied consistently. There was a clear rationale and outcome from initial enquiries, including those which did not progress to a Section 42 enquiry. The local authority had detailed guidance in place to support practitioners in determining when a safeguarding concern should be raised and when section 42 enquiries were required. The local authority also had guidance on whether a concern should be a provider-led response or referred for a section 42 enquiry.

The local authority told us between 1st March 2024 and 28th February 2025 they received 811 safeguarding concerns, all of which were triaged and 311 (41%) progressed to section 42 enquiries. The local authority had seen a reduction in safeguarding referrals received over the last 2 years according to national Safeguarding Adults Collection (SAC) data with 1095 concerns received in 2022-23 and 810 received in 2023-24. Leaders told us they were assured safeguarding concerns were being raised appropriately as data was triangulated with information from partners at the Safeguarding Adults Board (SAB) so they would be able to identify if partners were not raising concerns with the local authority.

There were clear standards and quality assurance arrangements in place for conducting Section 42 enquiries. The local authority reviewed data on safeguarding concerns received each week and monitored outcomes and any emerging themes and trends. Data on provider-led concerns was also reviewed by the IASU and Quality Assurance team to monitor trends in concerns originating from care providers. The quality assurance team were part of the quality subgroup at Halton SAB and discussed any themes with care quality with partners at the board. The local authority had a process for auditing safeguarding case files and in addition, thematic reviews were undertaken by the SAB.

The local authority had a backlog of Deprivation of Liberty Safeguards (DoLS) applications awaiting allocation to a Best Interest Assessor (BIA). Data provided by the local authority said there were 210 DoLS assessments awaiting completion in February 2025 which was a significant improvement from February 2024 when there were 394 applications outstanding. The local authority told us 118 of the waiting DoLS referrals were from hospital applications. Waiting lists for DoLS, including applications received from hospital settings, were prioritised within the local authority against the ADASS prioritisation tool and reviewed by a qualified BIA to ensure immediate risks were identified and addressed. The local authority was working with the North West ADASS DoLS group to discuss ways to streamline the process and reduce waiting lists.

We heard mixed feedback about whether relevant agencies were informed of the outcomes of safeguarding enquiries when it was necessary to the ongoing safety of the person concerned. Most partners told us they were informed of safeguarding enquiry progress and outcomes however, some told us they did not receive feedback and felt they had to chase the local authority to learn of outcomes.

Making safeguarding personal

Safeguarding enquiries were carried out sensitively and without delay, keeping the wishes and best interests of the person concerned at the centre. Data provided by the local authority told us all safeguarding enquiries were triaged within 24 hours of receipt and initial conversations with the person commenced at this point.

Staff told us there had been inconsistencies in how people's wishes were recorded in safeguarding enquiries particularly the voices of seldom heard groups, and there had been training completed with all staff to ensure consistency in their approach. Local authority processes highlighted the importance of consulting with the person and recording their wishes. Staff told us they kept the person at the centre of all safeguarding enquiries, ensuring their views were at the forefront including where a person would need additional support such as translators to make their views known.

People could participate in the safeguarding process as much as they wanted to, and people could access support from an advocate if they wished to do so. People were supported to understand their rights, including their human rights, rights under the Mental Capacity Act 2005 and their rights under the Equality Act 2010 and they were supported to make choices which balanced risks with positive choice and control in their lives. Partners told us told us staff had good links with advocacy services and knew when to refer a person for advocacy support. National data from the Safeguarding Adults Collection told us 81.48% people who lacked capacity were supported by an advocate, friend or family which was similar to the England average (83.38%).

Safeguarding plans and actions to reduce future risks for individual people were in place and they are acted on. The local authority provided data which told us in quarter 2 of 2024-25 97% of people whose section 42 enquiry was concluded had their desired outcomes met or partially met. They told us this was an improvement from Quarter 1 2024-25 where 90% of people had their desired outcomes met or partially met.

Theme 4: Leadership

This theme includes these quality statements:

- Governance, management and sustainability
- Learning, improvement and innovation

We may not always review all quality statements during every assessment.

Governance, management and sustainability

Score: 2

2 - Evidence shows some shortfalls

The local authority commitment

We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Key findings for this quality statement

Governance, accountability and risk management

There were clear and effective governance, management, and accountability arrangements at all levels within the local authority; these provided visibility and assurance on delivery of Care Act duties.

Approximately 2 years ago, the local authority had separated the previously joint adult social care and children's departments into separate directorates. Leaders told us this provided greater visibility, leadership capacity and accountability for adult services as the DASS reported directly to the Chief Executive rather than being accountable to the Director of Children's Services as per the previous structure. They were also a full member of the corporate leadership team.

There was accountability within the local authority for quality and sustainability and risks to delivery of Care Act duties. Partners told us there was regular oversight and quality assurance meetings held jointly with the local authority to share concerns and make decisions collaboratively. The projected increase in population of those aged 65+ was being discussed at a strategic level with partners and leaders were clear on the critical need to continue the work to prevent, reduce and delay care needs to manage future demands on services. The local authority had completed financial modelling to project the impact of their future population needs.

There was a stable adult social care leadership team with clear roles, responsibilities, and accountabilities. The statutory role of Director of Adult Social Services (DASS) was held by the Executive Director for Adult Services, a post which they had held for several years. The leadership team had extensive service within the local authority, and this enabled them to have strong relationships with staff and partners. Partners told us they knew who to contact in the local authority management team. Staff told us leaders were approachable and supportive.

Council members had oversight of data relating to local authority functions and had regular meetings with the Director of Adult Social Services (DASS) to discuss any concerns they had. They also received papers and information from senior management team meetings to review and to inform the scrutiny function.

The local authority used audits to monitor implementation of policy and the impact this was having on practice. Where any performance issues were identified, there were workplans devised to address these which were overseen by the senior management team. We reviewed workplans which evidenced achievable goals and progress being monitored regularly. The local authority acted upon the outcomes of case audits and staff told us about the Multi-Agency Risk Assessment and Management process which had been implemented following learning from a safeguarding case audit.

There were clear risk management and escalation arrangements. These included escalation internally and externally as required. There was awareness between senior leaders and partners of risks facing adult social care now and in the future. The local authority had a service level risk register which had identified risks and measures to manage these with escalation processes in place. The local authority demonstrated that they acted where risks were identified such as when they had identified an issue with waiting lists for Occupational Therapy and as part of their improvement plan had appointed a Principal Occupational Therapist to ensure best practice and risk management

There was a Transformation Programme in place, designed corporately, with elements covering adult social care and a specific adult social care delivery plan. We heard mixed feedback from leaders as to whether the plan was achievable within the planned timescales. The council's sustainability depended on changes being made within identified timescales, but leaders told us the transformation required further strategizing and engagement with people to ensure its impact was controlled and providing positive outcomes for people.

Senior leaders understood the local authority needed to change its operating model to ensure its sustainability with growing demand for adult social care, however we heard differing views from leaders on how this should be achieved. There was not a clear structure and process in place to implement the large-scale changes which were needed at pace to drive a sustainable, prevention, and strengths-based service and extend this beyond the current Transformation Programme.

There was consistent feedback from leaders who recognised while the current model was not thought to be sustainable, there needed to be system-wide change, co-produced with people, to deliver effective transformation and provide a greater focus on prevention and independence. Some positive changes had been made such as the introduction of the Prevention and Wellbeing Service (PWS), which were making an identifiable difference to promoting a strengths-based, community focus for residents. However, the transformation plan was, in its current format, focussed on working with people with a learning disability with limited wider learning or improvement and staff told us they were not aware of any wider changes as a result of the transformation work.

The local authority's political and executive leaders were well informed about the potential risks facing adult social care. There was a scrutiny process in place with elected members through the Health Policy and Performance Board (PPB). Leaders told us there had been additional oversight put into place over and above the scheme of delegation due to the financial pressures of the local authority and they felt this was a positive step to give greater review of decisions. However, leaders and partners told us the Health PPB agenda covered both health and adult social care which they felt did not enable sufficient time for adequate scrutiny and challenge, and they would prefer a separate adult social care meeting.

Strategic planning

The local authority used information about risks, performance, inequalities, and outcomes to inform its adult social strategy and plans. The local authority used data to inform its strategic change and development. The local authority had identified an increase in overdue annual reviews for people and had implemented a reviewing team to ensure people had a review of their care. The local authority was monitoring the data relating to this and had noted improvements in numbers of outstanding annual reviews and the team remained in place to continue their targeted work.

The local authority had monthly multi-agency meetings which included partners and advocacy to discuss shared data and used this to identify emerging trends and how resources should be allocated to address these. Partners told us they had shared data, and this led discussions about joint priorities. Key Performance Indicators were fed back to the Chief Executive to ensure business plans could be updated to address any changes needed to the service. Staff told us an example of how data demonstrated additional resource was required to support unpaid carers and following this, additional carers assessors were resourced and implemented.

The local authority had a Workforce Development Plan to address any impact of staffing on their duties. Leaders told us there was a strong 'grow your own' culture, which meant staff were supported to achieve qualifications and progress their careers within the local authority. Staff told us how they shared knowledge and experience through informal ways such as team meetings and practice sessions and that this was beneficial and strengthened relationships across teams.

Information security

The local authority had arrangements in place to maintain the security, availability, integrity and confidentiality of data, records and data management systems. Staff had access to secure email systems to support safe sharing of information with partners and there was an information governance team who oversaw the security and management of information. Where staff had access to multiple information systems, such as the emergency duty team who covered across two local authorities, staff told us of appropriate information security measures which were in place to protect people's data.

Learning, improvement and innovation

Score: 3

3 - Evidence shows a good standard

The local authority commitment

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Key findings for this quality statement

Continuous learning, improvement and professional development

There was an inclusive and positive culture of continuous learning and improvement. Local authority staff had ongoing access to learning and support so that Care Act duties were delivered safely and effectively. Staff were supported and encouraged to carry out training relevant to their roles to support practice. Staff told us about Social Work Matters events which were held every three months to share best practice, knowledge, updates on services available, and any relevant information. One staff member told us they had presented a case at the event to share their experience working with someone who did not speak English as a first langauge and how they used a translator and provided all documentation in the person's preferred language.

There was support for continuous professional development. Staff were supported to progress in their career. There were members of staff who had completed their Apprenticeship, Assessed and Supported Year in Employment (ASYE), and had been supported to progress to more senior roles.

There were some examples of co-production such as people who use services supporting with Interviews and reviewing policies and procedures. People told us they felt listened to and respected by the local authority; however, they told us change never really happened and improvements needed to be made to fully embed co-production as it was mostly used to consult with people rather than co-producing strategy. People who used services told us about their work interviewing people and their carers to gain feedback about supported living, one person told us they were completing a training course to be able to support the delivery of Oliver McGowan training, some people were also involved in making a video for The Social Care Institute for Excellence (SCIE) talking about their lives and the projects they had been involved in. Leaders identified there were opportunities to improve co-production further and ensure it was a part of routine service design.

The transformation programme was created as part of the Council's 3-year Reimagine Halton programme which began in April 2023, focusing on services for Adults with a Learning Disability, in particular Supported Living Services, Day Service Provision, Residential and Nursing Care Provision, Specialist Services and Respite Care Services. The focus of this work was to ensure a continued emphasis on meeting people's needs using a strengths and asset-based approach, whilst also reducing costs and delivering value for money. Staff told us the transformation programme had some good ideas, but they had yet to see any changes in practice.

The local authority commissioned the Institute of Public Care at Oxford Brooks University to carry out academic research, working in co-production with people who have a learning disability to gain their views and insight on what is needed in Halton. This work was still ongoing at the time of our assessment. Feedback from people regarding this work was positive.

The One Halton Carers Strategy 2024-2027 and delivery plan were co-produced with unpaid carers across Halton, the local authority told us they arranged a carers forum to gain insight into what it was like to be a carer. Feedback we received from unpaid carers regarding co-production was mixed with some unpaid carers not being aware of any co-production projects. Unpaid carers told us they were unsure whether their input would make any real changes.

The local authority gave examples of how they used evidence-based practice and shared learning to improve their services. An example of this was through their corporate Equality, Diversity and Inclusion (EDI) network in which adult social care were heavily involved. The local authority told us how they sought guidance from neighbouring local authorities to see what worked well and what should be improved when considering EDI. This helped the local authority identify areas they wanted to focus on when improving EDI for their staff and the people of Halton.

Leaders had taken part in a reverse mentoring scheme within the local authority in which leaders were mentored by staff who were neurodivergent to raise awareness on what it is like to work and live for those people. Leaders told us how they planned to use this learning to raise awareness to staff within the local authority which in turn would impact on their skills and knowledge in the community. The local authority was sharing their learning from the implementation of reverse mentoring with other local authorities within the region.

Learning from feedback

The local authority learned from people's feedback about their experiences of care and support, and feedback from staff and partners. This informed strategy, improvement activity and decision making at all levels. For example, the Halton Strategy for Adults with a Learning Disability was co-produced to identify 5 changes to help unlock an equal life for people with a learning disability. Additionally, there had been some recent research carried out by the University of Chester which studied the experiences of people using care and support services. The findings from this research supported improvements in relation to the home care offer. The new home care offer was not rolled out at the time of our assessment but was due to be rolled out soon to improve choice for people wanting to commission their home care through the local authority.

Leaders identified feedback from people who use services could be improved and they were looking at ways to improve the uptake of people's feedback via surveys etc to better gain the views of people using services and their unpaid carers. The local authority had undertaken consultation with people who use services to obtain feedback on their experiences.

The local authority used learning from complaints to improve practice. The Local Government Social Care Ombudsman (LGSCO) review report 2023-2024 stated they had received 5 complaints in respect to adult social care in Halton, of which, none of these were upheld. The Adult Social Care Annual Report 2023-2024 stated Halton had received 45 complaints, this was an increase on the previous year in which the local authority received 29 complaints. Leaders had oversight of compliments and complaints, and appropriate action was taken in a timely manner.

There were processes to ensure that learning happened when things went wrong, and from examples of good practice. Leaders encouraged reflection and collective problem-solving. Staff could speak with their team, their manager, and leaders openly and honestly and gained advice and support both formally in supervision and informally.