Halton Borough Council Adult Social Care Commissioning Strategy for Care and Support 2026-2029

Local authority adult social care provision assessed and rated as

Good

CareQuality Commission

Foreword from Portfolio Holder for Adult Social Care and the Director for Commissioning and Provision

Our adult social care system is at a pivotal moment. As a small local authority, we face the same national pressures felt across the sector - rising demand, increasing complexity of need, workforce challenges, and constrained public finances - but we also have the advantage of being closely connected to our communities. This strategy sets out how we will use that closeness as a strength, commissioning services that are not only effective and sustainable, but genuinely shaped by the people who rely on them.

Our ambition is clear: to support adults to live independently, safely, and with dignity, while ensuring that every pound we spend delivers meaningful outcomes. Achieving this requires a commissioning approach that is collaborative, evidence-led, and grounded in prevention. It means working alongside providers as partners, not simply contractors. It means listening to residents, carers, and frontline staff, and ensuring their insights drive our decisions. And it means embracing innovation - whether through new models of care, digital solutions, or community-based support that builds resilience and reduces isolation.

This strategy is not a static document. It is a commitment to continuous improvement, to transparency, and to commissioning with purpose. I am grateful to all those who contributed to its development, and I look forward to working with our partners and communities to bring it to life. Together, we can build a system that is sustainable, person-centred, and ready for the challenges ahead.

Sarah Foy – Interim Director – Commissioning and Provision / Interim Director of Adult Social Services

As elected representatives, our responsibility is to ensure that every resident - regardless of age, background, or circumstance - can live well in our community. Adult social care is central to that mission. It touches the lives of thousands of people across our borough: older residents, adults with disabilities, carers, families, and neighbours who simply want to know that support will be there when it's needed.

This commissioning strategy reflects our values as a council. It prioritises independence, dignity, and fairness. It recognises the vital role of our care workforce and the importance of strong, stable local providers. And it acknowledges the financial realities we face, while setting out a clear strategy for delivering high-quality services in a sustainable way.

Most importantly, our strategic intention is to use the voices of local people going forward. Their experiences - positive and challenging – will help guide our thinking and strengthen our resolve to commission services that truly meet local needs. We are committed to transparency, partnership, and long-term planning, ensuring that adult social care remains a cornerstone of our community.

These approaches ensure that Adult Social services are financially sound, delivering good value for money for the residents of Halton.

I am proud to endorse this strategy and the vision it sets out. By working together - with residents, providers, voluntary organisations, and our dedicated staff - we can build a system of care that supports people not just to cope, but to thrive.

Councilor Angela Ball – Portfolio Holder for Adult Social Care

1. Introduction

What is commissioning in Adult Social Care?

Adult Social Care covers a wide range of activities and intervention to support people who require additional help to live full lives in communities which they call home.

The Care Act 2014 provides a set of criteria to establish whether people are eligible for care and support, and parameters within which this can be publicly funded by the local authority. The legislation also gave statutory recognition to carers, ensuring their right to have to their own care and support needs met in order to meet the needs of those they care for.

The Act further determines a broader remit for which the local authority has responsibility. This includes:

- promoting individual wellbeing;
- considering how we prevent and delay the need for formal care and support;
- providing advice and guidance, developing integration of care and support with health services, coproducing with our residents;
- assuring quality of provision and market diversity; and,
- an array of safeguarding duties.

Delivering on these requirements involves having a robustly planned and co-ordinated approach. It necessitates having an understanding of local needs through working with our residents and communities to shape services, so that we can fund provision to a finite budget that delivers on the concept of 'the right care, at the right time in the right place'. The role of commissioning is to be a pivotal enabler in achieving this.

Local Authority commissioning refers to the process of determining what services are required to meet the needs of local communities and ensuring that these services are planned and delivered effectively. It involves analysing community needs, planning for future services, and ensuring that resources are used effectively to achieve desired outcomes. This process is essential for local authorities to shape public services and manage limited resource effectively.

Local Government Association

Commissioning in adult social care is determined not only by legislation (and is contingent on numerous laws in addition to the Care Act 2014) but is also underpinned by a core set of principles, value, standards set by the sector, as well as both established and emerging best practice methodology. In order to achieve high quality care and support commissioning must therefore be evidence-based.

Commissioning is not a stand-alone process carried out by the local authority but must sit within the context of the local landscape that it serves, including its people and their individual needs, the geography of the place, its social, economic and wider demographic determinants, and must take account of what is already available to people in terms of existing assets which already exist within their communities . This means working proactively in partnership with other agencies, authorities, organisations and alliances across the borough to consider gaps in services and provision and to ensure that duplication is avoided. Moreover, we need to continue to be proactive about working with those who draw on care and support services, and those who provide care to those with care and support needs. This will enable us to develop a true understanding of what works for people and has the potential to facilitate the most effective use of resources.

Experts by experience across Halton provide valuable insights into what good care and support looks like and how it should be delivered.

Through our Coproduction Advisory Board, we asked a range of experts by experience to reflect on the core values that they would want us to consider in determining and delivering adult social care services in Halton. These values weave through our commissioning practice and are evident in our objectives for the period of the strategy.

Extracts from their feedback are given on the next page.

Adult Social Care – What's important to the people of Halton?

- Respectful, considerate and dignified care
- Care which maintains privacy and confidentiality, with consideration for safeguarding
- Person-centred approaches – enabling people to fulfil their potential
- Equality and diversity, including neuro inclusivity, considering adaptability
- Genuine equity – directing resource where it's most needed
- Honesty, integrity and respect – not making false promises
- Coproduction – working together - asking people what they think about services, and give them time to think
- Finding out what matters to us – coming to visit us and see what we're doing
- Quality care - accountability and clear expectations/standards
- A system which reflects and learns
- Safety, including having the courage to challenge poor practice
- Putting the needs of the individual at the heart of services, not one size fits all – flexible/ adaptable care
- Kindness and empathy – considering how you would want to be treated
- Working with people's own strengths, preferences, aspirations and circumstances
- Empowering independence, and creating opportunities for people to develop their capabilities
- Empowering a socially responsible system
- Genuine choice – unrestricted by uniformity and rigidity
- Services which value self-determination and autonomy
- A system that values care work, and upskills the care workforce
- Recognition of carers and support to involve them
- Recogntion that decisions impact on individuals but also on their wider family and support networks
- Services which are proactive about providing clear, consistent and assessable communication
- Services that listen to what I'm saying, consider my opinion and ask me nicely
- Accessible information that is available to everyone
- Intelligent use of resources – using technology and equipment to enable safer independent living
- Improved multi-agency communication
- Supporting individuals to exercise their rights and views
- Oversight of service delivery through the eyes of those who use them
- Reward good practice where possible, share the positives and champion people's contributions

2. Halton – Population needs

Total Population

131,543 people

Population density, persons per square kilometre
1,663 people
(UK average 580)

Population 16-64

62.2%

Population aged 65 and over

19.3%

Source: ONS - 2024

By **2043**, the projected population:

Age 0-14 ↓1.5%

Age 15-64↓3.7%

Age 65+ ↑5.3%

Deprivation

49% of Halton's population live in the top 20% most deprived areas in England.

Halton has slightly worse **employment** and **unemployment** rates compared to England.

People Aged 16-64

- Economically active 78%
- Unemployment 4.3%

Source: Halton JSNA Summary Document 2025

The Borough of Halton is a unitary authority, with affiliations to both Cheshire and Merseyside. It spans the Mersey estuary and cover the town of Runcorn and Widnes, and surrounding areas including Hale, Moore, Daresbury and Preston Brook.

Halton sits within the middle of the economic triangle formed by Liverpool, Manchester and Chester.

The borough has a predominantly homogenous population in relation to protected characteristics.

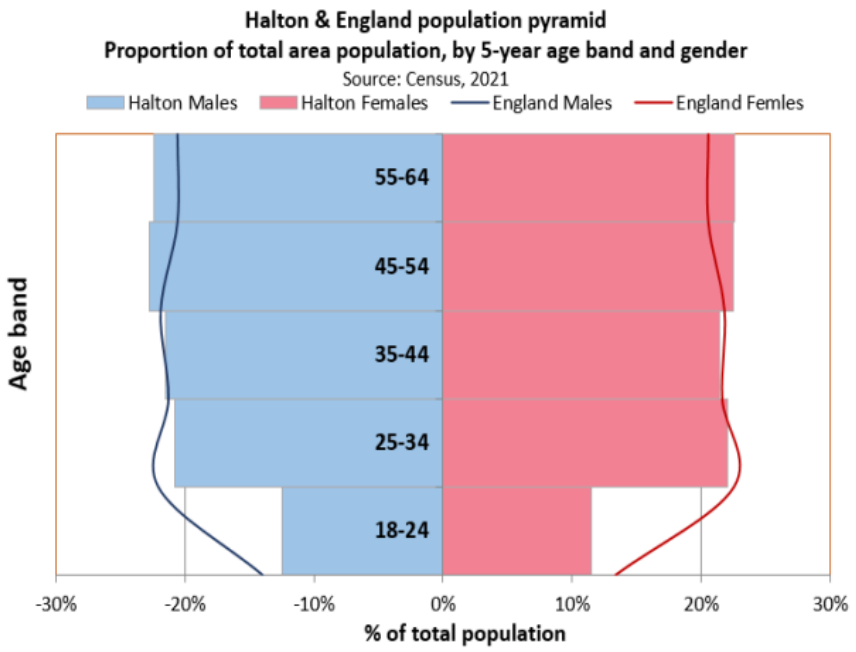
- 96.5% of Halton's population identified their ethnic group within the 'white' category.
- 91.9% of Halton residents aged 16+ identify themselves as straight/heterosexual.
- Over 1 in 3 Halton residents (35.2%) identify themselves as having no religion. 58.6% class themselves as Christian.

Data sources: Halton JSNA Summary Document 2025

Halton has lower than the England average weekly earnings at £691 per week

18.1% of older people (aged 65+) live in poverty in Halton. Significantly worse than the England average.

Data sources: Halton JSNA Summary Document 2025 *Source: Older People's JSNA – Ageing Well Summary*



Source: Halton JSNA: Living Well data pack 2024

Halton has a smaller young population and a higher older population in comparison to England.

Life expectancy across Halton has been improving but remains below the regional and national averages. It means that on average people in Halton can expect to live 2 years less than across England as a whole.

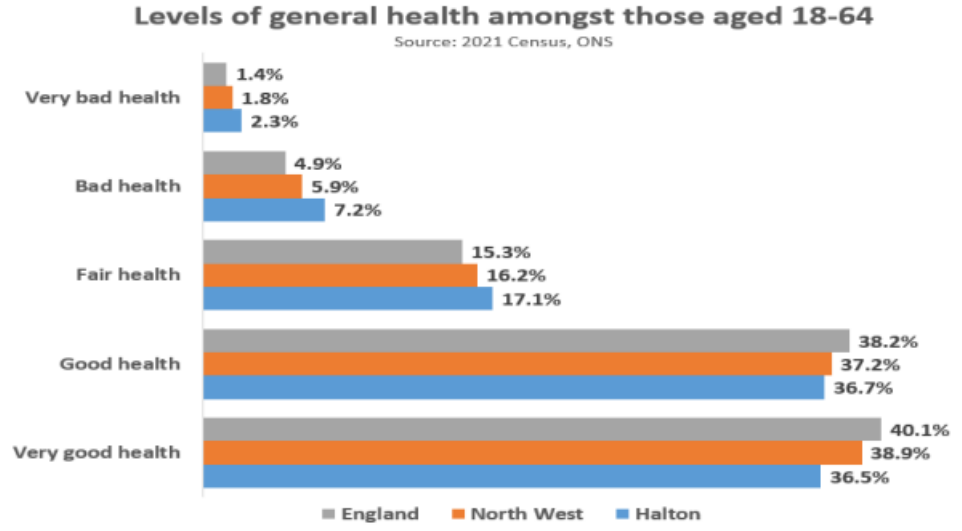
However, it is not just compared to the national average that there are differences. The gap in life expectancy across electoral wards is substantial.

Halton Borough Council Wards

The table below show self-reported health from the 2021 Census.

When analysed further, there are discrepancies between self-reported poor health across different wards in the borough.

Levels of self-reported poor health range from 11.6% in Birchfield to 30.1% in Halton Lea, against the Halton average of 21.8%

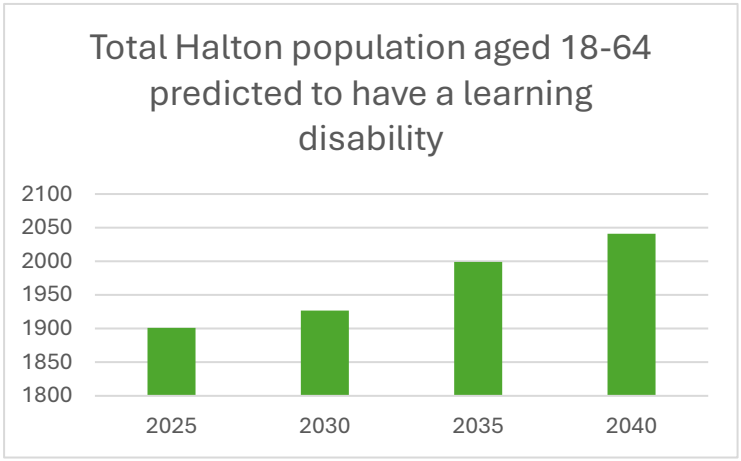


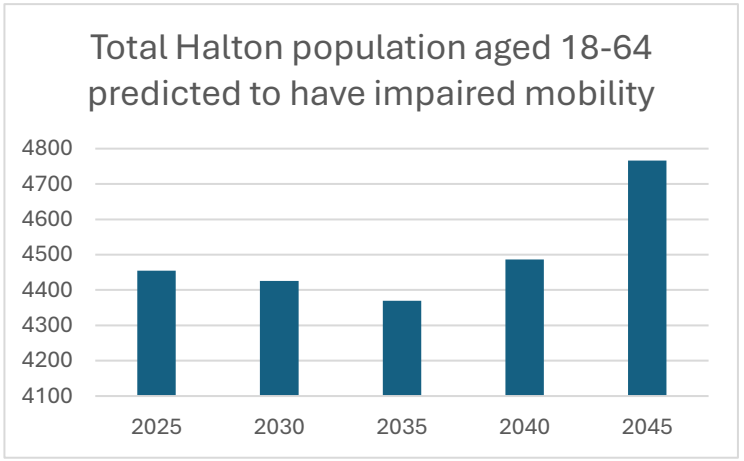
Source: Halton JSNA: Living Well data pack 2024

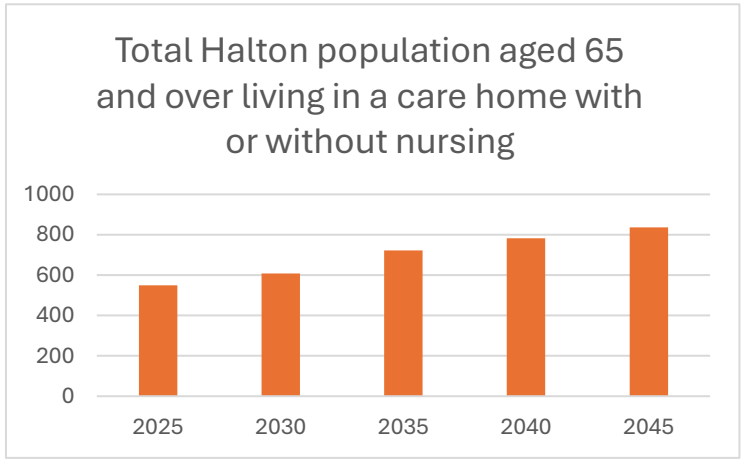
The Equality Act 2010 defines disability as a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities. As of the Census 2021, there were **28,382** people in Halton whose day-to-day activities were affected by their disability.

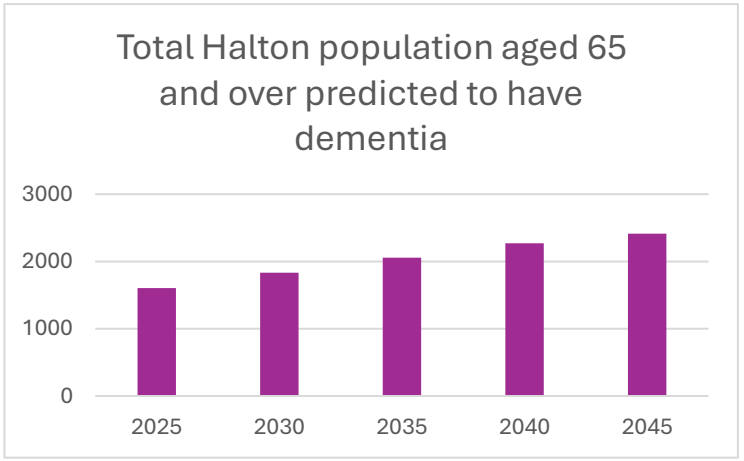
Source: Halton JSNA: Living Well data pack 2024

Predicted future need:









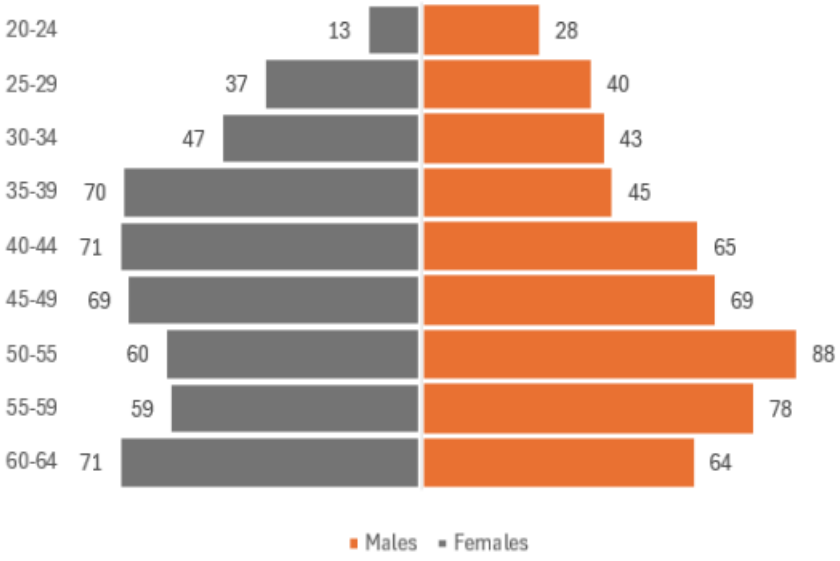
Source: Poppi / Pansi

Mental ill health in Halton

Halton has high prevalences (in comparison to the North West and across England) of depression, self-reported anxiety, and emergency admissions for intentional self-harm.

The borough also supports a substantial number of people with severe mental health illness.

Severe mental illness population by age and gender

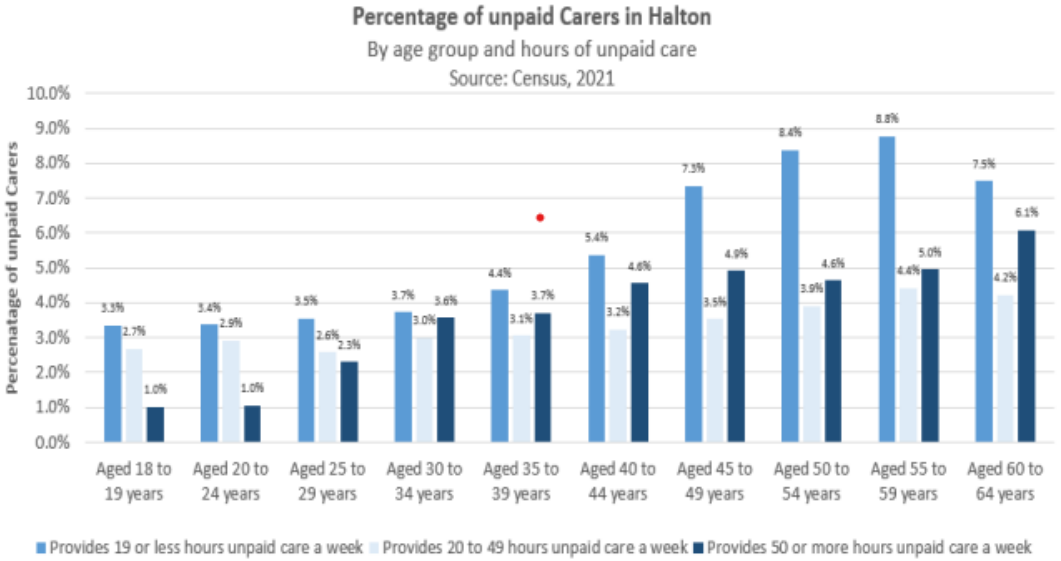


Source: Halton JSNA: Living Well data pack 2024

Carers in Halton

Unpaid carers make an invaluable contributions to the lives of people with care and support needs . Under the Care Act 2014 carers have the right to assessment of their own wellbeing needs and provision to support caring roles is a statutory duty.

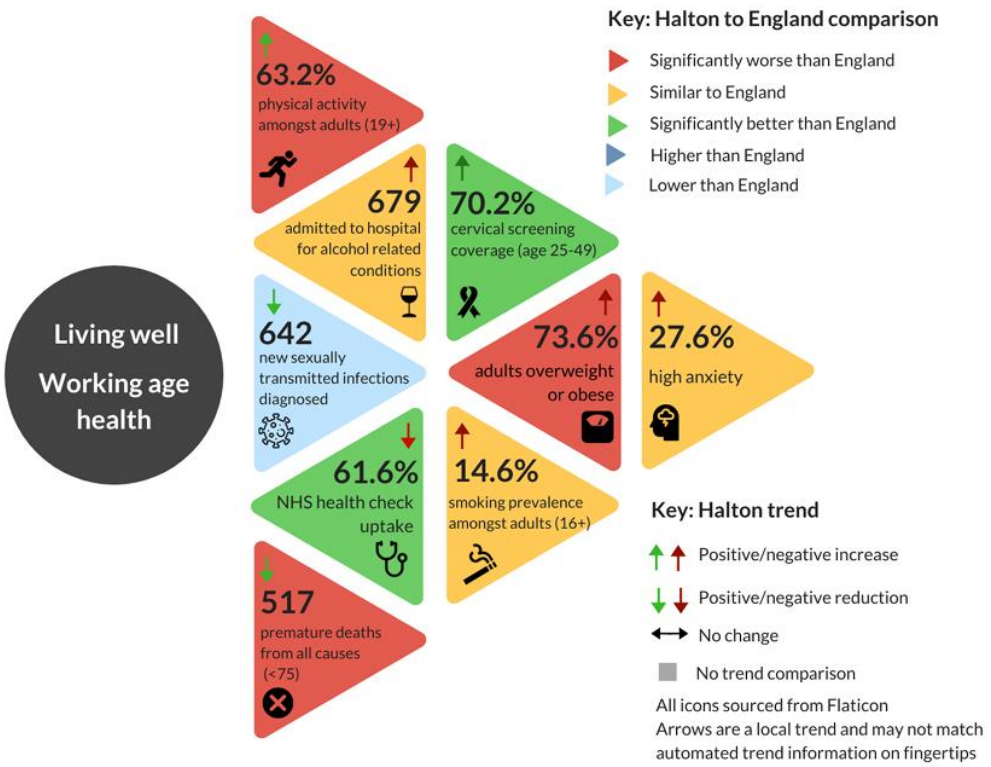
The chart below is representative of all people providing unpaid care each week ranging from 19 hours or less, to 50 hours or more. As part of the Census 2021, there were a total of 10,184 people aged 18-64 providing unpaid care.

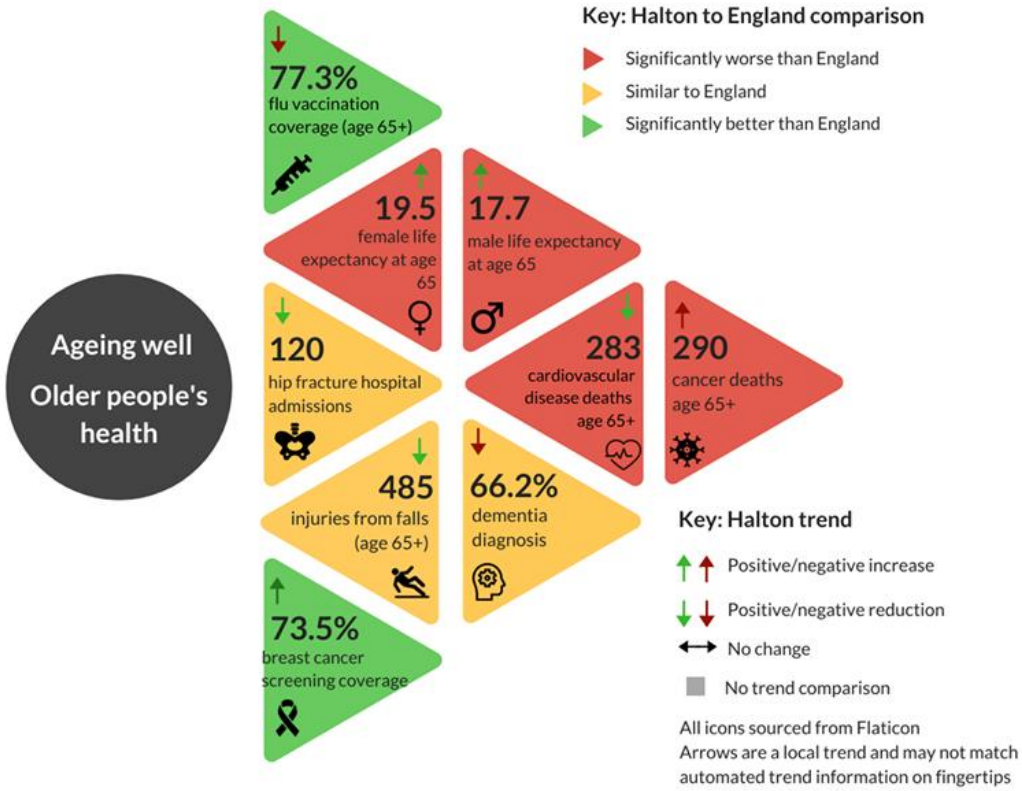


Source: Halton JSNA: Living Well data pack 2024

Population Health

Population health plays a large part in whether care and support services are needed both now or in the future. Within the Halton Joint Strategic Needs Assessment (JSNA) some key health indicators are highlighted for the adult population as having significant impact on overall wellbeing. However, progress is being made and joined up working with Public Health generates opportunities to improve the overall health and wellbeing of the population of Halton.



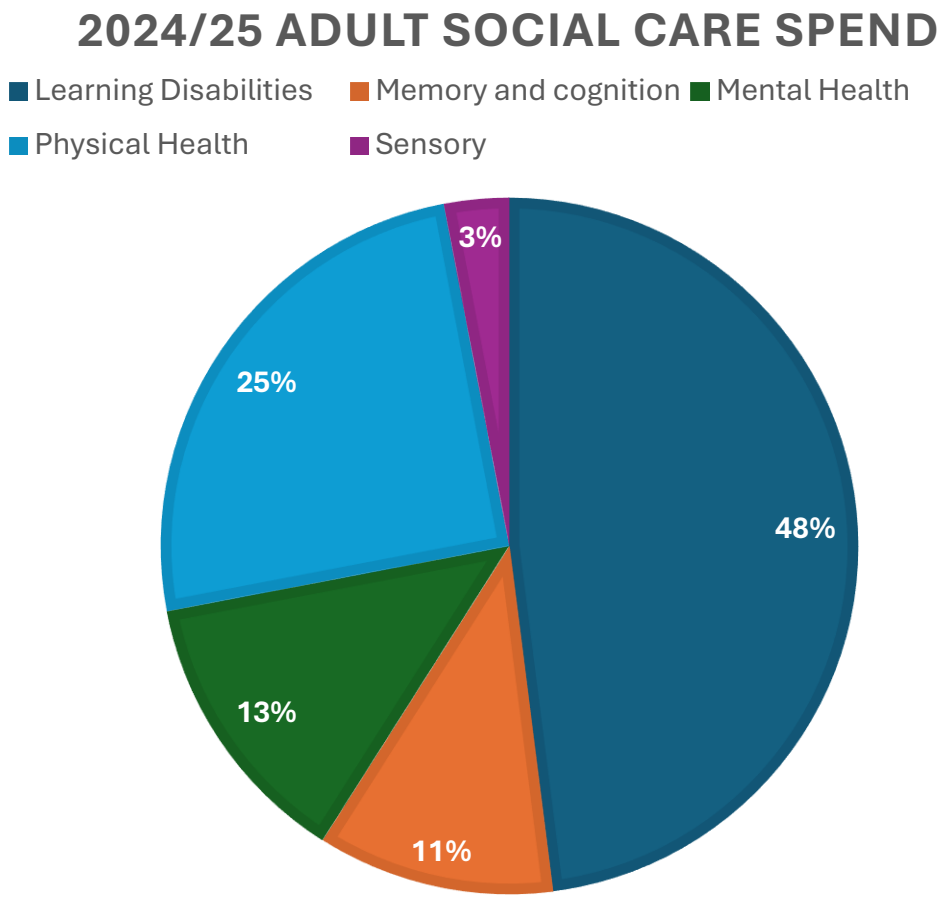


Source: Halton JSNA Summary Document 2025

3. Adult Social Care in Halton – the current position

Our Adult Social Care Vision is:

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



Source: Adult Social Care Annual Report 2024/25

Key Facts and Figures – 2024/25

Average of 250 requests for support per month	4,528 people in receipt of a service	5,890 services in place
1,013 Care Act assessments undertaken	1,854 Care Act reviews undertaken	496 Carers Assessments undertaken
421 Carers reviews undertaken	1,541 People in receipt of equipment and adaptations	1,704 Deprivation of Liberty applications submitted

Intervention to Prevention

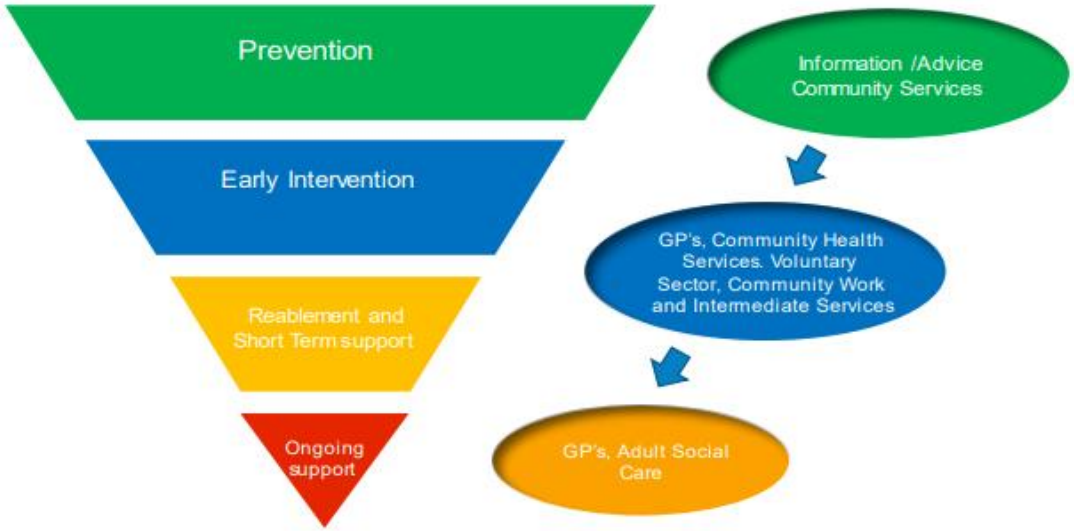


Illustration Source: Adult Social Care Prevention Strategy 2023-2027

Halton Borough Council, like many Local Authorities across the Country, has identified funding gaps which are set to grow if annual Government finance settlements are not subjected to review or reform. The Adult Directorate accounts for 38% of the Council's overall expenditure, and with needs becoming more complex and demand expected to increase, the budget will only stretch so far.

In response to these pressures, the Adult Directorate has taken some key decisions over the last couple of years to transform its 'front door' access points into adult social care, creating a 'prevention and assessment hub' which provides advice and signposting to those who might benefit from wider wellbeing services and community-based assets in the first instance, before requiring statutory services. Likewise, the Halton Intermediate Care and Frailty Service, promotes a 'home first' approach, emphasizing recovery at home following medical interventions or a hospital stay, bridging the gap with reablement care as required. These approaches involve multi-disciplinary teams working together with people in holistic ways to meet their preferred outcomes.

Our provision is based on the idea that community and home are of the utmost importance to people, and working with their own personal strengths, networks and community assets will support them to live the life they aspire to.

Working in Partnership

Partnership working is an essential element to realising our vision, and our collaborative approaches include relationships with health, housing, education, and the community and voluntary sector. Some of our partnerships involve formal constitution, such as our Section 75 pooled budget arrangements with NHS Cheshire and Merseyside. Others involve awarded commissioning arrangements, such as our contracts with supported living and domiciliary care providers. Areas of our work involve joint working to shared agendas, for example, some of our alliances with the voluntary sector. All component parts work together, requiring strategic planning and oversight to meet the identified needs of the population of the borough.

Wider partnerships on a regional and national basis feed into these processes, ranging from being active with our One Halton place-based partnership and our regional Integrated Care System (Cheshire and Merseyside Health and Care Partnership) to working with and aligning with practice guidance issued by the Association of Directors of Adult Social Services, Skills for Care, the National Institute for Health and Care Excellence, the Local Government Association, and many more.

Delivery of social care services in Halton is made up of a mix of in-house services and independent sector commissioned services, grant-funded and commissioned voluntary sector services and a wide array of services that have developed or are funded independently. Halton Borough Council's Adult Directorate oversees the delivery and development of these services in-line with strategic objectives, and in consideration of shaping the social care market to meet the current and projected needs of its residents.

Achieving GOOD outcomes

Adult Social Care provision is required to meets certain legislative duties, to align to wider governing statute and to relevant practice standards.

More recently, the Care Quality Commission has been required to assess local authorities' delivery of its adult social care duties. This assurance process came into effect in April 2023, and Halton Borough Council's Adults Directorate was rated as **'Good'** following assessment in 2025.

A comprehensive action plan is now being rolled out with the aim of achieving 'Outstanding' in the future.

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

4. The Adult Social Care Commissioning Cycle

Adult Social Care commissioning is a cyclical process, which sits within a framework of activities. The diagram opposite offers an overview of the stages involved in this process.

The timeframe covered by the cycle is subject to change, according to contract lengths, changes in population needs, legislative reform, budget restrictions and other impactors.

This requires a continuous and holistic way for working, and also enables the Adults Directorate to positively influence some of the wider priorities set in the Council's Corporate Plan 2024-2029.

Procurement

Local Government procurement rules and regulations ensure that public money is spent appropriately. Processes which need to be following in order to commission services and provision and therefore robust.

Public Sector procurement regulations, under the Procurement Act 2023, set different levels of oversight for different levels of spend within local authorities.

Commissioning of adult social care services relies on effective procurement processes to reflect fairness, transparency and best value, whilst remaining flexible to the shape and structure of the market of supply.

Procurement of social care provision in Halton is achieved through a mix of direct awards, formal tender processes, mini competition, user choice awards and other means of contracting open to us.

Taking steps towards a more progressive approach to commissioning Adult Social Care in Halton

Outside of conventional models for conducting a commissioning cycles, the New Economic Foundation (NEF) further developed an approach to commissioning which aligns to the underpinning values of the Care Act.

The illustration opposite puts coproduction, partnership and reflection and evaluate at the heart of the process. It sees these as essential components to bringing new insights and resources into commissioning, enabling it to be a continually evolving, rather than simply reoccurring, process.

In addition, the aims wrapped around the commissioning cycle represent systemic considerations which help achieve long-term impact.

In consideration of the identified challenges we face, together with the national priorities being set, this model reflects how we need to approach our commissioning intentions in Halton, going forward. It directs us to maintain a focus on person-centred outcomes, building community capacity, and achieving effective utilisation of resources.

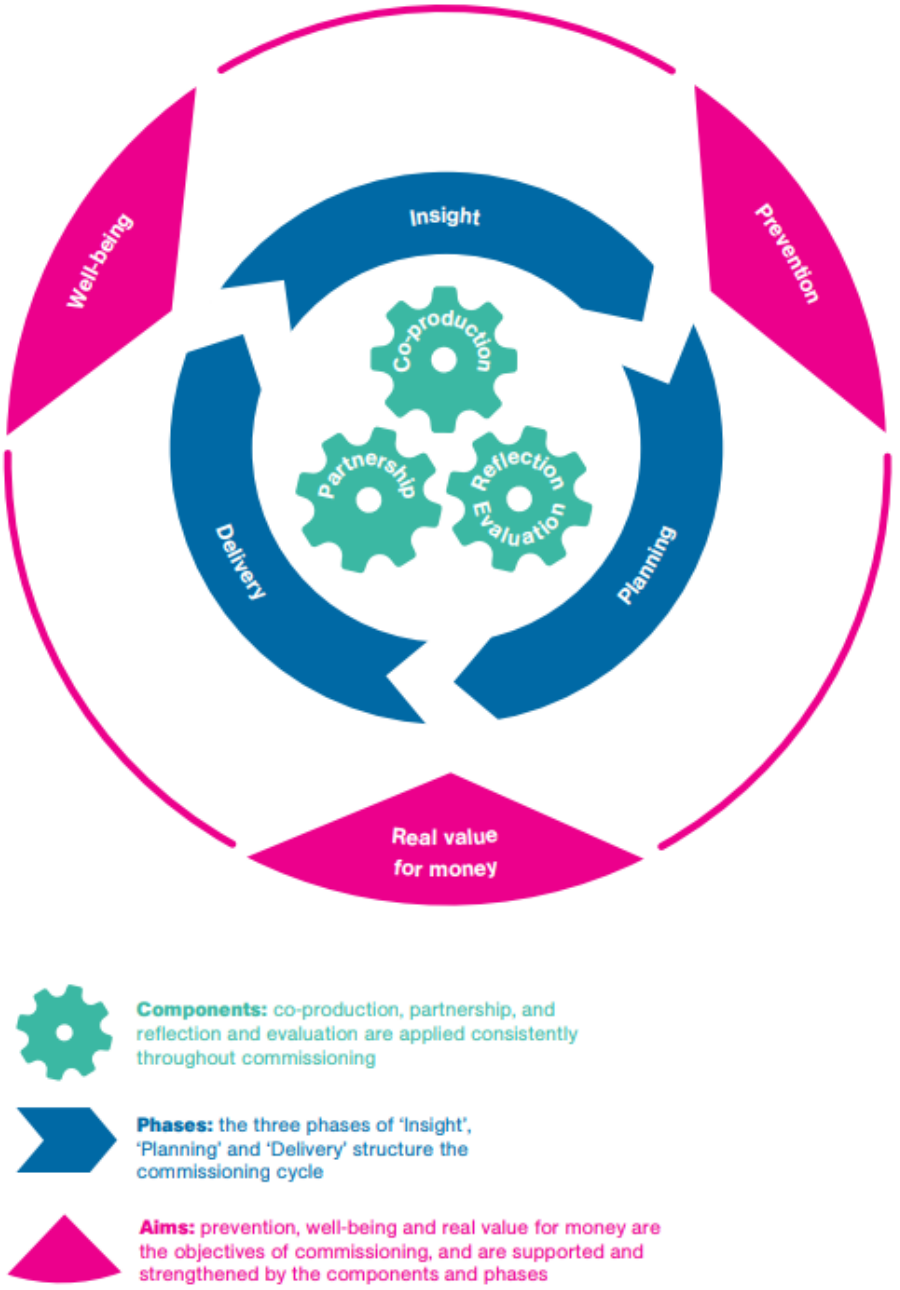


Illustration Source: Commissioning for outcomes and co-production: A practical guide for local authorities

Current challenges

We have made substantial progress since the start of our last Commissioning Strategy. To capitalise on this we need to look to continue to focus on the same broad challenges but with renewed focus. These area are not unique to Halton, and are similar to those faced by local authorities across the country:

Prevention

While Halton has a good prevention offer, and our Prevention and Wellbeing 'front door' service is now firmly embedded, people tend to come to us in crisis, when they can no longer manager on their own. Early engagement and intervention is key to keeping people well for longer and we want to ensure that access to care and support sits alongside health and wellbeing choices through a person's life course.

Strengths based approaches

Our teams are now trained and experienced in using strength-based working practices, but with an ever-changing landscape it can be difficult to maintain knowledge of all community and neighbourhood assets. Upkeep of these approaches requires continued focus and relies on us building effective networks with partners across the borough.

Equality, diversity and inclusion

We have reviewed our approach to Public Sector Equality Duties, and we are looking to assess the impact of commissioning services and provision against protected characteristics. Alongside this we aim to better understand the growing diversity of the population of Halton, to ensure we are inclusive of all communities.

Coproduction

Our Coproduction Charter is widely used across adult social care services, and a Coproduction Advisory Group has been formed to steer coproduction activity for the directorate. We now need to make coproduction everyone's business, so that experts by experience are supported to be part of all decision-making for adult social care.

Workforce

Since the last commissioning strategy, the Halton Adult Social Care Workforce Strategy (August 2025) has been devised in partnership with Skills for Health. We now need to look to deliver on the recommendation of this document, to achieve sustainability and develop a resilient, skilled and truly valued workforce to meet the future demands on social care services.

Financial constraints

Delivery of statutory services will always be the priority for Halton Adults Directorate, and, working closely with Change Delivery Unit, we have been able to substantially decrease the projected overspend (compared to earlier forecasts) on the 2025/26 budget. A plan for continued financial recovery, alongside the rest of the Council, has been devised. This considers an increased demand on services and looks to builds capacity across the system to accommodate this.

National priorities

Adult social care priorities for local authorities: 2026-2027

Ahead of the findings of Baroness Casey independent commissioning into adult social care, the Government have set 3 priority outcomes for local authority delivery of adult social care for the coming year:

- People who draw on care and support, and their carers, experience high-quality adult social care provided by a skilled workforce.
- People who draw on care and support are supported to promote their independence, where possible, and have choice and control over their support.
- People who draw on care and support experience joined-up health and social care services at a neighbourhood level.

The practical steps and approaches behind these objectives are set out in 'Annex A - list of priority outcomes and expectations for local authorities: 2026 to 2027', placing clear responsibility on social care commissioning functions within the local authority. The expectations on local authority extend to:

Commission sustainable services which are person-centred, place-based and outcomes driven	Shape the market by working with providers to set sustainable fee rates	Explore greater use of digital technologies	Build system partnerships to meeting safeguarding needs	Develop and monitor data to better understand demand for services
Embed workforce career structures	Coproduce to enable greater choice and control	Develop and deliver preventative services	Work with housing partners to ensure that people have a safe place they can call home	Increase support for unpaid carers
Co-ordinate smooth social service transitions from childhood to adulthood	Work closely with health to roll our neighborhood models of health	Develop integrated working to achieve holistic approaches to need	Adopt multi-agency working practice to meet existing complex needs	Promote and provide services to meet short-term rehabilitation, reablement and recovery needs

The areas identified here are commensurate with our direction of travel in Halton. As this strategy covers a period up to 2029, we will continue to monitor Government policy and expectations and will adapt our commissioning stance accordingly.

5. Commissioning priorities and intentions

Our commissioning priorities for this strategy remain under the headings which we identified in our last Commissioning Strategy, reflecting the progress we have made and the continued direction of travel.

Against each commissioning priority area we have further identified our commissioning intentions for the next three years, covering the duration of this Strategy. These are set out over the next few pages.

These priorities and intentions additionally have actions and activity aligned to them as part of a detailed internal delivery plan. This delivery plan will be used to steer our operational fulfilment of this strategy.

It is important to note that some priority areas have a greater number of intentions than others. This does not render any one priority more or less important than any other, it is simply a reflection of the work to be undertaken; contracting and re-contracting services, delivering on and developing wider strategic themes, and objectives which have been identified around both current and emerging agendas on both a local and national level.

Priority One:

Universal Prevention and Wellbeing

Creating opportunities for early intervention and accessible universal and preventative services which connects people with their communities, helping them to 'live well' for longer.

Commissioning Intentions

1.1 Continue to work with partners, such as NHS Cheshire and Merseyside, to develop and promote voluntary and community sector activity which enhances care and support provision across neighbourhoods, and which prevent and delay the need for statutory services.

1.2 Continue to promote and embed the value of strengths and asset-based approaches, maintaining oversight of the directorate's approach and access to preventative and universal services.

Priority Two:

Independence at Home

Retaining a focus on timely, co-ordinated, responsive and flexible interventions at times of crisis or escalating needs enables us to develop people's strengths, resilience and independence.

Commissioning Intentions

2.1 Ensure that provision to support carers is maintained and developed to:

- Meet the needs of carers so that carer breakdown is avoided.
- Provide meaningful activity and support for those accessing services.

2.2 Maintain the diversity of provision in relation to domiciliary care service to ensure user choice is accounted for.

2.3 Continue to identify joint working opportunities, particularly those which take proactive approaches to multi-disciplinary team working, allowing people to maintain their independence for longer.

2.4 Continue to capitalise on system-based relationships to ensure that mental health services and provision are timely, accessible, targeted and safe.

2.5 Work with system partners to further develop Halton's approach to short-term rehabilitation, reablement and recovery to reduce hospital admission and long-term care.

2.6 Ensure that technology enabled care and aids and adaptations continue to be easily accessible and widely available to people to support prevention and increase independence.

Priority Three: Socially Engaged

Supporting people to live the life they want to live and to work towards the aspirations that they define for themselves leads to better outcomes

Commissioning Intentions

3.1 Continue to embed coproduction into directorate development processes, ensuring experts by experience have a voice in both strategic and operational decision making.

3.2 Develop new ways of reaching those who are seldom seen/ seldom heard or who face significant inequalities in their health and wellbeing prospects

3.3 Ensure that services and opportunities for adults with learning disabilities promote social, emotional and cognitive wellbeing and continue to be meaningful, enabling individuals to live full and independent lives in the community.

3.4 Ensure all member of the community have the opportunity to understand their rights and have their voice heard.

Priority Four: Housing

Ensuring local housing and accommodation, including for those with complex needs, provides safe, supportive and enabling environments.

Commissioning Intentions

4.1 Contribute to the implementation of the borough-wide Housing Strategy, ensuring the specialist housing needs, including supported living accommodation, is sufficient and sustainable for the needs of the borough.

4.2 Ensure that supported living accommodation adopts innovation and uses technology enabled support and strengths/asset-based approaches to support independence.

4.3 Ensure suitable adaptations are available to meet the long-term needs of those with the most complex physical needs, and that housing provision incorporates design features for those with sensory needs, those who are neurodivergent and other emerging considerations.

Priority Five: Good, Local, Affordable, Quality Provision

Developing a care and support market that provides choice, sufficiency and which provides care that is truly person-centred.

Commissioning Intentions

5.1 Develop the borough's care homes market to meet the needs of an ageing population.

5.2 Ensure that data appropriate systems are commissioned to undertake service quality monitoring.

5.3 Represent the directorate from a strategic commissioning perspective on provider networks – contributing to agendas to develop services and build capacity across the borough.

5.4 Review the commissioning of supported living on a spot purchase basis, devising new ways of working which meet different levels of complexity, continue to meet high standards and recognise the need for cost efficiencies.

Priority Six: Confident , Sufficient and Skilled Workforce

Assuring a competent workforce that is recognised, respected and valued.

Commissioning Intentions

6.1 Working with partners, including commissioned providers, to ensure that we implement delivery against the Halton Adult Social Care Workforce strategy.

6. Enablers

Our top six enablers to support us in delivering our commissioning intensions are outlined below. These represent focus areas for driving change and for delivering on our statutory duties to defined resources. This position is further reflected in our Market Position Statement, which should be read alongside this Commissioning Strategy.

Partnership and collaborative working

Prevention, early intervention and delaying need

Use of technology

Maintaining a focus on safeguarding and those at risk of harm

Adopting a coproduction mindset

Robust data intelligence

7. Appendix

References Documents and Data Sources:

Halton Borough Council – Corporate Plan 2024-2029
Adult Social Care Annual Report
Adult social care priorities for local authorities: 2026-2027
Commissioning for outcomes and coproduction – a practical guide for local authorities
Halton Adult Social Care Market Position Statement
Halton Adult Social Care Workforce Strategy – August 2025
Halton Borough Council Adult Social Care - Prevention Strategy 2023-2027
Halton Joint Strategic Needs Assessment – Summary Document 2025
Halton Joint Strategic Needs Assessment (JSNA) One Halton Health and Wellbeing Strategy: Living Well Data Pack 2024
Halton Older People's JSNA
Office of National Statistics – 2024
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
NHS Cheshire and Merseyside – 5-year Strategic Commissioning Plan 2026-2031: Incorporating our population Health Improvement Plan (PHIP)
Poppi – population projection figures reported as at March 2026
Pansi – population projection figures reported as at March 2026

With thanks to the Halton Adult Social Care Coproduction Advisory Group and others with lived experience who inputted into the Halton values section on page 6.

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

Local authority adult social care provision assessed and rated as Good
CareQuality Commission

HALTON BOROUGH COUNCIL