

Bolton Council: local authority assessment

[How we assess local authorities](#)

Assessment published: 11 February 2026

About Bolton Council

Demographics

Bolton is a metropolitan borough in Greater Manchester, located approximately 12 miles from Manchester city centre and bordering Lancashire. The borough includes a mix of rural and urban communities and comprises the town of Bolton and surrounding areas including Blackrod, Farnworth, Horwich, Kearsley, Westhoughton, Little Lever, and parts of South Turton.

Bolton is home to approximately 310,085 residents. The population includes a higher proportion of younger people and people aged over 65 compared to national averages. Projections indicate that by 2031, the population aged over 65 will increase by almost 8,000.

The majority of residents are White (71.95%), with 20.14% identifying as Asian or Asian British, 3.8% as Black, Black British, Caribbean or African, 2.2% as Mixed or Multiple ethnicities, and 1.9% as other ethnic groups.

Bolton has an Index of Multiple Deprivation (IMD) score of 8, ranking 37 out of 153 local authorities in England. This places Bolton in the second most deprived 10% of areas nationally, with 26% of its population living in the 10% most deprived areas.

Bolton is part of the Greater Manchester Integrated Care Partnership, established in 2022. The partnership brings together NHS Greater Manchester, local NHS trusts, primary care providers, the Greater Manchester Combined Authority, and partners across the voluntary, community and faith sectors.

Bolton Council has 60 councillors representing 20 wards. Since 2019, no single political party has held an overall majority, meaning the council operates under no overall control.

Financial facts

- The Local Authority's total spend was **£543,234,000** in 2023/24, in comparison to a total spend of **£496,523,000** in 2022/23. In 2023/24, **20.95%** of the spend was spent on adult social care.
- The Local Authority's total spend on Adult Social Care was **£113,726,000** in 2023/24, compared to a total spend on Adult Social Care of **£98,014,000** in 2022/23. The Local Authority spent **£49,759,572** (adult social care spend) per 100,000 adults in 2023/24.
- The Local Authority has raised the full Adult Social Care precept for 2023/24, with a value of **2.0%**. Please note that the amount raised through the Adult Social Care precept varies from Local Authority to Local Authority.
- Approximately **5,785** people were accessing long-term Adult Social Care support, and approximately **1,460** people were accessing short-term Adult Social Care support in 2023/24. Local authorities spend money on a range of adult social care services, including supporting individuals. No two care packages are the same and vary significantly in their intensity, duration, and cost.

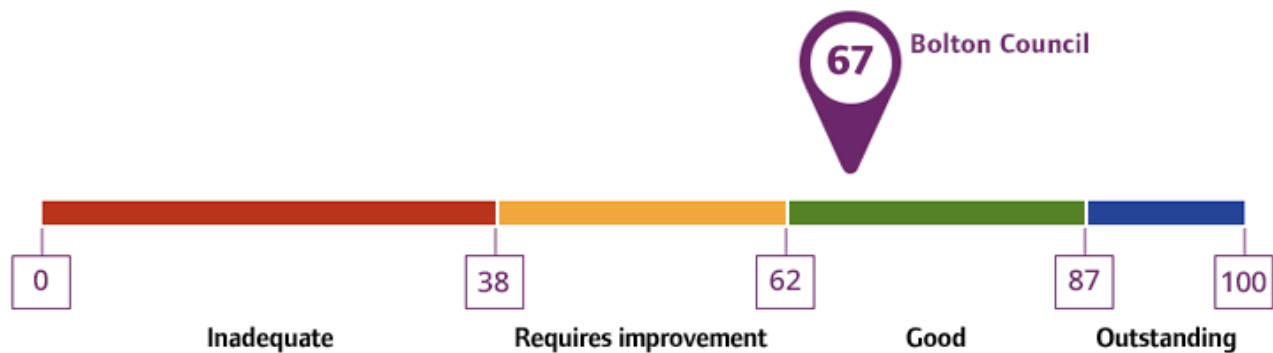
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Overall summary

Local authority rating and score

Bolton Council

Good



Quality statement scores

Assessing needs

Score: 2

Supporting people to lead healthier lives

Score: 3

Equity in experience and outcomes

Score: 2

Care provision, integration and continuity

Score: 3

Partnerships and communities

Score: 3

Safe pathways, systems and transitions

Score: 3

Safeguarding

Score: 2

Governance, management and sustainability

Score: 3

Learning, improvement and innovation

Score: 3

Summary of people's experiences

People told us their wishes were respected, and they felt involved in decisions. Social workers explained the roles of different agencies clearly. People described being included in care planning and said their views were taken into account. For example, an unpaid carer said they were invited to meetings, and their contributions were valued, even when they could not attend in person. Assessments were person-centred and covered what worked well for people and what did not. Reviews took place after care started, and people described positive experiences with social work practitioners and students, who made them feel comfortable and supported. People told us the practitioner reduced the number of care calls when they found them overwhelming, which they described as a lot better. People said staff were brilliant, never rushed, and always explained outcomes clearly.

Unpaid carers also shared mixed experiences. Some said they felt included in planning, while others described gaps in support and limited opportunities for respite. Carers told us they did not know about carers assessments but valued support from local carers organisations. Carers told us they had been involved in the redesign of the carers assessment and said this helped them feel heard and better supported.

Some people experienced delays in assessments or reviews, but staff took a risk-based approach and responded promptly to urgent needs. People told us they felt reassured by clear contact arrangements and timely follow-up. They said staff encouraged them to get in touch if they needed support and provided contact details for future reviews.

People described positive experiences of hospital discharge and transitions between services. They said social workers coordinated care effectively and helped them move into supported living or extra care housing in a way that felt safe and well-managed. People said they were supported to regain independence after hospital discharge, which helped them feel more confident.

Preventative services helped people remain at home and live more independently. People said they received equipment and adaptations quickly, and staff supported them to access community resources that improved their wellbeing. Some people described being supported to attend social activities, apply for a bus pass or open a bank account.

People told us they felt safe during their care journeys. Safeguarding responses were described as sensitive and tailored to individual needs. Staff adapted communication to meet people's preferences and used culturally sensitive approaches to support inclusion. People said they were supported to understand how their information would be shared and felt confident their privacy was respected.

Summary of strengths, areas for development and next steps

Bolton Council demonstrated clear governance and strategic oversight for adult social care. Adult social care was prioritised at senior levels and supported by robust systems. Staff described feeling supported, and there was a culture of learning and improvement across the organisation.

The local authority had effective systems for assessment and care planning, and people told us they felt listened to and involved in decisions about their care. Care records reflected person-centred and strengths-based practice, and staff described embedding strengths-based approaches and using community resources to support independence. However, delays in Care Act reviews and inconsistent recording of people's eligibility highlighted areas for improvement. Between April and August 2025, wait times for assessments improved from 14 to 9 days, remaining low and within the 28-day target, but review waits were longer. However, national data from the Short and Long Term Support return for 2023/24 showed 69.84% of people receiving long-term support had both planned and unplanned reviews completed, which was similar to the England average of 58.77%. The local authority was continuing targeted work through a dedicated review team and planned improvements to eligibility recording to address these shortfalls.

Preventative approaches were embedded across services, with strong reablement outcomes and community partnerships supporting people to live healthier lives. Staff described multi-disciplinary working to avoid hospital admissions and support recovery. Reablement services were therapy-led and delivered timely support, with no waiting list. The local authority also performed strongly in its approach to direct payments, which supported independence and choice. Staff described using direct payments creatively to meet individual needs, and people told us this helped them maintain independence and access tailored support. The local authority planned to build on this by developing technology-enabled care and improving digital inclusion for people and unpaid carers.

The local authority demonstrated a good understanding of its population and took targeted action to reduce inequalities. Outreach work with underrepresented groups supported improved access to services, and staff adapted care to meet cultural needs with equality training embedded across teams. However, partners told us coproduction was not yet consistent or inclusive across all service areas. Staff also reported delays in accessing British Sign Language and Somali interpreters, and partners identified deaf awareness training as a key area for improvement. These findings highlighted gaps in accessibility and representation. The local authority acknowledged this and was developing a Community Collaboration Framework to strengthen representation and engagement, with plans to embed coproduction more widely and improve diversity in engagement.

Integrated neighbourhood teams supported joined-up care and reduced duplication. The Home Care Contract 2024–2028 introduced quality assurance mechanisms and electronic call monitoring. National data from the Adult Social Care Survey 2023/24 showed 78.46% of people in Bolton felt they had choice over services, which was better than the England average of 70.28%. Capacity issues were identified in supported living. The local authority told us that 37 people were living in supported living placements outside the borough, which may be related to capacity. Separately, 150 people were living in care homes outside the borough, mostly due to personal choice and, in some cases, specialist needs. The local authority was working with housing partners to increase accommodation options and improve local provision and planned further work to strengthen market sustainability.

Strategic partnerships were well-established, with co-location and joint planning improving outcomes. The Integrated Discharge Team operated seven days a week and included housing officers, which helped resolve issues such as unsuitable accommodation. The local authority planned to strengthen engagement with voluntary, community and social enterprise partners and embed coproduction in commissioning strategies.

Mental health services were transitioning from a Section 75 partnership, which is a legal agreement allowing health and social care organisations to pool resources and deliver integrated services. This partnership with Greater Manchester Mental Health NHS Foundation Trust was moving back under local authority management in 2025. Partners told us this was progressing well due to strong joint planning and shared leadership. Staff said they felt supported through regular check-ins, training, and open communication. This demonstrated effective partnership working and a smooth transition aligned with the community transformation programme.

People experienced safe transitions and coordinated care, supported by proactive risk management. The Preparing for Adulthood Protocol provided clear pathways for young people. Trial use flats supported safe discharge from hospital for people and assessment. The local authority planned to improve contingency planning in care records to include personal contacts and strengthen discharge processes.

Safeguarding systems were well-established, with multi-agency working embedded through the Multi-Agency Safeguarding Hub. Staff described personalised safeguarding responses and improvements following Safeguarding Adults Reviews. However, referral delays and capacity pressures affected timeliness. In August 2025, the median wait time for initial safeguarding reviews was 6 days, exceeding the two-day target, and Section 42 enquiries had a median wait of 21 days. The local authority was recruiting permanent staff and taking steps to reduce delays in safeguarding referrals and improve oversight of Deprivation of Liberty Safeguards applications.

Governance arrangements were clear, with strategic oversight supporting safe delivery and risk management. The Quality, Performance and Finance Board monitored improvement activity, and political leaders described a culture of openness. The local authority planned to embed workforce sustainability plans and strengthen collaboration with care providers.

The local authority fostered a culture of continuous learning, with strong professional development and emerging innovation. Staff described reflective supervision, peer learning and accessible training. The Assessed Supported Year in Employment programme was co-produced and supported early career development. The local authority planned to continue embedding strengths-based practice and expand coproduction in service design.

Theme 1: How Bolton 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 had effective systems for assessment and care planning, but delays in reviews and inconsistent eligibility recording highlighted areas for improvement.

People were able to access the local authority's care and support services through multiple channels, including online and self-assessment options. The community front door to adult social care was the Early Intervention Team (EIT), which could be contacted directly via email and telephone. Staff told us this helped them respond to need and avoid waiting lists. Professionals accessed social care teams via a shared recording database and an online portal.

The first point of contact for people was through Access Bolton, a council-run service that provided universal information and signposting to other organisations. Where enquiries related to care and support, people were transferred to the EIT. The public could also contact EIT directly, as the team's number was available on the local authority's website. The local authority also used the My Life in Bolton information directory, which was accessible online via its website to both the public and staff.

Referrals involving people with mental health needs went via the GP. If these came to the EIT, staff sought to determine if the person was already known to a service to be able to offer them the right support, which helped to ensure timely access to appropriate support.

Care records demonstrated person-centred practice, detailing what was important to people and who was important to them. They reflected a strengths-based approach, including what people liked to do and how they were working towards independence. Records included what worked well and what did not for each person.

People and unpaid carers told us they were involved in care planning and that their wishes were respected. They described being asked what mattered to them and receiving care that met their needs. People said their social worker adjusted their care package after they felt overwhelmed by the number of care calls, which helped them feel more in control. This showed how the local authority supported people to shape their care and feel listened to. People also said they were kept informed and felt reassured. They told us social workers explained things clearly and helped them understand the roles of different agencies. People said they were given contact details and told when someone would be in touch, which helped them feel reassured. Unpaid carers said they were included in assessments. They were invited to meetings and, when unable to attend, received updates and copies of the assessment, which they said reflected the person's needs.

Staff told us they were embedding strengths-based assessments and training had supported a culture shift. They said they were not pressured to complete assessments quickly, which enabled them to build relationships and understand people's goals. Staff described supporting a person with an undiagnosed learning disability and autism to attend weekly cooking sessions, with the aim of moving into supported living. Embedding strengths-based practice enabled staff to focus on people's goals, which supported independence and reduced reliance on formal services.

Staff also described how they were focusing on communitybased strengths. One example was through engaging with community groups to support younger adults. Some staff told us they were fully integrating strengthsbased practice, although improvements were needed in the assessment tool within the case recording system to better reflect this approach. The local authority told us this had been identified in their selfassessment, and that developments were being coproduced with staff and the Making It Real Board, with completion planned for 2026. Senior leaders said this was part of the next phase to enhance strengthsbased practice.

Data from the Adult Social Care Survey 2023/24 showed 69.79% of people were satisfied with their care and support, which was somewhat better than the England average of 65.39%. Similarly, 79.18% of people felt they had control over their daily life, similar to the England average of 77.62%. These findings were reflected in feedback received during the assessment.

The local authority operated across six geographical neighbourhood teams: Central North, North, Central South, South, West, and East. Multi-disciplinary meetings involving GPs and district nurses supported joint decision-making, reduced duplication, and helped people receive timely, coordinated care.

The hospital discharge team carried out 6-week reviews and commissioned long-term care to support people returning home. Community teams then reviewed these packages. These integrated teams included social workers and other professionals, and staff described how referrals were managed effectively from the front door, with clear routes for professionals and the public.

Partners gave mixed feedback about the assessment process. Some said it was helpful, and communication was clear, while others described difficulties accessing Care Act assessments.

The local authority had assessment teams who were competent to carry out assessments, including specialist assessments. Staff told us they had clear criteria for who would be supported by the learning disability team. People needed a formal diagnosis and to be on the learning disability register. If this was not the case, they could be referred for assessment by a psychologist. The team also had a staff member who reviewed supported living placements to provide oversight of services.

Within mental health services, the Approved Mental Health Practitioner (AMHP) Hub operated seven days a week and the local authority told us this was recognised as good practice in the North West. The local authority was redesigning mental health pathways to ensure social workers could focus on Care Act duties, and staff were involved in shaping this transformation. Staff also told us they were evaluating capacity and demand jointly with Greater Manchester Mental Health NHS Foundation Trust to address increasing complexity and vulnerability in mental health support.

Timeliness of assessments, care planning and reviews

People awaiting an assessment were consistently seen within the 28-day target. Between April and August 2025, median waiting times for Care Act assessments stayed below this target, improving from 15 days in June to 9 days in August. Urgent referrals were often seen the same day. Staff confirmed waiting times for Care Act assessments were low, and people told us that once a social worker was allocated, support was arranged quickly. Staff described a structured review process that prioritised requests based on complexity and urgency.

The local authority told us that all staff recorded assessments and care plans directly within the Adult Social Care electronic system. They told us that increased internal scrutiny had strengthened the quality of assessments, although this had led to minor delays for some people while staff ensured assessments and plans met statutory requirements.

In contrast, Care Act reviews had significantly longer waits. Median wait times were 117 days, with 927 people waiting in June 2025 and similar numbers in August. Frontline teams said this was due to balancing unplanned reviews alongside planned reviews. A senior leader acknowledged this and said the local authority set up a dedicated review team in mid-2025 to undertake targeted work focused solely on reviews.

To address delays and manage demand, the local authority applied 'waiting well' principles. People were sent letters, given emergency contact numbers, and provided with a booklet to use if their situation changed or they needed advice and information. Staff told us people's needs were screened on duty for urgency, and managers determined priority. They said they had worked hard to reduce waiting lists, and people were waiting approximately 15 days for a Care Act assessment.

Managers described projects the local authority had initiated to understand the impact of waiting and improve support. This approach was supported by accurate data and collaborative team working. The 'waiting well' approach helped people stay informed and reassured while waiting, which reduced risk and supported safe care planning.

To minimise delays, the local authority invested in community assessment officers to carry out wellbeing checks. These visits were coordinated quickly, with many taking place on the same day. The Principal Social Worker worked on the waiting well project to ensure people had information and advice while waiting.

Providers gave mixed feedback on timeliness. Some said assessments were carried out promptly, care plans were reviewed, and responses were quick. Others reported delays, including difficulty getting visits for emergency situations, 12-month reviews not happening, and increases in support taking time to action. Providers also said they were not always kept up to date on timescales or priorities, although escalation to management resulted in quicker responses. Some providers described collaborative reviews and being invited to contribute, while others said they had to chase outcomes and were not always consulted when funding changed to Continuing Healthcare.

National data from the Short and Long Term Support return for 2023/24 showed 69.84% of people receiving long-term support had both planned and unplanned reviews completed, which was similar to the England average of 58.77%. This demonstrated most people had their reviews completed and local performance was broadly in line with national trends.

The local authority told us the proportion of planned and unplanned reviews had remained stable. Between October 2024 and October 2025, the median wait for an unplanned review after a request was 20 days.

The local authority was acting to manage and reduce waiting times for assessment, care planning and reviews. Mechanisms were in place to monitor and prioritise waiting lists, including weekly meetings to review capacity and demand and escalate risk when required. Senior leaders, managers and staff were aware of waiting well principles, and people were contacted where there were delays ensuring they were safe, and risks were mitigated.

Tools were in place to assist managers in overseeing people awaiting allocation, and a monthly dashboard supported performance monitoring, identifying trends and pressures. A dedicated review team had been established to support demand management and reduce delays.

The local authority told us longer waits for Care Act reviews were due to staff availability and sickness. They said assessment waiting lists had historically been manageable. Since the launch of neighbourhood teams in April 2024, referrals increased, peaking in winter, which briefly affected allocation timeliness. However, performance remained effective, with assessments consistently completed within the 28-day target.

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

The local authority initiated coproduction work with unpaid carers to review eligibility criteria and assessment processes. As a result, eligibility criteria for unpaid carers were made less rigid than for the cared-for person, and the carers form was simplified to reflect carers' roles and outcomes. This demonstrated how working in partnership with unpaid carers led to improvements in assessment quality and access to support, helping reduce isolation and unmet need.

However, most unpaid carers did not share positive feedback about the support they received. Some told us they felt isolated and unsupported, and said they had not undergone a carers assessment. Some unpaid carers told us their assessments had been conducted over the phone and felt impersonal. The local authority told us that this approach had previously been used in mental health services but ceased in August 2025. They told us that the default expectation across social care teams was to offer carers a faceto face assessment, with telephone assessments only taking place at the carer's request or where agreed to be proportionate.

Some unpaid carers expressed frustration at not knowing how to seek support within the borough. Some had assessments completed but said no reviews were carried out, even though they had been caring for many years. Unpaid carers told us they were rarely offered emergency cards or carers discount cards. While some were aware of a one-off £300 payment, there was confusion about eligibility and how it affected benefits. Others said they had not received any financial support and did not understand why.

Many unpaid carers said they were unable to participate in hobbies or social activities due to the demands of their caring role. Some had not heard of services to enable them to take a break from caring and described reaching crisis point, which placed additional strain and worry on them. This feedback highlighted gaps in support and access to services.

In contrast, national data from the Survey of Adult Carers in England 2023/24 showed 39.23% of carers were satisfied with social services, similar to the England average of 36.83%. It also showed 32.42% of carers reported they had as much social contact as desired, similar to the England average of 30.02%, and 19.54% accessed support or services allowing them to take a break from caring for 1–24 hours, which was similar to the England average of 21.73%.

Unpaid carers told us they lacked a clear point of contact within the local authority. Some received a monthly newsletter, but most relied on the carers organisation for information and signposting. Carers said they learned about support services through informal routes, such as volunteering at day centres or advice from GPs and charities. A carer supporting young people approaching adulthood said they did not know about carers assessments but had received helpful support from the Adults Autism Support service.

Staff told us the Principal Social Worker had led improvements to carers support. Carers with lived experience were involved in coproducing a new carers assessment, which was redesigned to be simpler, strengthsbased, and less repetitive. The assessment included contingency planning, emergency cards, and opportunities for meaningful discussions with carers. Staff said this approach supported carers to share their stories and focused on strengths. A senior leader told us the revised assessment linked into voluntary organisations and partners, providing information about who they were and what they offered. They said all teams could complete carers assessments, rather than this being managed by a separate team, which helped make the process more personcentred and reduced paperwork. Staff said the process to identify and support unpaid carers was improving, with partners now providing specific carers services. Carers support funds were also available.

Some unpaid carers used direct payments for practical needs, such as supporting dietary requirements. Previously, carers were expected to fit into the assessment; now, the assessment was shaped around them. Young carers were supported through voluntary support groups, with referrals accepted from professionals and schools.

A carers portal was being developed to allow professionals to refer carers directly for assessment. Leaders said unpaid carers' needs were routinely considered, with independent assessments offered and occupational therapists involved in supporting carers. A senior leader told us no carers assessments were delegated externally, which helped maintain quality and consistency. There was no waiting list, and all 60 carers assessments since August 2025 had been allocated to social work student graduates. Feedback on the newly developed carers assessment was scheduled for 6 months post-launch to inform future improvements.

Some partners told us carers assessments were carried out by the Early Intervention Team, which had been responsive. However, the range of services available remained unclear. They said assessments varied in quality and timeliness, and while some carers received support through the carers organisation, access to services was not consistent. Partners also said access to breaks for carers varied, with unclear rules and referral routes making support hard to navigate.

The local authority's target timescale for completing carers assessments was 28 days. Data from April to August 2025 showed in June the wait list size was 15 and the median wait time was 14 days, while in August the wait list size was 18 and the median wait time was 5 days. Maximum wait times in August were 21 days, which showed carers assessments were completed within target timescales, despite increased referrals.

The local authority prioritised support for unpaid carers within the Better Care Fund Plan 2025–2026. A refresh of the Carers Strategy was underway, focusing on promoting carers' roles in local communities, identifying unpaid carers who were not known to services, improving information through GP practices, and working with a wide range of organisations to support working carers.

Coproduction of a simpler and fairer system for carers personal budgets was completed alongside the redesign of the carers assessment. The increased and simplified carers personal budget was implemented in April 2025, and training for the new approach was completed. A review/project team was prioritising improvements in waiting times for carers assessments and reviews, using the new paperwork.

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

People were given advice and information to access services and support for non-eligible care needs, which helped them maintain independence. People described receiving informal support arranged with input from a social worker.

Staff told us they understood the range of services available in Bolton for people with non-eligible needs. Monthly neighbourhood team meetings provided updates, and the Early Intervention Team was embedded within these teams to share information. Staff said the 'My Life in Bolton' directory and the community volunteer service were useful resources for identifying local support.

Some staff told us they worked closely with the Voluntary, Community and Social Enterprise (VCSE) sector to connect people to tailored support. These connections helped people access tailored community support, which promoted independence and reduced reliance on formal care. Staff visited community groups, particularly as new starters, to understand what was available and ensure they could offer the right help. Staff described how positive relationships with these groups led to referrals to the local authority when people presented with unmet needs.

Information about community resources was shared through engagement sessions and by drawing on the knowledge of VCSE groups based at the hospital and teams such as the Early Intervention Team. Staff said making connections across the local authority helped share information. Staff said connections with VCSE services helped people access tailored support. This improved outcomes and helped people understand they did not always need formal services. The local authority also gave staff volunteering days to contribute to the community.

The local authority provided a 'Living Well at Home' webpage with advice to promote independence and reduce reliance on formal services. It included practical information on topics such as healthy living, housing, transport, employment and managing money, alongside links to local resources like mental health support, strength and balance services, drug and alcohol services and dementia support. This showed how the local authority's use of digital tools and directories enabled people to find relevant support, helping them manage their wellbeing without formal intervention.

The local authority had taken steps to identify people with needs for care and support that were not being met. Staff told us supporting people at the front door helped identify people who could benefit from preventative services. They said assessments could be paused to consider services that might prevent, reduce or delay the need for ongoing support, such as reablement, intermediate care, community enablement, telecare or equipment.

Eligibility decisions for care and support

The local authority's framework for eligibility for care and support was transparent, clear and consistently applied. Care Act eligibility criteria were published on the local authority's website, and processes and guidance for staff were clear. Decisions and outcomes were timely and transparent, and there had been no appeals against eligibility decisions in the previous 12 months. Appeals relating to personal budgets or direct payments were managed by the Quality Assurance Team.

We reviewed people's assessments and found eligible needs were generally documented clearly, including what people could do independently, the support required to achieve outcomes and the impact on wellbeing. However, in a record, some eligibility decisions were inconsistent. For example, going to the toilet was assessed as an eligible need, but the assessment stated the person could carry out this task independently. Similarly, getting dressed was identified as an eligible need despite the record stating the person could do this without support. This indicated a need for improved consistency in recording eligibility decisions.

Financial assessment and charging policy for care and support

The local authority had a clear and transparent framework for assessing and charging adults for care and support. Decisions and outcomes were timely and consistently applied. The local authority's target timescale for completing a financial assessment was 40 days. Data from April to August 2025 showed median wait times remained below this target and were reducing. Waiting list size decreased from 363 in June to 242 in August, and median waits improved from 22 days in June to 14 days in August. The local authority told us delays were often linked to incomplete financial information, access to finances for people who lacked capacity, and the financial assessment team capacity.

The local authority had focused on improving financial assessments over the past 2 years. Feedback from people, carers and complaints highlighted the process was lengthy and unclear. In response, capacity and systems were reviewed during 2023/24, and an online assessment tool was introduced. People using services or their representatives could enter financial details online and receive an indicative calculation. They could also submit supporting evidence electronically. Those not using the online route could complete assessments by phone or in person. Staff and people told us this improved engagement and accessibility. The local authority continued to review policies and develop information for staff and people to ensure conversations about charging were clear throughout the person's journey.

Feedback from people and unpaid carers was mixed. Some unpaid carers told us the financial assessment process was unclear, and they did not receive enough information. They said they were sent forms rather than offered a visit. In contrast, other people told us staff supported them with the process, including phone contact and clear written confirmation of charges. People who self-funded care told us the local authority had arranged care on their behalf. The local authority told us that they did not charge a brokerage or arrangement fee for people with capital above the upper funding threshold.

Staff told us waiting lists had reduced and the process had been reviewed to make it more accessible. Online and paper forms were available, and an online calculator helped people understand potential contributions, supporting informed decisions. Staff said financial assessments were now completed more quickly, with backlogs cleared and current waits at around 14 days. This enabled pre-assessments for people who wanted to understand their contribution before care started.

Provision of independent advocacy

Timely and independent advocacy support helped people participate fully in care assessments and care planning. People told us they had an advocate who was involved in their support planning and present at their recent review. Their relative said the advocate helped communicate the person's views clearly.

The local authority had an all-age independent advocacy contract. This was particularly beneficial for young people in transition, as they could retain the same advocate through changes in their lives and the lives of their parents or unpaid carers. This helped maintain trusted relationships and consistent support.

Staff described advocacy services as responsive and said consent was obtained where possible, with referrals made when individuals lacked capacity. Some staff told us there was a good advocacy offer, waiting times were good, and this had been built into the 'waiting well' documents. Staff said advocacy partners responded quickly and worked collaboratively when issues arose. Staff said advocacy partners followed up when someone moved out of the area, and for some people, advocates had built positive relationships over time.

Partners told us most referrals to advocacy were detailed and provided enough information, but there were times when referrals lacked key details, such as capacity assessments or dates. They said this made it difficult to progress work and contact referrers, especially if the social worker had left. Partners said consistency of social worker allocation helped ensure timely progress. They told us most staff understood advocacy and when an advocate was required. Advocacy awareness training was offered and partners suggested making this mandatory for social workers who might make referrals. Training had been delivered by partners at team meetings in response to low referral numbers or new staff starting.

There was no waiting list for advocacy in Bolton. Partners told us there were regular meetings with commissioners, the quality team, and safeguarding leads to share feedback and discuss changing needs. They gave an example of how the local authority responded when the advocacy provider raised concerns about increasing demand. The local authority acknowledged this and agreed to increase hours in the advocacy contract. Partners told us they expected the local authority to continue providing support, as they had responded by increasing hours to meet demand.

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

Preventative approaches were embedded across services, with strong reablement outcomes and community partnerships supporting people to live healthier lives.

The local authority told us prevention and early intervention were a key focus. Staff said this was embedded at the front door and in community teams, with occupational therapists providing early reablement and equipment. Collaboration with housing supported early intervention, helping reduce long-term dependency and promote independence. This was reflected in national data from the Adult Social Care Outcomes Framework for 2023/24, which showed 80.52% of people who received short-term support no longer required ongoing support, similar to the England average of 79.39%.

Staff told us duty social work teams worked closely with the admission avoidance team to support people in crisis. They said the team provided holistic reviews and could arrange care packages quickly to avoid hospital admission. Staff described this as a multi-disciplinary approach, including provider carers and prescribing services, which helped people remain at home and reduced hospital admissions and Accident and Emergency (A&E) visits.

Staff described positive relationships with community provisions, including social prescribers, befriending services, Voluntary, Community and Social Enterprise (VCSE) and military charities. They gave examples of practical support, such as delivering 30 food parcels to help people remain at home and supporting a person to access companionship, which improved wellbeing. Staff said these partnerships were helpful in engaging people who initially declined support, including those experiencing hoarding or self-neglect.

Partners told us the local authority commissioned services to reduce poverty and support people, including rough sleeper services and emotional support for stroke survivors. They said community-based services helped connect people to appropriate support and prevent escalation of needs. One partner described a Café as a co-produced initiative, redesigned with input from people and VCSE sector partners. They said the service was non-medicalised and operated from 3pm to 10pm, with peak usage around 8pm. The café supported people experiencing a mental health crisis, offering a relaxed alternative to emergency departments.

Specific consideration was given to unpaid carers and people at greatest risk of a decline in their independence and wellbeing.

The local authority told us Prevention and Carers Grants were awarded to VCSE partners. These grants funded services such as befriending, day services for Asian Elders, and support for people with mental health needs, autism and sight loss. Unpaid carers benefited from tailored advice, information and respite through dedicated programmes, including a 24-hour helpline and targeted support for unpaid carers from diverse communities. This was reflected in national data from the Survey of Adult Carers in England for 2023/24, which showed 82.98% of carers found information and advice helpful, similar to the England average of 85.22%.

Staff said preventative work was prioritised for people most at risk, including those experiencing hoarding, isolation or mental health challenges. One example involved a person supported to access mental health services and reconnect with their community, which improved wellbeing and independence.

Preventative services were having a positive impact on well-being outcomes for people. People told us care and support helped them remain at home and live more independently. People told us they relied on care to remain at home and said this helped them feel safe and supported. Another person said carers arranged by the social worker helped them keep their home tidy and become more independent. They said they had 2 consistent carers who supported their wellbeing. This demonstrated how preventative services supported recovery and helped people remain independent at home. The Bolton Joint Strategic Needs Assessment (JSNA) 2023 identified prevention as a key priority to reduce health inequalities and promote independence, reinforcing the importance of these services.

We heard examples of care helping people to become more independent and improve their communication. This had a positive impact on their wellbeing and, in some cases, supported carers too. People also described practical support, such as help to complete benefit forms, which reduced stress and improved confidence. These examples showed staff took a person-centred and proportionate approach to care and support.

Care records we reviewed showed people were supported to stay connected and maintain independence. This included help to access social activities, apply for bus passes, and manage practical tasks such as opening bank accounts. People also moved into housing that supported their needs while enabling them to maintain local links.

Partners told us the local authority was moving towards a more preventative agenda and had introduced a new commissioning framework to prioritise local services. They said dynamic commissioning was planned, meaning services would be regularly reviewed and adapted based on local needs and feedback. This would include flexible contracts and the ability to commission new services quickly in response to changing demand.

The local authority developed an All-Age Prevention and Inequalities Framework (July 2025) to provide a consistent approach to prevention across the system. This framework included strategies for reducing health inequalities, promoting wellbeing and addressing issues such as poverty and frailty. A senior leader told us the local authority developed a framework for prevention, reduction and delay, which was a practical tool applied at strategic and operational levels. They said this was important to create a shared culture of prevention.

Public health initiatives included the Age Friendly Strategy, Active Lives Partnership and the Community Champions Programme, which focused on reducing isolation, promoting physical activity and supporting mental health. These programmes improved access to practical support, encouraged active travel and community activities, and engaged over 230 volunteers to share health messages and reduce barriers to support. The local authority also delivered Household Support Funds since 2021 to help residents manage cost-of-living pressures.

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.

People told us reablement helped them regain independence after hospital discharge, and some no longer needed ongoing support. People described being assessed on the day of discharge by the Discharge to Assess (D2A) home team, including an occupational therapist and service coordinator. They told us the care helped them recover and reduced their need for ongoing support.

Staff told us the D2A home team was therapy-led and worked closely with hospital social workers. They said functional assessments were completed at home over 5 to 7 days, followed by reablement and an exit plan. Where long-term support was needed, staff completed Care Act and Disabled Facilities Grant assessments. Staff said the service was strengths-based and needs-led, with care plans focused on people's goals. Reablement was provided for up to 6 weeks, although some people only needed a few days. Staff said they saw good outcomes for people who went home with reablement.

Managers told us the in-house reablement service was well managed, with little waiting time. There were no people waiting for reablement or intermediate care services. Staff said they contacted people and arranged family support to bridge any gaps. They described challenges such as traffic and geographical spread but said access to electronic health records improved efficiency and reduced workload, positively impacting staff wellbeing.

The local authority told us reablement and intermediate care were central to their approach to supporting people after hospital discharge. They said this was embedded through the D2A model and a home-first approach. National data from the Adult Social Care Outcomes Framework 2023/24 showed 4.32% of people aged 65 and over received reablement or rehabilitation services after discharge from hospital, better than the England average of 3.00%. Data from Short and Long Term Support for 2023/24 showed 88.33% of people aged 65 and over were still at home 91 days after discharge into reablement or rehabilitation, this was somewhat better than the England average of 83.70%.

Staff told us the local authority operated 2 in-house residential and nursing intermediate care units and had recently opened a 3rd unit. They said this new unit replaced spot purchase beds and provided a concentrated service for people who were medically fit but needed additional support, such as those experiencing delirium. The unit offered 20 beds and acted as a stepping-stone to help people return home. Managers told us they used data to monitor occupancy, admissions and outcomes, which informed decisions about how beds were arranged and allocated. They said this improved efficiency and supported better outcomes for people. This data also fed into Greater Manchester Integrated Care Board reports to support system-wide planning and resource allocation.

Partners told us people experienced more consistent and higher-quality care following the consolidation of D2A bed-based offers into a single unit delivered by the local authority. They said community-based services and intermediate care helped prevent hospital admissions and supported recovery. Some care providers told us they worked collaboratively with the local authority to promote independence and saw positive outcomes for people.

The local authority told us a transformation of short-term care services was underway. A review of home care usage in 2023–24, carried out by the local authority, showed a 42% increase in double-handed care at discharge. Double-handed care means two care workers are needed to support a person at the same time, usually for tasks involving moving or handling, to ensure safety and dignity. Following the introduction of a Home from Hospital Team and up to 7 days of wrap-around reablement care, staff said discharges typically occurred on day 0 or 1, with independence plans commencing immediately. They said this reduced overall length of stay and significantly decreased the need for double-handed care, helping people maximise independence.

Access to equipment and home adaptations

People were able to access equipment and minor home adaptations to maintain their independence and continue living in their own homes. People told us they received equipment such as a standing hoist, wheelchair, commode and shower chair without delay, which helped them stay safe and independent at home. They said the equipment arrived quickly and they were shown how to use it.

Care providers told us they had positive experiences working with occupational therapists (OTs), and said consistency in allocation supported continuity of care. One provider described a person with severe injuries who regained mobility and began walking again following support from the occupational therapy and physiotherapy teams. Another example involved a person who needed a specific bed; the OT trained the provider over 12 months on how to use it. Some care providers told us the OT team proactively reassessed people who had not had an assessment in 12 months, which led to some people no longer needing a service.

Staff told us people in Bolton were able to access occupational therapy to support them to stay well at home. Services could be accessed through the Early Intervention Team, Independent Living Services or via a GP referral. Frontline teams told us Independent Living Services included equipment, adaptations and telecare, and were provided promptly to support people to stay well at home. Telecare services included sensors in people's homes. Staff gave an example of specialist equipment being sourced from the spinal unit at the local health service to meet a person's specific needs.

A senior leader told us OT waiting lists were actively managed through prioritisation, wellbeing checks and 'waiting well' letters. Recruitment was underway to meet rising demand. The Independent Living Team operated a Discharge to Assess at Home model with no waiting list.

The local authority had invested in a dual role where the Head of Service also acted as Principal OT, overseeing Independent Living, Sensory, Telecare and Community Assessment Officers. Staff development was supported through an equipment demonstration room and OT apprenticeships. One example of personalised care involved enabling a man with advanced dementia to attend a family wedding, which was valued by his family.

Managers told us the equipment team supported hospital discharges to enable people to return home safely. The service had developed a more automated online ordering system which reduced phone calls and improved efficiency.

A senior leader told us although a full Technology Strategy was not yet in place, the local authority had hosted workshops and promoted the Tech First offer. Support was provided via the Voluntary, Community Sector Enterprise (VCSE) organisations, and staff attended mandatory technology training. The local authority told us they planned to explore Artificial Intelligence (AI) options and intended to work with the memory service to support people living with dementia. Some care providers said assistive technology was highly dependent on social worker involvement. One provider told us technology had been considered in the design of a new extra care scheme developed in partnership with the local authority. They said it was high on the agenda, but not yet where it needed to be. This suggested digital innovation was an area of ongoing development for the local authority.

Data showed median waits for OT and sensory assessments were within target timescales of 28 days. As of March 2025, 49 people were waiting for a sensory assessment, with a median wait of 25 days. For OT assessments, median waits remained under the 28-day target across June to August 2025, 20 days in June and 21 days in August. Waiting list sizes reduced from 372 in June to 336 in August. Equipment delivery performance was positive, with 98.77% of people receiving their equipment within 7 days and a median delivery time of 1 day.

Provision of accessible information and advice

People could access information and advice on their rights under the Care Act and ways to meet their care and support needs, including for unpaid carers and people who funded or arranged their own care and support.

People and unpaid carers gave mixed feedback about how easy it was to access information and advice, with unpaid carers reporting more difficulty. National data from the Adult Social Care Survey 2023/24 showed 72.45% of people who used services found it easy to find information about support, which was better than the England average (67.12%). In contrast, 53.77% of carers said they found it easy to access information and advice, which was similar to the England average (59.06%).

Some unpaid carers told us they found it difficult to access timely and relevant information. They described challenges navigating the system to obtain details about services, which often led to frustration and confusion.

People told us they no longer had a social worker but knew who to contact if they needed support. They said a student social worker had given them leaflets and a booklet in a way they understood. Staff told us they used easy read transitions leaflets and were careful to avoid jargon. They said they could access pictorial guides and easy read materials, and recorded people's communication needs and preferences on the shared records system.

A partner told us the local authority had taken steps to reduce digital exclusion, particularly for older people and those without digital access. This included mobile services, face-to-face support, translated materials and digital literacy sessions through libraries and colleges. However, partners said digital inclusion remained a challenge, particularly where access to devices was not matched by support to build digital confidence. They gave the example of the Carers Strategy, which they told us was not accessible to all. The local authority told us that, following feedback at the launch event, they offered support to make the strategy more accessible, including providing a largeprint version on request. They also told us the strategy directed people to local carers' support services if they needed help accessing linked documents.

Another partner told us that although grant funding was available for tablets and smartphones, this did not include followup support or digital skills training, which they felt created barriers to accessibility. The local authority told us that, alongside this grant scheme, they offered a wider digital support programme through the Libraries and Museums Service. This included free Chromebook and tablet loans with help to set up and use devices, one-to-one digital skills sessions, community digital drop-ins and Tea and Internet sessions. They also told us the Digital Access and Inclusion Team promoted these services through carers' support network meetings.

The local authority had redeveloped its adult social care webpages following feedback from recent surveys. The site included information on topics such as living well at home, assessments, funding, safeguarding, and caring for others. It connected people to VCSE organisations and included bespoke information for specific groups. Accessibility features included a 'listen to our website' button and a toolbar offering text-to-speech, translation, picture dictionaries, screen masking and magnification. Staff said this improved access for people with communication needs and supported more inclusive engagement.

Direct payments

The local authority was committed to the use of direct payments to improve people's choice and control over how their care and support needs were met. There was good uptake of direct payments. National data from the Adult Social Care Outcomes Framework 2023/24 showed Bolton had higher uptake of direct payments than the England average across all age groups. Among people aged 18 to 64, 47.71% received direct payments, compared to 37.12% nationally. For people aged 65 and over, 21.13% received direct payments, compared to 14.32% nationally. Overall, 34.35% of people received direct payments, significantly better than the England average of 25.48%. In addition, 97.85% of carers received direct payments.

An unpaid carer told us the person had received direct payments as a child and experienced a smooth transfer into adult services. They continued with the same agency to manage the payment.

Staff told us direct payments were used creatively to meet individual needs. One example involved an autistic person who struggled with childcare; the direct payment was used to fund nursery provision, which gave the parent a break from caring and led to noticeable improvements. Another example involved a young person supported by a personal assistant to develop independent living skills and work towards becoming a teaching assistant.

Frontline teams told us direct payments were routinely discussed during assessments and reviews. The care recording system included a mandatory field requiring social workers to consider direct payments before progressing. Staff said learning from feedback, audits and professional reviews had informed improvements to the direct payments process. This learning was shared with the finance team and contributed to ongoing work to strengthen oversight and consistency.

The local authority had produced a Direct Payments Quick Guide to help people make informed decisions. They also commissioned services to support people with direct payments, including those who may not have been able to manage them independently. This included a support brokerage service to explain the process and help people employ personal assistants, as well as a provider to manage Supported Bank Accounts and administrative tasks. The commissioned service also offered ongoing support through 6-weekly and annual reviews and gathered feedback through surveys. These arrangements demonstrated the local authority's commitment to enabling more people to access personalised support.

Equity in experience and outcomes

Score: 2

2 - Evidence shows some shortfalls

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 took targeted action to reduce inequalities, but further work was needed to ensure strategic intent translated into consistent operational impact.

The local authority demonstrated an informed understanding of the diversity of its population and workforce and took action to address inequalities. Senior leaders told us they worked closely with public health to understand the Joint Strategic Needs Assessment (JSNA) and population requirements. They said neighbourhoods had been set up not just based on population but on requirements around inequalities. This demonstrated how the local authority used population data to shape services, which supported equitable access and reduced postcode-based disparities.

Senior leaders told us they identified low numbers of Asian carers accessing support and underrepresentation of the Asian community in service uptake through analysis of local demographic and service usage data, alongside feedback from carer engagement sessions and consultations. This insight informed priorities in Bolton's All Age Carers Strategy, which includes actions to reduce health inequalities and improve access for underrepresented groups.

In response, the local authority worked with Voluntary, Community and Social Enterprise (VCSE) sector organisations to improve outreach and increase awareness of available support. A carer link worker was deployed to visit community groups and go door-to-door, which increased the number of registered unpaid carers and supported them through hospital discharge. This showed how targeted outreach improved access to support for underrepresented groups and reduced barriers to care.

Senior leaders told us engagement sessions were held with Ukrainian and ethnically diverse communities, including Caribbean heritage groups, using culturally sensitive approaches such as evening sessions. Weekly sessions with carers organisations, GPs, VCSE, and Asian Elders explored some gaps, and a workshop in May 2025 led to regular reviews with the groups. Unpaid carers expressed dissatisfaction with previous direct payment options, which was escalated and changed to a standard payment in April 2025.

The local authority had a Council-wide Equalities Strategy (2021–2025) with 3 objectives: embedding equalities training and awareness, improving processes around equalities and diversity, and ensuring robust data collection. Equality Impact Assessments (EIAs) were completed for all proposals taken to leadership teams and cabinet members. A screening tool and training had been introduced, and a system was built to record impact. EIAs were monitored twice yearly by task group leads. Senior leaders told us many proposals had positive impacts, and that those with potential negative impacts had robust mitigations in place. This showed how the local authority embedded equity into decision-making, which helped mitigate risks and promote inclusive service design.

In 2024, adult social care signed up to the Social Care Workforce Race Equality Standard and developed an action plan to address workplace inequalities. Senior leaders told us initial findings showed representation from a range of diverse backgrounds across low, middle and higher job grades. These initiatives were captured within the Directorate's emerging workforce strategy, which supported the use of accurate workforce data to identify inequalities and guide improvement activity.

The local authority also participated in the Greater Manchester People Inclusion Standard to drive equity across the region. Senior leaders told us they proactively engaged with people and groups where inequalities had been identified. Community champions were trained and had strong relationships with community alliances and faith groups. Outreach in community venues and translated materials supported engagement with digitally and socially isolated people. This showed how community engagement and translated materials supported access for people who were digitally or socially excluded.

Staff told us Bolton was ethnically and socio-economically diverse and described how they tailored services to meet individual needs. They used brokerage teams to match care preferences and worked with care providers to meet dietary and cultural requirements. Staff engaged with community networks and used demographic data to inform practice. Training and awareness of cultural sensitivity were embedded in strengths-based approaches, and staff advocated for religious and cultural awareness in service delivery.

Staff adapted care to meet cultural needs, such as providing gender-specific reablement workers and supporting religious practices. One staff member accompanied an autistic person to the Mosque and planned to deliver autism and learning disability training to Mosques to support community understanding. This demonstrated how culturally sensitive approaches supported inclusion and helped people engage with their communities.

The local authority also worked with Somali and Asian elder communities to shape housing and care services, ensuring cultural needs were reflected in service design. It promoted inclusion within its workforce by supporting staff networks for LGBT+ people, race, disabilities, and armed forces, giving protected time for participation. Feedback from these networks informed accessibility improvements across services.

In addition to cultural and workforce inclusion, the local authority commissioned an in-house service to help people with mental health needs and learning disabilities access paid or unpaid employment. This aimed to reduce barriers to participation and promote wellbeing and self-esteem, supporting people to feel valued and connected to their communities.

Managers told us neighbourhood profiles supported by the Bolton Research and Intelligence Network helped identify specific needs and informed coproduction. Some staff said they approached VCSE organisations for feedback, including those supporting Asian Elders and carers organisations. A senior leader told us the reintroduction of the interfaith forum had supported reaching underrepresented communities.

Training and workforce development were embedded across the Directorate. Staff told us they completed mandatory Equality and Diversity training, including modules on anti-racism, autism awareness, LGBTQ+ allyship, Race in the Workplace, visual impairment, and neurodiversity. These courses were part of a wider training matrix designed to prevent unintentional discrimination and promote inclusive practice. Senior leaders said training was reinforced through induction programmes and thematic events such as World Social Work Day, which focused on the Equalities Act and JSNA data. Staff said the training supported inclusive practice and improved their ability to meet diverse needs.

One partner told us coproduction in areas like the Carers Strategy lacked diversity and inclusivity. They said tailored engagement approaches such as facilitated conversations and accessible formats were necessary to strengthen equity and broaden representation in service planning. However, the local authority told us the working group supporting the development of the current Carers Strategy included a diverse group of carers, with wider representation from carers' groups than from council staff. They also told us there had been extensive engagement and coproduction in the development of the existing strategy, and that this inclusive approach was continuing as the revised strategy was being developed.

There was evidence of strategic commitment to equity, coproduction and inclusion, but limited assurance that this was translated into consistent practice. A Local Government Association (LGA) peer challenge in July 2024, followed by a progress review in June 2025, recognised senior leadership commitment and the development of an Equality, Diversity and Inclusion (EDI) Strategy. The local authority told us actions were being taken to address gaps, including embedding EDI objectives into commissioning plans, reviewing workforce diversity data, and delivering training for staff on inclusive practice. They also implemented Equality Impact Assessments for policies and budgets and created forums for officers and partners to share best practice.

Inclusion and accessibility arrangements

People were supported to engage with the local authority in ways that worked for them, and staff adapted communication to meet individual needs. A care record we reviewed showed detailed information about how to support communication with the person. A relative told us the social worker involved the person in the assessment and adapted their approach to meet the person's needs.

Staff said interpreters were generally available and could also be accessed in hospitals and police stations, even out-of-hours. They said they used translation tools and involved families to support culturally appropriate care. However, some staff said there were sometimes delays in accessing British Sign Language (BSL) interpreters and Somali interpreters. They said they escalated these concerns to senior leaders to maintain service quality.

Staff told us they could refer to a sensory impairment service, which responded quickly and provided advice. They also said they had access to advocacy services for autistic people and those involved in safeguarding processes. Staff said the all-age advocacy contract supported continuity for young people in transition and helped safeguard people at risk.

Senior leaders told us the local authority had taken steps to improve accessibility by updating its website to include translated information in a large number of languages, as well as audio and easy-read formats. They said a commissioned BSL service enabled people to make video calls with interpreters, which were then relayed to frontline services. A separate interpreter service was also in place to meet a range of language needs.

Senior leaders said the accessibility toolbar improved access to information across digital and printed formats. The accessibility webpage had been translated into the four most popular languages in Bolton to help people understand how to use the toolbar. Staff said the local authority had a contract with an organisation to provide written translation services and that monitoring meetings were held to maintain oversight. Staff also said there was a process to provide feedback to the interpretation and translation service if concerns arose about service quality or outcomes.

Partners told us interpreter services were widely available across agencies and translated materials were provided, although some languages were still being developed. One partner said they were not aware of any seldom-heard communities that the local authority struggled to reach, due to effective community networks and well-established groups. However, they said gaps remained in language coverage for people with sensory needs, and that staff training and improvements to the online information offer had helped address this.

Partners told us a video-based BSL interpreting service was available at the town hall reception, but staff lacked training and awareness to use it effectively. They said this resulted in missed opportunities for accessible communication and identified deaf awareness training as a key area for improvement. They also said deaf people, particularly older adults, faced barriers accessing council services due to poor communication and reliance on inaccessible online platforms. The local authority told us they had an ondemand BSL interpretation service, SignLive, and that a dedicated team of Customer Service Officers were trained to use it.

Staff told us the local authority undertook record file audits to identify barriers to accessibility. They said audits in 2024 highlighted gaps in access to translation services, which became a focus for improvement. Staff said access had since improved and interpreters were generally available when needed.

In response to feedback, senior leaders told us the local authority had embedded mandatory questions into assessment documentation to help identify people who may need additional support or adjustments due to disability, impairment or sensory loss. Staff said this helped ensure accessibility needs were considered from the outset. They also told us they used symbols, pictures and culturally sensitive approaches to support communication, and captured communication preferences at first contact to tailor support. Staff said they drew on the diversity within their teams to support people from specific communities, including those who spoke other languages. Senior leaders also said the Care Act assessment had been updated to include prompts about what did not work well for the person, guiding staff to avoid ineffective approaches.

Senior leaders acknowledged inclusion for people with mental health needs required improvement. They told us the transition of mental health services back to the local authority started in December 2024, following the end of the Section 75 agreement. This aimed to improve oversight and data quality, as previous arrangements limited access to information. There was a current data gap in identifying and supporting people from ethnically diverse communities with mental health needs. The local authority recognised this as a priority and planned to embed culturally sensitive approaches and improve representation in mental health pathways as part of its improvement 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

Care provision was informed by local data and supported by integrated neighbourhood teams, although provider feedback highlighted variation in engagement.

The local authority worked with people and partners and used data to understand care and support needs across Bolton. The Joint Strategic Needs Assessment (JSNA) provided a detailed overview of the health and wellbeing needs of the population. It highlighted variations across different parts of Bolton, for example, some areas experienced significant deprivation, while others were among the least deprived in England. Life expectancy also varied between areas by 11.8 years for males and 10.8 years for females.

The development of neighbourhood profiles, a tool that brought together a range of data and intelligence from various sources, offered oversight of the needs within each neighbourhood. Senior leaders said this neighbourhood-level data had supported a data-informed approach, enabling services and support to be tailored accordingly. Additional data sources included monthly PowerBI reports, which tracked intermediate care beds, out-of-area placements, direct payments, home care packages, contacts, assessments, and financial bandings for people receiving long-term services.

Staff told us there was regular communication between adult social care staff and commissioners about gaps in service provision and the effectiveness of services. They said the Quality Assurance and Intelligence Team shared feedback about care providers following contract monitoring visits, which included speaking with people to gather their views.

Regular provider forums were also held to listen to feedback from care providers and update them on the current position of the market. However, feedback from providers was mixed. Some said there had been meaningful engagement to understand need, while others said they had not been consulted, indicating variation in provider experiences.

Staff and leaders gave examples of how people had been involved in discussions about the new home care tender and the development of extra care housing. The local authority had also developed a draft Co-Production Framework, which was presented to the Health and Wellbeing Board in July 2025, to strengthen its approach to involving people. This work involved local authority leaders, health partners, providers, voluntary and community sector organisations, and people who used services, including carers and representatives from the Parent Carer Forum.

Senior leaders demonstrated an understanding of the needs in Bolton and identified specialist housing as a priority area. The Housing with Care and Support 10-Year Prospectus, published in 2023, mapped out predicted future needs and outlined the types of housing with care and support required over the next 10 years. A total of 836 units were proposed for delivery to meet adults' needs by 2033. However, delivery was at an early stage, and there remained insufficient specialist nursing provision in the borough. This contributed to continued reliance on out-of-area placements. The local authority told us that they worked closely with Bolton Integrated Care Board (ICB) and, where appropriate, under Section 117 arrangements to secure suitable services for people with highly specialist needs, and that some specialist provision was available locally. They also told us that certain specialist services were limited and that they were working with the ICB on marketshaping activity to develop sustainable longterm solutions. The local authority recognised these challenges and planned to address them through its housing programme, but this work was at the start of its improvement journey.

The prospectus set out a delivery framework to ensure a good quality housing offer across Bolton, giving a diversity of choice for people with care and support needs. Senior leaders told us there were discussions with developers linking in with regeneration to consider the needs of older people. Commissioning staff were also part of the Strategic Housing Board, ensuring intelligence and decision making were shared across relevant stakeholders. This demonstrated collaboration with partners to understand, and address identified need.

Mental health support was another key area of focus, with actions taken to review and develop services. Senior leaders told us this work was at an early stage, and time was needed to implement changes and measure impact. Staff told us they were using JSNA data and the Market Position Statement to look at need and how to develop services in the Voluntary, Community, Services Enterprise (VCSE) sector. They told us of a recent away day with Greater Manchester Mental Health NHS Foundation Trust and the local authority which focused on reviewing the current mental health support available.

Some partners told us the local authority could be more reactive than proactive in recognising service shortfalls and gaps in provision. However, systems and strategies indicated a shift to a more proactive and strategic approach. This included a clear Commissioning, Quality Assurance and Improvement Strategy 2024–2027, which set out the challenges and how they would be addressed. There was also continued development of data, including collaborative working with partners to bring intelligence specialists together in the Bolton Research and Intelligence Network (BRAIN) to focus on specific projects and share learning.

Market shaping and commissioning to meet local needs

People had access to support options that were safe, effective and of high quality, and the local authority took steps to improve choice and market stability. A new Home Care Contract 2024–2028 was introduced to improve quality of care and market stability. The contract was developed in consultation with people, care providers, and other key stakeholders. People were involved through surveys and engagement sessions.

Key changes included a neighbourhood-based delivery model, the introduction of electronic call monitoring and improved quality assurance mechanisms. National data from the Adult Social Care Survey 2023/24 was also positive. It showed 78.46% of people who used services felt they had choice over services, which was better than the England average (70.28%). Feedback from people corroborated this, with most people we spoke with being very happy with the care they received.

The Market Position Statements (MPS) Live Well and Age Well were aligned with the Commissioning, Quality Assurance and Improvement Strategy 2024–2027. In the MPS, the local authority had clearly identified the types of services it wanted to grow. The approach to developing services was built on four main pillars: strengthening Bolton Cares as a core provider; supporting people to live in the place they called home for as long as it was appropriate and safe; promoting self-directed care and independence through assistive technology and self-help options; and building on prevention, community assets, and early intervention using a strengths-based approach.

Bolton Cares, a wholly owned subsidiary of the local authority, provided adult social care support to older people, people with learning disabilities, autistic people, and people with mental health needs. It had worked with the local authority and a housing provider to develop an extra care housing scheme. Bolton Cares was also working with the local authority to review and develop services for people with mental health needs. Staff told us this was a partnership approach involving both health and adult social care, and described it as positive, with feedback from frontline care staff being actively considered. This work was ongoing, with an initial market analysis already completed.

Specific consideration was given to the provision of services to meet the needs of unpaid carers. The local authority aimed to diversify and broaden the carers' support offer, identifying this as a priority in the Commissioning, Quality Assurance and Improvement Strategy. It hosted a monthly Bolton Carers Integrated Partnership Group to deliver carers events and maintain communication with carers. Staff told us the progress of the Carers Strategy had been reviewed regularly, and workshops had been held to share developments and gather feedback directly from carers.

The Accelerated Reform Fund had been used to develop a service that recognised and supported unpaid carers during the hospital discharge process. Additionally, a pilot project funded by the Household Support Fund had been launched to identify carers within ethnic minority communities. This initiative involved engaging with those communities and sharing advice with other organisations to improve outreach and support.

Senior leaders told us it was a priority in Bolton to strengthen the local care market for people living with a diagnosis of dementia. The local authority was working to improve availability and choice for residential care breaks for older people, including for people living with dementia. Staff told us this type of support could be difficult to find, and some carers said they hadn't heard about this type of support.

An additional 15 care home beds had been approved to provide short-term support. Staff told us six standard residential beds had been procured in a care home, with more conversations taking place to procure all the beds. This was a new service with systems in place to monitor usage and capacity, and regular reviews included feedback from people to ensure the service met their needs. National data from the Survey of Adult Carers in England 2023/24 showed 9.20% of carers accessed support or services allowing them to take a break from caring at short notice or in an emergency, which was similar to the England average (12.08%).

The local authority worked collaboratively with neighbouring authorities and was part of several networks within the Greater Manchester region. It contributed to sub-regional joint commissioning activity to update and merge flexible purchasing frameworks. Staff told us the Greater Manchester Flexible Purchasing System had been launched for care home placements and supported living for people with more specialist needs. They said the framework had created more choice and a quicker response by opening up the framework and making it clearer and more defined in terms of specialisms and the needs that could be met.

The local authority recognised the need to develop its approach to working collaboratively with people and partners to co-produce commissioning strategies and models of care. It established a new Adults and Children's Commissioning Board in early 2024 to oversee progress against the ambitions set out in the Commissioning, Quality Assurance and Improvement Strategy, and viewed this improved governance as a positive step toward meeting this aim. The strategy also included a commitment to develop a programme of co-production and co-design of services with people; however, this work was still in its early stages during 2025.

Ensuring sufficient capacity in local services to meet demand

There was not always sufficient local service provision to meet demand, particularly for supported living services. The local authority had identified this area as having capacity issues, which was corroborated by feedback from both people and staff. Data provided by the local authority showed that at the end of 2024, there were 343 people in a supported living setting. As of April 2025, 85 people were identified as needing 24-hour supported living support by the end of 2026. To manage this, some people accessed support outside the borough. There were 37 people receiving supported living care outside the area, with 13 of them beginning this support between April 2024 and April 2025.

Staff told us it could be difficult to get accommodation for people with learning disabilities, autistic people, people with mental health needs and young people transitioning to adult services. Some staff said the impact of this included long waiting lists, people being admitted to or returning to hospital, or being placed in hotels. They said this became more challenging for people with more specialist needs. An example was shared of a person with mental health needs who needed more specialised support. Multiple supported living providers had been approached in Bolton and surrounding areas before suitable support was found.

Some care providers also fed back frustrations around supported living services, experiencing difficulties in engaging with commissioners to expand their services, despite this being identified as a gap in provision. The local authority had launched the Strategic Partnership Board in early 2024 to strengthen collaboration with health partners and adult social care providers. Providers told us they hoped this would promote strategic conversations about current needs and the development of services.

Staff and leaders told us increasing accommodation options was a priority area, and commissioning teams were working with housing to address these gaps through a programme of work with developers and housing partners. There were challenges related to the speed at which housing needs could be met and services could be developed. A Housing Board had been established to facilitate discussions with relevant teams and improve the speed of housing developments. Senior leaders told us this had helped move plans in the right direction.

Staff told us they provided feedback to commissioning teams about gaps in services. For young people transitioning to adult services, information about need was collected and reviewed to identify who needed specific types of accommodation and where, helping senior staff triage people when support became available. This tool also supported future planning. One staff team adopted a creative approach by meeting with multi-disciplinary colleagues to share information about current needs and available resources. As a result, several people found suitable supported living accommodation, and commissioners received updated intelligence about future demand.

For non-specialist care provision, capacity was more stable. There was consistently capacity in the system to meet demand for home care, and older adults' care and nursing home availability was good, except for people who required a dementia nursing placement. Partners told us the availability of care and support at home was a strength, with a sufficient range of services to meet people's needs. Data provided by the local authority showed that as of March 2025, there were 11 people waiting for a home care package, with none waiting longer than 14 days. The local authority had a brokerage team responsible for identifying home care providers to meet people's needs. When capacity was limited, reablement or the admission avoidance service could be used to meet short-term needs. This meant people did not have to wait long periods for care at home and the system could respond quickly to need.

Ensuring quality of local services

The local authority had arrangements in place to monitor the quality and impact of commissioned care services, which supported improvements at both service and system level. The Quality Assurance Framework (QAF) outlined how services would be monitored and supported to meet contractual, quality and performance standards. This included several tools, such as the Provider Assessment and Market Management Solution (PAMMS) assessment tool, which providers used to complete an annual self-assessment in preparation for quality and contract monitoring visits.

Care providers told us they were positive about the support they had received from the Quality Assurance and Improvement Team. They said they had an allocated quality assurance officer with whom they had built a positive working relationship. Visits were described as frequent, and the team was seen as approachable, thorough, supportive, and responsive. Feedback from people about the commissioned care they received was also positive, indicating that quality assurance work was having a direct impact on people's experiences.

The local authority had systems in place to ensure risks were identified and shared with partner agencies. The QAF outlined the risk stratification tool, which assigned a risk score to each provider and was reviewed regularly. This was shared with partners in a monthly meeting to discuss concerns and agree on appropriate actions.

The Quality Assurance and Improvement Team also attended a monthly multi-agency Safeguarding Intelligence Forum and held weekly meetings with health colleagues and a VCSE partner to share intelligence and concerns. The team had a duty function which social care practitioners could contact to share information. A partner told us that when they received concerns about late or missed care calls, they were confident the local authority would respond and had systems in place to monitor those concerns. They said the local authority was proactive in responding to risks and good at updating them on progress. This provided assurance that the local authority worked with partners to identify and respond to risks promptly.

There were policies and processes to ensure commissioned care was delivered to a high and consistent standard. These included contract monitoring and suspension of providers when quality concerns were identified. Listening to people and gathering feedback about their experiences of care formed part of the local authority's assessment process. The local authority worked collaboratively with care providers to support improvements and monitor progress. Staff shared an example of multi-disciplinary work involving pharmacy and speech and language therapists to support a service where concerns had been raised. As a result, the service improved and met people's outcomes, enabling them to continue receiving care from the provider.

The local authority supported care providers with regular communication, support, and training opportunities. The Quality Assurance Team carried out introductory visits to new managers to explain the team's role and provide useful contacts. Staff said they shared good practice examples and concerns across care providers to promote shared learning. They also discussed available and key training, such as specialist training to support people with learning disabilities and autistic people.

There was regular engagement with care providers through quarterly provider forums, where information was shared. Care providers told us these forums were constructive and provided a safe space to ask questions. Guest speakers, such as infection control and medicine experts, also attended the forums, which providers found helpful. Care providers said they received regular updates about training opportunities and could access the local authority's online staff training for a minimal charge.

Ensuring local services are sustainable

The local authority understood its current and future workforce needs and had taken steps to strengthen sustainability, although further work was needed to embed a joined-up workforce plan with care providers. The Adult Social Care Workforce Strategy had been launched, setting out four target areas: grow and attract, reward, and retain, training and succession planning, and transformation of service delivery and leadership. This was an emerging strategy, with the immediate focus for 2025–2026 on the local authority's own workforce to reflect the population. In the next development phase, it was intended to work with care providers to identify key workforce challenges and explore how best to support them.

Some providers told us they had not received much support from the local authority with recruitment and retention challenges. However, others said the local authority had made them aware of workshops, facilitated discussions in provider forums, and provided resources and advice. The local authority was also working to develop a support offer for migrant workers across the Greater Manchester region. This demonstrated a commitment to workforce development, with further collaboration needed to support the wider care market.

The Market Sustainability Plan 2023 highlighted a key challenge for the local authority was the application of top-up fees by several care homes, with a priority action to review the top-up policy. The policy was developed in engagement with care providers and the public to ensure it was clear and transparent and to promote financial sustainability. The new policy provided clear information about top-ups, introduced a new agreement for people entering care homes, and included an affordability check to ensure people could manage the additional costs. This supported informed decision-making for people and families and contributed to the sustainability of placements.

Contingency plans were in place to ensure people had continuity of care provision in the event of business failures. Staff shared an example of an extra care housing scheme that was closed and how a core team of staff worked with people to understand their wishes and supported them to find alternative accommodation. They told us there had been some very positive outcomes for people, including increased independence in their new homes. Another example was shared where the provider failure protocol was put in place, and a multi-disciplinary approach was taken. Although the provider ultimately closed, the local authority ensured staff continued to work with people until they could be safely moved.

Commissioning frameworks helped support stability and sustainability of the local market. The local authority told us over the past 12 months one care home contract had ended. However, some feedback from care providers and partners indicated there were too many home care providers, which led to some providers struggling to secure care packages. The local authority was reviewing its brokerage function to support sustainability and improve allocation.

The brokerage team only arranged home care support, meaning social workers were responsible for sourcing care home placements. While this process could be time-consuming, staff reported receiving support from commissioning colleagues to identify available capacity. The development of the brokerage function to include care home placements was seen as an opportunity to improve consistency and financial stability.

The local authority had moved to a more sustainable model for the Voluntary, Community and Social Enterprise (VCSE) sector. Previously, organisations had received annual grant funding, which had impacted financial security. The local authority worked with the sector to introduce an All-Age Prevention Flexible Purchasing System (FPS), offering longer-term contracts and greater sustainability. A leader told us this also reflected a strategic shift towards more community-led service delivery.

There was mixed feedback from partners about access to the system. Partners told us the local authority had worked to support providers with access to the framework via briefings and guidance. Despite this, some providers reported smaller organisations had difficulty accessing it due to its complexity and continued to rely on grants. Others provided positive feedback, valuing the system and how it supported the VCSE sector more sustainably. They also recognised the local authority's preference for smaller, more local VCSE organisations. This indicated a positive move to strengthen the sector, with further work underway to improve access and equity.

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

Strategic partnerships were well-established and supported integrated working, with co-location and joint planning improving outcomes for people.

The local authority worked collaboratively with a wide range of partners to agree and align strategic priorities, plans and responsibilities for people in Bolton. This supported delivery of both local and national objectives. Strategic alignment was evident through the Bolton Health and Care Partnership, which brought together planners and providers across health, the local authority, and the wider community. This partnership delivered components of the Greater Manchester Integrated Care Strategy and was governed through the Locality Board, a joint committee with the Greater Manchester Integrated Care Board.

The Locality Plan 2024–2029 set out 6 strategic priorities, including reducing health inequalities, supporting community connections, and investing in the workforce. These priorities were informed by the voice of Bolton residents and aligned with both local and Greater Manchester strategic drivers.

Partners told us the Partnership Board for People with Learning Disabilities and Autistic People developed a joint-funded strategic plan and operated under a Section 75 agreement. Staff were co-located and integrated working was embedded across services. For example, hospital discharge arrangements were supported by the Integrated Hospital Discharge Team, which operated 7 days a week and held daily 'Connect' multi-disciplinary team meetings to resolve discharge delays. The Discharge to Assess model enabled timely transitions, supported by step-up and step-down beds and voluntary sector input.

Six neighbourhood health and care teams were developed and co-located in hubs across the borough. These teams included adult social care, community nursing, therapy, mental health practitioners, and pharmacy professionals. Staff told us this model supported coordinated care and was part of the wider ambition to implement an all-age integrated neighbourhood approach.

Mental health services were delivered through a Section 75 Partnership Agreement with Greater Manchester Mental Health NHS Foundation Trust. A mutual decision was made to transition the service back to the local authority in December 2024, and the transition process had started in early 2025. This work was aligned to the Community Mental Health Transformation Programme and the neighbourhood co-location model. Governance, monitoring, and oversight were provided through the Collaboration Executive Steering Board.

Partners told us the local authority was proactive and responsive, with mature, people-focused decision-making. Strategic decisions were described as joint and amicable, and the local authority was said to have provided support during periods of organisational challenge. Healthwatch gathered and shared people's experiences, which influenced service design and ensured the voice of people was heard. The Bolton Prevention Framework and Changing Futures Programme were mentioned as examples of how the local authority worked with partners to promote integrated working and shared goals.

Arrangements to support effective partnership working

The local authority had clear governance, accountability, and quality assurance arrangements in place to support partnership working and improve outcomes for people. Roles and responsibilities were well defined and supported effective collaboration. Governance structures included the Strategic Commissioning Committee and the Commissioning Partnership Group, which met monthly and included social care, public health, and Integrated Care Board (ICB) commissioners. These forums enabled system-wide understanding, addressed gaps, and avoided duplication.

The Better Care Fund (BCF) and Adult Social Care Discharge Fund supported joint initiatives such as urgent community response, reablement, assistive technologies and unpaid carers' respite. Oversight of BCF priorities sat within integrated partnerships, including urgent care, short-term care, neighbourhoods, and unpaid carers. The Finance Committee oversaw the pooled budget arrangements under the BCF.

Staff told us they experienced positive multi-disciplinary team (MDT) working, including regular meetings with GPs, nurses, therapists, and social workers. Co-located teams enabled timely input and collaborative decision-making. One staff member shared an example of a 50/50 funding agreement for a person with a dual diagnosis and said the process went smoothly. Staff also said when health partnership arrangements were unable to fund care, the local authority funded the care packages to avoid delays.

People told us social workers worked well with other professionals, including mental health nurses and care providers, and helped resolve issues collaboratively. Staff said the neighbourhood team model supported joint visits and collaborative input into reviews. They also said the Early Intervention in Psychosis Team consistently met the 14-day referral target and was fully staffed with a mix of social workers and mental health nurses.

Housing service provision was integrated into adult social care, with joint governance and trauma-informed approaches. Governance was supported via the Strategic Housing Board, chaired by the Director of Adult Social Services (DASS). Senior leaders told us the Assistant Director of Housing and Community Safety sat on the DASS senior leadership team and met regularly with managers to ensure transparency and alignment. There were several good practice examples of housing staff working within adult care teams, such as the discharge team, to deliver targeted, person-centred housing solutions.

Impact of partnership working

The local authority monitored and evaluated the impact of partnership working on social care costs and outcomes for people and used this to inform continuous improvement. Data shared by the local authority indicated reductions in hospital activity following the implementation of neighbourhood teams in April 2024, which they attributed in part to multi-disciplinary team (MDT) interventions. According to local authority data, reported figures included an 85% reduction in Accident and Emergency (A&E) attendances, a 75% reduction in 999 calls, and an 82% reduction in emergency admissions for adults supported by neighbourhood teams. Senior leaders told us these reductions were influenced by several factors, with neighbourhood working contributing to improved coordination and early intervention. There was also a 19% increase in early intervention contacts and a 7% increase in independent living service contacts. The local authority reported a 12% decrease in new long-term residential and nursing placements, and a 4% increase in the average size of home care packages, reflecting increased complexity supported at home.

Care records showed social workers worked with occupational therapists and ambulance services to ensure safe discharge, including manual handling support. One person said their discharge went well. Another care record showed a social worker identified fire safety risks and made a referral to the fire service, which provided equipment to reduce the risk. A third record showed a person recovering from major surgery received support from multiple professionals, including housing officers, to find suitable accommodation. A relative told us everyone involved in the person's care worked well together and provided a consistent approach.

Staff told us working with psychologists helped them understand people's communication needs and apply strengths-based approaches. They said co-location with partners enabled timely advice and reduced reliance on formal services. Managers told us they used dashboard data from integrated systems and focus groups to review individual outcomes and assess quality of life improvements. They said MDT meetings helped resolve issues quickly and improved outcomes for people accessing health and social care.

Partners told us collaboration enabled faster progress on Section 75 changes. Care providers said systems had become more streamlined since the introduction of neighbourhood teams, with fewer hand-offs and quicker access to support. Senior leaders told us collaborative working led to securing land for housing pods, which supported people with complex needs. Workforce feedback indicated that integrated teams retained quality and reduced delays.

Working with voluntary and charity sector groups

The local authority worked collaboratively with Voluntary, Community and Social Enterprise (VCSE) organisations to understand and meet local social care needs, and supported the sector's development through funding, infrastructure, and strategic engagement. The Bolton Fund was developed by adult services to bring together multiple grant pots into a structured programme managed by Bolton Community and Voluntary Services, the local infrastructure organisation supporting the VCSE sector in Bolton. Independent panels allocated funding to community projects, with renewed emphasis on supporting smaller, grassroots organisations to meet local needs. The fund was refreshed in 2023 to better support commissioning readiness and sustainability for smaller groups.

The Voluntary Sector Commissioning Group co-designed a commissioning framework and met quarterly with local authority senior leaders to raise issues and discuss concerns. The All-Age Prevention Flexible Purchasing System was developed to offer greater stability and support commissioning readiness for smaller VCSE organisations. VCSE organisations were represented on the Locality Board and Health and Wellbeing Board, and coproduction was evident in carers' assessments and support pathways.

Partners told us placing a social worker within the multi-disciplinary team supporting people experiencing rough sleeping improved access to care and support for those facing significant barriers to services. This work was delivered in partnership with VCSE sector organisations, using trauma-informed and flexible approaches to build trust and engagement. They also said quarterly meetings with senior leaders enabled strategic dialogue and relationship-building. Some partners described the local authority as receptive and responsive, while others said engagement was limited to updates and could benefit from deeper collaboration.

Staff told us the voluntary sector was well represented on strategic boards and had strong relationships with the local authority. They said the local authority listened to people's voices and supported the sector's development. Staff said social events such as Friendship Cafés and Afternoon Teas promoted inclusion and community cohesion and helped reduce isolation. The VCSE sector in Bolton included 1,672 organisations supported by 58,259 volunteers, and had a long-standing history of delivering localised solutions, improving wellbeing, and supporting employment, education, and sustainability.

Theme 3: How Bolton 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

People experienced safe transitions and coordinated care, supported by proactive risk management and responsive discharge arrangements.

People told us they felt safe and supported during their care journeys, and staff worked proactively to manage risks and promote wellbeing. People told us their social worker coordinated with a care provider, a relative and a short breaks carer to support a smooth transition into supported living. The move was completed in stages, and the person's relative said the social worker listened to all parties and took advice from those involved.

The local authority had systems in place to identify and manage risks proactively. Staff told us they completed risk assessments before visits and had access to escalation routes and lone working protocols. They described strong working relationships with police, health professionals and reablement services, which supported safe practice and emergency responses. Staff also coordinated with the safeguarding team to arrange alternative provision and ensure people were moved to safe environments when needed.

A priority and complexity system within the case management system supported consistent risk management. Managers used self-serve dashboards to monitor referral status and waiting times. A 'waiting well' section was added to the online information offer to support people while awaiting services, including signposting to the Early Intervention Team. This helped reduce the risk of unmet need and ensured people could access support while waiting.

The local authority's Business Impact Analysis 2024–25 demonstrated a clear understanding of potential risks to people's care and support in the event of critical service disruption. It identified priority activities across internal and external services and outlined mitigation strategies. This helped ensure continuity of care during service disruption.

Staff told us they had access to the Greater Manchester Shared Care Record, which enabled timely and secure information sharing between adult social care, hospitals, and GPs. This included details of people's care services, professionals involved, health conditions and hospital admissions. The local authority told us that all social care related data for the integrated mental health service was held on the Mental Health Trust's system, and that mental health staff had access to the Greater Manchester Care Record to view wider system information. Senior leaders said that as part of new arrangements to support continuity of care, community mental health staff would have read-only access to the local authority system. They told us that this level of access had not previously been required and that there had been no gaps in accessing necessary records.

Learning from complaints was used to improve safety. For example, following a complaint about a hospital discharge, the local authority updated its discharge policy to reflect the role of unpaid carers, introduced mandatory questions in file audits to capture relatives' views, and strengthened quality checks on letters sent to families. This showed how feedback was used to improve discharge processes and communication with families.

Staff told us they were supported during the transition of mental health services back to the local authority following the end of the Section 75 agreement. They described weekly check-ins, training on new systems and opportunities to raise concerns anonymously. Senior leaders were described as open and responsive, and staff felt their input was valued.

The local authority took a proactive approach to avoiding mental health hospital admissions for people with learning disabilities and autistic people. It implemented an all-age Dynamic Support Register and took steps to ensure Care and Treatment Reviews (CTRs) were completed within national timescales. This supported early planning and reduced the risk of unnecessary admissions. In addition, the local authority worked with Bolton Integrated Care Board to populate the Dynamic Support Register for children, young people, and adults at risk of mental health hospital admission. Staff told us this supported early planning and risk management.

Safety during transitions

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

People told us their transitions between services were generally well managed, and staff supported safe and timely discharge. People said their hospital discharge was smooth, with no delays, and they were pleased to return home with the same care provider. Another person described how their social worker arranged for them to move into an extra care flat after hospital discharge, which allowed further assessment and helped maintain their social connections. A relative told us about the transition from children's to adult services had gone smoothly, with no delays.

The local authority had a dedicated Transition Team working with young people aged 14–25. Staff told us they engaged early through Education, Health and Care Plan (EHCP) reviews and supported families to understand the legal and service changes at age 18. The team included health and social care professionals who were co-located, enabling joint visits and improved communication. Staff said they supported parents through regular meetings and were developing workshops and 1-to-1 sessions to improve understanding of the transition process.

The Preparing for Adulthood Operating Protocol (April 2024) provided clear pathways and guidance for young people transitioning to adult services. It included tailored arrangements for care leavers and young people requiring mental health support. The protocol was positively referenced in the 2024 Bolton Special Educational Needs and Disabilities (SEND) inspection, which found strong commitment among partners to preparing young people for adulthood.

Staff told us the Integrated Discharge Team worked closely with health colleagues at Royal Bolton Hospital to support safe and timely discharges. The team included social workers, discharge coordinators, and housing officers. Staff said the inclusion of housing officers helped resolve issues such as infestations or unsuitable housing.

Trial flats in extra care housing were used as an alternative to 24-hour care or an immediate return home. People told us they used this option and later transitioned to independent living in a bungalow, demonstrating how the approach supported people to regain confidence and autonomy.

The Adult Discharge and Transfer of Care Policy (2025) outlined clear roles and responsibilities for discharge planning. It included accessible patient leaflets, protocols for discharges involving people who were homeless, and the SAFER patient flow bundle to reduce delays. The policy ensured people and their unpaid carers were actively involved in planning and decision-making.

Partners and care providers told us hospital discharge processes had improved significantly over the past year. They described the Integrated Discharge Team as pragmatic, approachable and responsive, and said the team now contacted providers within 24 hours of discharge to gather feedback. This helped improve communication and supported safer transitions from hospital. However, some partners raised concerns about delays in care packages and inconsistent communication. One partner told us adult services sometimes prioritised service-led decisions over person-centred planning.

Contingency planning

The local authority had contingency plans in place to manage potential interruptions in care and support, and took steps to ensure continuity for people during service disruption. The Business Continuity Plan for adult social care management teams, last reviewed in January 2025, outlined critical functions, and included a clear flowchart for initiating continuity measures.

The Residential and Community Provider Failure Protocol (January 2025) set out how the local authority would meet its Care Act duties in the event of provider failure or service disruption. The protocol included clear guidance, defined roles and responsibilities, and a learning review process to inform future improvements. Staff were supported with quick-reference flash cards and flowcharts to guide their response during provider failure events. This supported quicker and more consistent responses during service disruption.

Care records showed contingency plans were in place for individuals, although some lacked detail or did not include key contacts such as family members. For example, one plan stated to contact the GP or ambulance in an emergency but did not reference the person's support network. Staff told us this was an area for improvement, and more personal information was needed to strengthen contingency planning.

The new carers assessment had improved the identification of plans for continuity of care if unpaid carers were unable to provide support. Staff told us this had strengthened contingency planning for unpaid carers. This supported safer care arrangements and reduced the risk of breakdowns in support.

Safeguarding

Score: 2

2 - Evidence shows some shortfalls

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

Safeguarding systems were in place and multi-agency working was embedded, although referral delays and capacity pressures affected timeliness.

The local authority worked with the Bolton Safeguarding Adults Board (BSAB) and other statutory and community organisations to deliver a coordinated safeguarding approach. The BSAB was chaired by an experienced independent chair, who was active in national safeguarding forums and arranged strategic alignment meetings across statutory boards. Its 2024–2027 strategic plan focused on prevention and awareness, managing and responding, learning from practice, and making safeguarding personal.

The board strengthened its assurance approach through a revised Safeguarding Effectiveness Subgroup and emerging multi-agency dashboards. A Safeguarding Intelligence Forum monitored and supported care providers where quality concerns were identified. This supported earlier identification of risk and more timely interventions.

National data from the 2023/24 Adult Social Care Survey showed that 65.45% of people who used services said they felt safe, which was somewhat worse than the England average of 71.06%. In contrast, 90.62% said that services had made them feel safe and secure, which was similar to the England average of 87.82%. Similarly, data from the Survey of Adult Carers in England showed that 79.12% of unpaid carers said they felt safe, which was similar to the England average of 80.93%.

Staff told us partnership working was embedded at all levels. The safeguarding team was co-located with the Multi-Agency Safeguarding Hub (MASH), which included police and children's services. This supported real-time communication and strengthened multi-agency safeguarding responses. Staff worked closely with Multi-Agency Public Protection Arrangements (MAPPA) and Multi-Agency Risk Assessment Conferences (MARAC), and described strong relationships with care providers and frontline community teams, including neighbourhood and specialist services.

Safeguarding reports were shared with team leaders and heads of service, and the Principal Social Worker attended safeguarding meetings. Concerns were escalated to the quality assurance duty team, where a risk matrix was used to support decision-making in supervision and intelligence forums.

The safeguarding team acted as the 'front door' for safeguarding referrals and provided guidance to neighbourhood teams through drop-in sessions. Staff said the team had access to the Police Protection Unit for advice, particularly when responding to situations involving self-neglect.

Senior leaders told us all staff completed mandatory safeguarding training. Themed sessions were available on topics such as forced marriage, radicalisation, and autism. Housing staff were supported to recognise safeguarding risks and knew who to contact for advice. Staff said the Deprivation of Liberty Safeguards (DoLS) team had delivered Mental Capacity Act (MCA) training across the local authority for over 10 years and were involved in quality assurance.

National data from Adult Social Care Workforce Estimates for 2023/24 showed 52.14% of independent and local authority staff had completed safeguarding adults training, which was similar to the England average of 48.70%. In the same period, 41.24% had completed MCA and DoLS training, also similar to the England average of 37.58%. This contributed to consistent safeguarding practice across teams.

One partner told us that some unpaid carers had previously raised safeguarding concerns, including misinformation about funding, financial vulnerability and inconsistent support during hospital discharge. The local authority told us these concerns were raised around 2 years ago and, following review, did not meet the threshold for Section 42 safeguarding enquiries. They also told us that this engagement contributed positively to service improvement, with the Assistant Director supporting the development of the Hospital Foundation Trust's Adults Discharge and Transfer Policy. This policy now explicitly recognises the role of carers and includes Bolton Carers Support as a key resource to support effective signposting. The local authority told us that no similar concerns had been raised in the last 18 months.

The BSAB's Communication and Engagement Subgroup developed accessible resources to raise awareness of safeguarding across Bolton's diverse communities. Staff said the revised referral form and professional portal had improved the quality of safeguarding referrals and supported more accurate triage.

Responding to local safeguarding risks and issues

The local authority demonstrated a clear understanding of safeguarding risks and worked effectively with partners to reduce and prevent abuse and neglect. Staff told us self-neglect was the most common safeguarding theme, with 2 to 3 referrals allocated weekly per social worker. They also reported a rise in domestic abuse, which prompted non-statutory Section 42 enquiries and referrals to specialist organisations.

Staff said referrals linked to modern-day slavery were increasing. One example involved a man living in unliveable conditions connected to factory employment, which the team escalated to the police. Staff told us they had encountered concerns relating to forced marriage as part of their safeguarding work. They described a situation involving a young person whose family had removed their passports to prevent a forced marriage. In response, staff requested further training and easyread materials from the Forced Marriage Unit to support their practice, and told us this had been delivered. The local authority told us that while forced marriage had been raised in professional discussions, this did not indicate a high level of prevalence locally. They said the topic had been raised to reflect professional awareness rather than frequency of occurrence.

Staff worked closely with the homelessness team, particularly in situations involving self-neglect. A dedicated social worker within the rough sleepers team, supervised by the safeguarding manager, carried out Section 42 enquiries. The local authority developed the Bolton Adults Risk Management (BARM) Policy in collaboration with BSAB partners to support people with multiple needs and fluctuating capacity. This aimed to enhance multi-agency collaboration for adults who presented significant risks and whose capacity fluctuated. This led to improved safety and reduced risk for people with multiple needs.

Learning from Safeguarding Adults Reviews (SARs) and complaints was shared through audits and 7-minute briefings. One SAR involved a person left without care for a week, with the lesson learned to confirm and record that care services had started. Another SAR highlighted learning around mental capacity assessments, carers assessments, protected characteristics, and care package reviews. In response, reflective practice had been embedded to improve safeguarding practice.

Areas of effective practice were identified, including effective multi-agency working, provider proactivity in responding to changes in health, and strong GP support. This demonstrated practice areas that worked well to support the person.

Following a Domestic Homicide Review and SAR, the BSAB initiated targeted efforts with older adults to raise awareness of domestic abuse in later life. This included a campaign called Eyes Wide Open, which involved Voluntary, Community and Social Enterprise (VCSE) organisations. Staff said this led to increased referrals. This demonstrated how learning from reviews led to increased awareness and improved identification of safeguarding risks.

Some partners told us deprivation and multiple disadvantaged were key safeguarding issues in Bolton. To address this, the BSAB used data to identify individuals who demonstrated disproportionate demand for services and held events to encourage joint ownership. The BSAB's strategic delivery plan included a subgroup on SARs to ensure learning was disseminated, and a commitment to improving medication management with care providers. This supported continuous improvement and strengthened provider oversight.

Responding to concerns and undertaking Section 42 enquiries

Staff told us there was clarity on what constituted a Section 42 safeguarding concern and when enquiries were required. Referrals were received through multiple routes, including telephone, email, a public-facing portal, walk-in services, and from agencies such as the Department for Work and Pensions, probation, police and the public. All safeguarding referrals were triaged and risk assessed using a Red-Amber-Green (RAG) rating system, and added to a "waiting well" list. Referrals screened and prioritised daily, with managerial oversight. Protection plans were developed where delays occurred. Staff described strong coordination across teams, including community mental health teams and hospital social work teams. Multi-agency meetings were held for high-risk situations and were minuted for accountability. Staff said this supported timely decision-making and improved transparency in safeguarding planning.

Local authority data showed in August 2025, there were 177 safeguarding referrals, a reduction from 219 in June. The wait list for safeguarding referrals awaiting initial review remained high at 72, with a median wait time of 6 days, exceeding the 2-day target. The safeguarding team monitored this indicator weekly. Staff attributed this to demand and capacity pressures. In response, the local authority invested in 4 agency staff who were due to start in October 2025. Senior leaders acknowledged that a more sustainable long-term solution may be needed if demand continues.

In August 2025, 42 people were waiting for Section 42 enquiries to be allocated, with a median wait time of 21 days. Staff said the safeguarding team was not consistently meeting the 2-day target for initial reviews due to complexity and volume. In response, the local authority advertised 2 permanent posts and added a member of staff from the learning disability team to strengthen capacity and reduce risk to people waiting. Domestic violence referrals were allocated the same day. Adults were invited to strategy meetings when appropriate.

In August 2025, there were 220 Deprivation of Liberty Safeguards (DoLS) applications awaiting allocation across all settings, with a median wait time of 21 days. Staff said some delays were caused by challenges in identifying assessors for out-of-borough placements and interpreter availability. The DoLS team managed people's needs by increasing allocations and working with partners to improve screening and assessment quality.

Within the learning disability service, the Community DoLS function was particularly proactive. Managers allocated Best Interests Assessors based on the urgency of DoLS referrals, and staff told us there was no waiting list for care home DoLS. Hospital referrals were managed directly by hospital teams, and the DoLS team worked closely with hospital social workers. This demonstrated that prioritisation was effective and collaboration with hospitals supported timely assessments.

The DoLS team had 30 Best Interests Assessors and used a RAG rating system to manage risk. A portal was being developed for DoLS applications, and the shared recording system included a dedicated DoLS section to track progress from referral to closure. This supported effective care record tracking and improved oversight of the authorisation process.

Some providers told us they experienced delays when using the online safeguarding system, particularly when it was first introduced. They said the safeguarding team provided support when this happened. The local authority told us that the early issues were linked to some providers using a test link from the trial phase when the system went live in October 2024, and that this was resolved quickly. They also told us that any subsequent downtime over the past 12 months had been minimal and addressed within hours. To ensure continuity of support, the local authority said the duty phone line and team email inbox remained available alongside the online portal and continue to provide alternative routes for contacting the safeguarding team.

Making safeguarding personal

National data from the Safeguarding Adults Collection for 2023/24 showed that 100.00% of individuals lacking capacity were supported by an advocate, family member or friend. This was significantly better than the England average of 83.38%.

This national picture was reflected locally through personalised safeguarding approaches. Safeguarding enquiries were carried out sensitively and without delay, keeping the wishes and best interests of the person concerned at the centre. Staff said the safeguarding telephone line was answered directly by a team member, and walk-in services were available. People were met in comfortable environments, which supported a personalised approach.

Staff told us about examples of personalised safeguarding that demonstrated how responses were tailored to individual needs. One person who faced multiple challenges, including long-term health conditions and substance use, was supported through a multi-agency strategy meeting. Another example involved a person with hoarding behaviours who had been living in difficult conditions. The nurse and social worker worked with housing, arranged respite while the home was repaired, and supported the person to move into extra care sheltered housing in their preferred neighbourhood. These examples demonstrated how safeguarding responses were tailored to individual needs and led to improved safety and wellbeing.

Staff said feedback from people was routinely collected when support ended and shared in team meetings. Managers said monthly and quarterly reports were produced to monitor Making Safeguarding Personal (MSP) outcomes. The local authority had a mandatory section in safeguarding documentation to capture the person's voice.

The Safeguarding Quality and Effectiveness Assurance Framework supported the Safeguarding Adults Board to measure the impact of safeguarding practice on outcomes. Peer challenge feedback highlighted a positive understanding of MSP principles and legal frameworks, with monitoring in place to ensure people's outcomes were captured and reviewed.

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

Governance and accountability arrangements were strong, with strategic oversight supporting safe delivery of adult social care and risk management.

The local authority had clear and effective governance, management and accountability arrangements at all levels. These supported safe delivery of Care Act duties and improved oversight of risks, quality, and sustainability. Strategic responsibility for adult social care was delivered through the Adults, Communities and Integration Directorate, which also led on Community Housing Services and Community Safety. This alignment supported a strategic approach to wider determinants of wellbeing and safeguarding, particularly for vulnerable adults.

The local authority had a stable and experienced senior leadership team. Most leaders had worked in Bolton and in social care roles across the local authority and other areas. The Head of Service leadership team had remained consistent over several years, with some natural turnover, including in the Principal Social Worker (PSW) position. Additional capacity was sourced to maintain continuity and reduce disruption during recruitment.

Staff told us they felt supported by the Director of Adult Social Services (DASS) and described leadership as visible and responsive. Managers told us wellbeing was prioritised in supervision, and wellbeing activities were available during work hours. This helped build trust and reinforced a culture of openness and care for the workforce.

Partners told us they had positive relationships with senior leaders and said they knew who to contact. A senior leader told us they had requested the housing team be moved into adult social care to improve oversight of housing issues and ensure appropriate action could be taken. This supported joined-up governance and improved responsiveness to housing-related risks.

Political leaders told us they had good relationships with senior leaders and received regular briefings. They described a culture of openness and shared responsibility, with scrutiny and opposition welcomed to support decision-making. They told us adult social care was recognised as the local authority's biggest budgetary pressure, and that internal committees and the Health and Wellbeing Board helped other parts of the organisation understand and support adult social care. This helped ensure adult social care remained a strategic priority across the council.

The Executive Cabinet Member for Adults and Community Housing chaired the Health and Wellbeing Board and represented Greater Manchester local authorities on the Integrated Care Partnership Board. Elected members also held roles as Older People's Champion and Mental Health Champion. This demonstrated continued political support and prioritisation of adult social care.

The local authority operated a cabinet structure with decision-making meetings every four weeks. Weekly informal briefings were held to support decision-making. This enabled timely responses to emerging issues and supported operational continuity. Cross-party Policy Development Groups were used to progress sensitive subjects, such as the development of a policy for care home top-ups.

The Quality, Performance and Finance (QPF) Board, chaired by the DASS, provided oversight, assurance and management of key risks. It was supported by subgroups focused on data quality, performance, commissioning, and quality of practice. All Heads of Service, the PSW and Assistant Directors were members of the board. The board oversaw the Improvement and Innovation Plan and monitored the impact of actions. This strengthened accountability and ensured improvement activity was tracked.

The local authority had refreshed its approach to risk management and audit. Operational risks were identified and managed at service level, with cross-cutting risks overseen by the adult leadership team. The local authority had an annual audit plan and received support from another local authority's anti-fraud team, enhancing internal controls and reducing financial risk.

The corporate risk register outlined 17 high-level risks, including provider market fragility, hospital discharge pressures, and insufficient safeguarding capacity. Mitigation plans were in place, such as interim staffing and referral portal upgrades. Some risks were rated "tolerant" or "averse," reflecting a cautious approach to risk management. Delayed learning from Safeguarding Adults Reviews and turnover on safeguarding boards signalled vulnerabilities in accountability and continuous improvement. The local authority had taken steps to address these risks. This demonstrated a proactive approach to managing strategic risks.

The Scheme of Delegation and local authority constitution outlined clear decision-making authority from Cabinet level to operational officers, including financial thresholds and statutory functions. This supported transparent governance and protected statutory responsibilities.

Bolton Cares, the local authority's care provider, was aligned to the directorate through contract oversight and collaboration. It acted as the provider of first and last resort, supporting market stability and continuity of care. This ensured people continued to receive care when other providers exited the market.

The Corporate Leadership Team (CLT) held extended sessions to consider the budget position and demand strategies for adult social care. This supported cross-authority collaboration and strengthened financial governance.

Health partners told us they held twiceweekly escalation calls with the local authority to support operational management and timely discharge from the Intermediate Care Service.

Another partner told us the local authority had become more open to collaboration and had invited them to participate in flexible purchasing discussions. They said this supported collaborative decisionmaking. While partners described positive relationships, some told us further clarity on strategic direction and transformation planning would support more consistent engagement and shared accountability.

Strategic planning

The local authority had developed a range of strategies to guide adult social care and wider system transformation. These were informed by engagement, data and external recommendations. However, the coproduction group was still in its early stages.

The Bolton 2040 Vision and Council Plan (2025–28) was developed following recommendations from the Local Government Association (LGA) Corporate Peer Challenge in December 2024. These plans focused on growth, prevention and modernising services. The local authority committed to launching Vision 2040 in June 2025 and aligning it with the Greater Manchester Strategy. This demonstrated how external challenge had influenced strategic direction and place-based planning.

The Integrated Partnership All Age Carers Strategy (2023–25) was co-produced with unpaid carers and partners. It identified five priorities and aligned with Greater Manchester Integrated Care priorities. The local authority's Reward and Recognition Policy formalised payments for unpaid carers and people with lived experience who participated in coproduction activities. This showed a commitment to valuing lived experience, although other evidence suggested coproduction was not yet embedded consistently across all areas.

The Bolton Age Friendly Strategy (2025–28) was co-produced with older people and partners. It aimed to put older people at the heart of communities and addressed health, economic, social and transport challenges. The strategy was informed by Joint Strategic Needs Assessment (JSNA) data and engagement reports, showing how the local authority used evidence to shape inclusive policy.

The local authority used information about risks, performance, inequalities and outcomes to inform its Adult Social Care Strategy and plans, allocate resources and deliver actions to improve care and support outcomes. Staff told us engagement sessions had been held to inform the strategy, although this work was still in its early stages.

A partner told us strategic collaboration was evident in joint initiatives. However, they said coproduction was inconsistent. Some projects involved people with lived experience, while others lacked diverse voices. This suggested that while the intent to embed coproduction was present, the approach was not yet systematic or inclusive.

The Bolton Research and Intelligence Network (BRAIN), led by the public health team, supported cross-analytical work and deeper dives into topics such as dementia and falls. Managers told us the local authority was investing in a new data integration platform to automate dashboards and improve strategic insight. This was described as a positive step, although further work was needed to combine datasets for a holistic view.

A senior leader told us data mapping had shown a shift in the workforce, with more staff now living locally. Data was also used to identify areas with higher vacancies and sickness rates, enabling targeted support and long-term planning. Staff told us this had helped stabilise some teams and improve morale. Managers told us the ageing workforce was being supported through resource planning and recruitment.

A senior leader told us the Director of Adult Social Services' (DASS) long-standing experience in Bolton had helped build strategic partnerships and enabled a broader system view. This supported continuity and strengthened leadership capacity.

The local authority described the Adult Social Care Workforce Strategy as "emerging." It focused on growing and attracting staff, rewarding and retaining staff, training and succession planning, and transforming service delivery and leadership. Managers told us succession planning was in early stages, with development courses and shadowing opportunities being considered. Staff told us recruitment remained a challenge, with risks of losing experienced staff. Apprenticeship schemes and graduate roles were used to support workforce development. Staff told us they felt highly valued and well supported, which reflected the local authority's commitment to developing its workforce. The Principal Social Worker (PSW) had developed a professional pathway, and managers told us staff were welcoming of new starters and morale was high.

The local authority supported staff to attend national programmes such as fast-track graduate programmes to train staff to become mental health social workers. The Better Care Fund Plan (2025–26) prioritised workforce recruitment and retention, including blended roles and trusted assessors.

The Adult Social Care Transformation Programme, delivered in partnership with the Association of Directors of Adult Social Services (ADASS) across Greater Manchester, supported system-wide change. Key achievements included regional workforce strategies, co-produced learning disability and autism strategies, and a Greater Manchester Quality Assurance and Improvement Framework. However, some staff told us they were not yet aware of wider changes resulting from the transformation work, and leaders acknowledged that further engagement and clarity were needed to embed the programme across all service areas.

Information security

People told us social workers had explained how confidential information would be shared. They said information was described as private but could be shared between agencies involved in their care. This showed the local authority had embedded clear communication practices around data sharing.

The local authority had arrangements in place to maintain the security, availability, integrity and confidentiality of data, records and data management systems. Staff had access to secure email systems to support safe sharing of information with partners. Information governance was led through the Corporate Services Directorate, with key responsibilities held within the directorate. Data processing agreements were in place with partner agencies, and privacy notices were routinely reviewed and referred to during interactions with people.

Managers told us data security was supported through three strands: policies, technology and people. Policies set out the required controls to manage risks, and the information governance team was involved early in any data related projects. Technical protections were in place, including role-based access controls in the shared recording database. Staff described how these controls helped ensure that only those with a legitimate need could access sensitive information.

Staff received mandatory training in General Data Protection Regulation (GDPR), cyber essentials, and safe email practices. Training was offered online to support accessibility. Managers also told us phishing awareness and cyber hygiene training was in place.

The local authority had invested in improving its data infrastructure, including the rollout of data licences and exploration of a new data integration platform to support a more integrated view of people and services. These developments supported earlier identification of risk and more timely interventions.

The Quality, Performance and Finance Board oversaw data quality and performance assurance, with subgroups in place to monitor transformation, commissioning, and quality of practice. This ensured that information governance was part of wider strategic oversight.

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, outcomes 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

The local authority fostered a culture of continuous learning and improvement, with strong professional development and emerging innovation.

Staff told us they were supported through regular supervision, peer learning, and team meetings. Supervision was described as reflective and focused on wellbeing, not just caseload management. Staff also participated in daily huddles and quarterly continuous professional development sessions, which included examples from direct work with people to promote shared learning.

Staff described the local authority as nurturing and encouraging of personal and professional development. Opportunities for progression were described as mind-blowing, with bespoke training available in trusted assessor roles, independent living, and manual handling. Apprenticeships and Assessed Supported Year in Employment (ASYE) placements were offered across all teams, including safeguarding team with staff reporting these experiences helped build expertise and confidence. One newly qualified social worker told us their apprenticeship experience influenced their decision to stay in Bolton.

Staff told us they were supported to learn from mistakes and share best practice. Peer support sessions with senior social workers and performance development training were regularly held. A safeguarding strategy meeting template was used to capture learning and was shared through the quality assurance team.

Staff told us peerled reflective practice was available and described it as a healthy forum and shared space that encouraged professional curiosity. They said it provided a confidential and supportive environment, separate from management, offering a safe space to discuss emotional resilience and the impact of work. The local authority told us that reflective practice support, including peerled, structured reflective sessions and sessions addressing ethical and emotional distress when care cannot be delivered as intended, had been in place since 2020. In October 2024, additional facilitated peerled sessions were arranged for mental health staff. This demonstrated that the local authority created opportunities for reflective practice and emotional support, which staff valued and said promoted professional curiosity.

Staff told us the training offer was extensive and accessible. Mandatory training included Mental Capacity Act, assessment and review skills, and record-keeping. Strengths-based training was co-produced and rolled out with opportunities for feedback and revision. Legal literacy training was delivered over 40 hours and was considered invaluable. Staff also received training in moving and handling, medication administration, food hygiene, and infection control.

Staff accessed online and in-person training, including seminars delivered through an external learning platform. The Principal Social Work Team provided a professional development framework and maintained a dedicated intranet site with resources for staff at all career stages. Staff told us the Principal Social Worker (PSW) was approachable and had started a newsletter with compliments and training updates.

The Assessed and Supported Year in Employment (ASYE) programme included workshops, personalised plans, and dedicated mentors. Staff told us the programme was co-produced with people with lived experience and supported newly qualified social workers to better understand emotional resilience and professional curiosity. There were 28 ASYEs employed by the local authority during the assessment period, with internal and external mentors available. The ASYE Governance Group included representation from people with lived experience to ensure the programme remained relevant and inclusive.

Bolton hosted the Greater Manchester Social Work Academy and offered approximately 16 student placements annually. Staff said this helped share learning and good practice across the region. The local authority also participated in the fast-track graduate social work programme to support mental health social work recruitment and development.

Staff told us they were encouraged to improve practice through innovation and collaboration. An example was given of better linking with mental health services to improve coordination across services that had previously worked in isolation. The Transformation and Improvement Team supported projects such as the discharge to assess unit, neighbourhood's establishment, and the demand strategy.

Digital tools and data were used to support service improvement. The local authority told us their online financial assessment route had been successfully taken up by people and their families. They said this supported a culture of service improvement informed by feedback. Staff were supported to understand data through operational reports and engagement events. Managers told us these reports allowed analysis of people's individual care records and were tailored to team needs. Staff said this helped them respond more effectively to people's needs.

The local authority was piloting the use of Artificial Intelligence to modernise support services and reduce time spent on administrative tasks. Staff were involved in evaluating strengths-based practice models, and a six-phase programme was being developed to embed strengths-based and asset-based approaches across adult social care.

There were early examples of coproduction in Bolton's adult social care services. Staff, unpaid carers, and people with lived experience were involved in developing the new carers assessment, which was described as strengths-based and culturally sensitive. Language was simplified based on feedback, and joint assessments were used when appropriate.

The Making It Real board was in its early stages and had met only once. Senior leaders were committed to ensuring diverse representation. A Community Collaboration Framework had been drafted to embed the voice of residents into service design. Tools such as the Engagement Wheel supported staff to plan and evidence co-production.

The local authority reimbursed co-production participants and planned a co-production development day for residents and staff. A person told us they attended the first co-production meeting and had received updates since. Another person told us they were involved in interviewing people and their unpaid carers to gather feedback about supported living.

Unpaid carers told us they were involved in developing the carers assessment and felt listened to. Carers said the new assessment was better but wanted to see how it worked in practice and whether carers would be involved in future reviews. The local authority told us they had plans to review the new carers assessment form and seek feedback from unpaid carers, people and staff.

Staff and leaders engaged with external research and embedded evidence-based practice. The local authority commissioned an external review in 2024 to support a strengths-based culture. Mandatory training was rolled out for all staff, including senior leaders. Feedback from staff indicated improvements in assessments following training.

Staff told us they accessed lectures and seminars via external platforms and collaborated with higher education providers for bespoke training. The local authority was part of the Greater Manchester Authority's practice educator training offer and hosted the regional social work academy.

Leaders told us they were planning a training needs analysis and met monthly with the learning and development team. Themes identified by operational teams were collated and used to shape future training.

The local authority actively participated in sector-led improvement and peer review. Senior leaders, including the Director of Adult Social Services (DASS), Assistant Directors, and the PSW, contributed to peer challenges and reviews led by the Local Government Association (LGA). The local authority also engaged in regional forums, such as the North West Association of Directors of Adult Social Services (NW ADASS) and Greater Manchester ADASS, to share best practice and influence regional priorities.

A corporate peer challenge was undertaken in summer 2024, followed by an adults-focused peer challenge. Learning from these reviews informed the Improvement and Innovation Plan and led to changes in assessment practice. The peer team highlighted strengths in workforce passion and recommended clearer definitions of strengths-based practice. Staff told us they were starting to see improvements in assessments following training linked to these reviews.

Learning from feedback

The local authority used feedback from people, unpaid carers, staff, senior leaders, and partners to improve services and strengthen professional practice. Staff told us feedback was collected through forms, QR codes, and verbal conversations. It was discussed in team meetings and passed to managers and quality assurance teams. Staff said they were working on a project to improve feedback collection and analysis.

Staff told us that feedback from unpaid carers had informed the development of the carers' assessment. They said the redesigned assessment better reflected carers' lived experiences and aspirations.

Partners told us feedback from carers and people who use services influenced service planning, particularly in dementia-related work. The menopause initiative empowered residents through community champion training and accessible resources. These initiatives supported inclusive learning and helped embed reflective practice across the workforce.

The local authority shared the outcome of the Big Conversation, a large-scale engagement exercise with people who use services, unpaid carers, and community groups. This feedback shaped the day activity model to better reflect what people said they wanted. Staff engagement sessions and surveys also informed the Connected Strategy, which aimed to improve communication, wellbeing, and continuous improvement.

Senior leaders told us feedback from staff was triangulated across multiple sources to inform decision making. Staff engagement forums, surveys, and walk-and-talks were used to gather views. The Annual Health Check identified areas for improvement, including supervision and continuous professional development, which were being addressed through targeted actions.

Staff told us learning from Safeguarding Adult Reviews and audits was embedded into practice. Audits were completed by managers from different teams, and feedback was provided in supervision. Themed audits on Mental Capacity Act (MCA) assessments identified areas for improvement, particularly in case recording and strengths-based practice. In response, staff were supported through targeted training and peer support in supervision.

The local authority strengthened its moderating process by involving team managers and planned to review audit procedures by September 2025. Feedback from individuals and carers was planned for inclusion in future audit processes to strengthen quality assurance.

Staff told us they were involved in co-design workshops and pilot groups for strengths-based training. Feedback led to changes in assessments to better support people with limited communication.

Staff engagement sessions included topics such as domestic abuse, homelessness, and strengths-based practice. Over 50 staff volunteered to join working groups to further develop practice.

In 2024–25, 6 complaints were made to the Local Government and Social Care Ombudsman (LGSCO). Of these, 4 were upheld and 2 were closed after initial enquiries. The uphold rate was 66.7%, which was lower than the average of 81.01% for similar authorities. The local authority complied with all rulings, although there were 2 incidents of late compliance. Timeliness of response remained an area for improvement.

Learning from complaints led to service improvements in communication, accessibility, and financial processes. Improvements included better communication about breaks for carers, ensuring accessibility and equipment needs were met, and exploring flexible funding options. Complaints about financial communication led to updates in IT systems, revised letters, and prompts for staff to record financial information. The complaints procedure was updated to address disagreements around financial assessments. Training was delivered to staff who commission care packages, and providers were supported to improve record keeping through electronic systems.