Bradford Council: local authority assessment

How we assess local authorities

Assessment published: 24 October 2025

About Bradford Council

Demographics

Bradford is a local authority in Yorkshire and The Humber. There is a population of 560,194 and it is one of the 'youngest' cities outside of London with a significant proportion of children and young people aged under 16, but in line with national trends it has also seen an increasing number of people aged 65 and over. The population is largely people aged between 18-64.

Bradford has an index of multiple deprivation score of 9, meaning it is one of the most deprived local authorities. Bradford has persistently high levels of deprivation and the district is England's fifth most income-deprived area. There are disparities of ten years' life expectancy and 20 years in healthy life expectancy within the Bradford district.

The results of 2021 census data found that Bradford has become more ethnically diverse. 61.13% of the population identify as White, 32.15% of the population identify as Asian/ Asian British, 2.75% identify as Mixed or Multiple, 2.01% identify as Black, Black British, Caribbean or African and 1.97% identify as Other.

There is 1 Integrated Care System covering Bradford which is the NHS West Yorkshire Integrated Care Board (ICB). There are 2 acute hospitals, 4 community hospitals and 1 Bradford wide NHS mental health hospital provider.

Bradford political administration is under Labour control with their political make up consisting of Labour 47 seats, Conservative 14 seats, Green Party 10 seats, Independents 14 seats and Liberal Democrats 5 seats.

Financial facts

- The Local Authority estimated that in 2023/24, its total budget would be **£934,210,000.00**. The actual spend for the year was **£976,895,000.00** which was **£42,685,000.00** more than estimated.
- The Local Authority estimated that it would spend **£175,680,000.00** of its total budget on adult social care in 2023/24. The actual spend was **£201,633,000.00**, which was **£25,953,000.00** more than estimated.
- In 2023/34 **20.64%** of the budget was spent on adult social care.
- in 2023/24, approximately **7720** people were accessing long term Adult social care support, and approximately **1885** people were accessing short term support. Local authorities spend money on a range of adult social care services, including supporting individuals. No two care packages are the same and vary significantly in their intensity, duration, and cost.

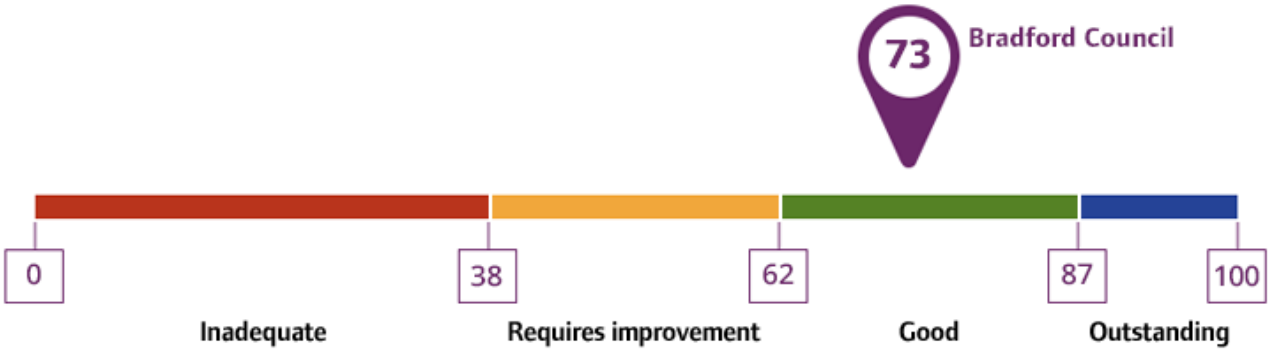
This data is reproduced at the request of the Department of Health and Social Care. It has not been factored into our assessment and is presented for information purposes only.

Overall summary

Local authority rating and score

Bradford Council

Good



Quality statement scores

Assessing needs

Score: 2

Supporting people to lead healthier lives

Score: 3

Equity in experience and outcomes

Score: 3

Care provision, integration and continuity

Score: 3

Partnerships and communities

Score: 3

Safe pathways, systems and transitions

Score: 3

Safeguarding

Score: 3

Governance, management and sustainability
Score: 3

Learning, improvement and innovation
Score: 3

Summary of people's experiences

People had experienced person-centred support when receiving Care Act assessments with the local authority. People reported that assessments had been strength based and had represented their human rights well. The local authority had used a strength-based assessment approach and had policies and procedures in place to support people with managing risks associated with their support needs.

There had been mixed feedback from people regarding the carers' support offer. Some people told us they were listened to throughout their carers assessment and were well supported and received information, support groups and wellbeing grants. While other people told us they lacked support from social workers and had no support following their carers assessment. The local authority had recognised this and had developed a Carers Strategy to better support unpaid carers.

People were supported with their cultural needs and supported with translation when English was not their first language. The local authority social workers from the same ethnic background were able to support people going through Care Act assessments which supported people to have their cultural needs recognised to ensure they were listened to and understood.

People were given information and advice and were signposted to local services and linked in with their communities for peer support when they contacted the local authority for support. Follow up contact was made to check whether people had been able to access the support they needed, and if they needed further help of more formal care assessment. People generally found information and advice accessible and helpful.

People told us they could easily access direct payments, and these gave them more control over their daily lives. However, people found it difficult to source personal assistance due to a shortage in the area. The local authority had plans in place to improve this.

People had access to several services to support them to return home quickly and regain their independence following a hospital admission. Data showed good outcomes for people when they had used these services.

We heard of examples of flexible and creative ways of working with people to maintain their safety and well-being. Responses to safeguarding concerns were timely and Making Safeguarding Personal data demonstrated that people were kept at the centre of safeguarding activity and their desired outcomes were respected. People were supported to make decisions for themselves, and there were safety nets in place to support people making higher risk decisions.

Overall, people told us they had a positive experience when they received support from the local authority and could access the support services that they needed.

Summary of strengths, areas for development and next steps

The approach to assessment and care planning was person-centred and strength-based at the local authority, however, there were waiting times for Care Act assessments. The local authority had introduced a waiting well policy to monitor risks for people when waiting for assessments. People were contacted by the local authority whilst waiting to keep them informed and to check for any changes to the person's need. Data was shared with team managers and wider teams around waiting lists and waiting well so that all local authority staff were aware of how they were performing and responding to Care Act assessments as local authority teams.

The local authority had a hospital discharge service called Home First Assessment Support Team (H-FAST) to support timely discharge through provision of initial intensive reablement for around 3 days. This was having positive impact on patient flow and people's experiences and outcomes, with data showing discharge delays had reduced from 33% attributable to adult social care prior to the H-FAST service to 3%. There was a strong reablement and intermediate care offer in place, with data showing positive outcomes.

The local authority had good knowledge and awareness in relation to the diversity within Bradford and had strong systems and processes in place supporting equality. Equality Impact Assessments (EqIA) were used when a new contract or re-tender for a new service was commissioned. The assessments looked at who would be using the services and any impacts on specific groups and what changes were required. All EqIA were signed off by the Equality, Diversity and Inclusion (EDI) lead when commissioning changes were proposed.

There had been significant investment into the commissioning function during the previous 18 months to improve the quality and capacity for strategic commissioning and quality improvement within the local care market. The local authority understood the current needs of the local population and the local care market, and they were also planning ahead to meet future projected needs. The commissioning strategy and plans were clear, and they were responsive to meeting current demand for care services. They had identified gaps in provision of supported living and extra care housing and this was factored into their commissioning plans.

The provision of sufficient safe and affordable housing, and housing with care options was a focus for the local authority. There was a new Housing and Accommodation Strategy for people with care and support needs, and the local authority were working with partners to develop a delivery plan to support the strategy.

There was a single overarching section 75 agreement with schedules that covered a range of services in place between the local authority and partners, such as the Integrated Care Board (ICB) and Voluntary, Community, Faith and Social Enterprise (VCFSE) sectors. These were managed well and achieved joined-up working in the district with better outcomes for people.

The local authority had a risk enablement panel and quality assurance framework which was supporting staff with positive risk taking. This was achieving better outcomes for people with the least restrictive options. Staff were more confident in supporting people to take positive risks where they had capacity and all positive risk taking was signed off by the risk enablement panel to share the accountability with social workers.

Safety during transitions was prioritised, with good coordination across partners and internal teams. The Trusted Assessor model in hospitals facilitated timely discharges, and the H-FAST team provided rapid, intensive support post-discharge. There was a positive approach to risk taking, and support and safety nets for people making decisions which could be deemed to be unwise. There were robust and tested contingency plans for service interruptions and learning from past incidents was evident. Continuity of care for out-of-area placements and positive experiences of transition from children to adult services were also evident.

Safeguarding referrals had increased by 19% in the year 2023/24 with approximately 750 safeguarding concerns per month being raised. Increased investment within the safeguarding team meant that capacity matched demand and a timely, responsive service was in place after recognition of the challenges of increasing demand. Data was used effectively to provide oversight and assurance on safeguarding activity, to identify themes and trends and to inform practice.

Co-production had been identified as an offer that could be developed and improved by the local authority, but generally people had an input on services to design and shape them. The local authority had dedicated co-production staff who worked on developing innovative ways to engage people who might use early help or adult social care services. The local authority actively looked for ways to seek feedback from people after using their services through telephone and text message feedback surveys, this was used for looking at people's experience and developing services.

Overall, the local authority had good processes and practices in place to support people well. There was good support taking place for people across adult social care and a strong leadership team in place. The local authority was working within a challenging financial position and there was now a focus on prevent, reduce and delay with a recognition of where they could improve services to get better outcomes for people.

Theme 1: How Bradford Council works with people

This theme includes these quality statements:

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

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

Assessing needs

Score: 2

2 - Evidence shows some shortfalls

What people expect

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

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

The local authority commitment

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

Key findings for this quality statement

Assessment, care planning and review arrangements

The local authority provided multiple channels for people to access care and support services, including online, by telephone, or through referrals made by community-based partners. The Independence Advice Hub (IAH) was the main first contact point for adult social care. The IAH was made up of independent advisors, community care officers (CCO), social workers, and occupational therapists (OTs). The aim was to maximise the opportunity for people to receive appropriate information, advice and signposting at the earliest point of contact with the local authority, and only to be referred on for more formal assessment when necessary. IAH could be contacted via telephone, online referral form or face-to-face within the wellbeing hub. IAH completed an initial screening on all referrals and made decisions about Care Act eligibility. A triage checklist was completed at the point of initial screening and people were either signposted to other support services or moved for further consideration under the Care Act assessment process to determine how their needs could be met. The IAH referred all Care Act eligible cases to the relevant locality team based on the person's location.

There were 5 locality teams that covered the local authority area. Locality teams worked with all adults with specialist workers for different population groups, for example, older people and adults with disabilities. Locality based working was used to strengthen relationships with local partners such as, the voluntary sector and to develop localised knowledge of people and communities to target information, guidance and support.

The approach to assessment and care planning was person-centred and strength based. The approach reflected people's right to choice, built on their strengths and assets and reflected what they wanted to achieve and how they wished to live their lives. People told us assessments were completed in a timely manner and used a strength-based approach which included the importance of human rights. The local authority used a strength-based approach to assessments, referred to as Raising Expectations. This was embedded in the guide to assessment and support planning for staff and was well understood by them. People's support plans were completed in a person-centred way, with the person at the centre of all decisions. Staff told us it was important to spend time with people throughout care planning to obtain a good picture of what was important to the person. Staff pen profiles would be sent to people ahead of assessments taking place. Pen profiles provided information and a picture of the social worker and with explanation of the assessment process. Staff told us this helped people to get to know them before carrying out their assessment.

There was a reviewing team at the local authority to work with the person in a strength based way to review their ongoing care and support. People told us they were supported to take part in the review process. Topics and decisions were discussed in a way that they could understand with a focus on what they wanted to achieve. The local authority had a practice guide to assessment and support planning in place which highlighted the importance of adopting the strength-based approach.

The local authority had assessment teams who were competent to carry out assessments, including specialist assessments. There were specialist social workers, CCO's and rehabilitation officers available to support people with sensory needs through assessments. They were based in a dedicated centre within the community where people could attend in person. Referrals for people with sensory needs were responded to within 2 weeks and communication adaptations such as British Sign Language (BSL) was available.

National data from Adult Social Care Survey (ASCS 2024) showed 78.66% of people feel that they have control over their daily life, which was similar to the England average of 77.62%.

Timeliness of assessments, care planning and reviews

The local authority had waiting lists in place for Care Act assessments and assessments were not always completed in a timely manner. At the time of our assessment there were 333 people waiting for a Care Act assessment between the front-line team working with older adults and the front-line team working with adults with disabilities. The front-line team working with older people had 26 days' median wait, the maximum waiting time was 129 days. The front-line adults with disability service median wait were 47.5 days and maximum days wait was 267 days.

The local authority acted to manage and reduce waiting times for assessment, care planning and reviews. This included actions to reduce risks to people's wellbeing, while they were waiting for an assessment. The local authority had implemented a 'Waiting Well' policy to prioritise and manage people's Care Act assessment requests, which ensured risks for people waiting were monitored and people were kept informed of waiting times. An initial conversation with the Independence Advice Hub sought to resolve people's enquiries immediately and 94% of calls were resolved with callback and immediate text-back results. For those who needed a longer conversation, IAH gave people a priority of P1, P2 or P3 with corresponding deadlines for assessments. This conversation took place on the same day of contact with Adult Social Care. P1 was the most urgent referral due to risk and P3 was lowest. We heard people were contacted regularly, staff were positive about 'Waiting Well' and the policy states that people who needed an urgent service should be allocated as priority 1. Frequency of contact was proportionate to risk and respected the wishes of people. Any changes led to a reprioritisation of risk and a review of the priority level and response time for Care Act assessment. Leaders told us the aim was to ensure people were waiting safely and well. Data was used to ensure waiting well calls were being completed in a timely way. Waiting list data was collected and easily accessible with weekly updates being sent to team managers. Staff told us data would be used within team meetings to share updates on the number of people waiting and to share the allocation of the work.

The local authority had recognised that people had not always received an annual care review. The local authority had reviewed and enhanced their care review documentation, and staff had been trained in the new approach which had driven improvement in care reviews being carried out. Local authority data showed as of November 2024 70.1% of people who are in receipt of long-term care and support have had an annual review or reassessment. The local authority had enhanced the Home Support Reviewing Team (HSRT) functions to include annual reviews of long-term services.. In 2022-23 the HSRT completed over 1400 reviews, which was a 40% increase from the year before. Additional staff and training had strengthened this team, and coordinators had received basic occupational therapy training to enable them to provide small items of equipment to support independence. The HSRT worked closely with social workers and community nurses to assess the needs of all people discharged with a package of care. Data provided by the local authority showed 70.1% of care reviews were completed within 12 months. Adult Social Care Finance Report (ASCFR)/Short and Long term support (SALT) showed 56.95% of long-term support clients reviewed (planned or unplanned) which was similar to the England average of 58.77%.

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

People told us experiences of unpaid carers were mixed in relation to support throughout their Care Act assessments and support provision. Some people told us they were listened to throughout their carers assessment and were well supported and received information, support groups and wellbeing grants. While other people told us they lacked support from social workers and had no support following their carers assessment. However, national data from Survey of Adult Carers in England (SACE) 2024 showed 63.89% of carers were satisfied with social services which was significantly better than the England average of 36.83%, 63.01% of carers felt involved or consulted as much as they wanted to be in discussions, which was similar to the England average of 66.56% and 32.00% of carers felt they had encouragement and support, which was similar to the England average of 32.44%.

The local authority told us that overall unpaid carers reported having a good quality of life. This was reflected in national data from SACE which showed 78.66% of carers felt that they had control over their daily life, which was significantly better than the England average of 21.53% and 34.00% of carers reported that they had as much social contact as desired, which was similar than the England average of 30.02%. However, the local authority was aware that some carers remained dissatisfied with local authority support services.

The local authority had recognised the need to focus on carers and had invested in a carers lead, which had been recruited to, and at the time of our assessment they were awaiting them to start in post. Surveys had been sent out to 300 unpaid carers to gain their views on the overall support offered to determine what changes were required and if the overall levels of support were efficient. Details from these was included in the new Carers Strategy which had been co-produced with carers and was due to launch later this year.

The local authority had commissioned an external partner to support unpaid carers. People told us their needs were being met by the service, they felt listened to, were able to attend support groups and receive peer support. SACE data showed 31.96% of carers accessed a support group or had someone to talk to in confidence, which was similar to the England average of 32.98% and 3.06% of carers were accessing support to keep them in employment, which was similar to the England average of 2.79%.

The local authority had recognised the need for training for people to undertake their caring role. Leaders told us they were investing in moving and handling training for carers following feedback within co-production where people had expressed back pain attributed to caring responsibilities. SACE data showed 6.12% of carers accessed training for carers, which was somewhat better than the England average of 4.30%.

Leaders told us that within its own data, carers assessments had not always been recorded as a specific carers assessment and were often recorded as a joint assessment with the person being cared for. This had a negative effect on the data, which showed a lower number of carer assessments having been undertaken than was actually the case. Leaders were satisfied that carers were having an assessment. They had amended the recording system to identify carers assessments separately. More recent data reflected this and showed an increase in the number of separate carers assessments undertaken each quarter – now 96 per quarter, which was up from 48. Staff told us they offered carers assessments under the Care Act and where people declined, they would offer information and signposting to services that could support them, for example, Bradford Carers Resource. They also provided the local authority contact details so they could come back and access a carers assessment later.

The Bradford Carers Resource service delivered 160 peer support and worker led support groups. This provided support mechanisms to unpaid carers to be able to continue with their caring roles.

The local authority offered financial support to carers to support their wellbeing. People told us they had received a wellbeing payment from the local authority which had been used for a range of things such as, massages and monitoring devices to support sleeping. A carer wellbeing grant was offered which provided small one-off payment to unpaid carers to promote and support their own wellbeing. Grants could be used flexibly to support unpaid carers in taking a break from their caring role and support their own health and wellbeing when they needed it. SACE data showed 50.00% of carers experienced financial difficulties because of caring, which was similar to England average of 46.55% and 86.89% of carers had enough time to care for other people they are responsible for, which was similar to the England average of 87.23%.

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

People were given help, advice and information about how to access services, facilities and other agencies for help with non-eligible care and support needs. Leaders told us people with non-eligible needs were signposted to organisations and support provided by the Voluntary, Community Faith and Social Enterprise (VCFSE) sector. An advisor from the IAH triaged initial contacts with the local authority, and if people were not eligible for Care Act assessment, or if they had needs which could be supported by VCFSE organisations – or both - they were signposted to them. We were told that advisors called people back within 2-4 weeks after the initial contact to check if signposting information had been used, if further help was needed and to gather feedback on their experience of the IAH service.

The local authority had a 'no recourse to public funds' (NRPF) team. This team sat within IAH and provided support to people to access accommodation and financial support to people with no access to public funds, if they had Care Act eligible needs. NRPF guidance was in place to support staff with relevant legislation, case law and information on assessing and meeting the needs of people who had no access to public funds. Local authority survey data provided showed people felt listened to by this service and they were provided with the information they needed.

Eligibility decisions for care and support

The local authority's framework for eligibility for care and support was transparent, clear and consistently applied. Decisions and outcomes were timely and transparent. The local authority had adult social care assessment and eligibility guidance in place for staff. The aim of the guidance was to ensure consistency throughout Care Act assessments and eligibility decisions being made for people. Leaders told us the practice model and quality assurance audits completed for cases provided assurances about consistency of application. Audits included checking if people had received advice, guidance and signposting to services where needed.

The local authority had a newly developed appeals process in 2024. Leaders told us this was specifically for appeals relating to eligibility decisions; previously people were signposted to the formal complaints process. The new appeals process had a designated email people could contact, and the eligibility decision was reviewed within a target time of 24-48 hours. An Adult Social Care Appeals process guidance was in place which detailed what people could appeal, reasons for appealing and what happened next. Advocacy was offered for people wishing to appeal who needed support to fill in the form. The local authority provided people with the appeals guidance and information, which included the eligibility criteria to receive care and support.

Local authority data provided showed appeals were yet to be made through the new appeals process, however, previous data on complaints for 2023-24 showed 31 complaints had been made where people were unhappy with decisions around their care and support.

Financial assessment and charging policy for care and support

The local authority's framework for assessing and charging adults for care and support was clear, transparent and consistently applied. People told us the financial assessment process was seamless and easy to understand. There was a financial assessment document for staff outlining an overview of the process for financial assessments. It included options to explore self-directed support such as direct payments and the provision of independent advice and information. A booklet had been developed for people on information regarding paying for your care, as well as an easy read factsheet on paying for non-residential care and paying for residential care. All documents included relevant contact numbers and a link to the local authority website. Staff told us there was a dedicated financial assessment team who supported all financial assessments for people.

Financial assessments were not always completed in a timely manner and there were waiting lists. Data provided by the local authority in April 2025 showed there were 269 people awaiting a financial assessment. The median wait was 25 days, and the maximum wait was 77 days. The local authority had a target of 4 weeks for the completion of financial assessments, however, due to the backlog they were prioritising cases based on risk.

The local authority had received 10 complaints related to funding, charging and financial assessments during the period 2023-24. There were no appeals recorded; however, a new appeals process had recently been developed and previously people were directed to complaints when they were unhappy with an eligibility outcome.

Provision of independent advocacy

Timely, independent advocacy support was available to help people participate fully in care assessments and care planning processes. There was an independent advocacy provider commissioned by the local authority to deliver statutory advocacy services including Care Act related advocacy. The provider told us they had delivered awareness sessions for local authority staff around advocacy services. Staff were clear on when an advocate was needed, and they understood the importance of advocacy for people.

Referrals could be made to the advocacy provider via an online form, which were allocated to an advocate by the provider. Staff told us they had successfully used the advocacy service to access support for people with their assessments. The commissioned service was available to people living within a 25-mile radius of the local authority. The advocacy provider confirmed they had supported people within that area. Providers told us they met with the local authority regularly and had effective communication with them around service delivery. They had open conversations with the local authority about any issues and worked together to develop solutions to improve services.

Supporting people to live healthier lives

Score: 3

3 - Evidence shows a good standard

What people expect

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

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

The local authority commitment

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

Key findings for this quality statement

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

The local authority worked with people, partners and the local community to make available a range of services, facilities, resources and other measures to promote independence, and to prevent, delay or reduce the need for care and support. The local authority offered signposting to local community services where needs of people could be met without the use of formal services. Staff told us they had a list of community services on offer, which was kept up to date and they could signpost people to them. Where a person was signposted to community services the local authority followed up with them in 2-4 weeks to see if they had used the signposting advice or if further adult social care support was needed.

The local authority had a strong prevent, reduce and delay offer in place. Some people we spoke with told us how they were signposted to services and had received training around digital inclusion and staying safe online. The local authority Adult Social Care Prevention Strategy outlined primary prevention and secondary prevention approaches implemented in February 2024. Leaders told us the adult social care offer in Bradford had improved over the last few years due to the prevention approach and the strong focus on prevention across the local authority. Staff told us about many examples of the city-wide preventative and 'low level' support options, for example, they told us about cooking groups and activities including growing your own vegetables being carried out by VCSFE partners through local authority grant funding, with the aim of promoting independence for people.

Internally, there were good relationships with the housing department, and this strengthened capability to support people to remain safe and independent at home and to prevent, reduce or delay the need for care and support. For example, staff told us the local authority housing department had technical officers who were trained to recognise and respond to hazards in people's homes and to provide them with information and guidance to reduce risks. Local authority staff, such as, social workers were able to refer people to this service.

Social workers worked closely with housing colleagues and property developers to find the right housing solution for people with care and support needs. For example, a social worker told us they had worked with housing partners to develop a bespoke solution for a person requiring an intensive, very specific level of support, including the need to live alone and within a particular location. This led to great outcomes for the person, and over time the level of support had decreased and became less restrictive around their daily living.

Provision and impact of intermediate care and reablement services

The local authority worked with partners to deliver intermediate care and reablement services that enabled people to return to their optimal independence. The Bradford enablement support team (BEST) provided short term support for up to 6 weeks for people who could not care for themselves easily at home, with the aim of regaining independence and remaining at home. Local authority data showed that in 2023/24 1616 people received support from the BEST service and 85% of people who received support from BEST needed less or no ongoing support. The local authority had recently collaborated with a people-led organisation for disabled people, their carers and families, to create BEST kit bags. These were a collection of small pieces of equipment that a reablement coordinator from the team could take to people. Items included grab sticks, shoehorns, long handled sponges, leg lifters and slide sheets. Positive outcomes were recorded by the BEST team and length of support had reduced for people from 4 weeks to 3.1 weeks.

The BEST included the H-FAST service which was aimed at discharging people from hospital who no longer met the criteria to reside within 24 hours. It provided short-term intensive support – usually up to 3 days - to enable people to gain independence back in their own home. H-FAST used a strength-based approach and supported people to draw on their own networks of support and community resources to reduce the need for reliance on formal services. Referrals were made to H-FAST through the hospital discharge process. H-FAST supported people at home for up to 3 days, but this could be extended if it was needed. Staff gave us an example where H-FAST was used for a person upon hospital discharge after they were admitted following a fall. An Occupational Therapist (OT) assessment was carried out and a hoist to support the person had been provided, so there were no delays to discharge. Leaders told us the H-FAST was having a hugely beneficial impact on people's hospital discharge experiences and outcomes; prior to H-FAST, hospital discharge delays were 33% assigned to adult social care and this had now been reduced to 3%. Data showed that the length of stay for people in hospital had reduced since the introduction of the H-FAST support offer.

The local authority funded in-house residential intermediate care beds for people who required short-term intensive support for up to 6 weeks. This supported people with ongoing therapies to promote independence and aid recovery.

The local authority OT team offered an extensive reablement offer for people using local authority intermediate care services. The OTs worked with people on a 1-1 basis to develop/maintain their functional abilities and independent living skills, irrespective of the nature of people's needs. For example, we were told about a person the team worked with who had an alcohol disorder and was experiencing self-neglect. The OT, enablement workers and support staff had worked with the person to facilitate a safe discharge back to their own residence.

National ASCOF-SALT data showed 2.12% of people 65+ received reablement/ rehabilitation services after discharge from hospital, which was similar to England average of 2.91% and 83.16% of people 65+ were still at home 91 days after discharge from hospital into reablement/rehab, which was similar to the England average of 83.70%.

The local authority had an Urgent Community Response (UCR) service which supported people at risk of hospital admission and provided a 2-hour urgent health and social care response in the community. They supported with meeting any escalating health and social care needs that could prevent hospital admission. People could be referred in via the Independence Advice Hub (IAH) or if out of hours, via the emergency duty team (EDT). The local authority was continuing to expand this service due to the rise in demand and the positive impact it had on people being able to be supported at home.

Access to equipment and home adaptations

People could access equipment and minor home adaptations to maintain their independence and continue living in their own homes. Access to OT support was through the IAH and the OTs operated a two-stage referral system. Any referrals received that were considered a priority 1 would be seen within 5 working days, all other referrals that were deemed as not a priority would be added to the waiting list. Priority 1 referrals included unsafe moving and handling for a person or carer, safe end of life care, deterioration of neurological diseases. Waiting well systems were in place for OT assessments which enabled people's priority to be changed when waiting well calls are completed, this resulted in people being seen more quickly where risk was identified as urgent.

Timeliness of access to OT assessments had improved over the past year and the improvements were being sustained. As of November 2024, there were 166 people awaiting screening for support, which had reduced from November 2023 where 727 people were awaiting support. The median time people waited for OT support was 6 days and the maximum wait was 20 days. An equipment supplier had been commissioned and the timeframe for in stock equipment delivery was 10 days and for out-of-stock equipment delivery times were based on the individual person's needs. Local authority data provided showed the average equipment delivered within the target of days in 2024/25 was over 94% as of October 2024. In 2023/24 the local authority had used an external agency to provide more support to reduce waiting list times. This support had ended and waiting times remained reduced since this external support, which showed the external support achieved the goal of reducing waiting times.

At the time of our assessment, the local authority was undertaking a full review of their equipment provision including their community equipment service with an aim to enhance the overall occupational therapy provision. They had extended core hours with the equipment contractor to 6 days a week to provide more flexibility, the review also included a plan for a central equipment store and a moving and handling clinic which people could access to trial equipment. The current system enabled people to trial equipment at home and OTs would review how this was working with the person.

The Disabilities Facilities Grant (DFG) continued to be pooled within the Better Care Fund (BCF) and aligned to strategic intentions of the fund. Data provided by the local authority showed in 2023/24 DFGs in Bradford supported 381 people through the completion of home adaptations. There was increased joint working with housing colleagues to better understand some of the challenges and successes of delivering the DFG. For example, the joint working included involvement of housing representatives at the Planning and Commissioning Forum meeting.

There was a trusted assessor model in place within the IAH which could be used once advisors had identified what support was required. Local authority staff told us they worked with people putting low level preventative support in place without the need for social work oversight. This created a more robust timely level of support that could be put in place in the community reducing the level of delay for people. Buzz Kits were used to show people low level pieces of equipment such as adapted cutlery. These could be tested by people during home visits by local authority and within community hubs.

The local authority had a technology enhanced care (TEC) offer and local authority data showed 5,500 people accessed the service, mainly through low level technology such as emergency call pendants. Leaders told us they wanted to develop and progress the technology strategy and technology offer, including, using sensors in the home and lifestyle monitoring. The local authority sent out a TEC survey in 2023 to 200 people using the service to gather feedback on the current TEC offer. Local authority data from the survey showed 80.2% of people stated that they were either satisfied or extremely satisfied with the equipment service they received and 95.6% of people said their assistive equipment helped them feel safe.

Provision of accessible information and advice

People could easily access information and advice on their rights under the Care Act and ways to meet their care and support needs, including for unpaid carers and people who fund or arrange their own care and support. Information and advice could be accessed through contacting the IAH by telephone or the online referral form. There was also information on the local authority website around steps people could take to find information by using their local community services. Advisors from the IAH provided signposting information to support people, including people with non-eligible needs and referred people to the appropriate local authority team to access further Care Act support if relevant. However, national data from the Adult Social Care Survey 2024 showed 62.17% of people who used services found it easy to find information about support, which was somewhat worse than the England average of 67.12% and SACE data showed 48.44% of carers found it easy to access information and advice, which was somewhat worse than the England average of 59.06%.

There were 5 community hubs operated by the local authority across Bradford so people could access walk in support if they needed adult social care information. Staff told us they signposted people to the hubs or set up meetings to support people to access them if this was needed. Partners told us the local authority had recently changed their customer service environment in the wellbeing hubs to make discussions about personal issues more private and personal for people.

The local authority website had a variety of information in different communication formats. The local authority had implemented a mystery shopper experience to assess the accessibility of information and guidance using different scenarios and access locations. Feedback from this was used to make improvements to the offer. For example, a flow chart was now used for signposting to services. This provided a consistent and accessible approach across the local authority when information and guidance was provided to people.

The local authority was in the process of piloting a new online AI advisor which had been tested by local authority staff and by people who used services for their feedback. The AI tool communicated in 40 different languages and people could access this support 24/7. Leaders told us this further supported the prevention focus with the local authority.

Feedback from people testing the service said it gave them relevant information, but some advice should have been higher up the list of options, for example, a question about vision support. Feedback was taken on board by the local authority and further changes were made. The plan was for the AI tool was to be fully implemented by Autumn 2025.

Direct payments

There was good uptake of direct payments, and they were being used to improve people's control about how their care and support needs were met. People had ongoing access to information, advice and support to use direct payments. People told us that their experiences of setting up a direct payment to support them with their care and support needs was seamless and gave them more control over their day-to-day choices. A handbook was available to support people with the process of applying and receiving direct payments, along with further information which was available on the local authority website. There was also access to British Sign Language (BSL) and easy read documents explaining direct payments.

Data provided by the local authority showed the number of people receiving a direct payment was 1119 people at the end of November 2024. In the 12 months prior to November 2024, 158 people had stopped using direct payments to meet their ongoing care needs with 100 direct payments ended due to being one off payments with services no longer required. Adult Social Care Outcomes Framework (ASCOF) 2024 showed 25.91% of service users received direct payments, which was similar to the England average of 26.22%, 40.72% of people aged 18-64 who received direct payments, which was similar to the England average of 38.06% and 11.69% of people aged 65 and over who receive direct payments, which was somewhat worse compared to England average of 14.80%.

People told us it could be difficult to source Personal Assistants (PA) due to limited availability of PAs in the city. Staff told us they had supported people to recruit PAs, assisting with advertising and reviewing applications. The local authority had a direct payment action plan to increase direct payment uptake. This included actions to refresh staff training and to redevelop an online PA register. A working group was being established lead this work. The local authority had identified through the direct payment action plan that staff training on information for the offer for direct payments was an area for priority. This had involved weekly troubleshooting sessions and reviewing the communication and engagement plan in relation to direct payments.

A Direct Payment Process Flow Chart was in place at the local authority for staff. The first and last stage of the process was handled by the social worker and person receiving direct payment, in between this the local authority had dedicated direct payment officers from the Support Options Team who provided support for 3 months. Oversight of direct payments use was maintained by regular audits performed by staff and a direct payment review case panel.

Equity in experience and outcomes

Score: 3

3 - Evidence shows a good standard

What people expect

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

The local authority commitment

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

Key findings for this quality statement

Understanding and reducing barriers to care and support and reducing inequalities

The local authority understood its local population profile and demographics. The local authority was committed to reducing inequalities in people's care and support experiences and outcomes. Bradford was the fifth most income-deprived area in England, with high levels of deprivation. There was an education gap between Bradford and the rest of the country and 20 years difference in life expectancy across the boroughs. Leaders told us they had an outcomes-based accountability framework with a key focus for adult social care being to reduce the health inequalities gap and to improve healthier lives. Reducing inequalities was embedded within the adult social care strategy, such as, improving data collection, addressing access barriers and embedding equity into commissioning practices. The local authority was signed up to Bradford Reducing Inequalities Alliance which was set up by Bradford District and Craven Health and Care Partnerships to challenge health inequalities across Bradford. The alliance had designed a framework to actively assist organisations to think about and challenge their response to inequalities. Good progress in these areas was evident. For example, Equality Impact Assessments (EqIA) were used to inform commissioning activity and to actively address known inequalities through the design of service specifications and by responding to gaps in local provision.

Funding for services targeting marginalised groups was prioritised. Leaders told us the EqIA brought an equalities lens to highlight possible risks and inadvertent inequalities. These had been used when a commissioning change was made, or a new service was being commissioned to know who was going to be affected and how. For example, the EqIA was used on a recent consultation about changes to the charging policy. This highlighted the disproportionate impact this could have on some groups and led to further consideration of the proposal and how the risks could be addressed. A screening process of all EqIA was undertaken and signed off by the EDI lead.

The local authority proactively engaged with the people and groups where inequalities had been identified, to understand and address the specific risks and issues experienced by them. Partners told us they were working with the local authority on various projects to engage with harder to reach communities, for example, LGBTQI+ communities and Eastern European communities. Through joint working they had provided targeted support, information and guidance to harder to reach communities. The local authority had identified several groups at risk of unmet adult social care needs now and in the future for example, LGBTQI+ people from specific communities, BAME family carers, and people from the Roma, Gypsies and traveller communities. These were identified through 'Born in Bradford' which was a research collaboration within the local authority working with adult social care and public health to improve wider determinants of health and reduce inequalities through evidence-led actions. The local authority had taken several actions to support these identified groups. For example, the local authority had worked with representatives from the European Roma communities to understand the specific health and wellbeing issues faced by this group and learn how the public sector organisations could break down barriers and enhance inclusion.

There was a European Roma communities' strategy 2021-2025 in place. The European Roma communities strategy had been delivered by the local authority's Stronger Communities Team. The Stronger Communities Team worked closely with local community-based stakeholders and leaders to deliver a programme of engagement which was focused on including people from all protected characteristics across the district. The strategy set out a vision, priorities and framework for action to address inequalities. There was clear evidence of engagement with a wide range of statutory and VCFSE organisations in the development of the strategy.

The local authority had regard to its Public Sector Equality Duty (Equality Act 2010) in the way it delivered its Care Act functions; there were equality objectives and adequately resourced strategy to reduce inequalities and to improve the experiences and outcomes for people who were more likely to have poor care. The local authority had an Equality, Diversity and Inclusion Plan 2022-25 which set out 4 main objectives for the council. These were to set an equal, diverse and inclusive workplace, inclusive communities, inclusive and accessible services and took actions to support people in to work, building the skills base and investing locally. Leaders told us EDI data was a constant area of discussion for adult social care looking at what they collect and what was needed. The local authority used data to look at the representative Equality, Diversity and Inclusion (EDI) profile to see who was accessing support from adult social care and where gaps were. The data was collected through a range of sources such as, profile data on cases and from partners delivering services. Data showed good representation from across Bradford of people accessing services.

Local authority staff involved in carrying out Care Act duties had a good understanding of cultural diversity within the area and how to engage appropriately. Local authority adult social care staff carried out cultural lunches within harder to reach communities to build relationships and trust. They also provided gifts for Easter, Eid or Christmas to celebrate with people and promote inclusivity in communities. Frontline staff described an equitable and inclusive environment with various staff networks, which recognised and promoted the different cultures or groups with protected characteristics. The staff we spoke with expressed confidence in being their true self at work and this supported an open and confident culture. Leaders told us, there was commitment and focus to support marginalized or underrepresented groups and they were delivering monthly training sessions which provided understanding of cultures, language, and religion to local authority staff.

The local authority had awareness and respected diversity of cultures such as, Ramadan awareness and being mindful of being sensitive when contacting people during this period. Staff told us they looked at people's cultural needs when it came to support and were always educating themselves on this and ensured people were supported in ways that respected the persons cultural and religious needs. An example was provided where the local meal services provided mainly British meals of meat and vegetables. This was not suitable for the Asian community who needed meal support, and the local authority explored alternative offers. There was now an alternative meal service offered that was appropriate to the Asian community's cultural needs.

Bradford was working towards becoming a neurodiverse friendly city and were recognised as a city of sanctuary for asylum seekers by the national City of Sanctuary movement. The local authority had social workers employed who had their own lived experience of neurodiversity who were working within the neurodiversity team, supporting with Care Act assessments and services to prevent, reduce and delay formal support. For example, they could offer support to someone to attend a social group until they felt comfortable attending alone. The local authority had recently developed a sensory room within, and in partnership with, the Broadway shopping centre, and people with sensory needs were able to access this when they wanted to.

The local authority had 2 schemes called Employment Matters and Into Employment. These supported autistic people and people with a learning disability to access employment. Into Employment offered people aged 18-25 a secure paid internship and work experience placements which included a pathway into paid expert-by-experience roles in the council. Employment Matters planned to support 100 people through job coaching and job matching. This began in October 2022, so far 91 people had been supported through the programme and permanent employment had been found for 12 participants.

Inclusion and accessibility arrangements

There were appropriate inclusion and accessibility arrangements in place so that people could engage with the local authority in ways that worked for them, for example British Sign Language or interpreter services. People told us they were supported with their cultural needs where English was not their first language. People had developed information videos on services in multiple languages with the local authority. The local authority had 2 corporate contracts in place for support with interpreters and translation, which could be booked where people's first language was not English. In 2023/24 there had been 145 requests for support with translation in 19 different languages. The Sensory Services Team had a British Sign Language (BSL) service that could be booked by all departments within the local authority and health. In 2023 there were 2593 requests made for BSL service, with nearly 50% of them coming from health. However, 136 of these requests had not been covered due to these being last minute requests.

Partners told us the local authority website was easily accessible, and they had options for easy read formats, different languages and BSL. There were 15 prime languages used within Bradford and the local authority had worked hard to ensure there was accessibility for all. The local authority had worked with a partner organisation to ensure BSL, audio and easy read documents were on the website and continued to work with them on the development of accessible information.

Local authority staff from the same ethnic background were able to support people receiving Care Act assessments which supported people to have their cultural needs recognised and ensured they were listened to and understood. Staff told us how there was a wide range of diversity within the teams, and they would utilise their strengths when supporting people. Social workers who could communicate in an alternative language were available to support a person in their native language, this was to make positive use of their diverse staff team and to provide cultural support to people to ensure a better experience.

Local authority staff received specific cultural competency training on reducing inequalities experienced by the Gypsy, Roma and traveller community. This included understanding the role of making services more accessible, reducing stigma for people who need support, and promoting community cohesion and cultural positivity. Staff told us that there was a culture of learning from communities and diversity within the workforce. Staff shared their experiences and shared their knowledge and understanding to better understand cultural diversity, ensuring everyone was culturally competent in their work.

Theme 2: Providing support

This theme includes these quality statements:

- Care provision, integration and continuity
- Partnerships and communities

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

Care provision, integration and continuity

Score: 3

3 - Evidence shows a good standard

What people expect

I have care and support that is co-ordinated, and everyone works well together and with me.

The local authority commitment

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

Key findings for this quality statement

Understanding local needs for care and support

The local authority used available data, for example the Joint Strategic Needs Assessment (JSNA) to understand the care and support needs of people and communities. The Bradford District JSNA was split into sections covering, locality profiles, public health, pharmaceutical needs assessment and health inequalities. JSNA data for health improvement stated there were 3,131 hospital alcohol admissions, 65.7% of adults were overweight or obese and there were 108 drug misuse related deaths between 2020 and 2022. The local authority used this data to work with partners to support health improvements around this. For example, the local authority had jointly funded Multiagency Support Team (MAST) which put key voluntary sector organisations for mental health, drug and alcohol organisations into the emergency departments of the 2 main hospitals. This service supported people with timely discharge and risk reduction, aiming to reduce admissions, support people to understand their health and get links to their community for support. Data showed the service had supported 90 people per quarter and support offered could be an initial meeting and signposting or up to 6 weeks support. Data showed on average only one person a quarter had re-attended the emergency department within 3 months after receiving support from MAST.

The local authority Adult Social Care Commissioning Strategy 2022-27 identified what services local people were likely to need in the future, and how this would be delivered. The areas of focus identified by the local authority included services for older people, people with physical disabilities and sensory impairment, people with a learning disability, autistic people and neurodiverse people. Other area of focus were early help and prevention, housing, homelessness, support for carers and mental health. An update on the delivery against the strategy had been provided to the scrutiny committee and had set out the local authority delivery plans for 2024/25.

There had been considerable investment in the commissioning function within the local authority in the previous 18 months, with a five-fold increase in staff resource. The intention was to build up capacity and quality in the function, increasing the strategic commissioning capability and focusing on improving quality in the local care market. At the time of our assessment, the roles and responsibilities in the team were clear and there was a good balance between strategic and operational commissioning activity.

Market shaping and commissioning to meet local needs

The local authority used population and other demographic data to estimate growth in the number of people accessing services in the future. The local authority was using this to prepare for projected increased demand, for example by identifying additional care providers and increasing the range of available accommodation options. Data estimated approximately 9,700 people aged 18 and over with a learning disability by 2027 and approximately 93,000 people aged 65 and over by 2027, with 80-84 age range growing by up to 29%. In response to this increasing demand, the local authority was focusing on investing in developing and commissioning preventative services to reduce and delay people's need for social care.

Commissioning strategies were aligned with the strategic objectives of partner agencies (for example, health, housing, public health). Supported living for complex needs had been recognised as a gap within the local area. Staff told us there was a reasonable supply of supported accommodation for most people, but on occasions people with very complex needs were placed out of area because of insufficient local capacity. Frontline staff worked closely with commissioners to share information around placements and service gaps and to inform commissioning activity. Some changes were made to commissioning arrangements as a direct result. For example, there was a change to the approved supported living provider list to allow new providers to be added to the approved list quickly when there were specific requirements that could not be met from the existing list. This meant that people did not have to wait to access a service when this has been identified in their care plan.

Adult Social Care Survey 2024 data showed 69.92% of people who used services felt they had choice over services, which was similar to the England average of 70.28%.

Some care services were jointly commissioned with partners to ensure a joined-up approach and to give holistic consideration to service requirements. For example, the local authority had developed a Housing and Accommodation Strategy for people with care and support needs, and they were in the process of developing an action plan to support the delivery of this strategy. The strategy included actions to address the known gaps in supported living provision.

There was specific consideration for the provision of services to meet the needs of unpaid carers. Partners told us there was support available for carers to have short breaks from caring duties, however, there was a lack of capacity in respite care for people to take longer breaks. This was reflected in national data, for example the Survey of Adult Carers (SACE) 2024 data showed 20.00% of carers accessed support or services allowing them to take a break from caring for over 24 hours, which is somewhat better than the England average of 16.14%, 37.89% of carers accessed support or services allowing them to take a break from caring for 1-24 hours, which is better than the England average of 21.73% and 15.79% of carers accessed support or services allowing them to take a break from caring at short notice or in an emergency, which is somewhat better than the England average of 12.08%.

The local authority commissioned models of care and support that reflected local needs. For example, they had created a new commissioning framework for home care support in response to shortfalls in the previous model which had resulted in limited capacity and sustainability pressures. The contract was recommissioned in 2023 following extensive engagement with a diverse range of stakeholders including care staff, sector representatives and other local partners. Since implementing the new framework, waiting times for a home cares service to start had reduced significantly to around 2 days. The number of providers on the framework had reduced from 82 to a much smaller number, with 2 lead providers within each locality. This was supporting a more sustainable market and allowed more effective market oversight by commissioners.

The commissioning team had undertaken a detailed analysis of home care capacity in locality areas, this identified areas of over-provision in city areas and a scarcity of supply in rural areas. To address the imbalance, localities were redesigned to ensure providers had reasonable capacity in each area for sustainable delivery.

Commissioning staff supported new approaches to care provision, where this led to better outcomes for people. For example, grant funding had been used to reduce social isolation and loneliness through provision of social groups and gardening activities.

Ensuring sufficient capacity in local services to meet demand

There was sufficient care and support available to meet demand, and most people could access it when, where and how they needed it. Shortfalls in capacity were identified in supported living provision, and this was being addressed in the Housing and Accommodation Strategy.

Data provided by the local authority showed for supported living services the local authority had capacity for 945 people and on average there were 899 people needed this type of service. There were 34 people on the waiting list for supported living. Home care services had capacity for 3200 people and on average there were 2618 people using the service. There was an average wait of 2.03 days for a home care service to start. Nursing home services had capacity of 1762 beds and on average there were 1184 people using the services, with the average home occupancy being 80.8%. There were 2502 residential care home beds and there were 994 people using services, with average home occupancy being 83.3%. Leaders told us there was an overprovision of residential care homes in the area, creating a potential sustainability risk for the market. Leaders had discussed this with the sector and shared their intention to reduce overall capacity in line with the aim of supporting more people to live in their own homes. This was also stated in the Market Sustainability Plan and Market Position Statement.

There was an effective care brokerage function which identified and arranged service providers on behalf of people in line with their identified care and support needs. There were weekly home support capacity team meetings attended by the brokerage team and health partners to monitor and address any issues or any blockages in care provision and people's care journeys.

There was sufficient capacity for unpaid carers to have access to replacement care for the person they care for, in both planned and unplanned situations. Partners told us the local authority was committed to meeting the needs of unpaid carers and had commissioned a range of services to support them. For example, they had commissioned an all-age carer hospital-based service, which saw care navigators based in all hospitals who could advocate for carers needs. They ensured that carers needs had been considered alongside the person they cared for, and that the carer had time to prepare ahead for the cared for person returning home from hospital. The local authority had also commissioned a home from hospital service which supported unpaid carers and cared for person for a week at home after hospital to prevent re-admission.

There was minimal need for people to use services or support in places outside of their local area. When support was being accessed from outside of the area, there was consideration of how it could be provided in the local area, so that people could return there if they wished to do so. There were 145 people placed out of area which equated to approximately 2.3% of people receiving care and support funded by the local authority. The main reasons for out of area care were individuals' choice or enabling them access to the most appropriate service if this was not available in the area. Between November 2023 and October 2024, 40 new out of area placements were made to neighbouring areas and the local authority told us these took place due to people's choice.

Some services are commissioned jointly with other agencies. In these instances, there are clear roles and accountabilities for monitoring the quality of the services being provided and the outcomes for the people using them. For example, dementia assessment beds had been commissioned to provide specialist dementia support for people with mental health needs. There were 65 beds within 2 local authority provided care homes. This provided a short-term assessment facility for a period of up to 6-8 weeks, which allowed time for community mental health teams to undertake a full assessment of the person's cognitive and physical abilities. This was funded through the BCF and supported joined up working with partners to get the right support for people.

The home care support contract had been recommissioned in 2024 which had involved extensive engagement with a diverse range of stakeholders which included, care staff, the care association and statutory partners. Staff told us before the new care home contract there was a higher number of people who needed placements and had to wait. Since implementation of the new contract finding suitable placement had been 99% successful and reduced people waiting.

Ensuring quality of local services

The local authority had clear arrangements to monitor the quality and impact of the care and support services being commissioned for people and it supported improvement where needed. Routine monitoring was provided to care homes every 12 to 18 months by the Contracts and Quality team. In addition to this a risk-based validation process was in place to follow up any concerns and determine the need for further visits or improvement work. Staff told us they monitored actions monthly where risk had been identified within care services and if concerns continued this was escalated via the serious concerns process where there was additional and more senior level scrutiny and oversight of risks.

The local authority contract management policy 2024 identified the contract and quality team as responsible for all social care contract management activity and quality assurance functions. The policy incorporated a contract management schedule, for example, the frequency of site visits, contract management meetings and data requests. Staff told us within each contract there was a quality charter detailing the contract monitoring for that service and this was supported by data sets. Quality assurance checks were also undertaken through operational care management review processes.

The serious concerns procedure supported quality monitoring of all CQC regulated care services, where serious concerns had arisen in respect of quality and performance, including where the required improvements had been implemented or sustained. Staff confirmed that commissioning embargoes were utilised when there were serious and persistent quality or safeguarding concerns. In those instances, there was close monitoring of improvement plans and enhanced monitoring site visits. At the time of our assessment, there were 14 commissioning embargoes, 12 in relation to residential and nursing provision and 2 for supported living.

Staff told us about a programme called STEW which had been created and was supported by the local authority for care homes to look at ways to improve food choices, nutrition and hydration. STEW was a tool to support catering staff within care homes to see how they could provide nutritional meals and support different cultural dietary needs.

Ensuring local services are sustainable

The local authority collaborated with care providers to ensure that the cost of care was transparent and fair. A care cost calculator was used to consider high-cost care packages, which supported benchmark costings for social workers. For example, a social worker had approached the brokerage team about a high cost out of area placement and a second placement had also been found close to family. The tool was used to check the potential cost of both placements, including bespoke training costs to the providers for staff to meet the person's needs. Bespoke care arrangements were sometimes required to meet a person’s specialist needs, and staff told us the tool enabled the local authority to have conversations openly with providers about reasonable costs and expectations.

The local authority worked with providers and stakeholders to understand current trading conditions and how providers were coping with them. Engagement and monitoring arrangements enabled the local authority to get early warnings of potential service disruption or provider failure; contingency plans were in place to ensure that people had continuity of care provision in this event.

Partners told us there was a dedicated staff member at the local authority who they could contact for support with any contract issues, and this worked well for them. There was contract monitoring in place for each commissioned service so that providers and the local authority remained in contact throughout the duration of service. Data provided by the local authority for the period November 2023 to November 2024 showed that no contracts had been handed back to the local authority early by providers.

The local authority understood its current and future social care workforce needs. It worked with care providers, including personal assistants and other agencies, to maintain and support capacity and capability. The local authority had recognised that recruitment and retention remained a significant issue for many providers and inflation and cost of living increases had an impact. The local authority had provided annual fee uplifts that reflected increases in inflation levels. There were regular finance meetings that included provider representatives and colleagues from the ICB this enabled collaborative working with partners on issues such as fees and funding. Staff told us at the time of assessment that they were going through a year-end process to determine the annual fee uplift to providers.

Partnerships and communities

Score: 3

3 - Evidence shows a good standard

What people expect

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

The local authority commitment

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

Key findings for this quality statement

Partnership working to deliver shared local and national objectives

The local authority worked collaboratively with partners to agree and align strategic priorities, plans and responsibilities for people in the area. There was an Act as One system partnership which demonstrated strong collaborative working between the local authority, NHS, third sector, and other public sector colleagues in Bradford. This created a shared vision across the health and care system with on the strategic focus on supporting people in Bradford to be happy, healthy and at home. There was a Strategic Partnering Agreement (SPA) setting out core principles and values for partnership working, based on working together in good faith, and behaving consistently as leaders to model and promote the shared values. Leaders told us this had created a strong foundation for the work.

The Healthy Mind Partnership Board was chaired by the DASS under the Act as One partnership. The healthy minds partnership board was attended by partners such as, health and VCSFE. It identified autism and neurodiversity to be a key area of focus. Arising from this, there was development of an autism hub to support people with or who had recently received an autism diagnosis to access support, including access to health services and peer support. There was also a focus on providing support for people to access employment through Employment Matters and Into Employment schemes. The local authority had also established a neurodiversity social work team within the Adults with Disabilities Service at the local authority to support the specific needs of people with a neurodiversity.

The local authority recognised the importance of a healthy population and were working with ICB partners to improve health and wellbeing through the Act as One partnership to address health inequalities. In more deprived areas, life expectancy was shorter than other parts of Bradford and smoking, obesity, lack of physical activity and unhealthy nutrition were identified as major contributory factors. Through the Act as One partnership, the local authority was working with system partners to target specific groups and communities to address these issues, for example, through stop smoking and 'get walking' services.

The local authority had integrated aspects of its care and support functions with partner agencies where this was best practice and when it showed evidence of improved outcomes for people. There was a single overarching Section 75 agreement with schedules that covered a range of services with a comprehensive planning and review process to support the use of the Better Care Fund (BCF). A section 75 agreement is an agreement between local authorities and NHS bodies which includes arrangements for pooling resources and delegating certain NHS and local authority health related functions to the other partners. The BCF senior leadership team had senior level representation from the local authority, and they worked in conjunction with lead representatives from the West Yorkshire ICB to provide leadership and oversight.

There was a joint Planning and Commissioning Forum between health and social care. This provided system leadership and strategic direction to joint planning and commissioning arrangements and oversaw the delivery of the section 75 agreements. The joint commissioning approach was underpinned by the Act as One partnership and involved commissioners working with operational services to strengthen the collaborative developments in existing local authority and NHS services. A range of services had been jointly commissioned, for example, a gap had been jointly identified by the local authority and mental health trust for mental health supported housing. Partners told us a section 75 agreement was in place for a 15 bed reablement supported accommodation. This had seen positive outcomes for people gaining independence and being able to move on to gain their own tenancy.

There was a Better Care Fund Narrative Plan 2023-25. People told us the local authority had provided presentations around BCF plans and they ran workshops to involve key stakeholders in the planning and oversight of the plan. The workshops had been facilitated collaboratively working towards the joint commissioning intentions. The joint commissioning approach was underpinned by the Act as One partnership and involved commissioners working with operational services to strengthen the collaborative developments in existing local authority and NHS services.

An anti-poverty strategy 2022-27 had been co-produced with people with lived experience as well as partnerships such as, health, homelessness charities and other voluntary sectors. The strategy evidenced what work had already taken place and what work needed to happen, with action plans identifying who was responsible and timescales for completion. Many actions were still ongoing at the time of our assessment. Housing was identified within the plan with a focus on housing quality and increasing the number of affordable housing options. Staff told us they worked with housing developers to support with identified current and future housing needs, ensuring that housing offered was affordable and suited people's needs, with the aim for properties to be future proofed and fit for life.

Adult social care and public health were integrated as one management team and there was a detailed prevention strategy which had involved joint working. For example, working on falls reduction and looking at data modelling in relation to the prediction of falls.

Arrangements to support effective partnership working

When the local authority worked in partnerships with other agencies, there were clear arrangements for governance, accountability, monitoring, quality assurance and information sharing. Roles and responsibilities were clear. The Strategic Partnership Agreement outlined the shared approach to decision making and how pooled resources were committed. It agreed key principles on how partners worked together to deliver better outcomes in the district. Partners told us there were strong partnerships between health and social care and both worked collaboratively. There was a culture of teamwork and a culture of professional curiosity.

The local authority worked with partners to jointly fund support to reach better outcomes for people. A review of the Continuing health Care (CHC) approach had improved the local authority's fast-track funding arrangements for people at the end of life; as a result, a faster, more responsive process had been implemented. Strong partnership working and relationships created a solid foundation for discussion and challenge when difficult decisions where required, for example in respect of funding decisions. Staff told us there were positive relationships with Continuing Health Care (CHC) colleagues and there were drop-in sessions held each week to discuss any joint work they needed support with. There were positive partnerships in place which led to good outcomes for people.

People told us that communication they had experienced between adult social care and health in relation to their care and support was good. They told us that they had worked together well, and their social worker had supported them should they need help with conversations with health partners.

Impact of partnership working

The local authority monitored and evaluated the impact of its partnership working on the costs of social care and the outcomes for people. This informed ongoing development and continuous improvement. Partnerships had been established in the community and staff were able to link people with events, food banks, police, libraries and community centres. An adult social care stall was held in Keighley market once a week which was a great way to reach out to unpaid carers, and to access people who did not recognise themselves as unpaid carers. Local authority data provided showed 81 people had recognised themselves as unpaid carers through accessing the stall. Staff told us it was a good way for people to access information and support through an informal setting.

Staff told us they would go out into the community to discover what was being offered and to increase their awareness of local community support. The wellbeing hubs had been developed and operated out of 6 areas within the community where the local authority had identified specific needs through data analysis. They were working with family hubs, community partnerships and other support services to ensure there was a joined-up offer. Digital champion roles had been created within hubs to support people facing digital exclusion. Feedback gathered from the hubs by the local authority indicated that 42% of people using the service would have needed to access NHS services if the hub had not existed, the hubs had supported people to access a range of services to keep them out of hospital and be supported in the community.

Working with voluntary and charity sector groups

The local authority worked collaboratively with voluntary and charity organisations to understand and meet local social care needs. The local authority provided funding and other support opportunities to encourage growth and innovation. Partners told us they worked with the local authority to ensure the VCSFE sector could fill gaps within services and were involved in the development of strategies, service development and provision. The local authority had a strong commitment to working in partnership through the Act as One approach, which supported partners to understand shared pressures. Leaders told us they met with key VCSFE partners and there was a good relationship to joint design services and improvement.

The local authority recognised the importance of having a good working relationship with the VCSFE sector and had developed a VCSFE Commissioning Strategy in 2023. The purpose of this strategy was to co-produce a health and care system with people and communities. The local authority worked with VCSFE partners to meet people's holistic needs and maximise how resources were used by increasing, understanding and being more innovative in the way they commissioned services. The local authority had jointly commissioned services with VCSFE partners.

Partners told us the local authority recognised the support the VCSFE sector delivered in the area, and they had healthy and positive relationships with the local authority. They were able to challenge on behalf of people in the community where needed and this would be a productive conversation between both parties to find a solution.

The local authority had neighbourhood wardens who worked well with the VCSFE groups and were getting in to neighbourhoods to be able to support people earlier. For example, they were able to identify people who were lonely and needed support provided to them. They could then be linked up with VCSFE services within their local area as part of the prevention work.

The local authority worked with local VCSFE organisations to provide Early Help and Prevention services for adults with mental health needs. This involved commissioning to a local charity to deliver a range of community-based health and wellbeing group activities. They had also commissioned 2 VCSFE groups to deliver targeted support to ethnically and culturally diverse communities around mental health. Partners told us there was good working relationships with the local authority and health to support mental health.

Staff told us small grants had been effectively utilised to fund local initiatives led by the VCSFE organisations. The local authority offered financial support to enable grass root groups to provide support to people living with dementia and/or sensory impairments. Following a consultation with local communities and support groups the local authority had developed 'Local Friendship Support Grants' with 56 projects being successful in obtaining a grant. One of the grants funded a new tea and chat group to encourage people living with dementia and their carers to socialise with the local community and offer peer support.

Theme 3: How Bradford Council ensures safety within the system

This theme includes these quality statements:

- Safe pathways, systems and transitions
- Safeguarding

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

Safe pathways, systems and transitions

Score: 3

3 - Evidence shows a good standard

What people expect

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

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

The local authority commitment

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

Key findings for this quality statement

Safety management

The local authority worked closely with partners, supported by effective governance, policies, and procedures to ensure safety in the system was aligned. Leaders from partners at a strategic level both for adults and children's services told us they had positive relationships, and they worked closely to meet the needs of the people in the area.

The local authority's information sharing protocols supported safe, secure, and timely sharing of personal information in ways that protected people's rights and privacy. Staff working out of hours reported having access to systems with appropriate access to care records from health and the social care system. This meant people were able to access both sets of records to understand the person's needs and journey through the services to date. The local authority's case recording system had a flagging system which enabled important information about individuals to be identified, making it clear when passing work from out of hours to the daytime service. In addition, the local authority was working with the Yorkshire Humber Care Record (YHCR), an IT web-based platform funded by NHS England, to enable a wider group of staff to view health records within the system. This would allow for a more unified and joint approach to support across health and social care.

Staff, leaders, and partners told us that safety was a priority for everyone, especially when transferring between services. Detailed guidance for managers provided support with decision-making around internal case transfers, specifically when it had been determined following screening or a change in need or circumstances an alternative team may be more appropriate to support the person. The set of guiding principles gave consideration for each case keeping the focus on the views of the person.

Safety during transitions

The local authority ensured safety during transitions and continuity of care, which was well coordinated across system partners and internal teams with no barriers to information sharing or joint working to support people needing care and support. The local authority operated a Trusted Assessor model in both district hospitals. Trusted Assessors worked with people on the wards to assess their long-term needs and prepare them for discharge. This improved the timeliness of discharges by engaging with people from the earliest point of admission into hospital. There were occupational therapists (OTs) based within the H-FAST team, who could support wider or more complicated equipment needs identified by the trusted assessors. The OTs and physiotherapists had weekly meetings to discuss more complex cases along with working closely with the Yorkshire Ambulance Service, who made regular referrals to them.

The local authority had recently developed a new service to facilitate more timely discharges into both residential and nursing homes, when a long-term placement was likely to be needed. This was developed alongside the Hospital Discharge Team, Reablement Team and ICB leads. The new service provided operational staff with greater clarity on expectation and roles, more support for care homes to manage complex discharges, and to allow hospital staff to identify a suitable home more quickly.

Adult social care, health partners and mental health services had shared funding arrangements to ensure safe, effective and timely transition and continuity of care for people on discharge and to reduce the risk of delays caused by funding decisions. There was a positive approach to risk, along with respect, when people had the capacity to discharge themselves even when they may be deemed to be making an unwise decision. In this scenario, staff provided all the relevant information for the person to make an informed choice around their discharge decision. For people discharging themselves against professional advice, the bed was kept open for 2 hours in case they returned. In addition to this support, people had access to the Urgent Community Response and Virtual Ward. A 2-hour urgent response team which offered a multidisciplinary approach to support people experiencing crisis in the community. The focus was to avoid hospital admission by meeting urgent care, support and rehabilitation needs at home. People could have access for up to 72 hours to this service. This joined up approach to safety across pathways meant that people had an effective safety net provided by both social care and health.

People were signposted to local services by adult social care for example: Breathing Space, a joint funded service between the local authority and health partners to provide a short-term space for people having a mental health crisis. The local authority told us about one person who was experiencing relationship breakdown, where the service provided 5 days of support allowing a breathing space during which resolutions could be worked out without the need for significant decisions to be made during an acute crisis.

The local authority told us people who did not have a fixed address and needed to be discharged from hospital had access to Bradford Respite Intermediate Care Support Service (BRICSS). People could live in the service for up to six months, whilst receiving support with ongoing health needs until stable accommodation was identified. People told us they had used the BRICSS service and had a positive experience with the support from this service.

The local authority had processes and pathways to ensure the continuity of care when people received services outside of the local authority area. We saw specific consideration was given to ensuring people's safety and appropriate placement. For example, the advocacy service could continue to provide support to people within a 25-mile radius and social workers maintained an annual review approach. Relationships with other local authorities had been established with commissioners to ensure oversight on any issues linked to service provision, inspection or safeguards. This meant there was a coordinated approach for people using out of area services.

People told us there had positive experiences of transition from children to adult services. They felt well informed, and this meant they could consider the best options for the person to receive a smooth transition of services and support. The local authority maintained oversight of children approaching adulthood which allowed for forward planning. Adult social care leaders attended the disability panel for children and the monthly leaving care group. The local authority's preparation for adulthood (PFA) team worked with children from 16 -25. A Care Act assessment would be completed at 18, however, work was started prior to this to gather the person's views on future support. The PFA team had established good relationships with internal children's services, safeguarding team, police and schools. They had a positive relationship with the Special Educational Needs and Disabilities (SEND) team, however they had noted a gap in the review meetings communications, so a member of staff now attended these which had provided reassurance in the partnership.

The team used data to track people going through transitions, working with schools and children's social workers early. This data was also shared with the direct payments team to ensure a smooth transition of services and their payments. The PFA were proud of their relationship with schools, they had an allocated staff member in each school and regularly attended events or planned events to share information on the transition process. The team had developed a welcome information pack for young people to explain the process and provided specific information about the social worker, independent living, employment and health options. It was written in an accessible format, for example some elements were in an easy-read format.

Contingency planning

There were plans in place to respond to any urgent or unforeseen interruptions to service delivery. The local authority had plans in place to respond to certain scenarios, such as extreme weather or service failure which had been recently reviewed. The local authority had learnt from previous experience where these were not in place, for example, during heavy snowfall, the community meals provider had struggled to deliver to everyone. The Contract and Quality Team, and the Support Options Team contacted local home support providers working in the affected areas. One provider volunteered to deliver the meals and to provide a welfare check for people. People's Commissioning Service and Support Options team coordinated the liaison between the 2 services to ensure everyone received a meal. The Contract and Quality Team had subsequently worked with the provider to establish a robust action plan to minimise a repetition of the incident.

The Bradford Adult Social Care Service Closure Protocol sets out the roles and responsibilities of the local authority and system partners in the event a care provider ceased to operate. There was clear guidance about the actions needed to be taken to reduce the risk to the people receiving care and any support they would need to transfer to another service. All providers were required to have Business Continuity Plans, which were monitored and reviewed by the local authority. The local authority provided an example where a sudden closure happened with a care provider supporting 40 people. Upon receiving the service closure notification from the provider, the local authority worked rapidly to source providers who could support the affected care packages. The local authority was able to source providers due to close working relationships and kept people affected informed throughout. The local authority also supported with TUPE considerations and workforce transitions.

The local authority had provisions to support when people or carers had an emergency. Carers we spoke with talked positively about the emergency cards which were provided through Bradford Carer Resources centre. There was a carers emergency planning service funded through the Better Care Fund who worked with carers around contingency plans and what actions would be taken should an emergency occur, requiring care for the cared-for person at short notice.

The first contact team had two designated workers who could support an emergency. In addition, the local authority had commissioned a partner who could support accommodation options and care packages in an emergency as part of contingency planning. For example, a main parent carer required urgent hospital treatment, the cared-for person did not understand the situation especially as both were taken to hospital in the ambulance. Whilst the parent carer received the required treatment, the partner was contacted and within 40 minutes the team provided support and accommodation until the parent carer was ready for discharge. This demonstrated that consideration of risk, safety and person-centred care continued to be prioritised in an emergency.

Safeguarding

Score: 3

3 - Evidence shows a good standard

What people expect

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

The local authority commitment

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

Key findings for this quality statement

Safeguarding systems, processes and practices

There were effective systems, processes, practices to make sure people were protected from abuse and neglect. Safeguarding concerns were reported to the local authority through the Safeguarding Adults Service, referrals were received mainly via the online portal but could also be received by email and telephone. The Safeguarding Service was overseen by the Principal Social Worker and managed by a service manager. There were 4 team managers, 4 advanced practitioners and 19 social workers within the team. This structure enabled effective oversight, management of safeguarding and responsiveness to increasing demands. The Safeguarding Team undertook all Section 42 enquiries.

In 2023-24 local authority data provided showed they received 7,478 safeguarding concerns which was an 19% increase in concerns raised from the previous year 2022-23. Of these, 2,824 cases had been progressed to a Section 42 enquiry which was a 9% rise from the year prior. Leaders told us they had invested in the safeguarding team in response to the increasing number of safeguarding concerns being raised. The local authority received approximately 750 concerns per month but due to the investment within the team they managed demand well. Staff told us the structure of the team had changed after it had been recognised of the increase in demand with more social work cover and management oversight on duty.

The safeguarding team had a target set to screen all safeguarding concerns within 48 hours of being received and they provided a consistent approach to Section 42 decision making. There was a range of assessment tools to support local authority staff throughout stages of safeguarding.

Local authority data provided showed the average number of days where a concern was waiting to be screened was 0-1 days. Staff told us they had a duty rota system where all safeguarding enquiries were screened, and team managers had oversight of all concerns received through duty. An Adult Safeguarding Process Map was in place for local authority staff to follow when screening safeguarding concerns.

The local authority worked with the Safeguarding Adults Board and partners to deliver a co-ordinated approach to safeguarding adults in the area. Partners told us the local authority worked closely with the Safeguarding Adults Board (SAB) and the Director of Adult Social Services (DASS) had a regular presence within the board and sub-groups. There were 3 sub-groups developed from the SAB which were Safeguarding Adult Reviews (SAR) group, Performance, Quality, Learning and Improvement group and Children's Board Communication, Engagement and Policy group. The structure had recently changed for the SAR sub-group with a qualified social worker now acting as chair and a registered nurse as deputy chair. This was to improve health and social care experience in this group and improve the quality and timeliness of SAR processes.

The SAB worked within a multi-agency approach and had a good presence from partners such as, Integrated Care Board (ICB) and Police. The SAB worked to ensure learning from SARs was shared and safeguarding risks did not fall through a gap. A development day was held in November 2023 which focused on enhancing safeguarding practices and strategies, bringing together representatives from member agencies to focus on integrating lived experience in to safeguarding strategy and practice.

There was a strong multi-agency safeguarding partnership, and the roles and responsibilities for identifying and responding to concerns were clear. Data allowed the local authority to pick up on themes and trends of safeguarding concerns being raised. Data showed safeguarding concerns had increased and majority of referrals came from care homes. Leaders told us they had appointed a member of staff to work with care homes who would focus on services who were outliers, based on high or low reporting. The local authority had worked with them around thresholds, for example, advising providers that they did not need to report low medication errors like a one-off incorrect administration of paracetamol through the safeguarding route.

Adult Social Care Survey 2024 data showed 69.53% of people who used services felt safe, which was similar to the England average of 71.06%, 85.04% of people who used services said that those services had made them feel safe, which was similar to England average of 87.82% and 80% of carers felt safe which was similar to the England average of 80.93%.

Data provided in Adult Social Care Workforce Estimates 2024 showed 41.76% of independent/LA staff completed MCA DoLS training which was somewhat better than the England average of 37.58% and 51.87% of independent/LA staff completed safeguarding adults training, which was somewhat better than the England average of 48.70%.

Responding to local safeguarding risks and issues

There was a clear understanding of the safeguarding risks and issues in the area. The most common types of abuse recorded was organisational abuse (this is when concern related to people using regulated care services) or acts of omission relating to people living in long-term care settings. Local authority data identified for Q2 2024, 48% of abuse recorded was physical abuse, followed by 23% acts of omission. Partners told us the types of safeguarding concerns raised were changing within Bradford and there were increasing levels of financial abuse. Work had been done to support staff by spotting the signs of abuse and neglect. The local authority had a Person in a Position of Trust (PIPOT) policy which provided a framework for managing cases where an allegation had been made against a PIPOT, and a guide on appropriate actions to take to manage allegations.

Lessons were learned when people had experienced serious abuse or neglect, and action was taken to reduce future risks and drive best practice. The 'Learning From' workstream aimed to analyse and disseminate learning from multiple avenues with SARs being one of them. Learning from SARs was circulated to all local authority staff, for example, through the quarterly bulletins or team meetings. All SARs went to the departmental management team (DMT) and learning was shared with staff through a quarterly bulletin.

Data provided by the local authority showed 3 Safeguarding Adult Reviews (SAR) concluded from 2022-24. The most common themes for SAR identified were for insufficient evidence of the person's voice in decision making, practitioner legal literacy in practice, supporting mental capacity and supporting the person to be in control of decisions. SARs that were completed had action plans in place with recommendations and intended outcomes with the SAB SARs subgroup leading the implementation of this. Data provided by the local authority on action plans showed RAG rating was used for actions. All actions were green to show completion with evidence provided on how these had been completed. Partners told us they were members of the SAB and that it was well attended by various members which included voluntary agencies. Learning from safeguarding was fed back to them and there was adequate training for safeguarding.

Data provided by the local authority showed for the period of October 2023 to September 2024 there were 1960 DoLS applications. There was an average of 163 DoLS applications a month. Of these applications 102 were waiting for a response and 511 were waiting for allocation. The local authority prioritised DoLS into low, medium and high priority for DoLS applications. Staff told us that the waiting list for DoLS is reviewed regularly and would prioritise high priority cases, for example, where people were objecting.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental ability to do so for themselves. When people in care homes and hospitals were deprived of their liberty in a safe and correct way, to receive care and treatment. This was legally authorised under the Mental Capacity Act 2005 and was only done in the person's best interests and when there was no other way to look after them.

Responding to concerns and undertaking Section 42 enquiries

There is clarity on what constituted a Section 42 safeguarding concern and when S42 safeguarding enquiries are required, and this is applied consistently. Safeguarding Adult Collections (SAC) data 2024 showed out of 2545 safeguarding concerns received, 740 were converted to a section 42 enquiry which was a 29.07% conversion rate. There was a clear rationale and outcome from initial enquiries, including those which did not progress to a Section 42 enquiry. Section 42 enquiries relate to the action taken by a local authority in response to a concern that a person with care and support needs may be at risk of or experiencing abuse or neglect. Staff told us they screened safeguarding concerns, and the local authority set a target for a decision whether the Section 42 enquiry criteria had been met within 24 hours. There was no waiting list for allocation of safeguarding concerns, leaders told us all safeguarding concerns were screened within 24-48 hours of being received by the local authority.

Power BI data allowed staff to look at patterns and trends within the concerns being raised, such as medication errors, which could possibly build a bigger picture of what was happening rather than looking at one incident alone. They used this information to identify themes and trends to identify and target improvement activity, such as the provision of specific training.

There were clear standards and quality assurance arrangements in place for conducting Section 42 enquiries. The leadership team within the safeguarding team regularly audited case work and decisions made by staff undertaking initial screening of safeguarding concerns. Data provided by the local authority showed in 2024 a total of 90 cases were audited and leaders agreed with 79 of the Section 42 decisions that were made (84%) and the remainder 11 were recorded incorrectly and should have met the Section 42 criteria. Feedback and actions were communicated back to staff for learning and development. Staff told us they felt very supported with safeguarding processes, decision making and had good access to training.

Relevant agencies were not always informed of the outcomes of safeguarding enquiries when it is necessary to the ongoing safety of the person concerned. Partners told us that the safeguarding process were good within the local authority. However, there was mixed feedback on receiving responses from the local authority on outcomes of safeguarding concerns. Some partners reported receiving a safeguarding outcome, while others reported they did not and they had to follow up with the local authority for a response.

Partners told us they had access to free safeguarding training by the local authority but whilst this was useful it did not fully support their understanding of safeguarding thresholds. Support was offered to care homes providers in relation to understanding safeguarding, and training was provided on safeguarding themes and trends which supported their ongoing learning. Staff told us they had co-produced a piece of safeguarding training with the SAB, which had increased their knowledge and awareness and enabled them to support improved outcomes for people.

Making safeguarding personal

Safeguarding enquiries were carried out sensitively and without delay, keeping the wishes and best interests of the person concerned at the centre. Staff told us they ensured that the Making Safeguarding Personal (MSP) principles were applied by speaking with the person and looking at the outcomes they wished to achieve from the process. Staff considered advanced decisions and described how they kept people at the centre of the decision-making process. For example, a person was at risk of cuckooing, however, they wanted to remain living independently. Cuckooing relates to a practice where people take over a person's home and use the property to facilitate exploitation resulting in them losing control of their property. The local authority had put protective measures in place to ensure the person was safe and risks were minimised whilst enabling them to maintain their independence. Their approach was to consider least restrictive measures whilst maintaining people's safety.

Staff told us they worked creatively and flexibly to keep people safe. For example, a vulnerable person from another local authority area had moved into the borough, was homeless and could not be located by other agencies. In response to concerns about the person's welfare, local authority staff searched the area and found them living in a tent. They continued to meet the person at the place they were living whilst assessment and safeguarding arrangements were put in place. This flexible approach meant the person was able to engage with the local authority and remain safe whilst having their personal wishes and outcomes met.

People had the information they needed to understand safeguarding, what being safe meant to them, and how to raise concerns when they did not feel safe, or if they had concerns about the safety of other people. Partners told us the local authority had worked hard on safeguarding and had taken steps to improve safeguarding and worked closely with the SAB on information, advice and guidance. A safeguarding voice group was in place, supported by the SAB for Making Safeguarding Personal, and they ensured the learning from this was embedded into practice. The SAB had also co-produced with people with lived experience a toolkit and resources that could be used for MSP.

The local authority was gathering feedback from people who were using safeguarding services. They had recently rolled out a text message feedback service and had trialled a telephone feedback service in 2023/24. Consent was obtained to contact 80 people and 36 people gave feedback on their experience relating to a Section 42 safeguarding enquiry. Results demonstrated that 35 out of 36 adults felt fully involved in discussions and understood why they were at risk, 32 participants understood why safeguarding processes happened to keep people safe and felt they had been listened to in conversations, 28 adults were very happy with the results and outcomes and 32 adults stated they felt a lot safer as a result of the safeguarding actions. The local authority continued to consider ways to obtain people's feedback on their experiences to shape the way future safeguarding services worked. This work was continuing at the time of assessment.

Local authority data from October 2023 to September 2024 showed out of 3197 Section 42 safeguarding enquiries, there were 2,538 MSP questionnaires on the system, where 2,080 were completed for people when asked about their desired outcomes. 1,685 outcomes for people were either fully or partially achieved following safeguarding actions.

Theme 4: Leadership

This theme includes these quality statements:

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

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

Governance, management and sustainability

Score: 3

3 - Evidence shows a good standard

The local authority commitment

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

Key findings for this quality statement

Governance, accountability and risk management

There was a stable adult social care leadership team with clear roles, responsibilities and accountabilities. Leaders were visible, capable and compassionate. A scheme of delegation was in place which clearly outlined the responsibilities of everyone. Staff told us they felt supported by the Departmental Management Team (DMT) and they had 1-1 supervision, team meetings and received relevant training to carry out their work. They told us the senior leadership team was visible and approachable. The local authority received exceptional financial support agreed by the government for the years 2023-24 and 2024-25. They had an established improvement plan and medium-term financial settlement that intended to deliver a balanced budget. Leaders told us they acknowledged the need for exceptional financial support and there was a 5-year plan which included the exceptional finance continuing so they did not have to make unrealistic savings which were not achievable. There was a clear and strong focus on preventing, reducing and delaying people's need for social care and support, and the emphasis was on working in a strength-based way that maximised independence and reduced unnecessary reliance on public services. Leaders advised us that 9.5% of the adult social care budget was allocated to preventative work.

The local authority had effective governance processes in place for partnership working. The local authority was within the West Yorkshire Integrated Care System, which was made up of 5 'places'. The local authority was under Bradford, District and Craven (BDC) ICB. There was a strategic partnership agreement between all health and care sector partner organisations within the ICB district, this agreement was around the shared approach to decision making and how shared resources were committed. A distributed leadership model had been adopted within the ICB district with senior leaders taking a lead for the place.

The local authority leadership team oversaw and used data to identify opportunities to develop service improvements for people. The local authority data team completed multiple monthly finance reports for adult social care which provided leaders with visibility and oversight of resources. There was a monthly report from the 3 different locality team areas which allowed scrutiny of differential performance and activity across the areas by the DMT. The data had identified opportunities to develop service areas and from this the local authority had seen improvements to the support plan reviewing processes, and seen an increase in recorded reviews, up from 57% since January.

There were clear and effective governance, management and accountability arrangements across the local authority and these provided visibility and assurance on delivery of the Care Act duties. Quality assurance audits were a part of the local authority's Raising Expectations programme which provided a comprehensive quality assurance framework and continuous improvement plan. The programme was divided into 5 work streams, each led by a manager and each work stream had identified a set of priorities. Staff told us quality assurance audits were based on the practice model and rights-based practice. Social workers completed a self-audit which went to managers for review. Data from the audits was used to identify themes and trends and to inform practice developments and training needs.

The local authority's political and executive leaders were well informed about the potential risks facing adult social care and had effective scrutiny processes in place. Leaders told us the scrutiny committee was in place to hold health and social care colleagues to account, to offer support and provide suggestions where needed. It was an effective forum, and political leaders told us that relevant data was received from adult social care officers to support the scrutiny function. Leaders told us it was important for the scrutiny agenda to reflect the priorities for people within the local authority. For example, the local authority was consulting on removing the care charging discretionary buffer and the paper on this was scrutinised at the last meeting so the committee could feed into this before any final decisions were made. People who used care services told us they sat within the scrutiny committee and were able to offer their lived experience when decisions were made that would affect other people using services.

There were clear risk management and escalation arrangements. These included escalation internally and externally as required. There was a risk register which outlined departmental risk. Areas of high risk included not having an adequate budget in place to meet statutory duties and the digital switchover for adult social care operations. There was clear direction on internal controls and assurance mechanisms to mitigate and manage risks. For example, an annual budget setting exercise was completed to address financial pressures, savings and value for money review. There were mitigation plans in place to work with partners, make use of grant funds and monitor spending closely.

The local authority had a risk enablement process which supported positive risk taking. This was introduced after learning from quality audits and recognising risk. For example, staff supported a person with an alcohol disorder through Care Act processes. The person made what was deemed to be unwise decisions around their alcohol use, however, they were deemed to have capacity to make those decisions and to understand the risks, and they chose to decline support services. Local authority staff presented the case to the risk panel and the panel had agreed the appropriate steps had been taken and agreed to case closure. There was a risk panel every 2 weeks or sooner if needed where senior leaders would provide guidance on how to mitigate and how best to hold the risk. Staff told us they never felt they had to hold the risk alone and the structure enabled staff to be supported through risk taking. This enabled more positive risk-taking for people so the outcomes they wanted could be achieved and the least restrictive options considered.

Strategic planning

The local authority used information about risks, performance, inequalities and outcomes to inform its adult social care strategies and plans. The local authority had an Adult Social Care Departmental Plan 2024-27 which committed to making a difference within 3 years focusing on 4 key headings such as, working with people, providing support, safeguarding and leadership. The plan shared the local authority's ambition to ensure it delivered better health and better lives, striving to provide personalised health and care services to support people's quality of life.

The local authority faced several challenges including increasing demand, challenging budget position and lifestyle changes and health and social care integration. It aimed to address some of these challenges by using population health intelligence, quality and assurance information about the care sector, embedding strength-based practice and increasing and embedding the use of assistive technology. Partners told us they worked with the local authority around these challenges, for example, they had numerous discussions around the financial challenges and how to work with limited resources. The outcomes prioritised prevention, with the goal of minimising future dependence on more intensive levels of support.

The local authority worked with partners and included people's experiences in the development of strategies and when making changes to services for people. The Bradford District and Craven Carers Strategy 2024-29 was developed using feedback from a recent carers survey, the outcomes of which highlighted the need for improvements in specific areas of carer' support. Next steps had been clearly identified within the strategy, however, there was no delivery timescale at the time of our assessment.

Partners told us they were working with the local authority on the production of the Roma Strategy. They supported the production of this and attended meetings with the local authority on co-production and felt this to be a collaborative process. They had also been involved in work with the local authority as part of the hate crime alliance, which had fed into the Hate Crime Strategy.

The local authority was a member of the Healthy Minds Partnership and had signed the local delivery plan, Neurodiversity 2024-26. This was a part of the local authority's duties to support autistic adults and was aligned to the National Adult Autism Strategy 2015. The local authority was implementing a Healthy Minds Strategy to articulate the wider West Yorkshire Integrated Care Partnership strategic ambition to improve life expectancy and reduce health inequalities. The local authority had held feedback events with people who had lived experience, their families and carers to review the local delivery plan and amendments were made based on their feedback. From this, the local authority had developed a neurodiversity team who provided short-term and early help to people either with a diagnosis or awaiting a diagnosis of Autism or ADHD.

Information security

The local authority had arrangements to maintain the security, availability, integrity and confidentiality of data, records and data management systems. The local authority had a secure data system which was used for record keeping and recorded the person's journey from initial Care Act assessment, support plan and review. However, a new IT system was being sourced as it was not optimised for social care and made some recording difficult. The local authority was planning for the new system to offer better efficiency for the workforce, more management oversight and better integration with other systems. Leaders told us the new system would be sourced for April 2026, and they aimed for people's voice to be the centre of the new system and to be represented the whole way through the pathways.

People were able to consent to their information being shared between health and adult social care partners which supported integrated care. Staff told us they were able to review notes on the system where consent was provided by the person. The local authority had an Integrated Digital Care Record (IDCR) between themselves and the Airedale District. The local authority was working with the Yorkshire Humber Care Record (YHCR), which was an IT web-based platform funded by NHS England, which enabled the local authority to view health records on their system. Local authority staff could access YHCR through a link embedded within the case management system. This had been implemented in 2024 with training provided to staff.

The local authority had policies and procedures in place to maintain security and to support any data breaches. There was an Information Security Statement on their website outlining their statutory responsibilities around information security and safeguarding data. There was also a Data Security Incident Policy which outlined the duties of the local authority under legislation around any information breaches, for example, misdirected, lost or hacked data.

Learning, improvement and innovation

Score: 3

3 - Evidence shows a good standard

The local authority commitment

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

Key findings for this quality statement

Continuous learning, improvement and professional development

Local authority staff were well informed, knowledgeable, and passionate about their work in adult social care. There was an inclusive and positive culture around learning and development for all staff. The local authority had a Workforce Strategy 2022-27, which set out the ambitions to address known workforce challenges, working in partnership with the social care independent sector, health, education, and employment services. There was a learning framework which was used to identify new areas of learning, for example the autism training, which was delivered by autistic people, to support when working with someone with autism.

There was a successful Assessed and Supported Year in Employment (ASYE) programme, which provided a comprehensive approach to learning, support and a strong focus on reflective practice. Staff told us this approach promoted a positive learning culture and contributed to continuous professional development to improve practice. This approach was reflected in the overall culture of developing staff with career opportunities, for example, staff were offered shadowing and 'learning on the job' training to advance practice, in addition to best interest assessment (BIA) training and advanced mental health practitioner (AMHP) training. Throughout the training offered, consideration was made for staff with neurodiversity needs and accessibility arrangements were accommodated.

Staff received a weekly email which provided Learning and Support, Continuing Professional Development (CPD) and opportunities for progression. For example, several staff shared their progression to a senior level, training in a project manager degree and level 7 masters which was funded by the local authority. Frontline staff shared with us the scope of support they received, for example, supervision, reflection sessions, case reviews and audits. Other forums and huddles were in place for focused areas and learning from complaints/compliments or specific investigations. Staff also received a CPD offer of 3.5 hours per month, which was protected time. The staff we spoke with felt the workforce reflected the demographics of the local authority area at all levels.

There was an oversight of mandatory training using data shared in team meetings and supervisions to ensure staff remained up to date with their knowledge and could optimise opportunities. Staff also reflected on the increased use of data to understand the needs and capacity of their work. Weekly power-hour drop-in sessions, along with lunch and learn sessions provided opportunities to understand the Power Bi reports and how to use them on an individual or team basis. For example, staff could take ownership of what training they had or needed to complete. Training was provided on a role-specific basis, for example commissioning staff had the opportunity to attend the local university, for postgraduate and master's degree in commissioning qualifications. They told us this provided the required skills to understand the market and develop the services based on best practice.

The local authority had recognised they were at the beginning of the journey in developing and embedding co-production opportunities within their services and strategies. However, several examples were shared with us by leaders, staff and partners which showed that co-production was a clear intention of the local authority and in some areas already had a positive impact. The co-production group we spoke with provided examples of work they had done to support the carers and neurodiversity strategies through feedback events and workshops. One person told us about the assisted employment scheme they were involved with and how it had helped them gain confidence, not only in the work environment but also traveling solo. Some people from the co-production group were involved in getting feedback from people and their experiences of accessing the local authority.

The local authority had developed a co-production guide for all staff which provided guidance and principles of co-production, how it looked in practice, and offered suggestions on how to implement, monitor and evaluate co-production activity. For example, there had been the development of the People's Forum, where people were paid as part of the forum to review and consider improvements to services.

Senior leaders placed a strong emphasis on the people's voice. The annual Principal Social Worker report for 2024 had an outcome which focused on social workers getting to know their communities better, looking at what prevention opportunities were available, and using that knowledge to serve people better and be true community practitioners. The overview and scrutiny board included people with lived experience along with the voluntary sector, enabling them to have a voice on current and up and coming issues. The local authority recognised they needed to target specific groups so their voice could be heard, so they had worked with voluntary sector partners, faith groups and other community organisations who had the required relationships with people to obtain their feedback and views.

The local authority had developed a practice framework for assuring quality and consistency of social work practice, this approach was well embedded, and staff and leaders told us it drove an improvement activity. Staff we spoke with offered positive experiences on the audits and supervision, which provided the opportunity to reflect on cases and gave workers the opportunity to reflect on cases. The analysis of team manager audits and subsequent focus groups with team managers during 2024 highlighted system issues associated with the suitability of the current system, as a social work management tool and reliability of the infrastructure which had impacted on the quality of social work decision making.

Learning from research and evidence-based practices were shared by the Principal Social Worker through articles, email information and a monthly bulletin, which linked to the audits and ongoing learning. The local authority had links with Bradford University and Leeds Beckett University who supported with training of social workers and Approved Mental Health Professionals AMHPs. This ensured that staff were trained in their legal obligations and were able to undertake their roles appropriately.

The local authority drew on external support and shared practice. For example, best interest assessors (BIA) had attended a regional BIA conference, which provided some benefits with shared practice on anti-racist practice. The occupational therapist teams had shadowed the Home First assessment support team (H-FAST) team in another local authority looking at their model and had shared their knowledge with another local authority on how they managed their waiting lists. This meant teams could learn from one another's practices and developments.

The local authority had recognised they had more work to do in relation to the development of innovation around the use of technology. However, some examples were shared with us which had provided positive outcomes for the people using them.

The reablement team had used an application which provided access to a source of food, money and clothing along with information and support. The older people's team had used a pen reader for a person who got themselves into debt as they were unable to read their mail. The pen reader provided independence and privacy for the person who was able to deal with their correspondence without the reliance on another person.

Learning from feedback

The local authority used people's feedback about their experiences of care and support to drive improvements. People we spoke with felt when issues were raised to their social workers, they felt listened to and heard. One person told us that they felt they had the opportunity to give feedback and improve services. People told us that surveys sent by the local authority were not always accessible or in jargon free language. This had been raised, and we saw the local authority had commissioned a local VCSFE group to lead on the co-production and creation of information, advice and guidance, including fact sheets, easy read, audio clips and a digital video suite, to support ongoing communication and engagement.

The local authority had commissioned a partner to undertake a mystery shopper review of the local authority's information and advice provision in autumn 2023. The council implemented an improvement plan based on the findings and some of the outcomes had been used to make changes to commissioning, demonstrating a willingness to learn and improve services based on evidence. For example, the changes to the home care model which has assured provision and quality.

The local authority was open to feedback from staff about what was working well and what needed to improve. The local authority staff survey for 2024 was positive with 82% of staff rated the accessibility of supervision training as good or very good. Additionally, many staff who responded felt there were no barriers to training or access to senior leadership.

The local authority encouraged reflection and collective problem-solving, to ensure that learning happened when things went wrong. Compliments from people were routinely collected through the complaints department and had been included in the annual report on complaints and compliments which was shared through senior leadership meetings. The compliments received by people reflected a positive picture of the support provided by local authority staff which had enabled people to regain independence from the use of equipment and the reablement service.

The local authority complaints report from January to October 2024 stated that the highest number of complaints received involved people being dissatisfied with the provision of service they or their family were receiving. This included complaints about commissioned services which were made against care providers contracted to provide a service on behalf of the local authority. Work was undertaken by commissioners to address these issues and since the development of the new home care framework these complaints have been reduced. Data provided by the local authority showed between 2023-24, 20 complaints had been raised to the ombudsman about the local authority, 17 complaints had been investigated by the local authority and 6 complaints progressed to the ombudsman and were upheld.

In the annual report 2024, a gap was identified in the way that the department collected, analysed, and disseminated the various forms of feedback information it received. In response to this a group of practitioners from the local authority established a 'Learning From' group. The aim of the group was to gather information from a range of sources where there was scope for learning and improvement, to analyse and disseminate learning to practitioners. Information came from a range of sources including serious incidents, serious case reviews, Coroner Regulation 28 Reports, whistleblowing, Ofsted, SEND, Local Government Social Care Ombudsman, Compliments/complaints received by the local authority in relation to Care Act duties. The staff we spoke with through a range of groups and teams shared with us the ongoing learning from these sources and how these had impacted their own practice. For example, learning was identified as improving the understanding of mental capacity, training was provided and staff shared it had improved their knowledge and understanding.

The 'Learning From' group had also created a dedicated email inbox, and staff were encouraged to send all compliments in so that an analysis of any themes or trends could be determined and then circulated via the Learning From bulletin. The local authority had recognised that even if there were no themes, it was good for staff to receive positive feedback and provided shared learning in a different way.

The local authority had a robust response to complaints. They had employed a dedicated adult social care complaints officer who was dealing with complaints at an early stage which had supported 21 of the 36 cases being withdrawn before reaching formal investigation. This role had enabled discussions and issues to find a resolution.

The local authority in November 2024, as a result of a complaint, set up a Domestic Abuse Multi-Agency Protection Order Process (DAMAPO) to prevent the situation reoccurring where no single agency had oversight of a Forced Marriage Protection Order, for example, where the order was made when the person was under 18, or even where the person was not eligible under Section 42 of the Care Act but was nevertheless at risk. This showed a reactive and reflective approach to addressing complaints and finding working outcomes.
