Halton Borough Council – Adult Social Care Market Position Statement 2026 – 2029

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Forward from the Portfolio Holder for Adult Social Care

As Portfolio Holder for Adult Social Care, I am pleased to introduce this Market Position Statement, which sets out our shared understanding of the current landscape and future direction of adult social care provision across our borough over the next three years.

Our area is one of resilience and strength, but it is also one which faces ongoing challenges. We serve pockets of the community which are impacted by high levels of deprivation and there is an increasing complexity of needs for us to understand and support.

Demand for support continues to grow, and the pressures on individuals, families, providers, and public services alike are both real and sustained. This makes it more important than ever that we work together to shape a care and support system that is responsive, inclusive, and sustainable.

We are fortunate to have a vibrant and committed provider market. Our local providers play a vital role in supporting residents to live independent, fulfilling lives, and I want to take this opportunity to recognise their dedication, innovation, and adaptability. We are equally proud of the strong relationships we have built between the Council and our partners, characterised by openness, collaboration, and a shared commitment to improving outcomes for local people.

This Market Position Statement is intended to support that ongoing partnership. It provides an overview of local need, highlights key trends, and helps inform our strategic priorities and commissioning intentions. It is designed to give providers, investors, and stakeholders the confidence and insight needed to plan, innovate, and grow in ways that align with our vision.

Looking ahead, our focus will continue to be on promoting independence, preventing and delaying the need for more intensive support, and ensuring that services are person-centred, high quality, and deliver value for money. We are particularly keen to encourage the development of flexible, community-based provision, and services that respond to the diverse needs of our population.

We know that we cannot achieve our ambitions alone. Continued dialogue, co-production, and partnership working will be essential as we navigate the challenges ahead. I invite all our partners to engage with this statement, to share their insights, and to work with us in shaping a care market that is fit for the future.

Together, we can build on our strong foundations to ensure that everyone in our community has access to the care and support they need to live well.

Councillor Angela Ball

Portfolio Holder for Adult Social Care

Part One: Introduction

The Adult Social Care Market

Adult Social Care is a broad term used to describe a wide range of services and support. It is not delivered by one organisation, and nor should it be. The many organisations and agencies that contribute to provision hold a range of expertise, specialisms and flexibilities, that councils could not achieve on their own.

The Care Act 2014 places responsibility on local authorities to improve the wellbeing of individuals with assessed care and support needs. This involves consideration of how they live their day-to-day lives and what they want to achieve in the longer-term.

For some people this may be impacted by existing and enduring conditions, illnesses or impairments which affect their physical, mental, emotional and social wellbeing. For others, their care and support needs may be a result of deterioration of conditions, or impact on their health and wellbeing as a result of illness or injury.

The Care Act also places responsibility on local authorities to prevent and delay the need for services, providing services and support to keep people well for as long as possible, in a place they can call home and give them opportunities to access and engage with the communities around them.

Halton Adult Social Care vision:

"To improve the health and wellbeing of Halton people so that they live longer, healthier and happy lives."

What is a Market Position Statement and why is it needed?

Meeting this wide remit for service provision, and ensuring it is of a high quality, involves working in partnership and collaboration with other public authorities, the voluntary and community sector and also making contractual arrangements, (consistent with local government procurement regulations) with a range of commissioned providers.

Managing, shaping and developing a provider market falls within the duties of the local authority. This responsibility involves a strategic approach that requires comprehensive oversight of existing and emerging provision, as well as population needs. It involves analysis, projection, planning, in addition to consideration of best practice, new models of care, anticipation and planning of risks and contingencies, and monitoring and responding to challenges. This entails building and maintaining close relationships with different organisations, agencies and establishments to create vibrant, sustainable and innovative provision which offers choice and control to those who access services.

The Halton Adult Social Care Market Position Statement communicates our current understanding of the provider market, and sets this against the anticipated needs of the borough's population over the next three years, and beyond. It provides transparency of our position and the insights and intelligence we hold. It enables both the Council and the provider market to plan for the future by building a picture of the direction of travel. This, in turn, helps inform decisions about best use of resources, allowing providers to develop and grow their businesses to meet projected needs.

The Market Position Statement has been written in consideration of intelligence shared from our provider sector, through our provider forums, alongside current data on provision and future population needs. It also aligns to our commissioning intentions, as set out in the Halton Adult Social Care Commissioning Strategy 2026-2029, which includes coproduction with experts by experience on what values are important to those who use services.

About Halton

Location

Halton is situated in the North West of England. Geographically, it spans the Mersey estuary, incorporating the towns of Runcorn and Widnes, and the outlying civil parishes of Hale, Daresbury, Halebank, Moore, Preston Brook and Sandymoor.

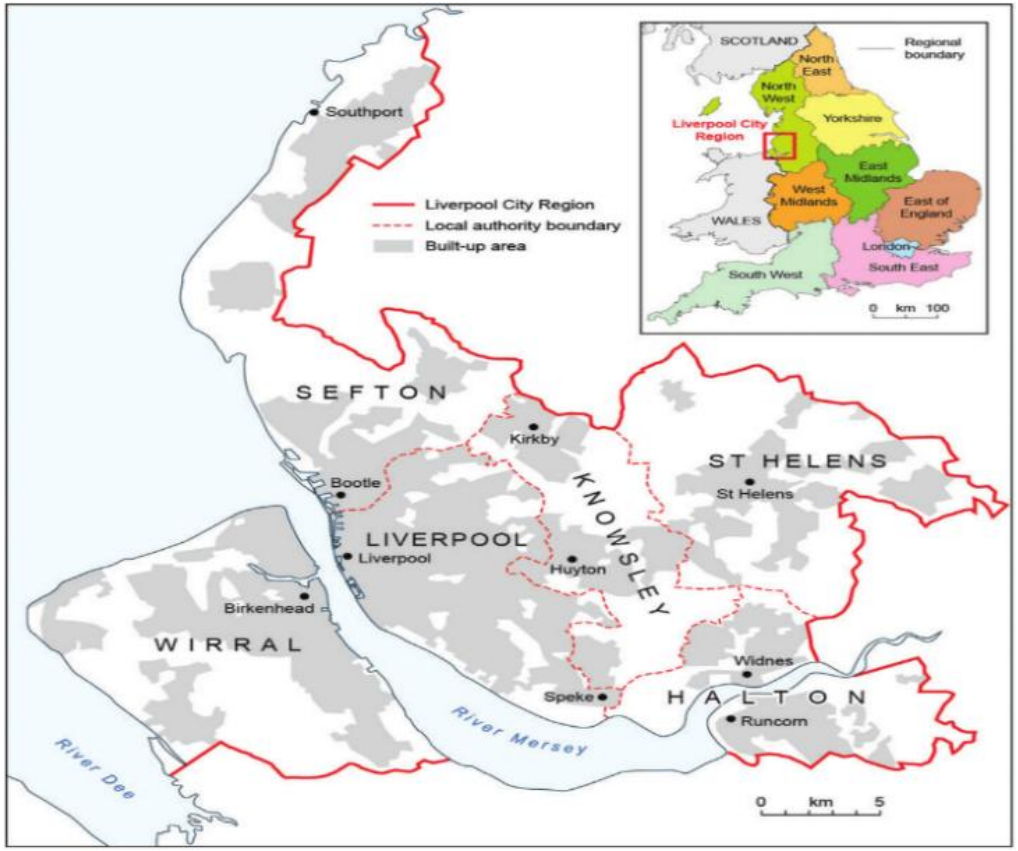
Its location benefits the borough from a connectivity perspective, with close proximity to Manchester, Liverpool, and their respective airports; easy access to the Mersey seaports; and rail networks taking less than two hours to London and just over an hour to Birmingham.

Historically, Halton has a shared a footprint with both Cheshire and Merseyside. Since 2014 it was accepted as part of the Liverpool City Region and is a member of the Liverpool City Region Combined Authority, which holds decision making powers under a Devolution Agreement with Government.

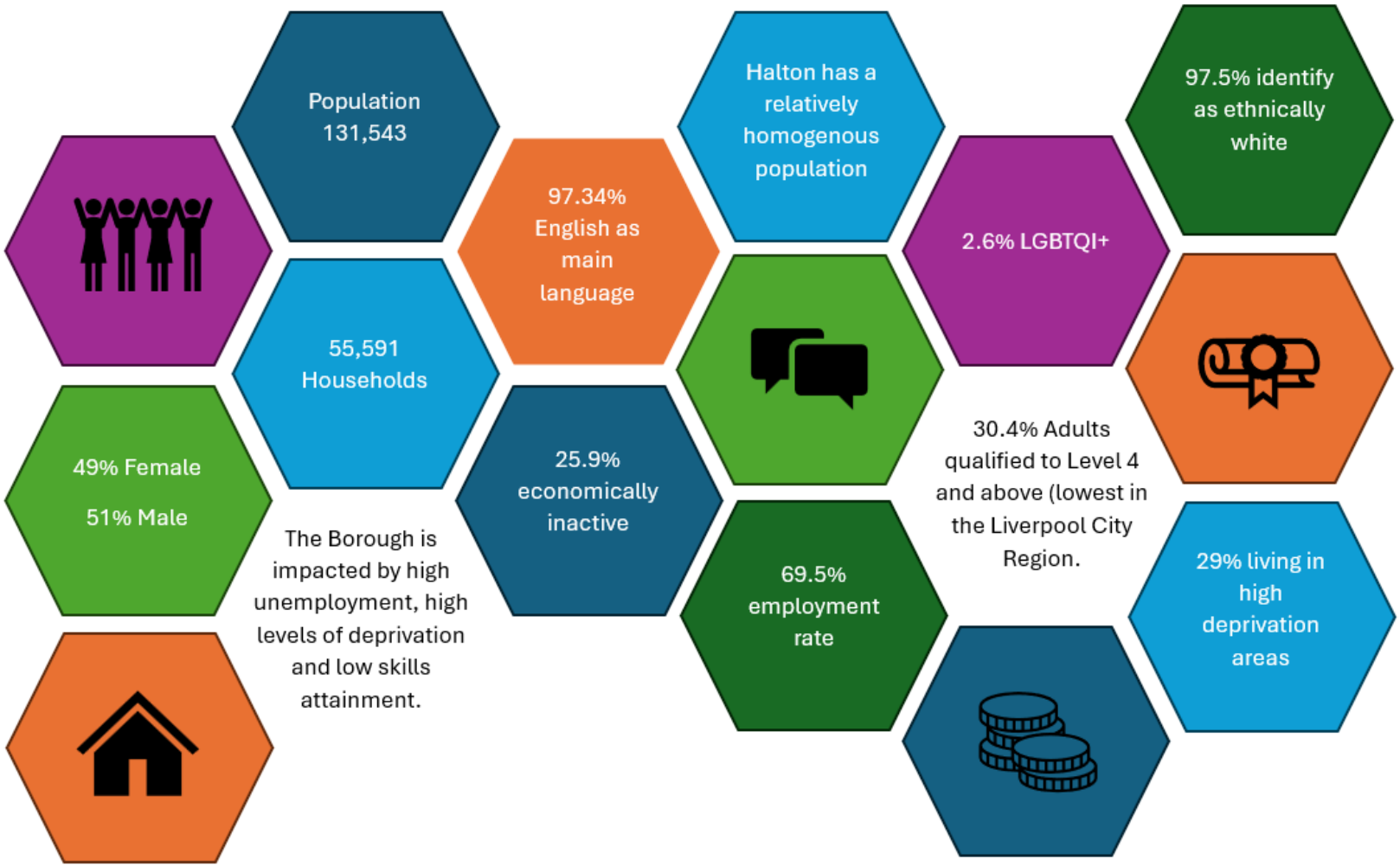
Its geography offers opportunities, and the borough is an industrial and logistics hub for the region, with a large proportion of residents working in manufacturing, wholesale and retail, and transport and storage. The borough owes much of its historical growth to the chemicals and advanced manufacturing industries.

Its location can also pose challenges, principally focused on achieving parity of services between its two main towns. While the borough is now served by two transport bridges connecting the two towns (the Mersey Gateway and the Silver Jubilee Bridge) local residents debate on a ‘divide’. In respect of investment decisions this can create friction.

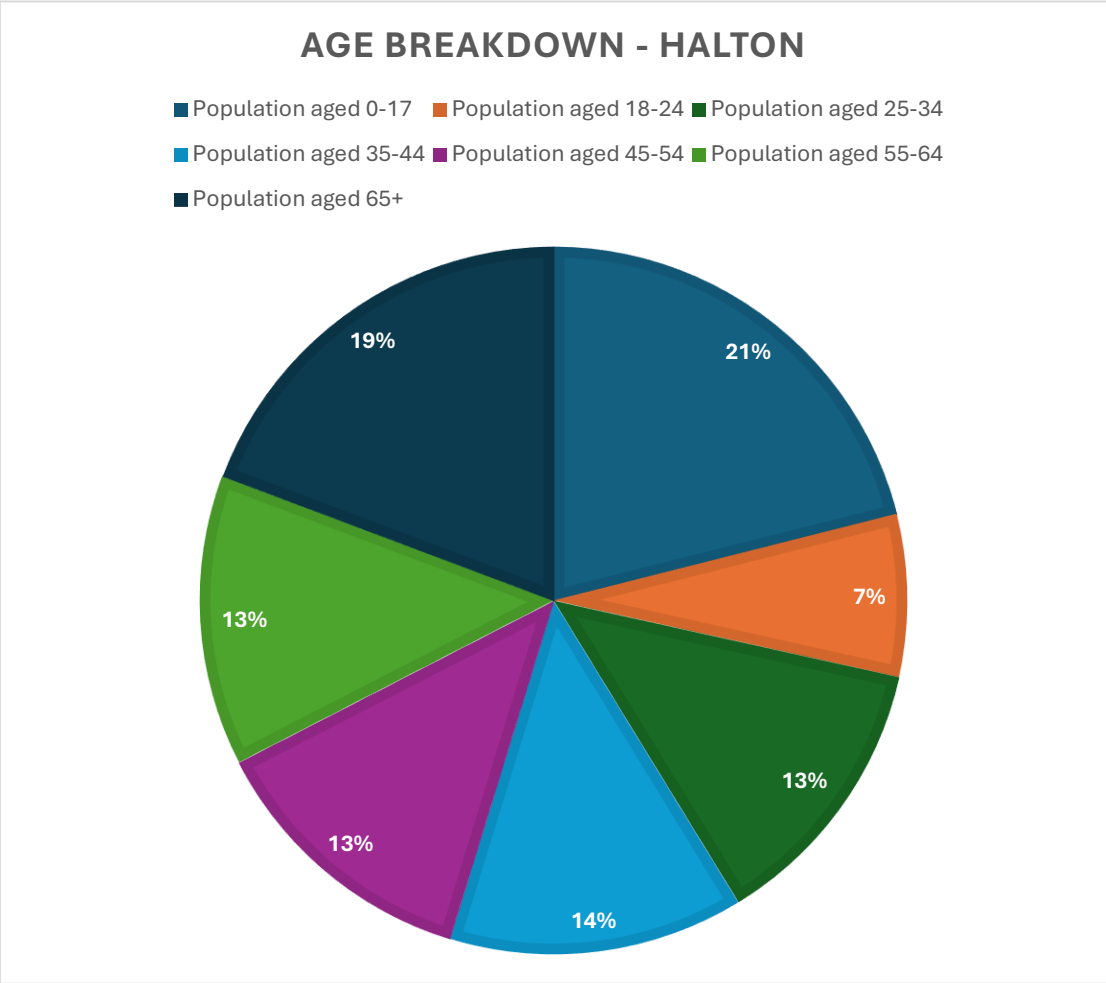
Halton's geography:



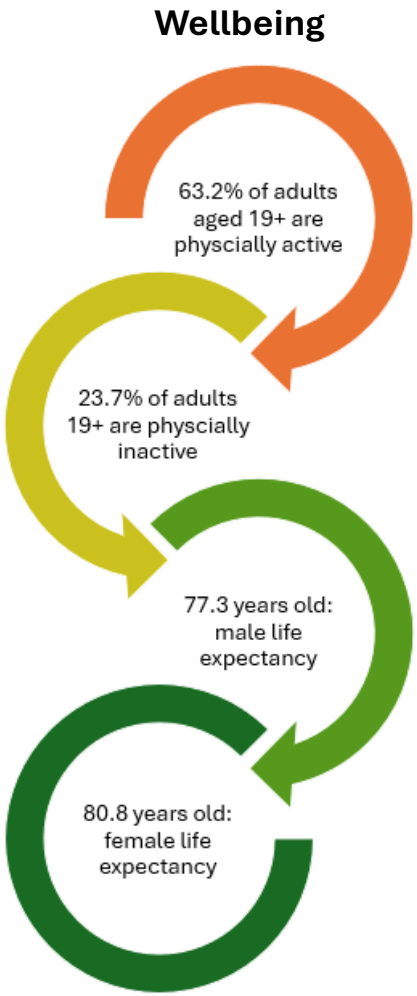
Population


Population 131,543
Halton has a relatively homogenous population
97.5% identify as ethnically white
97.34% English as main language
2.6% LGBTQI+
55,591 Households
49% Female
51% Male
25.9% economically inactive
30.4% Adults qualified to Level 4 and above (lowest in the Liverpool City Region.
69.5% employment rate
29% living in high deprivation areas
The Borough is impacted by high unemployment, high levels of deprivation and low skills attainment.

Key facts and figures

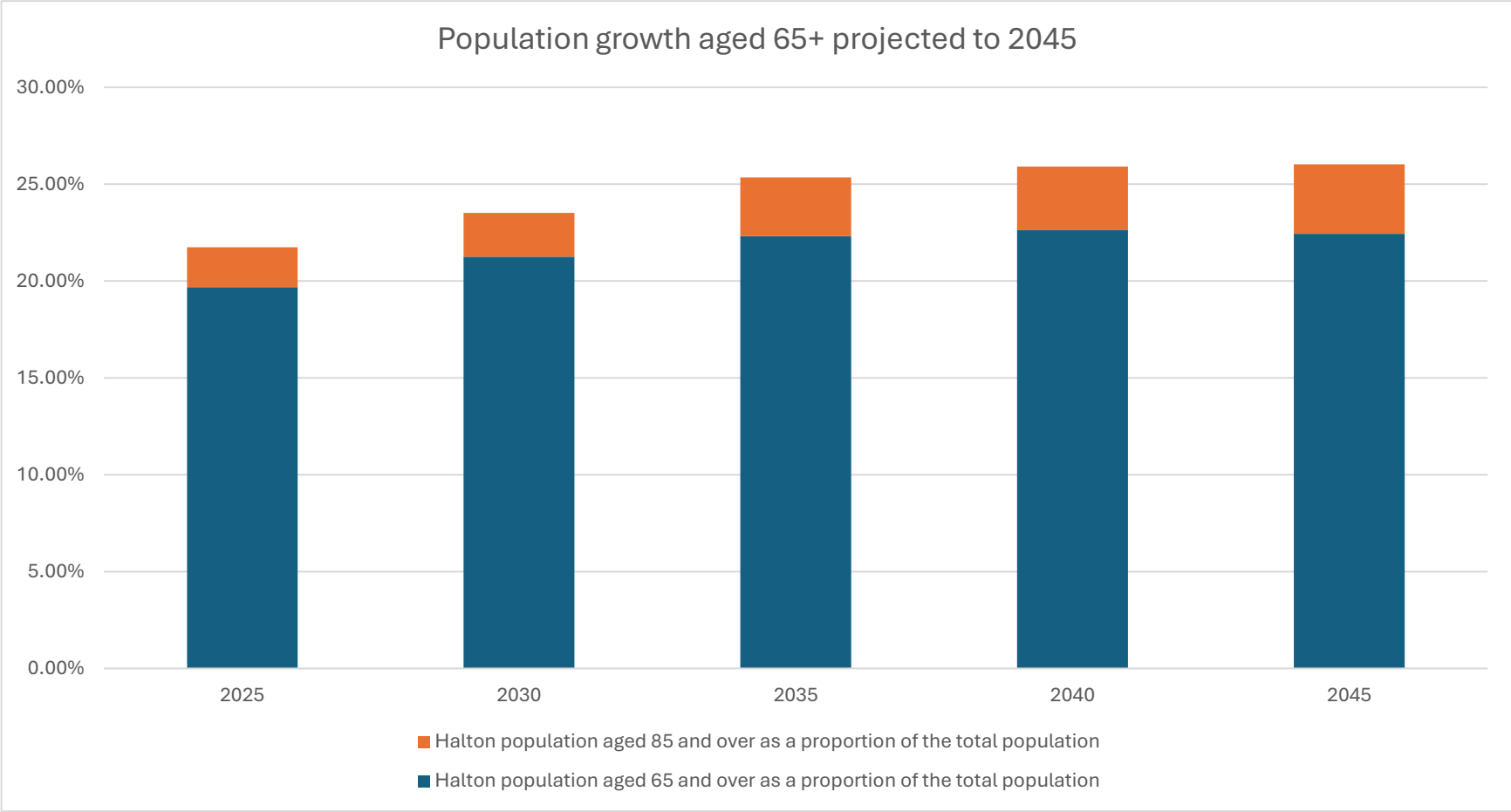


Sources: ONS and Halton Area Profiles and Stats



These figures are similar to other City Region Authorities

Halton has a rising population, having increased by 2.4% between 2019 and 2024. With economic growth and new housing developments, this growth is set to continue. But more significantly, the population of the borough is ageing. Between 1991 and 2024 there was a 6.9% increase in the population aged 65 and over, and projected figures for the next 20 years see small but continued increase in the trend:

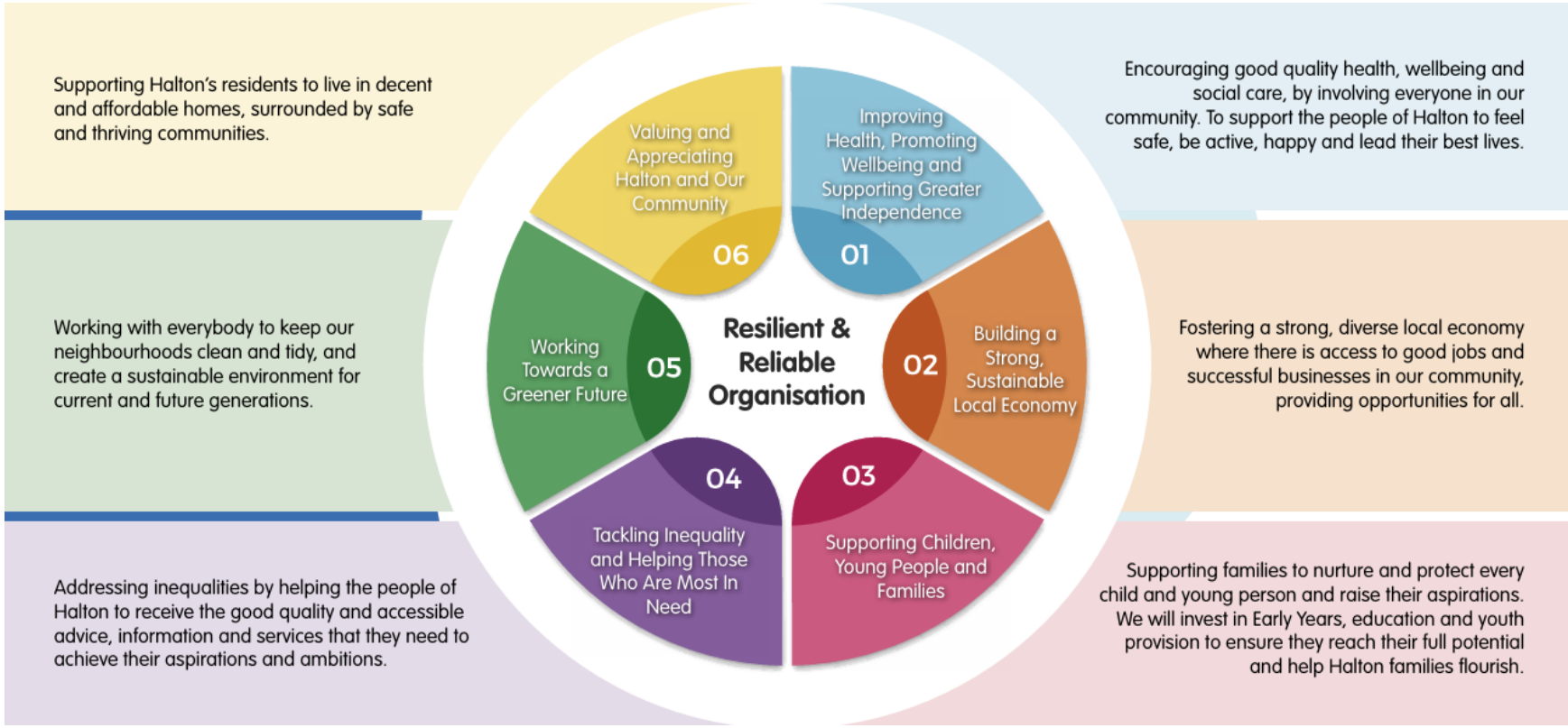


Data Source: POPPI

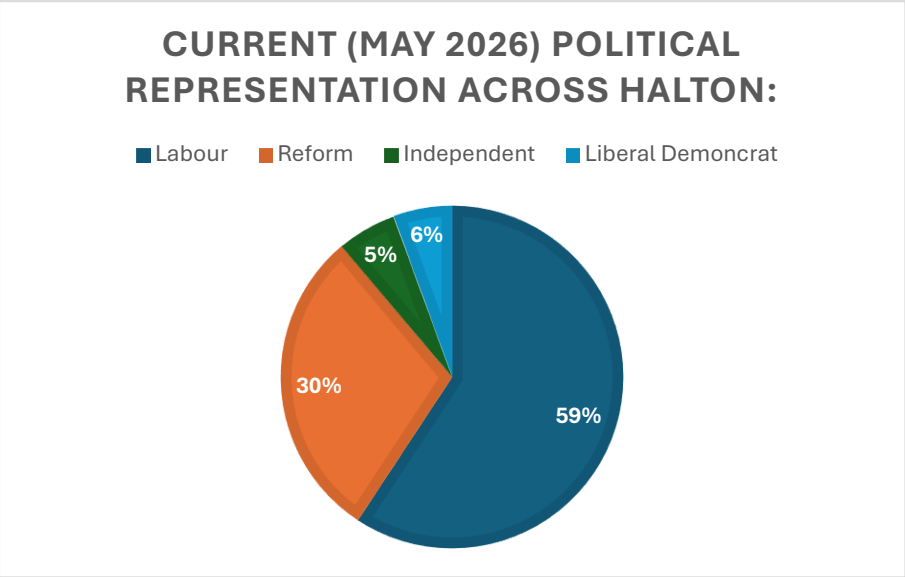
Halton Borough Council Structure and Governance

Halton Borough Council is a unitary authority, meaning it is the primary governing body for the area, with responsibility for providing all local authority services.

Following a four month public consultation in 2023, known as 'The Big Conversation' the Council published its Corporate Plan 2024-2029, which identifies its priorities and ambition for the people, communities and businesses across the borough. These covers six distinct categories of strategic focus, which all directorates, departments and teams across the Council align their operational functions to:



Halton Borough Council, like all local authorities, has elected representatives, in the form of local Councillors. 54 Councillors in Halton represent 18 'ward' communities, contributing to the development and approval of the Council's budget and key decision making. Historically, Halton has had strong political leadership and focus. In the current political climate, this will need to be monitored over the next three years; the duration of the document.



On a broader strategic basis, alongside its affiliations with the Liverpool City Region, the borough is part of the Cheshire and Merseyside Integrated Care System (ICS). This partnership helps tackle health inequalities and consider wider determinants of health that impact positively on not only life expectancy but whether people live 'well' throughout their lives. This has a direct influence on people's need for social care services.

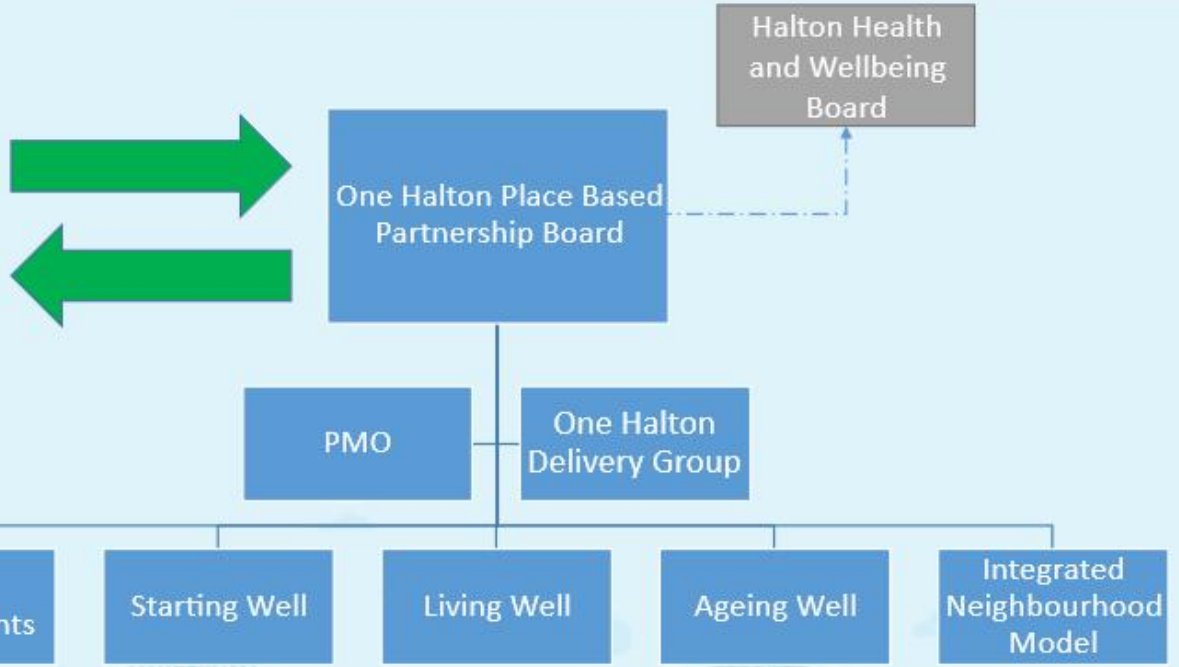
On a local level, Halton Borough Council Adults Directorate works directly with the Integrated Care Board (ICB) - NHS Cheshire and Merseyside (Halton Place) – to achieve joint health and social care outcomes. As part of this arrangement, a Section 75 (NHS Act 2006) funding agreement, sees a pooled budget being allocated to integrated working objectives.

A wider place-based partnership operates as One Halton, and incorporates representation other local NHS authorities, housing and the voluntary and community sector. This alliance works considers system-wide solutions to population need. The priorities, approach and membership of One Halton is described in detail in the **One Halton Health and Wellbeing Strategy 2022-2027**. The overarching governance structure for the partnership is summarised in the diagram overleaf:

One Halton Agreed Delivery Structures

Partner Organisations

- NHS Cheshire and Merseyside
- Halton Borough Council
- Bridgwater Community Healthcare NHS Foundation Trust
- Warrington and Halton Teaching Hospitals NHS Foundation Trust
- Healthwatch Halton
- Mersey and West Lancashire Teaching Hospitals NHS Trust
- Halton and St Helens Voluntary and Community Action
- Widnes Primary Care Network
- Runcorn Primary Care Network
- Mersey Care NHS Foundation Trust
- Halton Housing



Adult Social Care in Halton

Halton Borough Council's Adults Directorate is responsible for meeting statutory duties as set out in the Care Act 2014. It additionally works to a range of other legislation governing and protecting people's rights.

The strategic objectives set out in the Halton Borough Council Adult Social Care Prevention Strategy 2023-2027 reflects the duties placed upon the directorate, to prioritise prevention and wellbeing, provide early intervention and delay the need for more complex interventions. The structure of services also mirrors this intention with a single 'front door' service (The Prevention and Wellbeing Team) having been set up in February 2024. Here, people are triaged and as appropriate information, advice and signpost is given to meet their needs. Teams work with strengths-based approaches to determine people's personal outcomes.

If people require additional support to that available across the community, their care and support needs are assessed and personalised plans of support are developed. Teams will work with people to help determine whether their care and support is eligible for public-funding, or whether they will have to pay for, or pay a contribution towards, their care.

Our duties include meeting the wellbeing needs of those who require care and support as a result of ill-health; physically, cognitive or sensory disability; mental health impairments, acquired brain injury, age-related infirmity or other impairment or long-term conditions. We are also required to assess and meet the need for unpaid carers whose lives are adversely affected by their caring responsibilities.

Where social care interventions are ongoing, people will be assisted by more specialist teams in the longer-term, for example Complex Care Widnes, Complex Care Runcorn, Transitions Team, Reviewing Team and Mental Health.

Alongside care management teams, the Adults Directorate in Halton hosts some in-house provision, through its four older people's care homes, the Halton Supported Housing Network, Day Services, Shared Lives Service, Mental Health Outreach and Women's Centre. It also has a specialist Positive Behaviour Support Service which is further commissioned by neighbouring local authorities, and an Urgent Care division which supports hospital discharge, delivers the Intermediate Care and Frailty Service, which includes reablement and Intermediate Care beds (Halton Intermediate Care and Frailty Service - HICaFS).

Key areas of legislation that Adult Social Care works to:

- Care Act 2014
- Mental Capacity Act 2005
- Mental Health Act 1983 Equality Act 2010
- Human Rights Act 1998
- Data Protection Act 2018 and UK GDPR
- The Health and Care Act 2022
- Autism Act 2009

Meeting the wellbeing and care needs of the population isn't just about provision of social care services; it requires a joined-up approach to people's lives. Helping people to achieving their own personal goals and outcomes, and live their lives safely, comfortably and independently requires a systems-based approach. Consequently, partnership working is central to delivery of services and the Directorate works closely with health, housing, education, private providers and employment establishments, and the voluntary and community sector to ensure that needs are met in different ways and that most appropriate service is available to people at the right time, in the right place.

The Directorate employs around 664 people (Permanent and Temporary roles, but excluding Casual) in 19 job roles areas (as defined within the Adult Social Care Workforce Data Set) to deliver both public-facing and back-office functions. Outside of this, the Directorate holds contracts across a number of frameworks (including domiciliary care services, supported living provision and care home contracts). It also holds provider contracts for homelessness and housing support services; community and voluntary sector support (e.g. Integrated Sensory Support Service, Dementia Advisor service, Care at Home service and Stroke Recovery service); the purchase of adaptations and equipment, including Telehealthcare technology; quality assurance and data management software; supply of good to care homes; training provision; respite services and more.

In 2022, the Care Quality Commission (CQC) were given powers to assess how well local authorities meet their duties under Part 1 of the Care Act 2014. Working to an extensive Assurance Framework Halton's Adults Directorate was rated as 'Good' following assessment in 2025.

Some of the wider responsibilities under the Care Act place a duty on the local authority to:

- Conduct safeguarding enquiries when someone is experiencing, or is at risk, of harm,
- Establish and convene a multi-agency Safeguarding Board,
- Maintain oversight of a flexible, high-quality and diverse provider market, and plan for market failure,
- Provider continuity of care for those moving between areas,
- Engage with and coproduce service and provision with people with lived experience; and
- Provide independent advocacy to those who need it.

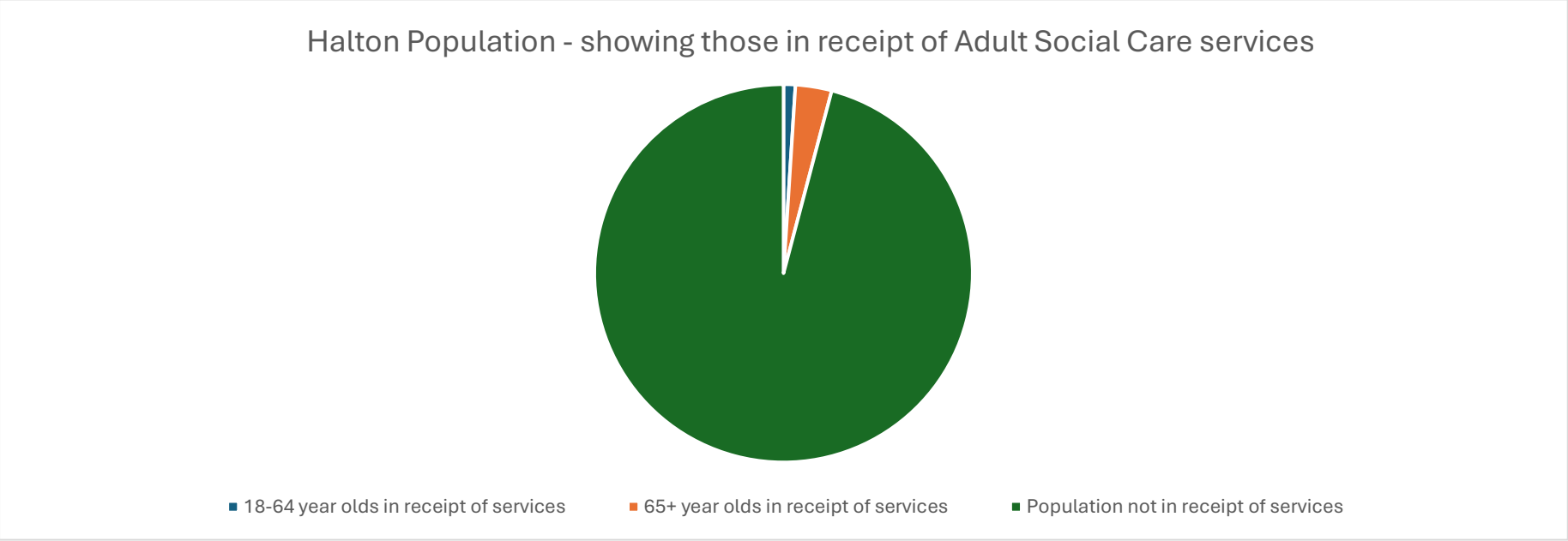
Demand for Adult Social Care in Halton

Percentage of people in receipt of services, aged 18-64 years, as a proportion of the total population of Halton

1.01%

Percentage of people in receipt of services, aged 65+, as a proportion of the total population of Halton

3.10%



Percentage of people in receipt of services by Service Type and age group as a proportion of the total population of Halton	18-64	65 +
Community Based Services	0.48%	2.28%
Direct Payment	0.44%	0.14%
Nursing Care	0.02%	0.23%
Residential Care	0.07%	0.43%

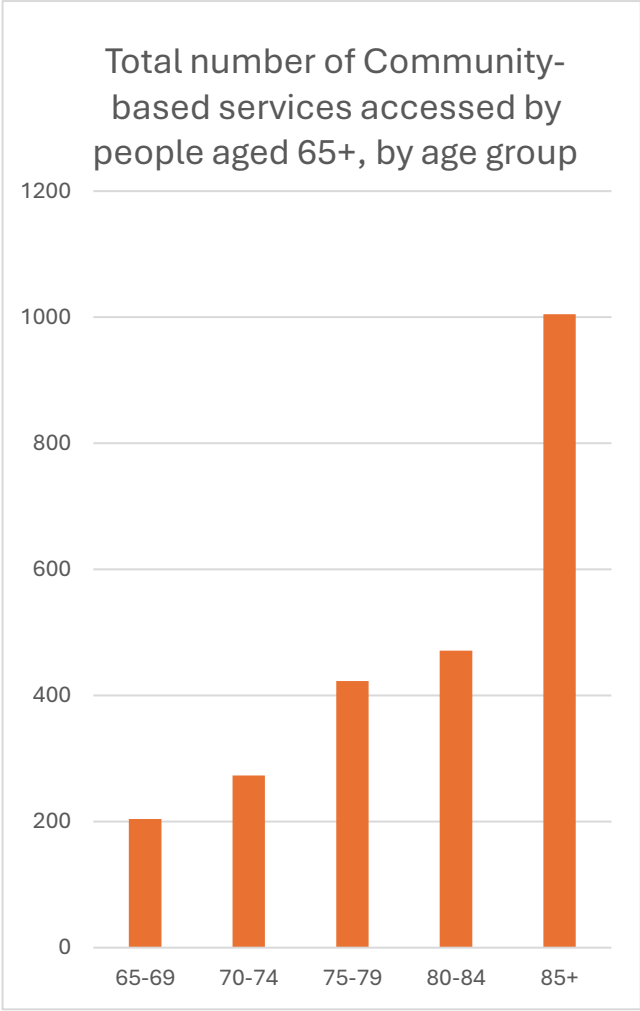
Source: Adult Social Care 2024-25 figures

Older people – Aged 65+

In receipt of community based services:

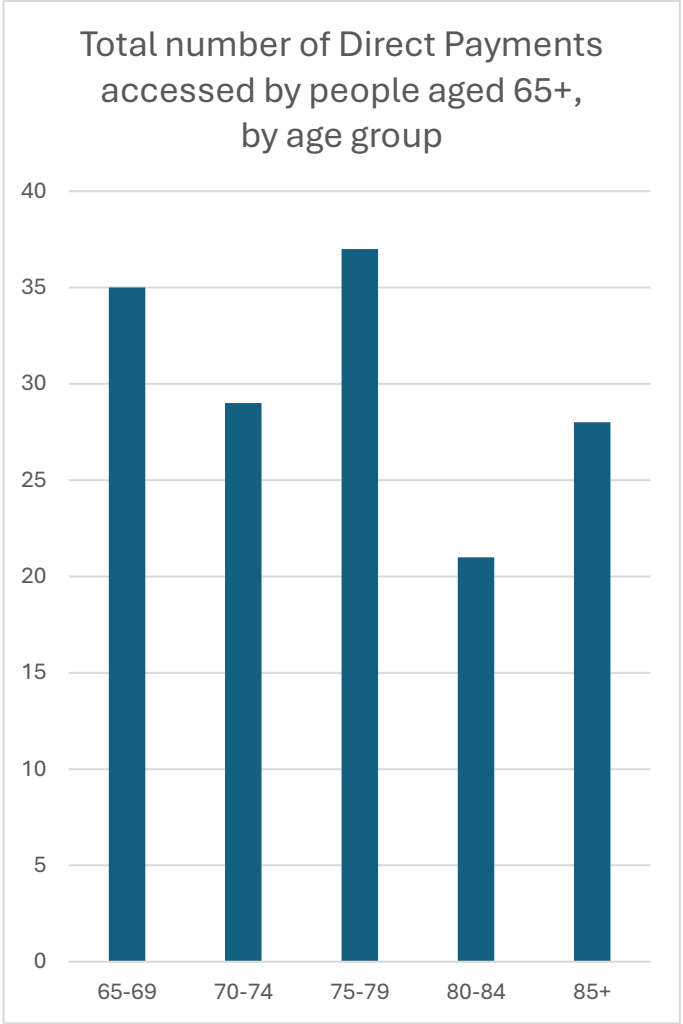
	Number of people in receipt of care aged 65 and over				
Age Breakdown	65-69	70-74	75-79	80-84	85+
Learning Disability Support	13	11	3	1	2
Mental Health Support	10	8	6	13	6
Physical support: Access and mobility only	69	89	129	150	361
Physical support: Personal care support	45	62	127	133	271
Sensory support: Support for dual impairment	1	0	0	0	1
Sensory Support: Support for hearing impairment	0	0	1	1	5
Sensory support: Support for visual impairment	4	6	7	13	52
Social support: Support for social isolation or other reason	4	5	8	11	8
Support with memory and cognition	5	3	5	6	28
Other services*	53	89	137	143	271
Total Community Based Services	204	273	423	471	1005

* for example, short-term services, e.g. lifeline or equipment, where there is no ongoing long-term need, or domiciliary care services via reablement or extra care housing.



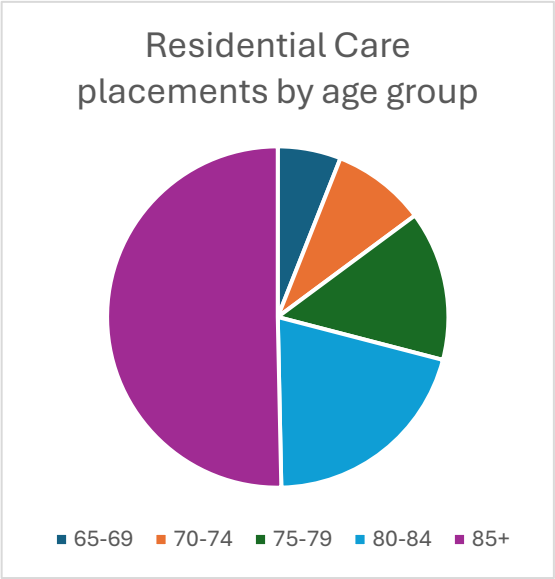
In receipt of Direct payments:

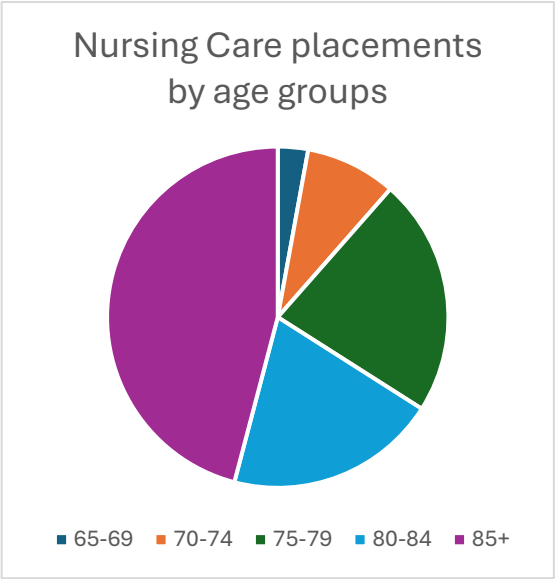
	Number of people in receipt of care aged 65 and over				
Age Breakdown	65-69	70-74	75-79	80-84	85+
Learning Disability Support	4	2	3	2	3
Mental Health Support	5	3	3	1	2
Physical support: Access and mobility only	11	15	14	5	10
Physical support: Personal care support	10	7	13	8	7
Sensory support: Support for dual impairment	1	0	0	0	1
Sensory Support: Support for hearing impairment	0	0	0	0	0
Sensory support: Support for visual impairment	1	0	0	3	2
Social support: Asylum seeker support	1	0	0	0	0
Social support: Substance misuse support	1	1	0	0	0
Social support: Support for social isolation or other reason	1	0	1	0	1
Support with memory and cognition	0	1	3	2	1
Other	0	0	0	0	1
Total Direct Payments	35	29	37	21	28



In receipt of care home provision:

	Number of people in receipt of care aged 65 and over				
Age Breakdown	65-69	70-74	75-79	80-84	85+
Learning Disability Support	0	1	0	0	0
Mental Health Support	3	2	11	3	8
Physical support: Access and mobility only	1	4	16	16	32
Physical support: Personal care support	2	8	14	20	48
Sensory support: Support for visual impairment	0	1	1	0	2
Social support: Support for social isolation or other reason	0	1	3	1	0
Support with memory and cognition	1	4	8	9	22
Unknown	0	0	2	0	0
Nursing Care	7	21	55	49	112
Learning Disability Support	5	2	2	0	0
Mental Health Support	6	10	13	11	13
Physical support: Access and mobility only	6	8	12	22	52
Physical support: Personal care support	5	9	23	37	107
Sensory Support: Support for hearing impairment	0	0	0	0	1
Sensory support: Support for visual impairment	0	0	3	1	11
Social support: Support for social isolation or other reason	1	0	2	4	4
Support with memory and cognition	3	9	9	18	37
Unknown	1	2	0	0	2
Residential Care	27	40	64	93	227





Budget allocation for Adult Social Care

Spend analysis for Adult Social Care in Halton over the last five years shows relative stability.

	Learning Disabilities	Memory and Cognition	Mental Health	Physical Health	Sensory Needs
2024/25	48%	11%	13%	25%	3%
2023/24	50%	8%	11%	28%	3%
2022/23	49%	9%	7%	28%	7%
2021/22	56%	9%	9%	22%	4%
2020/21	55%	8%	9%	25%	3%

The one area where funds have slightly reduced, and been able to be redistributed is around learning disabilities. This is in-line with our transformation objectives (through our Change Delivery Unit) which targeted this area of allocation as a high spend area. Project work continues to be undertaken to optimise opportunities for people to receive the care and support they need in the most resource efficient way.

In respect of commissioned services (including commissioned packages of care), 70% of our annual budget (2024/25) was spent on commissioned provision. This represents a significant responsibility for Adult Social Care to work effectively and efficiently with the existing and emerging market of provision.

Our in-house provision impacts on many of these budgetary areas and we make every effort to strike a balance to achieve the most effective use of resource, whilst also considering sustainability and continuity.

Working with partnership organisations, authorities, groups, agencies and establishments can involve shared outcomes and in-kind collaborations. Partnership working also incorporates joint funding arrangements, primarily through our Section 75 agreement for a pooled budget with Health, principally associated with the Better Care Fund (BCF).

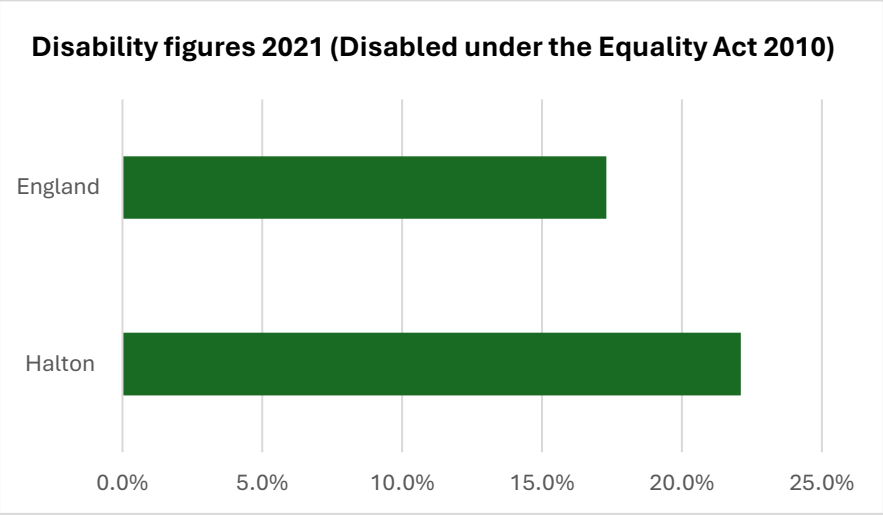
Alongside, mutually collaborative working we also commission certain services through the voluntary and community sector which impact directly on our strategic objectives and ability to deliver our statutory duties.

Financial challenge

Since 2010, Local authorities across the Country have been subject to continued financial pressures. Austerity measures, in opposition to population growth (and therefore increasing population needs) and inflationary rises, has created funding gaps that are still not closed. Halton, given its geographical nuisances, significant pockets of deprivation, and some relatively high levels of needs (higher rates of Disability than the England average – See below figures) faces substantial financial challenges as a result.

Halton Borough Council's 'spending power', like many other authorities across the country, has been diminished and we must ensure that services invested in are effective, efficient and fit for purpose.

This document means to explore that market and offer an overview of its current position, as well as indicating some of our overarching intentions for the coming period. It should be read in conjunction with the **Halton Borough Council Adult Social Care Commissioning Strategy for Care and Support 2026-2029**, which sets out the Adults Directorate's commissioning approach and priorities for the same duration of time.



Source: ONS

"The two main drivers for spending on Adult Social Care are deprivation and an older population."

"Adults in more deprived areas generally have lower life expectancy but also spend more of their lives living with multiple conditions which will drive demand for and spending on Adult Social Care. Halton is one of the most deprived authorities responsible for social care in England."

Source: Resources Narrative Report for Halton 2024/25 - LGA

Direction of Travel for Adult Social Care

Our priorities are well documented and align to our strategies and related polices:

- Halton Borough Council Adult Social Care Commissioning Strategy for Care and Support 2026-2029
- Adult Social Care Annual Report
- Halton Adult Social Care Workforce Strategy – August 2025
- Halton Borough Council Adult Social Care - Prevention Strategy 2023-2027
- One Halton Carers Strategy 2024-2027, and Delivery Plan
- One Halton Health and Wellbeing Strategy 2022-2027
- Unlocking an Equal Life, Halton's Strategy for Adults with Learning Disabilities 2025-2030
- Living well with dementia – One Halton Dementia Delivery Plan 2023-2028

Gaining a clear picture of the social care needs across Halton, and the best ways to meet those needs, involves working with others.

The majority of our strategy documents have involved coproduction with experts by experience. Working with people who use services, and their carers, is an important part of gaining insights and understanding on how people live their lives and how they access and benefit from services. Coproduction remains a key priority for the Adults Directorate.

Alongside this we engage with partners and providers on a regular basis, through contract monitoring, through working with groups in the implementation of strategy delivery plans, through Partnership Boards, through Provider Forums (Care Home, Supported Living, Domiciliary Care) and other means.

The standard and quality of care provision in Halton is paramount to our ambitions, and we work with providers to both celebrate good practice and identify areas for development.

Halton Adult Social Care strives for excellence in all we do and this requires a continuous programme of learning and improvement. Our priorities and intentions mirroring national and regional policy and guiding principles, alongside localised analysis of needs, both current and projected.

Horizon scanning requires us to embrace innovative and emerging new technologies, and programmes of work are being developed to welcome new opportunities. Alongside this, we must also consider sectors of the community who need information and access to services in different ways, whether this is due to connectivity, preference or the need for information to be presented in different ways and formats. Our commitment to reaching those who are 'seldom seen' or 'seldom heard' in our community is steadfast.

Sharing our values

Our key areas of focus are interwoven across our policies, strategies and our performance and quality assurance processes. They incorporate the following objectives (in no particular order) and more, which we expect all providers we work with to align to:

- ✓ **Quality care**
- ✓ **Multi-disciplinary team responses**
- ✓ **Strength/Asset based assessments**
- ✓ **Community engagement**
- ✓ **Carer support**
- ✓ **Resilient and capable workforce**
- ✓ **Community support**
- ✓ **Person centred planning**
- ✓ **Sector stability**
- ✓ **High standards**
- ✓ **Support at the right time, in the right place**
- ✓ **Innovation and technology**
- ✓ **Future-proofing our specialist housing stock**
- ✓ **Achieving 'Outstanding' CQC ratings**
- ✓ **Timely hospital discharge**
- ✓ **Prevention and early intervention**
- ✓ **Safeguarding / Free from harm**
- ✓ **Independence at home**
- ✓ **Best use of resources**
- ✓ **Self-direction**
- ✓ **Access to information**
- ✓ **Living Well for Longer**
- ✓ **Partnership working and collaboration**
- ✓ **Learning and changing practice for the better**
- ✓ **Choice and control**
- ✓ **Coproduction**
- ✓ **Ease of access**
- ✓ **A 'Home First' approach**

At this point in time, we know that the current challenges for Halton's Adults Directorate, and indeed many other local authorities across the country, revolve around a few crucial areas. Our three principal areas of concern for the sector have been identified as:

Funding

Balancing a finite budget against increasing need. Commissioning the right services to meet the needs while creating flexibility within the system to achieve personalised outcomes.

Workforce

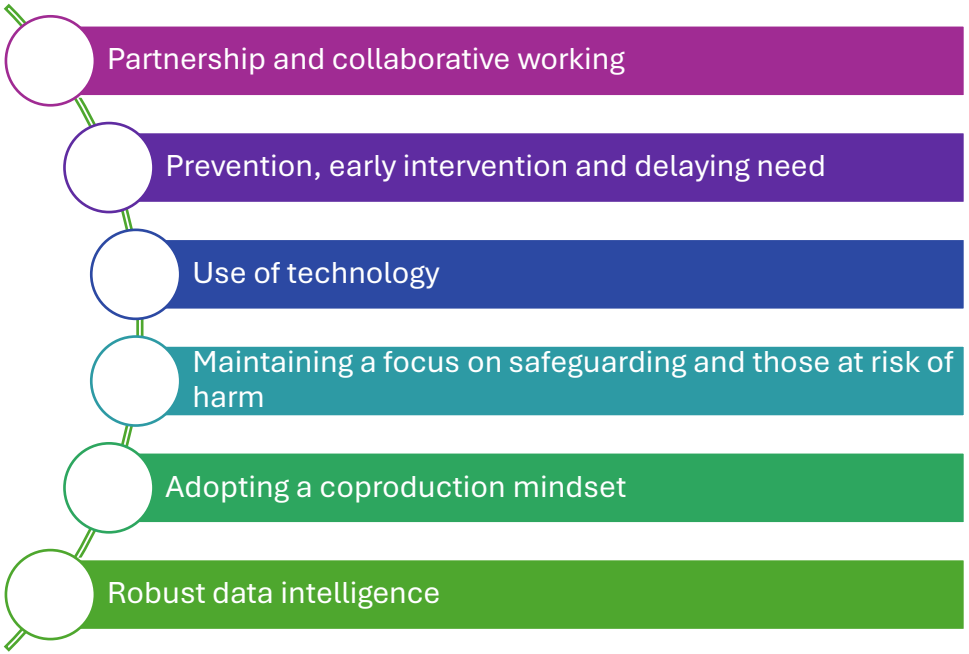
Recruiting, retaining and developing a skilled workforce. Giving people opportunities to progress within their chosen career path, sustaining the resilience needed to work with some of the most vulnerable and challenging needs across our community, and ensuring good leadership and management rive this.

Maintaining quality

Continuing to set the standards for care and support, ensuring that these are realistic and achievable but which exemplify our expectations for the population of the borough.

We also know there are some significant and pragmatic approaches we need to adopt to achieve sustainability and attain identified transformation.

Our top six Adult Social Care enablers for this have been identified as:



Part Two: Provision, services and our current market position

The following sections outlines both the market and the market position of services across Halton. It primarily focusses on commissioned services as the external market but provides contextual details on internal Council-led services and the direction of travel in relation to these areas of provision.

This next section aims to present a current overview of services and provision and will look at future demands and requirements. It intends to communicate our understanding of what needs to happen both now and next in relation to how, why and when we need to engage with the provider market, and relevant partners, to ensure that we continue to meet the needs of the population of Halton

Specialist Accommodation Needs

Halton Borough Council has published 'A Housing Strategy for Halton 2026-2031'. This comprehensive document presents an evidence-based strategic approach to housing needs for the borough which aims to drive investment and economic growth, create equity and inclusivity, generate thriving and resilient communities and meets projected specialist housing needs.

For the latter, it specifies that we will:

- Publish a **Specialist Housing Prospectus**
- Deliver **2,790 old people's units** to meet identified need
- Promote **'own front door'** housing models
- Develop **core-and-cluster schemes** with flexible support
- Ensure hew homes area **tech-ready and future-proofed**
- Improve **housing pathways for care leavers**

These objectives have been set with keen Adult Social Care involvement and are strongly interconnected with the future intentions. The Strategy identifies a specialist supporting housing gap in the housing market across Halton. This requires us to work collaboratively with our Environment and Re-generation teams and with housing providers who are looking to invest not just in profitable development but also ones which will make a real difference to people's lives and assure their independence.

Supported Living – Housing Needs

The majority of our specialist accommodation for working age adults is represented by supported living arrangements. Our supported living model recognises the needs of vulnerable adults. Those with learning disabilities, autism, physical and sensory needs, mental health illness and other conditions are all considered as part of a monthly housing panel process. Here, available housing stock is matched up against needs and preferences.

Currently, we accommodate 247 people across 97 supported living proprieties. This incorporates single occupancy accommodation, shared accommodation, 'own front door' flat/apartments and some other arrangements.

Our supported living housing stock in Halton has been considered as part of our transformation work (through our Change Delivery Unit) over the last couple of years. Current and future requirements have been analysed and we have concluded that 'own front door' developments and single occupancy 2-bedroom bungalows for those who have more complex needs are the preferred models of accommodation going forward.

As part of this work we are also looking at the borough's residential accommodation for this age group. Where possible, we are working to phase out residential care for 18-64 year olds, and we are currently liaising with some of our existing residential provision to consider de-registration and reassignment of their accommodation. A small number of residential homes will continue to offer only very specialist care to this age group.

The Directorate has been working closely with Halton Housing to secure and progress with a flag-ship development which hosts both 'own front door' and single-occupancy supported accommodation on one site. This is now in the build stage and will offer ten 'own front door' apartments and three 2-bedroom bungalows. The development also has a staff office and overnight bedroom and bathroom, a small amount of green space and a communal area within the apartment building, as well as ample parking. This community living arrangement will allow us to house adults with a range of needs and to commission a single support provider across all units. The development is due to be completed in Autumn 2026.

Halton Housing's Crow Wood Gardens development – an illustration

The Cheshire and Merseyside housing strategy for Learning Disability and/or Autism was launched by North West ADASS in 2025. This is a collaborative document between the region's Councils, NHS Cheshire and Merseyside, Liverpool City Region and Homes England. It involved coproduction, including considerable contributions from Halton. The Strategy establishes regional priorities and commitment to adults with learning disability and/or Autism, and reinforces their rights and opportunities to have choice and control over where they live, and what they call home.

Halton's ambition for people with learning disability and/or Autism maps to this document, and our intent is to further develop a localised Supported Living Housing Strategy, as required as part of our duties within the Supported Housing (Regulatory Oversight) Act 2023.

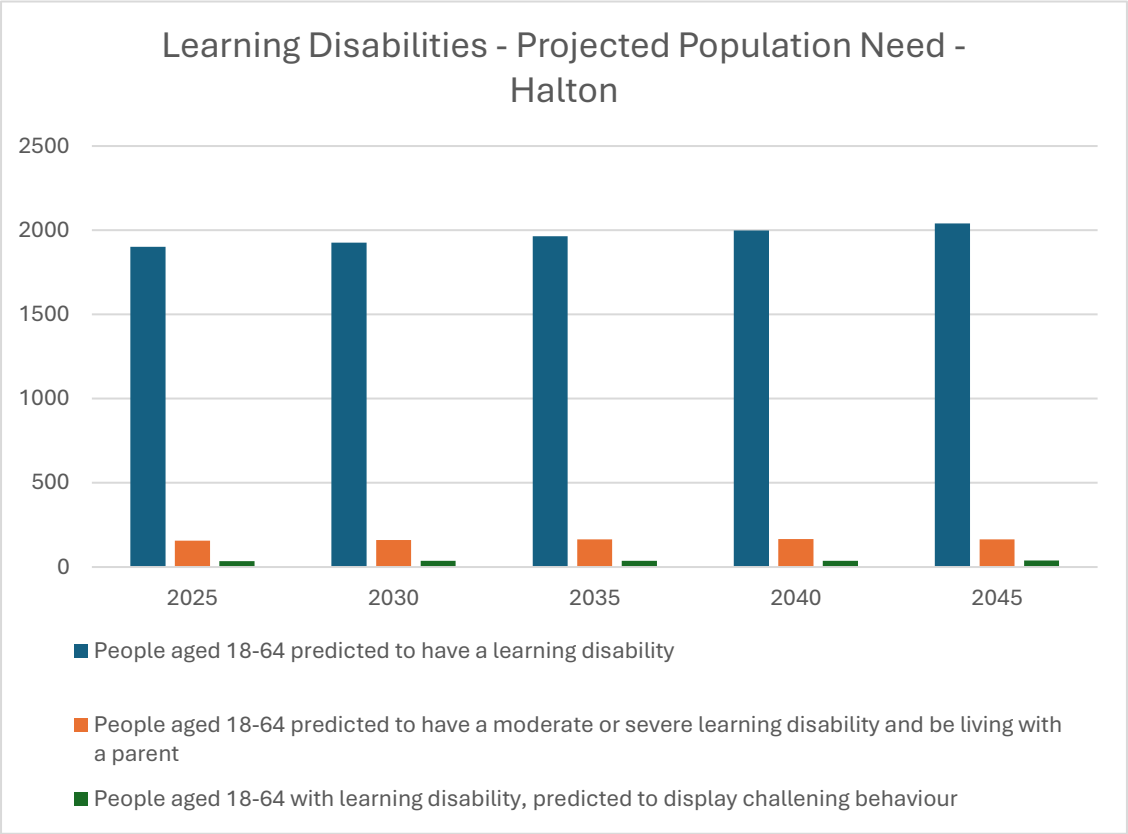
Projections – vulnerable adults – Halton

The following figures look at projected population needs, however, the specialist housing requirements to meet these needs may only be a proportion of overall accommodation requirements.

Many people within the borough who have care and support needs live with parents and family into adulthood. Other require a range of supported accommodation needs.

A steady figure of between 8% and 8.3% of adults with learning disabilities (18-64) continue to live with parents.

A consistent 1.8% of adults with learning disabilities (18-64) are predicted to display challenging behaviours. These potentially represent some of the most ambitious specialist housing requirements for the borough.

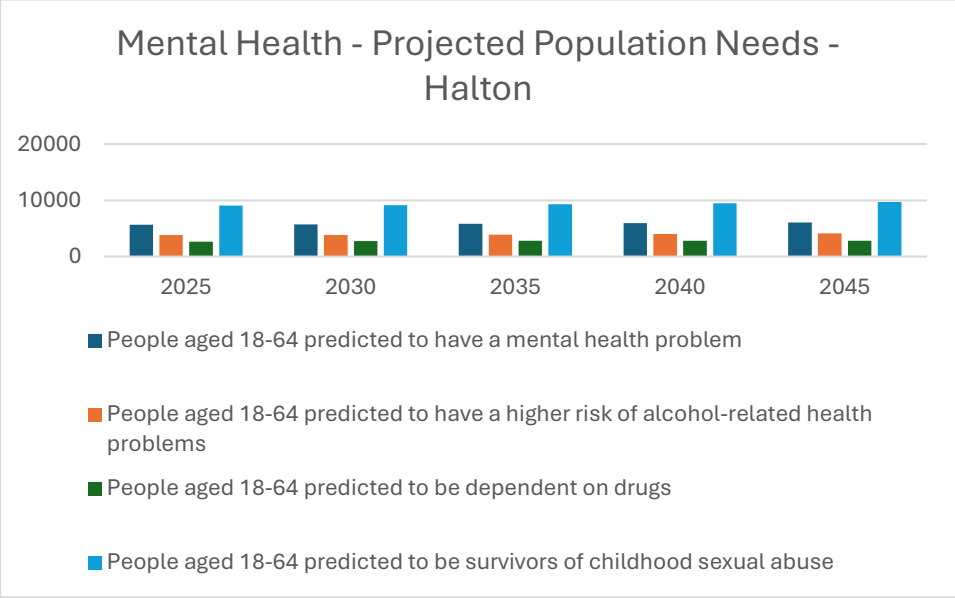


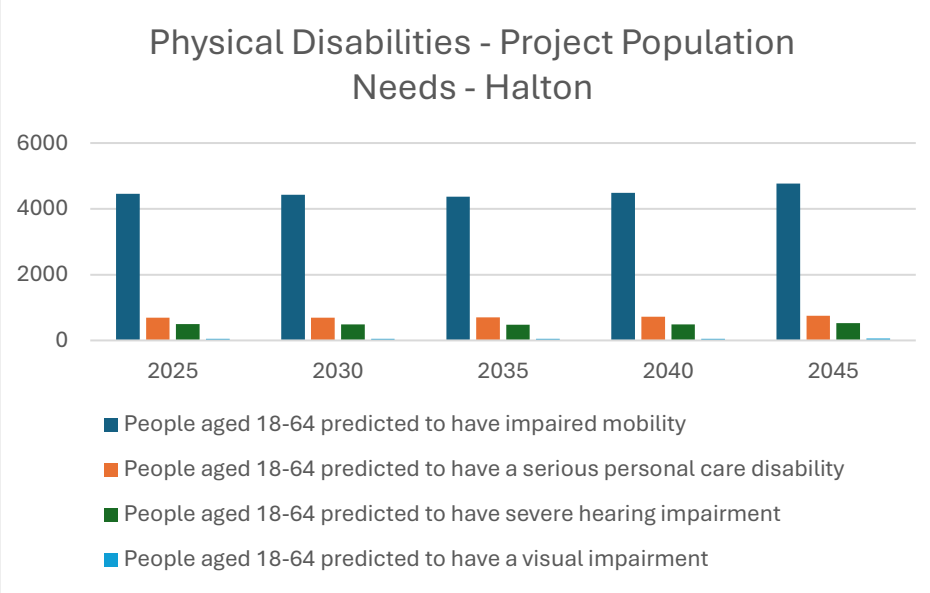
Wider determinants of vulnerability that impact on the demand for housing in the borough revolve around physical and mental health needs. Whilst not all these people will require specialist accommodation, there will be some level of demand. .

In driving the agenda for supported accommodation and being focussed on the right types of provision, in the longer term, we may be able to look to decommission some of the existing, outdated provision. This would involve some of our shared accommodation where room voids (vacancies) have stood for some time. In spite of an ongoing housing panel waiting list these placements have not been filled due to preferences and moreover compatibility.

To support capacity and flow in supported accommodation, Adult Social Care hosts three 'emergency' flats in its Bredon site (which also houses some a bed-based respite services and part of the Day Services provision).

In addition, the Directorate has a 'step-up, step-down' unit with two self-contained flats, designated for those who have the most complex needs. This was developed with Transforming Care funding in 2020 but the throughput has been frustrated by the lack of appropriate ongoing accommodation. It is our intention to change this position and create more flexibility and timely pathways across supported accommodatio





All figures for this section are derived from Pansi.

Supported Living – Care and Support Needs

Supported living housing needs are only one half of the picture for vulnerable adults. Their care and support needs also require provision to be commissioned.

Care and support within supported living is based on assessed need and can include a combination of day support hours, waking night hours, sleeping night hours and one-to-one support hours (or higher staffing ratios as needed). This will depend on people's levels of independence, and their presenting needs, alongside their desired outcomes. In some supported living settings 'on-call' night support is utilised and/or Telehealthcare and remote monitoring technologies are used as part of an overall package of care. Use of technology is being further explored and forms a key commissioning priority for the coming period.

Where possible staffing is optimised by core-and-cluster models of support, where multiple occupancies (whether shared housing, own-front door flat or co-located housing) have shared staffing (commensurate with needs). This works well in some setting for night cover.

Currently, supported living care and support is delivered by four main commissioned providers, who are on a flat hourly rate, through in-house provision via the Halton Supported Housing Network (HSHN) and through a range of spot purchase providers on varying rates. The main commissioned providers hold the majority of cases, ranging from low level needs to more complex cases. Spot purchases have been brought in to pick up more complex cases where the main providers are unable to take them on.

For the majority of the provision, the four main providers are commissioned through the Liverpool City Region Flexible Purchasing System (FPS), in conjunction with the FPS Terms and Conditions and against a regional Service Specification that was devised for Supported Living. The in-house service, HSHN, supports around 50 people across the borough.

Spot purchase contracts are either commissioned through the FPS (from a framework of provision) or involve other procurement arrangements such as 'User Choice Direct Awards'.

The Liverpool City Region FPS has been in place since 2020 and was intended to create a shared market place across the region, and provide a streamlined framework for procurement of services. LCR partner authorities have jointly evaluated submissions as ongoing 'rounds' have been opened to new providers. Supported living represents just one area of provision under the framework.

At the time of writing the Market Position Statement, the future of the FPS is now being considered and Liverpool Council, as host of the framework, have put out a communication to ask for a decision to be made as to whether to 'formally retire' the arrangements. This reflects changing priorities across the

region, as well as changes to procurement regulations that came into play as a result of the Procurement Act 2023.

For Halton, this is timely as consideration needs to be given to our current approach to supported living care and support. The Change Delivery Unit programme is currently looking at this, and in particular whether a single rate system is viable going forward, or whether a localised framework of rates is more viable. As our supported living care and support provision is currently aligned to the LCR FPS framework, we would need to look at an appropriate closure period for us to consider alternative arrangements, and to tender for this. This work will form a commissioning priority for the Adults Directorate and will involve extensive market engagement to assure continuity of care for existing clients.

Current market share – commissioned supported living care and support services		
	Percentage of market spend (2025/26)	Percentage market cases (2025/26)
Main contracted providers – single flat rate:	**82.21%**	**88.75%**
Spot purchase and other procurement arrangements:	**17.79%**	**11.25%**

Figures include Adult Social Care funded placements only. They do not include joint funded or Continuing Healthcare Placements.

Older People's Care Homes

Across Halton there are 14 older people care homes, seven of which have nursing provision. Halton Borough Council's Adults Directorate owns and operates four homes (three of which have nursing) and the rest of the provision is spread across six providers. The Council, therefore, is the largest provider of older people's beds in Halton, followed closely by Landona House Limited, who own three homes in the borough.

In all, the provision covers 639 beds, which breaks down as follows:

- 121 general residential beds
- 169 residential dementia beds
- 55 general nursing beds
- 136 dementia nursing beds
- Two homes have dual registration for general residential and residential dementia – totalling 92 beds
- One home has 66 beds registered for general residential, residential dementia, general nursing and dementia nursing.

Within one of our own homes, St Luke's in Runcorn, the Council is currently working towards converting a unit of 13 beds into an Enhanced Dementia Unit. This development aims to reduce the number of out of borough placements for those who have the most complex needs. It will work to an enhanced staffing model, reducing the need for dedicated one-to-one support and will have greater input around person-centred Active Support and Positive Behaviour Support.

Our Contracts and Quality Assurance team working closely with care homes to:

- Monitor, maintain and develop standards;
- Achieve a sustained approach to communication around best practice working, sharing tools and resources;
- Negotiate and co-ordinate contractual and funding arrangements;
- Convey sector specific health and safety notices;
- Promote effective workforce recruitment and retention approach and development opportunities;
- Distributes health messages e.g. infection control;
- Notify homes of any changes, including bed closures.

They would also support any provider failure concerns, working to local policy and procedure to ensure continuity of care.

The sector faces ongoing challenges.

The majority of residents in Halton's older people's care homes are public-funded placements, given the relative deprivation seen across the borough. Across the Country, publicly-funded placements tend to generate significantly less profit than self-funded placements. Evidentially, this tends to have an impact on care home quality.

An article in Age and Ageing (Volume 54, Issue 5, May 2025 concludes that *'the quality of for-profit care homes is strongly influenced by the proportion of self-funded residents, whilst third sector and public sector homes provide consistent care regardless of resident funding source. This strongly impacts care equity for residents nationwide, as the concentration of self-funders is largely determined by area wealth.'*

Moreover, as a knock-on effect of funding concerns, stabilising the workforce remains a significant priority for Halton's care homes, largely where employees are attracted to equal or higher pay in the service industry. Workforce needs are set to be addressed as part of the implementation of the 'Halton Adult Social Care Workforce Strategy – August 2025'. Care Home providers will be a key stakeholders in this work.

Our primary focus over the coming period will be on stabilising and developing existing provision.

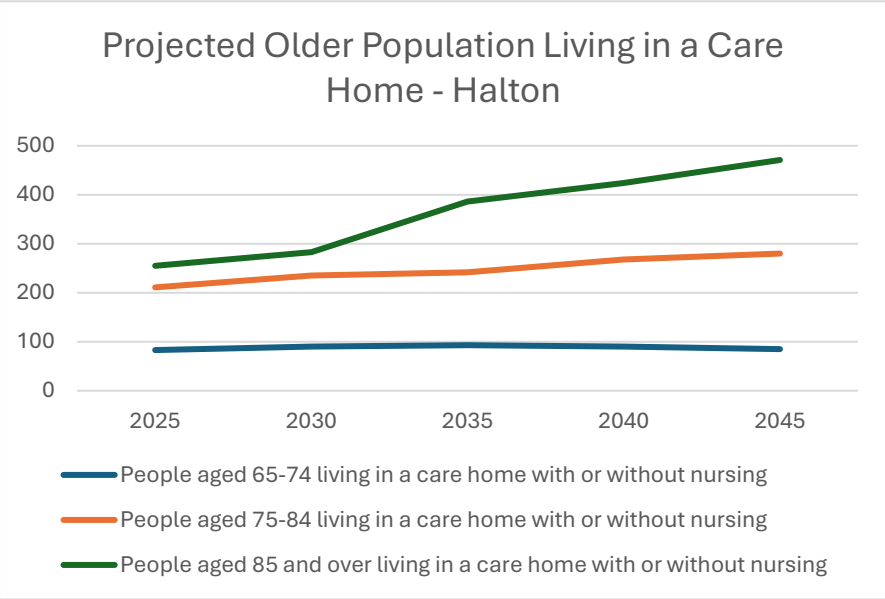
The commitment and enthusiasm for quality care in Halton is admirable, given the pressures, and the sector and its employees work tirelessly to ensure the needs of residents are consistently met.

While Care Quality Commission (CQC) inspection of care homes takes place every few years, the Adults Directorate's Quality Assurance team maintain regular monitoring and oversight of the borough's care homes. Their RAG rating system reflects progress being made across provision with the majority of Halton Care Homes being identified as 'Good'.

Along with Quality Assurance oversight, our market share of older people's homes in the borough has allowed us to develop greater insight into the needs of the sector and we continue to work closely with other providers to monitor and support quality, as well as being a test-bed for new and emerging models of care, including the use of new technologies.

Older people's care homes, with or without nursing, carry a steady rate of bed vacancies in Halton. Between April 2025 and February 2026 this stood at an average of 4.3%. This is similar to the national picture, which has seen a steady decrease in vacancies since 2021/22, at the peak of the Covid-19 period. Consequently, this leaves limited capacity to meet the needs of a growing older population in the borough.

The projected population need for care home placements over the next 20 years, remains steady for the 65-74 year old age group, rises slightly for 75-84 year olds, and then rises significantly for those 85 and over. This is a further reflection of people living longer, and remaining in their own homes for as long as possible.



Keeping people at home for longer is central to our direction of travel here in Halton. It gives our older population greater choice and control over the care and support they receive and helps them to retain their independence. It makes effective use of community based provision and neighbourhood networks of support.

However, it also means that by the time they go into a care home they tend to have more complex and multi-faceted health needs. Not only does this call for a more skilled workforce, and one which is resilient to the demanding nature of the work, but it also means that we need to undertake some analysis of our need for capacity within residential older people's care homes.

Over the next three years this will involve consideration of whether there needs to be a shift to more complex care and nursing-led provision and a longer-term requirement to transform the care home landscape across the borough.

Extra Care and Sheltered Housing

Extra Care housing is designed for individuals, with some couples accommodation, for older adults (over 55 years) who have some level of support needs but who wish to remain as independent as possible. It involves self-contained units within a complex of community living. This arrangement allows people to access the care they need without having to move into a traditional care home. It is sometimes referred to as a 'retirement village'.

Many of the models of support for this type of living, across the Region and across the Country, involve on-site 24-hour care, tailored to individual support needs including personal care and household chores.

In Halton, the model for Extra Care living accommodation is slightly different, and care and support provision is commensurate with assessed needs and delivered through Domiciliary Care packages. Whilst Extra Care living is available in the borough, the care and support is not commissioned as an on-site 24-hour requirement, as the need isn't sufficient to warrant this.

To date, Adult Social Care have supported the development of four Extra Care sites, including three communities with Halton Housing (offering almost 200 units) and one further location run by Riverside Housing (accommodating 40 people). Across all, the Registered Housing Provider offers an Enhanced Housing Support function, and care and support is delivered through Council commissioned domiciliary care.

The Council has engaged with other Registered Housing Providers to discuss the options for further Extra Care developments within the borough, and, as identified within 'A Housing Strategy for Halton 2026-2031', there is further anticipated demand up to 2042. In the short-term, this will involve initial engagement with Registered Housing Providers operating in the borough to pinpoint opportunities.

Sheltered Accommodation typically offers similarly clustered accommodation to those over 55 years of age, who have a disability or vulnerability. It differs from Extra Care as tenancies are generally supported with on-site staff who offer low-level support for daily living and maintenance of tenancies. Sheltered Housing suits those people who are mostly independent.

In Halton Sheltered Housing is equally run by Registered Housing Providers and currently offers around 500 placements across approximately 15 sites.

The choice to live in Extra Care accommodation or Sheltered Housing will depend on people's level of care and support needs, social preferences (with Extra Care generally having a greater emphasis on communal facilities) and personal circumstances.

Current demand for Extra Care and Sheltered Housing (March 2026):

- Total number of people registered with Property Pool Plus for Halton (the Borough's commissioned choice-based letting register) = 3,027
- Total number of people registered and waiting for Extra Care accommodation = 154
- Total number of people registered and waiting for Sheltered Housing = 273

Hazlehurst Independent Living Scheme, Runcorn – Halton Housing

Carers

An adult carer is a person (aged 18 or over) who provides unpaid care and support to a family member, partner, or friend (aged 16 or over) because of health or social care needs, disability, a health condition, frailty, mental health problem or addiction.

NICE

Unpaid carers make a significant contribution to the health and social care system. Research from the Centre for Care, published with Carers UK, found that the **economic value of contributions made by unpaid carers in the UK is now £184.3 billion a year** (Valuing Carers, 2024)

Caring responsibilities can range for low level daily support to 24-hour care, all of which has an impact on the carers own life opportunities and their wellbeing. As such, their contribution was formally recognised in the Care Act 2014, which mandates local authorities to provide them with a statutory assessment of their needs, focussing on their own wellbeing. Where eligible, carers have a right to a support plan, which would include services, equipment or direct payments.

In Halton, statutory assessment and support for carers starts with our Prevention and Wellbeing Service, and can involve simple signposting, provision of information and advice, or a one-off carers break payment. In addition to carers needs we may look to reassess the needs of the carer for making changes as necessary to alleviate impact on the carer.

Carers in Halton are highly respected and our One Halton Carers Strategy 2024-2027, and associated delivery plan, evidences our ongoing commitment to make their role visible, valued and their voices heard.

Halton Carers Centre

Halton Carers Centre delivers services across the borough, with office bases in both Runcorn and Widnes. They are part-funded as a charity, affiliated to the Carers Trust, through variety of grants and other pots of funding, and are also commissioned through joint-funding between Halton Borough Council and NHS Cheshire and Merseyside (through the Better Care Fund). Additionally, the Carers Centre distributes Carers Break Funding on behalf of the Adults Directorate, giving carers the opportunity to access one-off payments to support their caring duties.

Halton Carers Centre are a pivotal partner is supporting the delivery of carers services across Halton. Their activities and interventions are wide ranging, from facilitating carers community groups to providing holistic therapies such as massage and reflexology.

Support for carers in Halton is set out in our Carers Information Booklet on our webpages.

As at the end of September 2025, Halton Carers Centre had a total of 7,044 carers registered with them (5,617 adults and 1,427 children). The Centre offers a wide range of support and work closely with the Adults Directorate to continue to identify carers and meet their own wellbeing needs.

The Carers Centre have their own holistic assessment for carers, while the council retains responsibility for statutory carers assessments under the Care Act. This approach gives carers greater choice and control over the support they access, but the two options are not offered in isolation. The Directorate's Prevention and Wellbeing Service work closely with the Carers Centre, being onsite every week, both in Runcorn and Widnes to promote and conduct statutory carers assessments. Likewise, those contacting the PWS through the Council will be signposted to the Carers Centre to consider their offer of support.

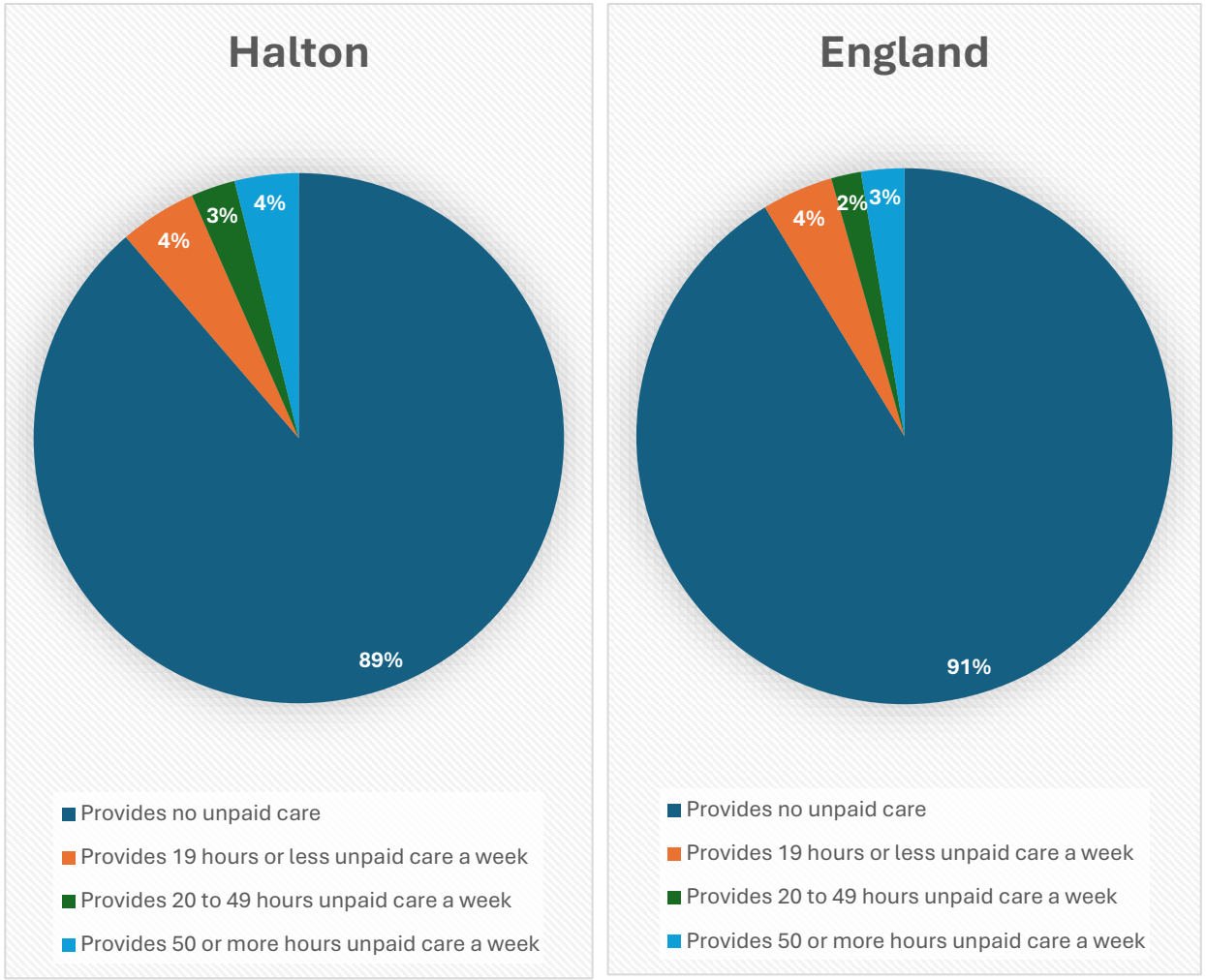
Offering a range of support to carers is seen as fundamental to maintaining and sustaining their vital role in the community. It prevents the need for greater intervention and is therefore a key asset to the Directorate.

The 2021 census shows that Halton has a slightly high number of carers compared to the England average. Based on our intelligence this is, in part, down to good identification of carers, primarily by the Halton Carers Centre, who actively encouraged carers to identify themselves as such on the Census.

The contract with Halton Carers Centre remains a priority going forward, and their strong offer of support and collaborative approach complements and benefits the Directorate's objectives.

Alongside support offered through the Carers Centre, carers can access carers break via Direct Payments. The Council also funds home-based and residential respite opportunities which are explored over the next couple of pages.

They can also have opportunity to engage with other community providers, such as the dementia advisor service (currently commissioned through Alzheimer's Society) and our older people's wellbeing and engagement contract (currently with Age UK Mid Mersey).



(Source: ONS 2021 - Percentages based on people aged five years and over)

Respite

The provision of respite opportunities is primarily aimed at supporting carers to take a break from their carers role. It also meets the needs of those requiring support, giving them additional outlets to their everyday routines.

In Halton, respite care is delivered through a range of means, which includes contracts with provider services:

Residential Short-Stay Respite – Bredon

The Council's Bredon site (which also houses three 'emergency' support living flats and part of the Day Services provision) contains a dedicated unit offering four short-stay beds for respite care. The unit is aimed at vulnerable adults with learning disabilities, Autism, acquired brain injury, physical disabilities and people with complex needs and/or challenging behaviours (referred to by the service as 'guests').

The care and support element of the service is commissioned provision and operates 24-hours a day, 365 days a year. Allocation of placements is against assessed needs and to a maximum of 28 days per year (with some exceptions).

As a social care funded service, referrals for respite come through social work teams, however, at times, both health services and neighbouring authorities have bought into placements through the Council, in accordance with needs.

This area of support is currently being considered as part of Change Delivery Unit work, to look at whether a more integrated and efficient use of the Bredon site can be made.

Bredon Short-stay Respite Service

Care in people's homes

A limited number of hours are commissioned for respite care in people's own homes. This is delivered on a similar basis to domiciliary care hours but with call blocks of up to 4-hours per week (to a maximum of 16 hours a month). This service enables carers to undertake activities outside of their caring role.

This service is commissioned with joint funding through the Better Care Fund.

Shared lives

The Council's Shared Lives service is not a commissioned service but is cited as part of the wider respite offer. The service is managed by the Adults Directorate and involves Shared Lives carers opening up their own homes to people with care and support needs, either for short or longer-term periods of respite.

Older people's respite provision

Older people's respite in care homes is offered on the basis of bed availability. Halton does not currently block book an older people's bed for respite care.

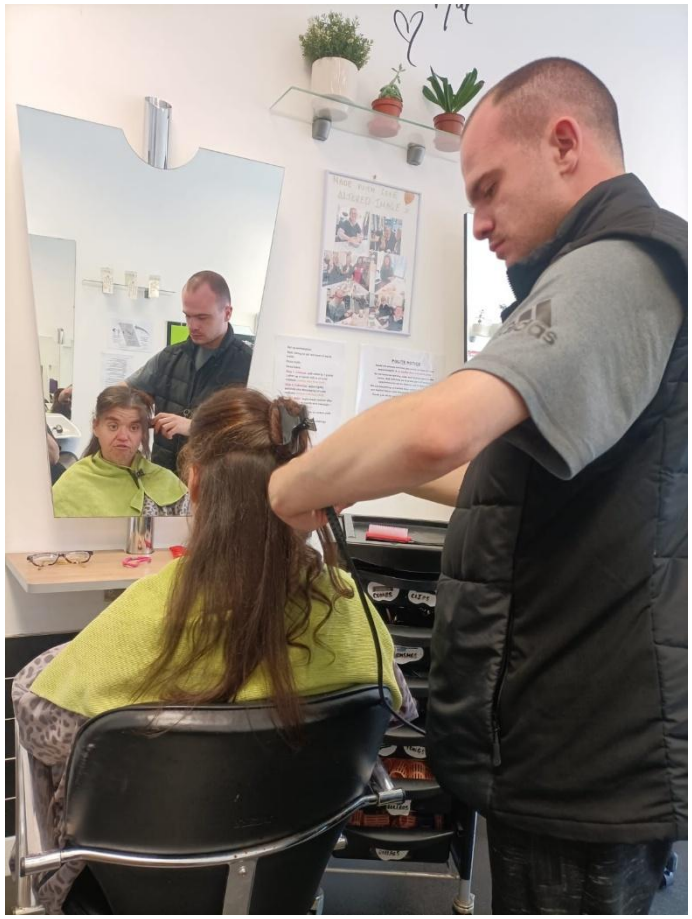
Day Services

Day Services offer structured and supported programmes of activities and social opportunities for individuals with care and support needs.

Halton Borough Council's Adults Directorate runs a range of Day Service opportunities for people with learning disabilities, mental health needs, dementia or other conditions that require assistance. Other provider services are available across the borough and service users can buy-in to these through the use of direct payments, and on occasion they may be spot commissioned to meet specific needs.

The model for Day Services in Halton is currently being evaluated by the transformation programme, through our Change Delivery Unit. Their aim is to ensure that the current offer both meets current needs and also offer value for money. In terms of 'meeting needs', the appraisal of the services on offer aim to look at whether activities are meaningful to individuals, and whether they meet their social and practical skills development needs as well as offering opportunities to move people onto education and employment where possible.

As a delivery model, the Council utilises a variety of approaches to give people day opportunities. The Directorate currently operates an assortment of 'Cottage Industry' style business where those who use services can be supported to develop future employments skills.



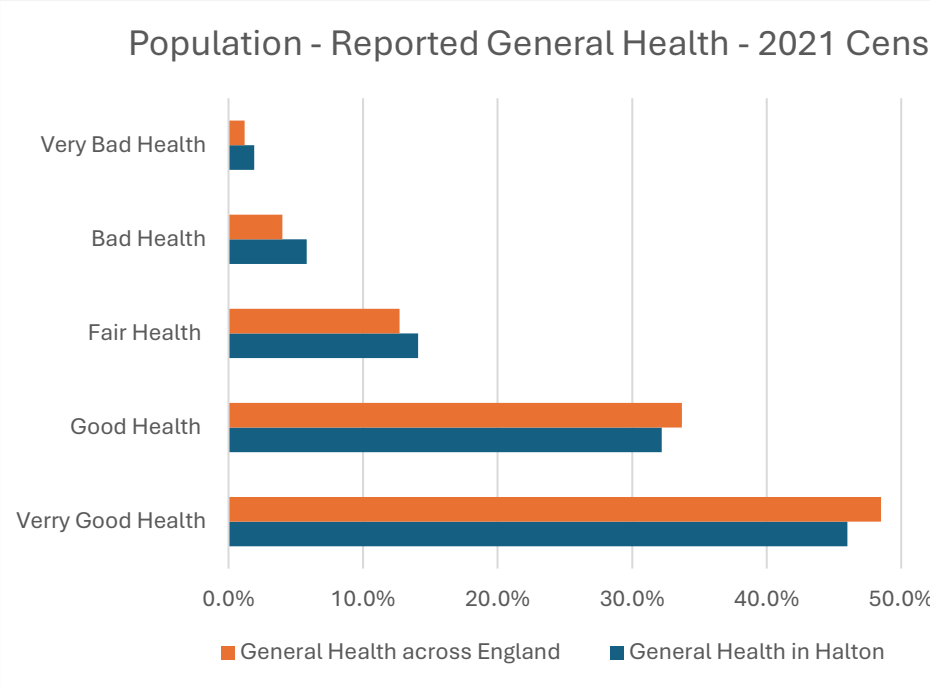
The portfolio of businesses includes:

- The Route Café in Widnes, and other catering outlets
- Shopmobility outlets in both Runcorn and Widnes
- A ‘Market Garden’ (Allotment) venture – plant sales, seasonal vegetables, selling planters, general horticulture opportunities
- A Hair and Beauty Salon in Runcorn
- A Samba band, which can be booked for events
- Crafts groups – with some crafts being sold to the public
- Community Pantries at Queens Avenues and with The Route Café
- A small farm – animal care is learnt, and the site accepts school and care homes visits (eggs from the farm are also used for cake making and sold as part of the catering businesses)

The Directorate also runs activities across the community centres, other building-bases and leisure facilities, including for those with more complex needs. Some of these activities are focussed on learning and developing life skills, such as cooking, cleaning and other domestic chores.

Independent living

Keeping people well for longer, and in their own homes, is a core principle of the Adults Directorate in Halton.



Figures, opposite, show that fewer people in Halton consider themselves to have good or very good general health, compared to figures from across the England. They reported a higher proportion of bad or very bad health, compared to figures from across England.

In Halton, a 'home first' approach is advocated in relation to independent living. This looks to ensure that people remain in their own home as a priority, that their care and support needs are met in their own home so far as possible, and that the potential for hospital or care home admission is minimised. It also ensures we consider home as the first option following any illness or incident, or management of any ongoing disability or condition that might have required time away from home, such as a hospital stay.

In some situations this may involve consideration of the home environment and its suitability to meet the person's ongoing needs. In situations like this we may look to adapt the home environment through the use of a Disabled Facilities Grant. Any major adaptation needs would be assessed and application for funding would be through a supported process.

Domiciliary Care

Domiciliary Care is central to our 'home first' approach, enabling people to receive the care and support they need in their own homes in order to live their daily lives. This involves meeting assessed needs which might include personal care (including oral health) support, help with food preparation, administration of medications and light domestic duties such as washing dishes, emptying bins and changing bedding.

Assessment, eligibility and service implementation details are available on the Council's website:

Dom Care – Leaflet 1 – Planning and arranging my care

Dom Care – Leaflet 2 – What to expect

Domiciliary Care Services are delivered through commissioned provision and the Adults Directorate completed a full re-tender of services in 2024/25. This resulted in a new localised framework which splits the two main towns of Halton (Runcorn and Widnes) into two zonal areas each. These zones have primary providers contracted to a fixed price rate for delivery of services. The model is further supported by a second tier of providers on variable price rates, to offer greater choice and control to those who use service.

Prior to this re-tender the Council operated a single provider contract for domiciliary care. This was in place for seven years, and the Directorate was able to a build close working relationship with the provider. It ultimately resulted in limited options however for those who use service, and carried risk and vulnerabilities associated with a stand-alone supplier.

Following a period of induction and mobilisation, the new model of provision went 'live' in April 2025, and is currently fully functional and offering stable and consistent services across the borough.

A Domiciliary Care Provider Forum has been developed to enable networking opportunities, share best practice and communicate any other updates and opportunities. This is Chaired by the providers themselves and is supported by the Quality Assurance Team.

Close and co-ordinated working between Halton's Care Management functions, the Halton Intermediate Care and Frailty Service (HICaFS) and Care Arrangers (who sit within the Quality Assurance and Contracting team) allows services to be deployed swiftly to meet both emerging and changing needs.

Over this next period the Directorate will look to further embed the new model of working and will consider whether the new framework might be opened up further to new market entrants.

Current market share – commissioned domiciliary care services

Main contracted providers – single flat rate:	Percentage of market spend (2025/26)	Percentage of market cases (2025/26)
Contracted primarily - Comfort Call	**15.95%**	**14.47%**
Contracted primarily - Premier Care	**42.39%**	**51.44%**
Contracted primarily - iCare	**13.90%**	**9.18%**
Contracted primarily - Mersey Care Julie Ann (MCJA)	**18.24%**	**15.33%**
Provision from across the wider framework:	**9.52%**	**9.58%**

Figures include Adult Social Care funded packages of care only. They do not include joint funded or Continuing Healthcare packages of care.

HICaFS

The **Halton Intermediate Care and Frailty Service** (HICaFS) was set up in 2021, and plays a central role in maintaining options for independent living. It integrated a number of existing service areas chiefly operating with a remit that supported avoidance of hospital admission and to support timely hospital discharge. It now operates as one team, incorporates a range of disciplines, as well as co-location and joint working between health and social care. This service is driven by the 'home first' principle and manages assessment of clinical support needs during acute health crisis situation so that timely and appropriate care can be arranged, including meeting reablement and rehabilitation needs. It also supports planned admission and discharge processes to assist smooth flow across the system.

Statutory NHS providers are commissioned to deliver the therapy and nursing elements of this service, and the service as a whole are required to communicate effectively with other commissioned providers to look at the most suitable options for onward care and support, including domiciliary care support and care homes placements as needed.

"Spending on short-term care can facilitate a reduction in spending on longer-term care. Investment in short-term care may help present or delay breakdown of informal care arrangements and contribute to supporting a greater proportion of older adults in more cost-effective community settings"

Source: Resources Narrative Report for Halton 2024/25 – LGA Research

Occupational Therapy - equipment and adaptations

The Occupational Therapy (OT) team who sit within the 'front door' Prevention and Wellbeing Service are another key aspect in maintaining independence at home. They aim to provide a thorough triage to identify the appropriate intervention, which may include a visit to the person's home to provide small pieces of equipment or full assessment for major adaptations. Where a home move is required due to complex disability they complete re-housing assessments for Property Pool Plus, the Borough's choice-based letting system, currently commissioned with Halton Housing. They also complete moving and handling assessments for people living in their own home.

OT assessments look at a person's functional ability in their home environment and identify their personal goals. Interventions consider barriers to a person accessing their own environment and community, and look at what can be altered to allow their participation. It may involve alternative techniques to those currently used, or may involve the use of equipment, minor or major adaptations.

As an internal function to Adult Social Care, the service does not form part of the provider market. However, it involves working with the market, and a range of contracts are in place for the purchasing of equipment and adaptations.

The largest contract for this is with the Community Equipment Service (CES). This is a jointly commissioned service with North Cheshire and Merseyside NHS Foundation Trust (formerly Bridgewater Community Healthcare NHS Foundation Trust) by Halton Borough Council and NHS Cheshire and Merseyside. The service is bought into on a 'call-off' basis, and equipment and adaptations might include support for bathing, mobility, toileting and moving and handling needs. Oversight and monitoring of this contract, and the pooled budget from which it is funded, is via the Better Care Commissioning Advisory Board.

Needs for more substantial pieces of equipment (including major structural works such as accessible bathrooms, hoist installations and stair lifts) are also assessed through the OT team. These might be funded through a Disabled Facilities Grant and contracts are in place to fulfil some of these works.

OTs work alongside the Home Improvement Service and the Vision Rehabilitation Service, both internal, statutory functions to the Adults Directorate. The Vision Rehabilitation Service, in turn, works closely with the commissioned Halton Integrated Sensory Support Service.

Support at Home Service

A modest community service is commissioned through the Adults Directorate, and sits within the voluntary sector, to provide responsive practical and social support, on a one-to-one basis, for those who may be in crisis. This include people at risk of hospital admission, or those who are returning home from hospital or rehabilitation/reablement care to aid discharge.

The service works is currently provided by the British Red Cross and works with people on a short-term basis. Interventions including helping prepare their home following discharge, e.g. getting basic food shopping in; conducting welfare checks; providing community transport to appointments or activities for short-periods of need to help people sustain their wellbeing; providing basic emotional support through active listening and empathy; signposting to other services; collection prescription; accessing food vouchers; conducting basic home safety checks; and consideration of other needs as required.

The service is currently contracted to 2028 and in addition to being part of the response to independent living, the service forms part of the Adults Directorates approach to prevention and delay of need.

Mental Health Outreach

The Mental Health Outreach team form part of our Mental Health responses in social care, however they also help people with independent living. The team is an internal function, again aimed and prevention and delay of need. They work mainly with people who are diagnosed with severe and enduring mental ill health, providing short-term interventions to keep them well or support their return to good health.

The service works alongside other teams but is primarily attached to the Mental Health team which sits within Care Management functions.

Memory and cognition – community support

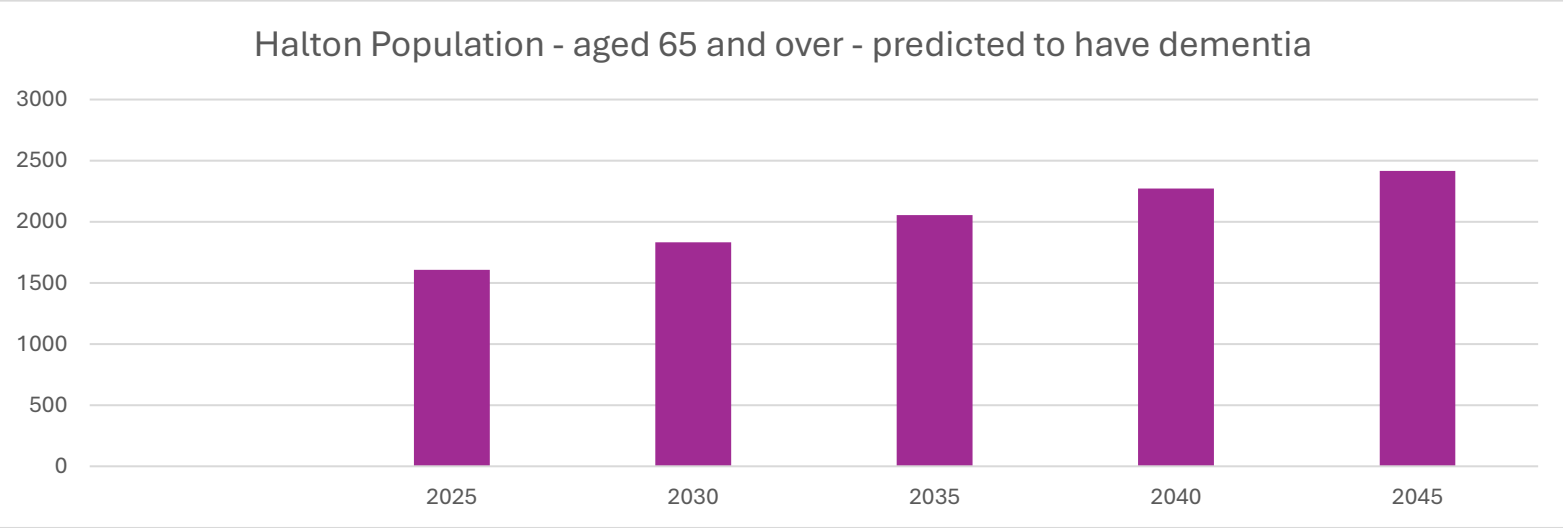
Diagnosis and clinic support for memory and cognition problems is largely a health service concern, and provision, commissioned by the Integrated Care Board in Halton,

Health needs will often go hand-in-hand with social care needs and our Care Management teams will work with those affected to look at assessment of eligible needs. Dementia, being a progressive condition, will mean that levels of intervention will need to increase over time, and a proportion of those diagnosed will require care homes placements.

As the borough has an ageing population, it's inevitable that there is a predicted increase in dementia. The figures below from Poppi show the anticipated trend for those aged 65 and over. This does not account for early onset figures, which involves Primary and Secondary Healthcare services, principally through General Practice and delivered by Mersey Care NHS Foundation Trust.

Halton figures in relation to early onset dementia are increasing, in particular relation to drug and alcohol abuse.

The **'Living Well with Dementia – One Halton Dementia Delivery Plan 2023-2028'** supports co-ordinated health and social care responses to the condition. It also considers awareness raising, promotion of healthy lifestyles and community and provider support. Similarly to other strategic approaches, a stakeholder working group meets regularly to drive the agenda.



Source: Poppi

Dementia Advisor Service

For over a decade now, Halton Adult Social Care has commissioned a contract for a Dementia Advisor Service. This forms Cheshire and Merseyside Dementia Pathway as part of the community provision, predominantly under the Living Well and Supporting Well elements of the model of support.

The Dementia Advisor Service works with those who have a dementia diagnosis, those going through diagnosis, and their carers. Dementia Advisors provide practical advice, service navigation, and support with information and guidance.

Dementia Advisor Service Halton

Personalised support for anyone affected by dementia or worried about their memory, providing information and support every step of the way. Our advisers are readily available and are someone to turn to who understands your needs. We can see you at home, or communicate by post, phone, email or in the community. We can provide expert advice on a range of topics from understanding a diagnosis, legal and financial matters, to keeping well and accessing support in the community.

Comparable services run in neighbouring authority areas with a mix of Local Authority and Health funding. The aim over the next period is to sustain this service, but also look to develop it where possible, seeking additional funding through Health to enhance the offer.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in use
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Advocacy services

The Care Act 2014 places a duty on the Local Authority to provide advocacy services to assist individuals who may have 'substantial difficulties' in participating in decisions regarding their care and support. Advocacy support ensures that people understand their rights and can make informed choices about their care.

The Mental Health Act 2007 also stipulate the importance of advocacy, and imminent changes to the Mental Capacity Act have implication for advocacy support needs.

Halton Advocacy Hub

Adult Social Care commission a Halton Advocacy Hub which brings together a range of statutory advocacy services, through a single point of access, to support people to having their voice heard.

The service involves:

- Independent Mental Health Advocacy (IMHA)
- Independent Mental Capacity Advocacy (IMCA)
- Deprivation of Liberty Safeguarding S39A, s39C, s39D
- Paid RPR (Relevant Persons Representative)
- Care Act Advocacy
- NHS Complaints Advocacy

An extension on the current contract takes the service up to June 2028. Further decisions regarding future commissioning will be made prior to this point. Future commissioning may involve joint funding with health, depending on the direction of travel in relation to national policy.

Self-advocacy

Service provision within the voluntary and community sector is commissioning from Halton Speak Out with the specific remit for supporting self-advocates. The service works with adults with learning disability and/or autism, with the aim of championing their voices, and developing their confidence and life skills towards being able to advocate for themselves in relation to their needs, as well as their wants, wishes and ambitions.

The service also conducts engagement and coproduction activity with self-advocates and supports them to be part of wider conversations across the health and social care system, for example, self-advocates currently attend the Adult with Learning Disabilities Partnership Board, which is run by Adult Social Care as a co-ordinated approach to system working.

The commissioned service attracts a limited amount of funding, nonetheless impacts greatly on our opportunities to involve those it serves.

Voluntary and community sector support

The voluntary and community sector play a vital role in supporting both social care and health service, working across the borough to keep people well for longer. They support people to maintain their health and wellbeing, create social engagement opportunities and community cohesion, help identify those who are ‘seldom heard’ or ‘seldom seen’, represent minority groups; all of which contributes substantially to public service objectives.

Working in partnership with the voluntary and community sector is a fundamental priority for Adult Social Care, and enabling us to deliver services to those who are in greatest need. It provides extra capacity and resource to a system which is under significant strain.

Alongside partnership working with the sector, the Adults Directorate is able to offer a limited amount of commissioned work to voluntary and community organisations, allowing us to outsource some areas of statutory duty to those with specialist expertise, or to enhance our offer of services, creating greater access to low level and early intervention.

Throughout this section of the document various contracts with the voluntary and community sector have been intertwined with relevant sections and areas of provision. Consequently, this passage does not explore specific areas of provision in depth; our intention is simply to highlight the sector’s role as a major contributor to the overall market.

Direct Payments

Direct Payments offer an alternative way of people accessing care and support. The Care Act 2014 places a statutory duty on the Local Authority to make Direct Payments available to those who wish to commission their own care. This offers people a greater opportunity to have choice and control over how they live their lives.

Direct Payments are used for a wide-range of activities and opportunities. This may mean accessing different services across the community, or may involve people employing their own Personal Assistants to support with the care needs.

While the Council does not commission the services in these instances, the Direct Payments Team can help with information and advice on how to use Direct Payments, including support on employment of staff. They also hold a list of local providers and services that those on Direct Payments can access as a starting point for considering their care options.

Direct Payments are a set rate and service user may choose to access services at a higher cost, at their own discretion.

Part Three: Working with Halton Borough Council's Adults Directorate

As demonstrated, the 'market' across Adult Social Care is wide and varied, involving a range of stakeholders.

In order to assist market providers in how they can work with us into the future, this next section of the document looks at the practicalities of commissioning operations, giving an overview of how we tender for services, award contracts and monitoring provision.

Understanding and shaping the market

We work with providers on an ongoing basis to understand the size, structure and demand of the market. Our providers forums (Supported Living, Domiciliary Care and Care Homes) allows us to engage with providers as true partners, enabling us to share information and intelligence and our own circumstances and in relation to their needs.

These close working relationships enable us to be responsive to change and maintain the quality standards that we expect of the provider sector. Our Quality Assurance team undertake continuous improvement monitoring with the majority of providers, with commissioning directly managing other contracts, their performance parameters and ongoing communication.

As part of strategic planning and commissioning processes we are continuously scanning the horizon for new and incumbent provision for the borough, and we are open to understanding how their offer can meet the needs of the population of Halton.

We work with providers to evolve and adapt their services to consider future demands, including consideration of people's wants and wishes for how they access services and live their lives, how new technologies can be incorporated in care provision, and what trends and requirements are emerging from regional and national policy.

Where we need to introduce new services, or review existing provision, we look to better understand the provider market through the use of Preliminary Market Engagement exercises. For this, we would issue a partial or full service specification to 'test the market' to see whether there is appetite for delivering on the needs.

Commissioning for services / Procurement processes

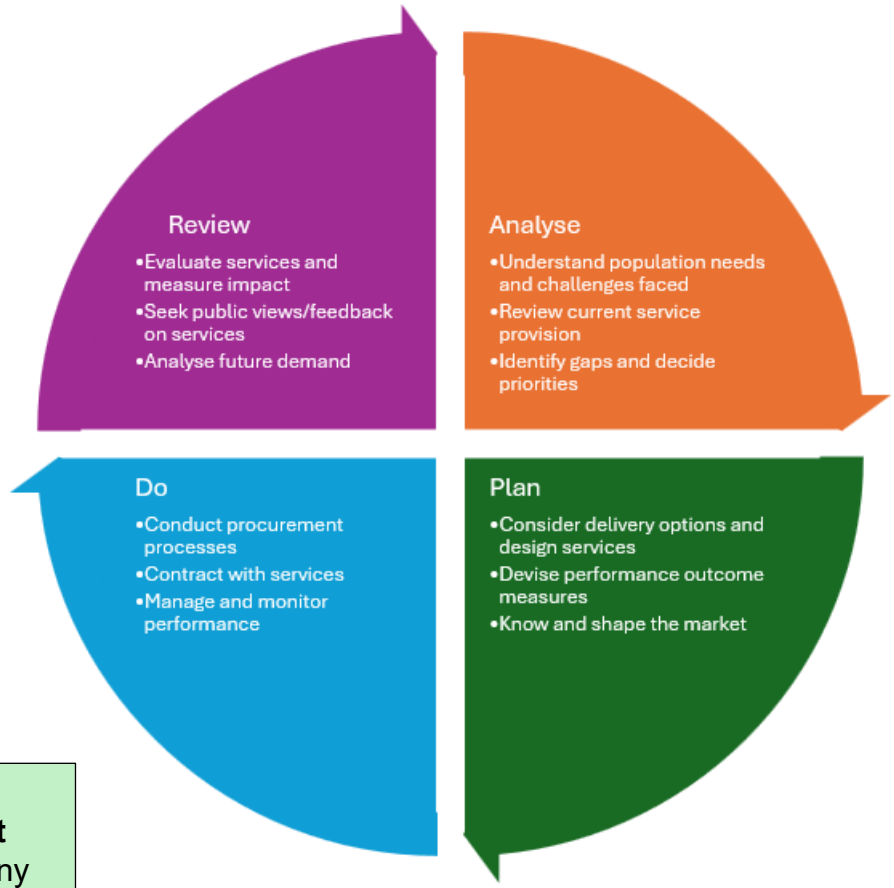
The Council is bound by stringent procurement processes, to ensure that the public funding it allocates is appropriately and efficiently spend.

Contracts for services may be represented by different lengths of time, depending on how it was procured and what the need is. For example, during 2024/25 we went out for full market tender of our domiciliary care services. This process involved a lengthy evaluation process and the contracts issued as a result represent appropriate longevity to stabilise services and ensure continuity of care for those using them.

Alongside full market tenders we regularly adapt our approach to commissioning to ensure that right care is available at the right time for the right people. This includes making Direct Awards for provision, where competitive tendering is limited. This is used in various circumstances, for example, where no other market provision in the borough is available, where the services needs to maintain continuity of care and provision to existing clients, and where 'user choice' is prioritised.

Halton Borough Council's Adults Directorate uses the **North West Procurement Portal – The Chest** – for its tender processes and any providers wishing to consider working with us can view current opportunities or sign up to receive details of future market openings: www.the-chest.org.uk

Halton Adults Directorate Commissioning Cycle



Social Value

The Council is committed to the Public Services (Social Value) Act, which came into force in 2013. This ensures that we consider the impact of any contract and commissioning services on the wider community of Halton.

As part of tender evaluations we will expect providers to convey their understanding of the community in which they are delivering services and how they can enhance it. Providing social value across the borough of Halton will form part of ongoing monitoring measures for services procured.

Social value can incorporate different considerations for providers. Here are just some of those we would expect providers to implement:

- Helping us to reduce reliance on services by adopting innovation approaches, such as use of new technologies
- Supporting our intentions to prevent and delay the need for services
- Engaging with the community, and those specific clients being supported, to coproduce services
- Embracing workforce practices which support: fair pay and conditions; equality, diversity and inclusion; employee health, wellbeing and resilience; accessible recruitment programme which include opportunities for local residents; and access to education and training opportunities.
- Collaborating and co-operating with other providers and partners to support market diversity and resilience
- Working with wider system partners such as health, and other authority services, to create an access support across the community
- Raising awareness of different needs across the community
- Adopting (so far as possible) environmentally sound and ‘green’ working practices

Monitoring, Review and Evaluation

All contracted and commissioning activity with Halton Borough Council’s Adults Directorate will be subject to ongoing monitoring, review and evaluation. Measures appropriate to services needs will be built into tender processes and providers are expected to adhere to these requirements.

Performance measures will include both qualitative and quantitative data requirements.

Contact us:

Visit our website at www.halton.gov.uk for further information about Adult Social Care

Email any queries you may have to: contracts@halton.gov.uk