

# Westmorland and Furness Council: local authority assessment

[How we assess local authorities](#)

Assessment published: 12 February 2026

## About Westmorland and Furness Council

### Demographics

Westmorland and Furness is a unitary authority in the North west of England which was established by the Local Government Reorganisation on the 01st April 2023.

Westmorland and Furness comprises three areas previously served by 3 district councils, Eden district council, South Lakeland district council, Barrow Borough council and part of Cumbria County Council. There is a population of 228,187, with a mixture of urban and rural communities. Westmorland and Furness has an index of multiple deprivation score of 4, however, there are areas of deprivation within neighbourhoods of Furness.

The population is largely aged between 18-64 years old. There is an ageing population in the local authority area due to people choosing to retire to the area. Census data for 2022 showed there were 58,500 people aged 65 plus, this was projected to rise to 75,118 by 2043. The ethnic population in Westmorland and Furness identified as 97.6% White, 1% identified as Asian, 0.9% identified as Mixed, 0.3% identified as Other and 0.3% identified as Black.

The local authority told us that over 227,000 people lived in Westmorland and Furness and they expected that by 2040 the population of people aged over 65 would increase from 59,300 to 75,800, which would place an even greater strain on adult social care services.

There were 2 Integrated Care Boards (ICB) covering Westmorland and Furness which were, Lancashire and South Cumbria ICB and North East and North Cumbria ICB. There were 2 acute hospitals and 2 NHS mental health trust providers.

Westmorland and Furness political administration is under Liberal Democrats control with their political make up consisting of Liberal Democrats 35 seats, Labour 15 seats, Conservative 10 seats, Independents 3 seats and Green Party 1 seat.

## Financial facts

- There was no available estimated total budget for the local authority in 2023/24 due to Local Government Reorganisation in 2023.
- There was no available estimated total budget spend on adult social care in 2023/24 due to Local Government Reorganisation in 2023.
- The local authority raised the full adult social care precept for 2023/24 with a value of **2%**. Please note that the amount raised through Adult Social Care precept varies from local authority to local authority.

- Approximately **3635** people were accessing long-term Adult Social Care support, and approximately **820** 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.

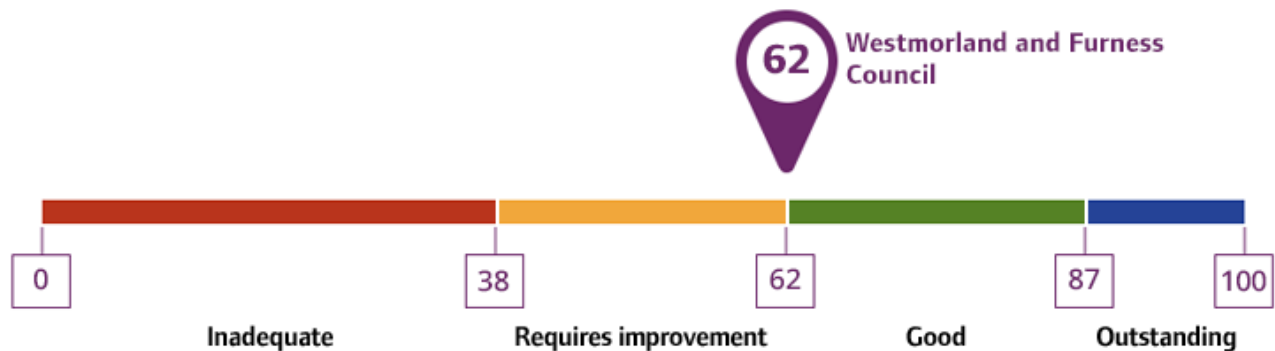
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# Overall summary

## Local authority rating and score

### Westmorland and Furness Council

Requires improvement



## Quality statement scores

### Assessing needs

Score: 2

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## Supporting people to lead healthier lives

Score: 2

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## Equity in experience and outcomes

Score: 2

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## Care provision, integration and continuity

Score: 2

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## Partnerships and communities

Score: 3

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## Safe pathways, systems and transitions

Score: 2

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## Safeguarding

Score: 3

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## Governance, management and sustainability

Score: 3

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## Learning, improvement and innovation

Score: 3

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## Summary of people's experiences

People could easily access care and support through the local authority Single Point of Access (SPA). Care Act assessments for people were person-centred and strength based. People told us their social worker understood what was important to them and they were listened to. Care Act assessments evidenced that they focused on the person and explored things that people enjoyed.

There were delays for Care Act assessments across all areas such as, reviews, occupational therapy and allocations of social worker. This saw people waiting longer for support to be implemented and could lead to deterioration of support needs.

Unpaid carers needs were recognised separately to the person with care needs and Care Act assessments were undertaken separately. There was a commissioned carers service in place and people told us they received positive support, advice and guidance through this service. Unpaid carers had access to respite shorter term respite services but there was a gap for weekend respite services or respite in rural areas.

People told us they received direct payment support from the local authority and direct payments were being used in innovative ways to support people. For example, people had received direct payments to support them with garden hobbies which provided respite from their unpaid caring role.

Care Act assessments evidenced that people's communication needs were taken into consideration and people had been supported to access information in a range of formats. For example, a person whose first language was polish had been provided their care plan in their native language.

Partnership working was demonstrated through Care Act assessments for people to achieve better outcomes. Reviews had been jointly carried out between the local authority and health partners to coordinate care for people. People told us the local authority and health worked well together to support them with their care.

People were supported to be involved in section 42 safeguarding enquiries as much as they wanted to be or could be. There were positive examples of initiative ways to involve people in section 42 enquiries which involved people around them who knew them well. This supported keeping people safe whilst in control of their lives.

Overall, people were supported to access the services they needed from the local authority and had a positive experience, with some areas of service to be improved.

## Summary of strengths, areas for development and next steps

Care Act assessments were strength-based and person-centred with multi agency collaboration which supported improved outcomes for people. However, there were delays identified for Care Act assessments such as, 491 out of date reviews for older adults with physical disabilities, 380 overdue occupational therapy (OT) reviews, 154 people waiting for a social worker allocation and 206 people waiting for Care Act reviews within the learning disability, autism and transitions team. Waiting times for OT support had significantly decreased since December 2023. Despite this progress, a number of OT reviews remained overdue. The local authority had a specific focus to address waiting times and priority work was ongoing around this.

There were health and wellbeing coaches who worked closely with social workers to provide proactive support aimed at preventing, reducing and delaying people's needs for formal care. We heard positive examples of how the local authority worked with community organisations to improve health outcomes and reduce reliance on statutory services. Direct payments were also being used in innovative ways to enhance daily living support, which offered people greater flexibility and independence.

The local authority understood their local population needs and demographic well, with leaders and staff that had good knowledge of diversity within the district. However, there was a large geographical area with many rural communities where access to care could be challenging and there was risk of isolation for people.

There had been a gap identified to better understand and support the LGBTQ+ community. The local authority had sought and received training sessions led by individuals with lived experience and organisations who supported the LGBTQ+ community.

The local authority had identified a gap in specialist supported housing for people with complex mental health needs, autism or specialist high level support. The local authority had plans to address this working with housing and development partners over the next 12 months. The Market Position Statement had recently been published for 2025-2027 which demonstrated a strong understanding of the local demographics and outline the strategic priorities, which included the commissioning of a new supported living model to improve accessibility and reduce out of area placements.

Strong partnerships had been created with the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector which played an active role in strategic development and collaborated on initiatives such as 'take home and settle' service aimed at reducing hospital delays.

There were challenges around securing Continuing Health Care (CHC) funding for people. The local authority were recruiting for their own CHC lead to support with this and had already undertaken a piece of work around CHC funding. There were 2 Integrated Care Boards (ICB) that covered the local authority area, which we heard could be challenging at times. The local authority was focused on developing further joined up working with the ICB's and partnerships with the ICB worked well.

Delayed discharges continued to be a challenge in the local authority area. The local authority and health partners had collaborated on targeted initiatives to address the issue, which included the implementation of intermediate care beds in Barrow. Additionally, the local authority and health had joined up to develop the 'standard operating procedures' across discharge pathways, this aimed to streamline processes and improve patient flow.

There was a flexible and proactive approach to completing Care Act assessments for young people in transition. Assessments were started from the age of 16 which ensured early planning and support. There were positive relationships with partner agencies which supported a smooth transition from children to adults' services.

A restructure of how section 42 safeguarding enquiries were carried out has been introduced to support continuity for people. Where people were already supported by specific teams they would carry out the safeguarding enquiry and where people were not known to specific teams the safeguarding team would carry out the enquiry. There were strong links between the local authority and the safeguarding adults board (SAB). The SAB operated as Cumbria wide and was continually under review of how this worked, but decisions had been made to keep the SAB working as it was as the local authority were already undergoing a lot of changes since the disaggregation.

The senior leadership team demonstrated strong visibility and support for staff, they were actively involved and prioritised engagement with both staff and people. The adult social care strategy was in development, however, there was a delivery framework model in place that set out the local authority vision. The local authority used the previous Cumbria adult social care strategy whilst the new one was being developed.

There was a greater focus on co-production, although, it was recognised that some areas of coproduction were in early stages. A co-production strategy was in development and the local authority commissioners were looking at the development of a co-produced commissioning board. There had been a group created in April 2025 called 'Union of Choices' which was led by people with lived experience to improve day care services.

Overall, the local authority had processes and practices in place to support people well. There was good support taking place for people across adult social care and a strong leadership team in place. However, there were further developments needed in areas such as, co-production, accommodation for people with complex needs and waiting times. The local authority recognised this and were taken actions to address this.

# Theme 1: How Westmorland and Furness 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

People could easily access the local authority's care and support services through multiple channels, including online and self-assessment options. Staff told us the Single Point Access (SPA) team was the first point of contact for people to access adult social care. The SPA team used a decision-making escalation process, a prioritisation tool and worked with people to determine outcomes supported by adult social care. The SPA would take referrals in several ways and from variety of sources for example, by telephone and email. Staff told us there had been an increase in referrals particularly by telephone contact. Social work team managers met with the SPA team twice weekly and discussed any barriers to referrals that came in or complex cases, there were clear escalation processes in place for the SPA team where needed. However, on occasions the quality of triaging led to people referred to the wrong local authority team, which at times led people waiting longer for the correct support.

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The approach to assessment and care planning was mostly person-centred and strength-based. The approach reflected people's right to choice, built on their strengths and assets and reflected what they wanted to achieve and how they wished to live their lives. People told us their social worker understood what was important to them and they were listened to by their social worker, however, they did not always receive a copy of their support plan when completed. ASCS 2024 data showed 88.21% of people who responded felt that they had control over their daily life, which was significantly better than the England average of 77.62%. Care Act assessments evidenced local authority staff had explored things people enjoyed, what was important to them and how to promote people's wellbeing through support. Although, some Care Act assessments did not evidence which outcomes were non-eligible and how these needs could be met elsewhere. Staff told us they focused on a person-centred approach to Care Act assessments and achieved this by ensuring the views of people, what's important to them and their wishes were at the centre of assessments. ASCS 2024 data showed 61.70% of people were satisfied with care and support, which was similar to England average of 62.72%.

Pathways and processes ensured that people's support was planned and co-ordinated across different agencies and services. People told us a review was jointly carried out by their local authority social worker and allocated worker from the Community Mental Health Team (CMHT), and they had worked together to coordinate care. Care Act assessments evidenced effective partnership working to ensure people's health and social care needs were met holistically. Partners told us they carried out joint reviews with the local authority for people where they had health and social care needs, health practitioners worked closely with local authority social work teams to ensure smooth continuity of care.

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The local authority had assessment teams who were competent to carry out assessments, including specialist assessments. The local authority had specialist teams in place such as, hospital discharge and reablement teams and frontline team working with learning disabilities and autism. Specialist teams were made up of team managers, advanced practitioners and social workers. There were also 2 Rehabilitation Officers for Visual Impairment (ROVI) who worked closely with social workers and hearing loss organisations, who would provide support and training where required.

## Timeliness of assessments, care planning and reviews

Assessment and care planning arrangements were not always timely and up to date. People told us they were made aware their care package would be reviewed; however, no date had been provided for a review, and it had been 12 months since beginning their care package. Data provided by the local authority showed from January 2024 to June 2025 showed the median wait time for Care Act review was 14 days and maximum wait time was 324 days. There were 491 out of date reviews of which 181 were more than 12 months out of date. Staff told us the local authority had developed an overdue review dashboard which identified how many people were overdue a Care Act review. The dashboard enabled managers to filter down information to teams about the location and length of time people had been waiting so resources could be targeted where needed. A care home review team had been implemented to address overdue reviews for people in residential care homes. Despite local authority data showing overdue reviews and the local authority recognising this, the Adult Social Care Finance Report (ASCFR)/Short and Long- Term Support (SALT) 2024 data showed 60% of long-term support clients reviewed (planned or unplanned), which was similar to the England average of 58.77%.

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Local authority data showed that 1231 Care Act assessments had been carried out from January 2024 to June 2025. However, there were delays to people receiving Care Act assessments within this period. Partners told us there were delays in people receiving Care Act assessments from the local authority due to local authority resource. The median wait time for Care Act assessments was 18 days and the maximum wait time was 305 days. The local authority told us that some delays were due to allocation of a social worker and these issues had been addressed, which had improved waiting times. Staff told us the recruitment of more social care workers had supported a reduction in waiting times and enabled social workers to focus on more complex cases. Care Act assessments evidenced that when an assessment had been started with people these were completed in a timely manner with no delays.

The local authority was acting to manage and reduce waiting times for assessment, care planning and reviews. This included actions to reduce any risks to people's wellbeing, while they are waiting for an assessment. Staff told us waiting lists were reviewed by the team manager and there were 16 practitioners on duty each day from across adult social care teams who identified and responded to urgent referrals. The local authority had recently introduced waiting safely guidance which stipulated timeframes for allocation and triage dependent on the level of risk. Timeframes were adapted according to teams for example, the safeguarding team had shorter timeframes for triage and allocation which reflected the higher level of risk. The guidance also stated timeframes for review of the waiting list so risk could be reassessed which ensured people were safe to wait. There was acknowledgement from staff of the new waiting safely guidance and clear understanding of expected response times to different levels of risk. However, this guidance was still in the early days of being embedded within the local authority.

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

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The needs of unpaid carers were recognised as distinct from the person with care needs; assessments, support plans and reviews for unpaid carers were undertaken separately. People told us they had received a carers assessment for support which could be completed either by phone call or face to face. There was a flexible approach with regards to who conducted carers assessments, people could choose for carers assessments to be completed by a practitioner from the local authority, or by the commissioned carers service. The local authority and carers organisation both used the same Care Act assessment form, and the carers organisation had direct access to local authority systems which facilitated timely information sharing and updates between local authority staff and the commissioned carers service. Survey of Adult Carers in England (SACE) 2024 showed 37.80% of carers were satisfied with social services, which was similar to the England average of 36.83%.

Care plans evidenced that respite was aligned to carer's needs and enabled unpaid carer's to access the community at their preferred times. SACE 2024 showed 26.14% of carers who felt they had control over their daily lives, which was somewhat better than the England average of 21.53%. The local authority offered 'Shared Lives' and sit in services for unpaid carers to receive respite. Shared Lives is a scheme which connects people with support needs to approved carers who would share their home life, which offered an alternative support from care homes. Shared Lives supported people to gain independence and develop connections within their community. However, people told us more access to short term weekend respite services was needed.

Carers assessments were completed in a timely manner. Local authority data provided showed as of June 2025 there were no unpaid carers waiting for an assessment. Between January 2025 and April 2025 400 adult carer, 19 parent carers and 64 young carers Care Act assessments had been undertaken.

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The local authority had commissioned an effective carers service which offered support for unpaid carers to access. People told us they were happy with the support they received from the carers service. They received carers assessments, support groups and signposting information through them. SACE data showed 47.94% of carers were accessing support group or someone to talk to in confidence, which was better than the England average of 32.98%. Local authority staff told us where carers were identified they ensured they were signposted to the commissioned carers service to access support. The commissioned carers service was able to identify and set up direct payment for carers through the local authority shared system, this ensured smooth access between both organisations for unpaid carers.

The local authority was in the process of developing their all-age carers strategy to replace the current strategy which had been in place from the previous Cumbria County Council. This was in draft stages at the time of assessment. People told us they had been invited by the carers organisation to speak with the local authority on the all-age carer's strategy development. Staff told us 3 sessions were hosted to gather views of unpaid carers and there was ongoing work for further co-production around the strategy. The local authority was in the process of identifying an unpaid carers lead who would take a lead on unpaid carers work and support the implementation of the new strategy.

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

People were given help, advice and information about how to access services, facilities and other agencies for help with non-eligible care and support needs. People told us local authority staff were offering information and advice on support carers could access at their local library to reach more hidden carers, this included signposting to community services.

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Some Care Act assessments evidenced consideration to how people could meet their non-eligible needs for example, practitioners explored how change in a person's health impacted their financial situation and how they could be supported to access welfare benefits.

The local authority SPA team, also known as the 'front door', for when people rang the local authority, offered information, advice and guidance to people where they had non-eligible needs. This included signposting to their website for information or to local Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations who were able to support. Staff told us people were supported to meet their non-eligible Care Act outcomes through signposting to universal services. Staff could record on the system when people had been signposted to services so they had oversight of repeat calls for people and where they may need extra support. Guidance was provided to people to re-contact the local authority if their needs changed or further signposting support was required.

## Eligibility decisions for care and support

The local authority's framework for eligibility for care and support was transparent, clear and consistently applied. Partners told us if they were working with people with non-eligible care and support needs, they were able to discuss this with the local authority and identify a plan of who could support the person and there was access to a range of services in the community to support people with non-eligible needs for example, wellbeing groups that could prevent loneliness. Arrangements for determining eligibility within the local authority was outlined in their Care Act handbook 2023, as well as their assessment and eligibility process map. The guidance documents were based on legislation of the Care Act 2014, their practice framework and values of the local authority. Leaders told us ensuring consistency in eligibility decisions started within their practice framework. An audit process would be undertaken with practitioners, so leaders were aware of the eligibility decisions made, alongside this quality assurance checks took place by team managers.

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Data provided by the local authority showed between the period of January 2024 and January 2025 38 complaints had been received, with the highest complaint reason related to care standard/quality and 1 complaint received about access to services. The local authority had recently introduced an appeals process as current appeals were dealt with through formal complaints, which the local authority had identified as a lengthy process. The aim of the appeals process ensured that appeals were dealt with in a timely, efficient and open manner, with decisions being reviewed by an adult social care manager and communicated back to the person. The local authority had produced an information sheet on details of how people could appeal against the outcome of their assessment which had to be completed within 4 weeks of a finalised assessment.

## Financial assessment and charging policy for care and support

The local authority's framework for assessing and charging adults for care and support was not always clear, transparent and completed in a timely manner. Some people told us they had repeatedly been sent a bill from the local authority which stated they needed to pay money towards their care, they explained the letter was unclear about what they were being asked to pay for. Partners told us that the financial assessments process was sometimes a barrier for people and people struggled to engage with the process due to communication difficulties.

Data provided by the local authority showed for June 2025 showed that 33 people were waiting for a financial assessment, with 13 people waiting in Furness area and 20 people waiting in South Lakes area. The median wait time was 5 days, and the maximum wait time was 31 days. The local authority had a 'pickup funding flow chart' which demonstrated a responsive process whereby the community finance team picked up a referral with 48 hours, and the chart provided clear and easy guidance for the community finance team to follow. The local authority told us where there were delays in an outcome on a financial assessment this was based on a number of dependencies such as, how quickly financial information was provided to enable the financial assessment to be calculated.

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Local authority data showed between January 2024 and January 2025 7 complaints were received in relation to charges and finance. The local authority monitored complaints that came in to identify themes and trends to improve services for example, learning had identified that financial assessments needed to take place with people as early as practically possible.

## Provision of independent advocacy

Timely, independent advocacy support was available to help people participate fully in care assessments and care planning processes. There was an independent advocacy provider commissioned by the local authority to deliver statutory advocacy services which included Care Act advocacy. Care Act assessment's evidenced that advocacy support was considered to support people to be involved in their assessment and people told us they were listened to. Partners told us the local authority were proactive in their submission of Care Act advocacy referrals, and they valued the advocacy service.

Referrals were received via email and telephone from local authority staff to the advocacy service and these were triaged by their duty team for allocation. Cases for an advocate would be allocated within a target of 3 days. Staff told us that advocacy was timely, responsive and provided effective support and professional challenge. We heard positive examples of where advocacy had been involved for example, an advocate was allocated to support a person throughout a Care Act assessment they attended every meeting with the person, helped to explain the options and supported them to contribute their views to the assessment which helped to achieve positive outcomes.

The local authority had a Care Act handbook in place which set out the responsibilities in relation to advocacy for example, when an advocate was required, what advocacy was and key practice considerations. Key practice considerations included involving advocates from the first contact a person had with the local authority, although it stated if there was an urgent need to support someone practitioners should involve an advocate as soon as possible after.

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# Supporting people to live healthier lives

Score: 2

2 - Evidence shows some shortfalls

## 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

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The local authority worked with people, partners and the local community to make available a range of services, facilities, resources and other measures to promote independence, and to prevent, delay or reduce the need for care and support. There was mixed feedback from people and partners around prevention work by the local authority. Some people told us the local authority had focused on prevention and supported people to remain independent at home, while others told us the local authority were not focused on prevention and could do more to support people at an earlier stage.

Leaders told us their Health and Wellbeing coaches focused on prevention services. The local authority had around 20 Health and Wellbeing coaches who focused on prevention services to support people to live healthier lives such as, supported people with nutrition, accessing General Practitioners (GP's) and access to local leisure centres with a tailored plan. Referrals for this support could be received directly from people or by professionals who supported people. Local authority data provided showed between April 2024 and March 2025 994 referrals had been made to the service and at the end of March 2025 there were 435 people being actively supported. Positive outcomes had been achieved through the health and wellbeing coaches support with 78% of people reported an improvement in depression and 62% of people reported an improvement in their physical health.

The local authority had developed 'community power' which was a long-term programme aimed at supporting the local authority's vision of a thriving district which placed focus on communities. It was a community-led way of working which could reduce the need for formal services as communities grew stronger, it reflected the Care Act's ethos of prevent, reduce and delay. It worked with local community organisations to support them with recognising themselves as offering essential support and care for people to reduce the requirements for formal support. Staff recognised the importance of linking people with community services for prevention and to avoid further decline in people's needs. Adult Social Care Survey 2024 data told us 78.33% of people who had received short term support who no longer require support, which was similar to the England average of 79.39%.

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Specific consideration was given to unpaid carers and people at greatest risk of a decline in their independence and wellbeing. People told us they had received food vouchers, were offered counselling and were informed of a variety of wellbeing sessions to support carers, which had a positive impact on their wellbeing. Data from the ASCS 2024 showed that 61.60% of people who said help and support helped them think and feel better about themselves, which was similar to England average of 62.48%. Partners told us home care or short stay placements for the cared for person could be offered to support carers, as well as direct payment, grant application support and signposting to services. SACE 2024 data showed 90.91% of carers who found information and advice helpful, which was somewhat better than the England average of 85.22%.

The local authority had taken steps to identify people with needs for care and support that were not being met. Staff told us homelessness was a significant and rising issue within the district. Local authority data for 2022/23 showed across the area 1,908 people were either at risk of homelessness or already homeless. There were areas of high deprivation in neighbourhoods in Furness for example, in Barrow. The local authority had allocated additional resources to address the issues faced. Leaders told us they were in the early stages of working with the Poverty Truth Commission to identify commissioners with lived experience of poverty and look at how systems could change to support people to become the best version of themselves. They were also working with the housing and homelessness team to ensure appropriate housing and supporting people to live healthier lifestyles.

The local authority had recognised challenges in meeting the needs of the ageing population. The 'housing strategy' 2025-30 had outlined the importance of embedding assistive and digital technology for people with adult social care needs and working together with partners to ensure a holistic approach to meeting the needs of the ageing population.

## Provision and impact of intermediate care and reablement services

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The local authority worked with partners to deliver intermediate care and reablement services that enabled people to return to their optimal independence. The multi-disciplinary team Transfer of Care hub had been created by the local authority and partners and supported safe hospital discharges focused on the principle of 'no place like home'. The local authority reablement team and transfer of care hub would meet each morning to discuss reablement and the most suitable discharge pathway for people. The local authority hospital discharge and reablement team were supporting with pathway 1 which focused on supporting people to return home after hospital with therapy support such as, reablement services, however, there had been challenges with demand and capacity although staff told us capacity had improved recently. Partners told us the local authority had reviewed their reablement service and kept them updated. The local authority had created a Social Care Worker role where they would undertake Care Act assessments at the end of reablement support. This role supported discharges and engaged with the transfer of care hub, health and wellbeing coaches and social work teams, and ensured there was a focus on prevention and engagement following a period of reablement.

The local authority had introduced a trusted assessor model approach to the provision of low-level equipment and minor adaptations such as, perching stools or simple bath aids. This was due to the growing demand on statutory services. The local authority had developed guidance in September 2024 that had set out the working arrangements for trusted assessors, with training guidance included. Trusted assessors were based within the Hospital Discharge and Reablement team and in the Integrated Care Communities (ICC) team. Assessments for equipment could also be carried out by both the local authority and health colleagues.

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The local authority funded 18 intermediate care beds for people who required short-term intensive support for up to 6 weeks. This supported people with ongoing therapies to promote independence and aid recovery. Adult Social Care Outcomes Framework (ASCOF) – SALT 2024 data showed 0.88% of people 65+ who received reablement/rehabilitation services after discharge from hospital, which was worse than the England average of 3%. However, 87.50% of people 65+ were still at home 91 days after discharge from hospital into reablement/rehab which was similar to the England average of 83.70%.

## Access to equipment and home adaptations

People could access equipment and minor home adaptations to maintain their independence and continue living in their own homes. People told us they received OT assessment's prior to being discharged from hospital. They received various items of equipment which supported them to maintain independence at home, everything had arrived on time and had been set up ready for when they returned home.

OT assessments were not always carried out in a timely manner. Data provided by the local authority in June 2025 showed there were 380 people waiting for an OT assessment, with a maximum waiting time of 12 weeks. Waiting times for OT assessments had reduced significantly from December 2023 where there were 836 people waiting for an OT assessment, where 536 cases were people waiting 18 months for low level equipment. Staff told us that when urgent referrals came through, staff reviewed them on the same day. However, the new waiting safely guidance required OTs to respond within 24 hours, which they told us was not viable due to case load and staff shortages and previously the response time was 72 hours. They had consistently aimed to respond within 72 hours but had often had to provide advice until they could make an in person visit.

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OT reviews were also not carried out in a timely manner. The local authority was prioritising reviews to bring the waiting list down and ensure people were safe. Leaders told us the waiting list had come down in recent months where previously 305 reviews were out of date and there was a review action plan in place which was overseen by the Principal OT. Data provided in June 2025 showed there were 263 out of date OT reviews for people.

Local authority data provided showed as of February 2025 there were 201 people waiting for equipment. The median waiting time was 2 days, and the maximum waiting time was 54 days, the maximum wait time was due to a piece of specialised equipment not available. People were waiting for a few reasons such as, co-ordination with a hospital discharge date, supplier orders or waiting for further instructions from people to agree a timescale. The response time for urgent equipment was 2 days with 87% delivered in this time frame. For standard response times equipment would be delivered in 7 days with 96% delivered in this time frame.

## Provision of accessible information and advice

People could easily access information and advice on their rights under the Care Act and ways to meet their care and support needs. This included unpaid carers and people who funded or arranged their own care and support. People told us they received information in a variety of ways, and it was clear with jargon free language used. The local authority provided information to people in a format of their choice which was either requested from the person or already known to the local authority from communication methods recorded on the person's record. Staff told us there was information about support and services available in different formats, which included easy read. Adult Social Care Survey (ASCS) 2024 data showed that 73.98% of people who used services who found it easy to find information about support which was somewhat better than the England average of 67.12%. People were provided with guidance and contact details to the local authority if their needs changed or if they needed additional referrals or signposting information.

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There was a targeted information webpage provided by the local authority for unpaid carers which highlighted support they could access, as well as information that could be accessed through the commissioned carers organisation. People told us there was no one stop shop for information, but they could access information from multiple sources and the carers organisation could support with majority of signposting information. Survey of Adult Carers in England (SACE) 2024 data showed 67.52% of carers found it easy to access information and advice, which was somewhat better than the England average of 59.06%. There were named allocated workers provided to unpaid carers who could be contacted for support or advice.

The local authority Single Point Access (SPA) team provided people with information, advice and guidance through multiple channels. They worked closely with third sector partners to ensure their information was kept up to date and to understand the local support that could be offered to people through non-statutory services. Staff told us there were community development workers within the local authority who were based in the 'Thriving Communities' team, they linked with social workers to keep them updated with the local services on offer that people could be signposted to for example, gardening groups. This supported with prevention of deteriorating health and wellbeing, as well as supported people to access the local community.

Local authority data showed that 73% of contact for information, advice and guidance was through either telephone or people accessing face to face support direct from services. For example, the local authority OT team held workshops within the community at shopping centres or a memory café in Kendal for people to attend. Leaders told us this was to make sure people knew what services the OT team could offer to maintain independence at home.

## Direct payments

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There was good uptake of direct payments in the local authority, although it had been recognised further work could be undertaken to increase use of direct payments. Local authority data showed that from the timeframe January 2025 to June 2025, 27 people had stopped using direct payments. The largest number of people who had stopped using direct payments were those choosing to have homecare provision instead, which was related to much improved homecare availability via the local authority. The local authority had recognised that further work was needed within the provider market to ensure a wider range of service was available to recipients of direct payment.

Direct payments were being used to improve people's control about how their care and support needs were met. People had ongoing access to information, advice and support to use direct payments. People told us they used direct payments which had been provided to them after their Care Act assessment. People told us examples on what their direct payments were used for such as, one person used them to support with garden hobbies as respite from caring, whilst another used direct payment to purchase gym equipment. Adult Social Care Outcomes Framework (ASCOF) – SALT 2024 data showed 37.43% of service users aged 18-64 who received direct payments, which was similar to the England average of 37.12% and 15.65% of service users aged 65 and over who received direct payments, which was similar to the England average of 14.32%. Leaders told us the local authority and commissioned carers organisation could be used to access direct payments for unpaid carers and were always open to having conversations with people around innovative ways direct payments could be used to support them.

People told us their direct payment care package and carers were good. Care Act assessments evidenced that direct payments were used for people to access flexible support from people already known to them which ensured continuity in care. The direct payment allowed the person to have flexibility and enabled people to change days and times of personal assistance support which suited their needs. ASCOF data showed that 26.80% of service users who received direct payments, which was similar to the England average of 25.48%. Staff told us that direct payments worked well and offered people and carers choice and control as to how to meet their needs.

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# 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

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The local authority understood its local population profile and demographics. The local authority was the third largest in England by land area and had an average population density of 61 people per square km. Staff told us they focused on addressing rurality and approximately 55% of their communities resided in rural areas. Partners told us that rural living came with its own set of challenges particularly regarding the recruitment of qualified staff due to the limitations of public transport. The local authority told us it was made clear to people throughout recruitment processes that staff may need to respond to urgent situations that would not be accessible through public transport, and there was a requirement to be able to travel independently by motorised vehicle. We heard several examples from local authority leaders and staff of how people still accessed support when living in rural areas, for example, farmers had supported care staff with access on their tractors, or the local authority had hired cars for staff use to carry out Care Act duties. The local authority also used initiatives such as advertising apprenticeships for people working in the community within social care that has learn to drive embedded into the offer, which allowed non-drivers to work within the sector whilst learning to drive.

There were rural pockets in the Eden area where many elderly people resided and required adaptations to their home to remain living independently. The local authority had an ageing population with a high proportion of people aged 65 years and over. The ageing population was expected to increase by 28.4% by 2043 and the working age population to decrease by 10%. Staff told us there was plans to address the housing need for the ageing population and had been in discussions with housing associations about creating more bungalow schemes for accessibility and support people to remain independent for longer. They were also looking to remodel their current housing stock to make it more suitable for the future needs of the population and were designing a strategic housing needs assessment which was set to be finalised in October 2025.

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The local authority had recognised the farming community as hard to reach due to their rural locations. Partners told us the farming community traditionally did not come forward to request help and support. Partners told us they had worked with the local authority and Integrated Care Board (ICB) and attended the farmers markets to offer information and support to this group. Staff told us they were also able to identify farmers through links with GP's and that the community were more open to health care rather than social care support. Local authority staff would often do joint visits with GPs to build rapport and trust.

The local authority was working to proactively to engage with the people and groups where inequalities had been identified, to understand and address the specific risks and issues experienced by them. Staff told us each year they had the 'Appleby Horse Fair' in the local authority area, which was an annual gathering held by the Gypsy, Roma, Traveller community in early June. It had been recognised by the local authority that the Gypsy, Roma, Traveller community were less likely than people from other communities to access support from statutory services. Partners told us more work was needed to ensure equitable access to service and outcomes for the community.

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The local authority was working to improve the engagement and communications to the Gypsy, Roma, Traveller community and had developed a learning lesson report and action plan which supported long-term strategic plans for Appleby fair, based on what went well and not so well from each year. As well as this, the local authority had attended a 'Towards a Greater Understanding of the Gypsy and Romany Cultures' training and following this had established an internal working group focusing on the community identifying what services were already offered and where improvements could be made. Leaders told us they went door knocking to ensure they were hearing the voices of seldom heard groups and this included the Gypsy, Roma, Traveller community. For example, they went door knocking on a traveller site within the community and heard from people about the social history behind the Appleby fair and what the community do between each annual fair, which opened communication and understanding with the community. The local authority housing strategy had identified meeting the needs of Gypsy, Roma, Traveller communities, such as, being supported to live independently but ensuring access to better integration of health and social care for people.

Leaders told us data showed a need for more focused work on developing support for LGBTQ+ communities, which included the gathering of data. Over the past 12-18 months the local authority had delivered staff training around LGBTQ+. For example, they had worked with the LGBTQ+ foundation who provided practical training to local authority staff, this training included insights from people with lived experience and who talked about how social care needed to create safer environments for the community to engage. The local authority had developed an LGBTQ+ practice framework in collaboration with the LGBTQ+ foundation, which incorporated the views from people with lived experience. Staff told us they wanted to focus on building trust with the LGBTQ+ community and create a safe space where people felt comfortable being themselves, which would allow for people to be supported more effectively. The local authority had an LGBTQ+ staff network who led on activities throughout the year, and the local authority also collaborated with pride events locally which included, Barrow, Kendal, and Ulverston areas.

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The local authority had seen an increase in asylum seekers/refugees moving into the area. Local authority data provided showed as of March 2025 210 people were being housed in dispersal accommodation whilst awaiting their asylum claim and 324 people living in Westmorland and Furness under the government 'Homes for Ukraine Scheme'. There were 188 people living in Westmorland and Furness under the 'Afghan Resettlement Programme'. Partners told us they had provided engagement and educational opportunities for asylum seekers/refugees to support engagement with asylum seeker/refugees coming to the area and provided them a safe space. They had provided activities such as, inclusive language support and growing of fruits and vegetables. The local authority had developed a health needs assessment which focused on accessibility arrangements, housing and improved health for people whilst working collaboratively with partners. Leaders told us there was a resettlement team in the local authority who supported asylum seekers/refugees, which aimed at supporting people to live independently and better integration of health and social care.

Local authority staff involved in carrying out Care Act duties had a good understanding of cultural diversity within the area and how to engage appropriately. Leaders and staff told us that cultural competency was included as part of mandatory training. Staff told us a new Equality, Diversity and Inclusion (EDI) hub for local authority staff had also been launched to support with knowledge and practice, the local authority were focused on promoting equity in practice. The local authority used a person-centred approach when it came to assessments which represented people's cultural needs. Staff told us they captured all protected characteristic data for people, although, the local authority had recognised that EDI data captured needed improving. The local authority had taken steps to improve data capture and team managers were auditing cases for EDI information and redirected cases back for completion to staff where needed.

## Inclusion and accessibility arrangements

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There were appropriate inclusion and accessibility arrangements in place so that people could engage with the local authority in ways that worked for them, for example British Sign Language or interpretation services. People's Care Act assessments evidenced their communication needs and ways they preferred to be contacted. The local authority had commissioned 2 services within the district to support with translation services. One service supplied face to face, video or telephone interpretation or translation services and the second offered British Sign Language (BSL) interpretation, and trained adult social care staff in this area. Staff told us they had access to interpretation services and provided multiple examples of when this had been used.

Some partners told us the local authority had provided information for people in a range of formats and had access to interpreters. Partners told us the local authority took a keen interest in the local demographics and population. The local authority had committed to ensuring its communication with people would be as accessible as possible. The local authority website provided contact details for people to feedback their experiences of accessibility arrangements. Staff told us they had been able to translate surveys and documents to be more accessible such as, easy read and they had done a lot of work to make care plans more accessible. For example, a person who's first language was polish and spoke no English was placed into a local authority care home. They created flash cards, food menus and care plans into Polish, and accessed polish speaking staff to support with the person's care.

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## Theme 2: Providing support

This theme includes these quality statements:

- Care provision, integration and continuity
- Partnerships and communities

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

# Care provision, integration and continuity

Score: 2

2 - Evidence shows some shortfalls

## What people expect

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

## The local authority commitment

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

## Key findings for this quality statement

### Understanding local needs for care and support

The local authority worked with local people and stakeholders and used available data (for example the Joint Strategic Needs Assessment) to understand the care and support needs of people and communities. This included people who were most likely to experience poor care and outcomes, people with protected characteristics, unpaid carers and people who fund or arrange their own care, now and in the future. Data from the Joint Strategic Needs Assessment (JSNA) June 2024 showed that the burden of diseases attributed to health risk factors had been increasing since 2012, and tobacco remained the leading risk factor for disease over the past 30 years. Smoking had been the leading cause of both death and disability in the area. The local authority had health and wellbeing coaches which specialised in smoking cessation who supported stopping smoking, and overall health and wellbeing. The local authority was due to release an annual report on this service at the end of 2025.

JSNA data also showed across the area the proportion of working-age adults with a learning disability in employment was significantly lower than the national average at 2.9%. Staff told us they were leading a project to increase the availability of supported employment for people with disabilities, and the local authority was looking to temporarily hire a Senior Supported Employment Officer who could assist with finding people work. The local authority was exploring creating jobs for people that suit their skills in various teams across the local authority. Although this was a positive piece of work the local authority was undertaking based on data evidence, this was still in development at the time of assessment.

The local authority told us that over 227,000 people lived in Westmorland and Furness and they expected that by 2040 the population of people aged over 65 would increase from 59,300 to 75,800, which would place an even greater strain on adult social care services. Staff told us there were future plans to address the housing needs of the ageing population, they were focusing on potential developments of more bungalow schemes and were looking at remodelling their housing stock to make it more suited to older people. The local authority was developing their 'strategic housing needs assessment' which was due to be finalised in October 2025 and would enable them to identify specific housing needs.

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Partners told us there were challenges around rurality and access to services and transportation could be difficult because of this. The local authority had recognised challenges in the district that affected residents and communities that had impact on housing and adult social care, one of these being rural locations. The local authority identified the need to develop new models of extra care housing and supported living in rural areas. Staff told us they were looking at other local authorities which were similarly rural to identify the best practice and successful strategies and this was ongoing at the time of assessment.

Partners told us that the biggest challenge was the ongoing housing crisis and together with the local authority they were trying to establish how to provide effective mental health, and social care support when people were living in poor conditions. The local authority had recognised a gap in the market for accommodation for people with complex mental health needs, autism or people that required higher level of specialist support needs. The local authority was working with partners to explore what resources were needed and how this could be implemented into the housing strategy action plan.

## Market shaping and commissioning to meet local needs

People mostly had access to a diverse range of local support options that were safe, effective, affordable and high-quality to meet their care and support needs. Partners told us there were a range of services available for people to be referred to, however there was not an equitable number of services across the district. The local authority had contracts with a diverse range of community organisations to provide services for example, domestic abuse support and homeless outreach service. Adult Social Care Survey data showed 73.45% of people who used services felt they had a choice over services, which was similar to the England average of 70.28%.

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Commissioning strategies and market shaping activity supported this. The local authority had recognised the need to address inequalities within their commissioning strategy, especially for people with poverty or rurality concerns. The local authority had committed to delivering better outcomes for people which were data and needs led, intelligence driven and informed by experience. A commissioning cycle framework had been adopted by the local authority, which was a four-stage cycle, stage 1 analyses, stage 2 plan, stage 3 do and implement and stage 4 monitor and review. This cycle supported the local authority to make evidence based decisions, which ensure they were future proof and suitable to meet people's needs.

The local authority Market Position Statement had recently been published and outlined plans for 2025-2027. The local authority had committed to working with people, partners and providers to ensure they had a vibrant and sustainable market that delivered high quality care. The local authority had a clear understanding of their demographics to support them in the understanding and shaping of the market. For example, the market position statement identified the future direction for commissioning of a new supported living model for 2025 this aimed to make supported living more accessible and reduce the number of out of area placements. Priorities for this included a review of the current tender process to reduce lead times and were exploring approaches to securing suitable housing.

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There was specific consideration for the provision of services to meet the needs of unpaid carers. A carers organisation had been commissioned to deliver services specifically for unpaid carers within the district. Partners told us the commissioned carers support service was a 2-year contract with the option for extension, and this had been extended for a further 9 months until December 2025. The local authority had engaged with unpaid carers to create a service specification for what unpaid carers wanted to see within the new carers service; the contract was due for re-commissioning for a new service to start in January 2026. Staff told us there was not a specific sitting service commissioned for carers to have respite; however, Shared Lives could provide respite support and capacity had been increased to meet demand. Survey of Adult Carers in England (SACE) 2024 showed that 6.83% of carers accessing support or services allowing them to take a break from caring at short notice or in an emergency, which was somewhat worse than the England average of 12.08%.

The local authority commissioned models of care and support that were in line with recognised best practice. Staff told us the local authority had recently implemented a new residential framework, and they had been involved in the commissioning. A residential commissioning 4-year framework went live in May 2025. The commissioning priorities included a redesign of supported living to meet the different needs of people. The local authority commissioning team used data to identify gaps, develop resources to meet demand and commission care.

Commissioning staff supported new and innovative approaches to care provision, where this led to better outcomes for people. Staff told us they provided feedback to the commissioning team where they had identified a gap in the market. The commissioning team would then consider this for future initiatives based on the urgency and size of the gap and would also do one off commissioning exercises. For example, they recently commissioned a block contract with a local provider to deliver night services for individuals who needed them. This had been developed on the back of requests coming through for a night service and it had been identified there was a gap in the framework for this type of service.

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## Ensuring sufficient capacity in local services to meet demand

There was sufficient care and support available in some service areas to meet demand, and people could access it when, where and how they needed it. Staff told us that there was capacity within the homecare provision, and this had improved over recent years. There were 3 to 5 provider offers for care packages which offered people and unpaid carers with choice for support. Data provided by the local authority showed there were no capacity issues for homecare provision and that there was an oversupply in the market. The local authority had acknowledged the oversupply with providers at provider forums and had committed to setting up a working group to revisit the existing model to ensure the new framework delivered capacity needed as well as sustainable.

The local authority had recognised there were some specific geographies within the area that had some limitations on nursing placement availability. There were also some pressures regarding nursing placement where complex support may be required. The local authority was communicating with a local provider to improve provision in this area and this was ongoing at the time of assessment. Data provided by the local authority showed no issues with capacity for residential services.

There was currently insufficient capacity for unpaid carers to have access to respite care for the person they cared for, in both planned and unplanned situations. People told us respite care for people in rural areas was difficult and there was a lack of weekend respite support. Staff told us engagement with carers had highlighted challenges in accessing respite and short breaks in some areas. The local authority designed a mixed model of respite that was partly commissioned in the north and south of the local authority area. The local authority also worked with their in-house provider to increase the number of respite beds, and the accelerated reform fund was used to support recruitment to employ more shared lives carers to increase respite capacity.

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Staff told us there was a good range of community resources to support people and carers. We heard about arts and crafts spaces, exercise classes and Shared Lives carers that could provide respite for people. People told us Shared Lives support had turned their life around and they received support from them once a week to do activities they wished to such as swimming, shopping and gardening.

The local authority had commenced a comprehensive review of learning disability services which included a wide range of service provision areas. Part of the remit would be exploring placements they made outside of the local authority area and how they could ensure they were reaching the best outcomes for people.

There was some need for people to use services or support in places outside of their local area. The local authority was in the early stages of plans to provide it in the local area for those people currently accessing support outside of the area, so that people could move back there if they wished to do so. A gap had been identified in support for people with complex mental health needs, autism or people who required specialist/high level support. Local authority data provided in January 2025 showed 181 people were placed out of area, 33% of people were out of area due to personal choice and 25% of people were out of area due to lack of suitable provision in the area. Staff told us work was being undertaken with commissioning colleagues to identify resources and what work was needed to bring people back into the local authority area. The commissioning team were identifying people who may want to return to the area and there was ongoing work with providers, neighbouring local authorities and health colleagues to develop models of care.

## Ensuring quality of local services

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The local authority had clear arrangements to monitor the quality and impact of the care and support services being commissioned for people and it supported improvements where needed. There was a provider development and quality assurance team at the local authority who worked with providers around quality of services. The team attended a weekly meeting called 'radar' which was a multi-agency meeting that included stakeholders such as, ICB, operations teams, providers and the Care Quality Commission (CQC). Concerns could be raised, tracked and actioned over a 6-week period at this meeting. There was a risk management system in place at the radar meetings with a risk register, and risk owners, and quality scores could be provided for providers.

There was a newly developed care home reviewing team at the local authority who had been working closely with providers and the provider development and quality assurance team. Staff told us the care homes review team had been able to identify more quality issues which they would raise with the provider and quality assurance team for their support, as well as raising safeguarding concerns where needed. Together the 2 teams would also look at things that were going well in services so that learning could be shared and providers could build on these areas which supported better quality care for people.

Staff told us performance indicators were monitored by commissioning to assess the success of provider delivery, and they logged concerns about providers in a shared drive between brokerage and commissioning, this allowed for monitoring and filtering of information. The commissioning strategy 2024-27 documented 4 stages of commissioning which included monitoring and impact of services provided. Local authority commissioners undertook quarterly meetings with providers and staff told us relationships were positive.

Local authority data provided for January 2024 to January 2025 showed there were no embargos for home care, residential or nursing homes.

## Ensuring local services are sustainable

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The local authority collaborated with care providers to ensure that the cost of care was transparent and fair and contracting arrangements were efficient; they provided stability for providers and allowed them to plan ahead. Staff told us there were no disruptions in payments for providers. When a provider is selected for a care contract the brokerage team will create a service agreement with them, and payments were made weekly when providers submitted a service receipt. We heard examples of contracts for services that had been put in to place for 2 years with possible extensions, this offered continuity for providers for a period and provided continuity of support for people.

The local authority worked with providers and stakeholders to understand current trading conditions and how providers were coping with them. Engagement and monitoring arrangements enabled the local authority to get early warnings of potential service disruption or provider failure. The local authority commissioning team met with providers quarterly as per stated in contracts. Staff told us the commissioning team would follow up with multi-disciplinary meetings with relevant professionals and partners to discuss any potential provider failures. We heard how previously there was a fair amount of provider failures which was due to providers withdrawing from the care market in specific areas or becoming financially unviable. However, this was not currently a significant issue as there was increased availability of care staff in the area.

Local authority data provided for January 2024 to January 2025 showed 51 home care packages were handed back across 14 different providers. The local authority told us a few smaller providers who were new to the care market had decided to leave because they had not been able to grow their business as large as they would like. Some home care contracts were handed back due to people's needs changing or the person had made the decision to change provider. In January 2025 a larger provider decided to leave the care market and handed back 35 home care packages. There were no contracts handed back for supported living services.

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There were no contracts handed back throughout 2024 for residential and nursing homes due to provider failures. Local authority data showed there was 1 small residential learning disability provider with 6 registered beds and 4 active placements who had decided to cease service delivery due to retirement of the owner/registered manager. However, the local authority had decided to purchase the property and deliver service through their in-house services.

The local authority understood some of its current and future social care workforce needs. It worked with care providers, including personal assistants and other agencies, to maintain and support capacity and capability. The local authority had an interim adult social care workforce strategy in place which identified they had high vacancy rates and an ageing workforce. Adult Social Care Workforce estimates data showed 11.30% of adult social care job vacancies, which was somewhat worse than the England average of 8.06% and 0.27% of adult social care turnover rate, which was similar to the England average of 0.25%. The local authority recognised that their workforce data recording was poor and a barrier to performance reporting, evidence-based decisions and statutory returns and were working on data improvements around this. The local authority had focus on 'grow your own' which supported staff career progression routes and supported staff to gain additional qualifications to support retention.

The vacancy rate within care services in the area had fallen from April 2023 to February 2024, however, were still high at 14%. Kendal and South Lakeland was the geographic area with highest vacancies. Training and apprenticeship routes were offered to staff from support worker to management level, as well as the care certificate and other relevant training. Adult Social Care Workforce estimates 2024 showed 51.68% of adult social care staff with care certificate in progress or partially completed, or completed, which was similar to the England average of 55.53%.

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Staff told us people sometimes struggled to find a personal assistant (PA) and there were ongoing conversations within the local authority about whether to have a PA pool. We heard about a messaging group in Eden where people could post ads to find a PA and people could refer to People First, a voluntary organisation who could source a PA for them.

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# 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

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The local authority worked collaboratively with partners to agree and align strategic priorities, plans and responsibilities for people in the area. Partners told us they had established a collaborative partnership with the local authority that used shared resources, funding and expertise of both health and adult social care. We heard an example of how health, voluntary sector and local authority worked together to address hospital readmissions in Barrow. From analysed data they found that 32% of people were being re-admitted to hospital more than 3 times with half of them returning within 4 weeks, and most hospital admissions had originally started with minor causes such as, a urinary tract infection that then escalated to complex needs.

Through collaboration around the prevention of re-admissions to hospital an integrated wellness programme had been developed. This involved the voluntary sector, social care workers, pharmacists and therapists. This programme involved a pilot of domiciliary care which saw the local authority working in new ways with health. By the end of the 12-week pilot 0 people were re-admitted to hospital where this was trialled. Data showed that if people had not been supported by the pilot they would have been re-admitted to hospital within 8 weeks.

A structured partnership 'South Cumbria place-based partnership' had been developed which operated within specific health boundaries. Partners told us the local authority were actively involved in this partnership, and they met monthly. It was collaborative environment that included a wide range of partners and the voice of people. The local authority played an active role in multiple partnership boards such as, adult social care and health partnership and North Cumbria A&E delivery board. The local authority recognised playing an active part in these could deliver better outcomes for people with joined up working.

## Arrangements to support effective partnership working

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When the local authority worked in partnerships with other agencies, there were clear arrangements for governance, accountability, monitoring, quality assurance and information sharing. Roles and responsibilities were clear. For example, the local authority had a commissioned carers service in place. There were clear information sharing protocols between both parties, for example, the carers service had access to the local authority IT systems. This allowed information to be shared in a timely manner and updates to be easily accessible and secure between the organisations. There were clear contract arrangements in place, such as monthly meetings with the local authority to discuss what was working well and what was not. Partners told us that local authority staff met with the organisation to see what support was being offered to carers. The carers organisation would also provide relevant data on the service which the local authority would oversee.

The local authority used opportunities to pool budgets and jointly funded services with partners to achieve better outcomes. For example, the Better Care Fund (BCF) had been used to fund 18 intermediate care beds and 6 respite beds in Barrow. Partners told us when the local authority became an independent local authority in April 2023 there were no intermediate care available. The local authority and Lancashire and South Cumbria Integrated Care Board (ICB) had collaborated to establish intermediate care beds for people to receive the support needed when leaving hospital. There were plans to further develop intermediate care beds in the area of Kendal using BCF.

There was a joint commissioning board in place which reported to the health and wellbeing board in relation to BCF. Partners told us about the partnership board that met quarterly which brought together senior leaders who spoke on behalf of their statutory roles and their organisations. The partnership board allowed them to make joint decisions about funding allocations for BCF. The joint commissioning board took responsibility for monitoring finance, performance and risk management, with a BCF working group which oversaw the development and delivery of the plan.

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Continuing Healthcare (CHC) funding could be a challenge to access for people. Staff gathered evidence for supportive information from specialist professionals such as, Motor Nerone Disease (MND) nurses, however funding still proved difficult to obtain with a very high threshold. Leaders told us there was an ongoing piece of work for improved access of the criteria for CHC funding and the local authority had a nominated person to work with the ICB to agree a process moving forward that worked in the best interests of people requiring this funding. The local authority were in the process of appointing a CHC and s117 lead.

## Impact of partnership working

The local authority monitored and evaluated the impact of its partnership working on the costs of social care and the outcomes for people. This informed ongoing development and continuous improvement. Leaders told us that one of the significant challenges in the district was the ageing population which placed pressure on adult social care services. To overcome the challenges with an ageing population the local authority partnered with health providers to look at preventative measures in the community, through the local authority community power initiatives. The local authority was implementing prevention programmes such as, falls prevention and frailty prevention, aimed at supporting older people to maintain healthier lives, avoiding unnecessary hospital visits and reliance on adult social care services. Staff told us occupational therapists, social care workers and AYSE actively engaged in community networking, such as attending events at the dementia hub to share information on available resources.

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Partners told us the local authority had recognised a gap with therapy services when people were discharged from hospital and had worked with the ICB to address the issue. The work around the intermediate care and respite beds was a part of the solution. Along with this the local authority led on reviewing the care provider market to ensure people were not waiting for services. The local authority focused on getting people back to their own home first and supporting with reablement aspects of home care packages. As a result of looking at the home care market it had been identified there were up to 6 providers available to support a care package at a time, this had resulted in a better flow of discharge for people.

## Working with voluntary and charity sector groups

The local authority worked collaboratively with voluntary and charity organisations to understand and meet local social care needs. The local authority provided funding and other support opportunities to encourage growth and innovation. Partners told us the move to a unitary authority in April 2023 had been positive in terms of improved third sector engagement and a renewed desire within the local authority to ensure there is effective partnership working. The local authority in partnership with the voluntary, community sector and ICB had developed a programme called 'take home and settle'. This programme supported the prevention of people in hospital unnecessarily and worked to ensure they were discharged swiftly. As part of this programme, they identified unpaid carers and made appropriate referrals to the commissioned carers organisation and local authority.

Leaders told us that the local authority relationships with the VCFSE is strong in the district, and they worked closely together to ensure community voices were represented. The local authority engaged with the VCFSE sector in the development of strategy for example, the 'health and wellbeing' strategy, particularly for the area of suicide prevention plan where VCFSE played an important role as key organisations within the community.

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The local authority had a community development officer placed in each locality team. Staff told us they played an important part in connecting people with groups in the community, they had already connected people to groups such as, gardening groups and wellbeing cafes. People were supported to maximise their independence and wellbeing through community groups and supported toward prevention.

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## Theme 3: How Westmorland and Furness 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: 2

2 - Evidence shows some shortfalls

What people expect

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

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

## The local authority commitment

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

## Key findings for this quality statement

### Safety management

The local authority understood the risks to people across their care journeys; risks were identified and managed proactively; the effectiveness of these processes in keeping people safe was routinely monitored. The views of people who use services, partners and staff were listened to and considered. Care plans evidenced that risks were identified and managed accordingly to reduce risks for people. For example, a risk was identified around possible mental health deterioration which could lead to mental health crisis, support plans documented who people could contact to access additional support. People told us they were well supported with managing risks related to their care and support needs and they knew who to contact if their risk needs changed.

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The local authority had an Urgent Care Team (UCT) which at the time of assessment was jointly hosted with Cumberland and was due to be disaggregated on 1st July 2025. Staff told us the decision to split the UCT to cover the local authority area only was positive and would create more capacity to meet demand in the district. There were clear expectations for handovers between the UCT out of hours team and day teams, with clear escalation processes in place to raise concerns when needed. The UCT was covered Approved Mental Health Practitioner (AMHP). AMHP's covered 24 hours 7 days a week on a rota basis. The UCT ensured there was suitable coverage for people to access adult social care support outside standard working hours for urgent needs to be addressed.

The local authority had created a waiting safely guidance to support risk management for people waiting for Care Act assessments. Leaders told us the guidance supported staff with how they prioritise risk and how teams would keep in contact with people waiting. People were aware they were on a waiting list for Care Act assessments and would also receive a letter on predictive time frames. Although staff were aware of the waiting safely guidance it was too early to understand the impacts for people, it had been newly introduced and was in the stages of being fully embedded across the teams.

Policies and processes about safety were aligned with other partners involved in people's care journey. This enabled shared learning and drove improvement. For example, the local authority had worked with health partners and created the 'transfer of care' policy which outlined facilitating safe hospital discharge. The local authority worked on several projects with health partners to improve integrated health and care pathways. Together they created a new discharge process to improve the experience of safe discharge for people and supported the reduction in people Not Meeting Criteria to Reside (NMC2R) in hospital. The local authority had contributed to the reduction of people, who were fit for discharge from hospital from an average of 148 to 123. This had been achieved through the introduction of intermediate care beds, interim care, early social work intervention and a review of reablement services. The local authority and health partners outlined their joint commitment to improve discharge pathways and reduce the length of unnecessary hospital stays through the 'transfer of care' policy.

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Information sharing protocols supported safe, secure and timely sharing of personal information in ways that protected people's rights and privacy. Leaders told us there was governance protocols for information sharing. Local authority staff used secure systems for information sharing and accessing relevant information across acute hospitals. The local authority was looking at what information sharing systems were used elsewhere and the benefits and challenges of these.

## Safety during transitions

Care and support were 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 where people were moving between services.

The local authority had a dedicated team who worked with young people transitioning from children to adults' services and Care Act assessments were carried out with young people from the age of 16 onwards. People told us a dedicated transition worker in Barrow area had positively engaged with young people who were transitioning to adult social care services. There was a flexible approach to the completion of Care Act assessments to ensure young people's needs were met. The local authority was aware of young people who may need adult social care services from the age of 14, which supported smoother transitions to adult services. Staff told us they supported referrals for young people from 14 years old onwards who were coming through the care experience and focused on prevention work with young people. The local authority transitions team worked in partnership with other agencies where needed, for example, they attended school reviews for young people. Partners told us they had recently been commissioned by the local authority to support young people with autism through transition from children to adult's services and early experiences of this were positive.

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The 'transfer of care' policy outlined the multi-disciplinary approach that was taken by the local authority, health and other relevant parties when it came to people's discharge. It documented that discharge planning should start on admission to hospital with an expected discharge pathway identified as soon as possible. An early intervention approach had been implemented which saw the hospital discharge and reablement team visiting patients before they were ready for discharge. This supported earlier care planning and helped address needs such as, self-neglect so support could be coordinated earlier with the right teams involved which prevented discharge delays. Local authority staff told us there was a dedicated hospital team, with social workers who worked within the hospital which improved information sharing.

The local authority discharge and reablement team held morning meetings with hospital colleagues and discussed individuals identified for reablement. This allowed a multi-disciplinary approach to discuss best discharge pathways and challenge any decisions made where they felt people were not appropriate for reablement services. Where this happened, a referral would be made to the transfer of care hub for final decision on discharge pathway. The local authority 'transfer of care' document clearly outlined the importance of multi-disciplinary work around discharge pathways while ensuring person-centred practice. The discharge to assess model supported people to be discharged safely when they were clinically ready with timely and appropriate support.

Partners told us delayed discharges for both acute and mental health hospitals remained an issue within the district. The local authority and health had undertaken a project where it had been identified that therapy services were outdated and contributing to discharge delays. The local authority had worked with the ICB to address issues and an intermediate care initiative in Barrow had been developed to facilitate smoother transitions from hospital to home. There were further plans for intermediate care beds in other areas of the district to support the reduction of discharge delays.

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Specific consideration was given to protecting the safety and well-being of people who were using services which were located away from their local area, and when people moved from one local authority area to another. The local authority had focused on completing reviews for people who were living out of the district. Staff told us they were building relationships with out of area services where people were funded by the local authority, and were planning to ensure people received face to face visits. The local authority provider development/quality team linked in with out of area local authority quality teams where people resided to ensure quality of services for people.

## Contingency planning

The local authority undertook contingency planning to ensure preparedness for possible interruptions in the provision of care and support. Care plans evidenced that contingency planning was used in the event of emergency, for example, carer unavailability, where family support had been identified as contingency. People told us when they had contacted the local authority in the past as part of their contingency plan responses were timely. Contingency plans in support plans provided emergency contact numbers and guidance of who to contact should there be a change in care needs or support required.

The local authority knew how it would respond to different scenarios; plans and information sharing arrangements were set up in advance with partner agencies and neighbouring authorities to minimise the risks to people's safety and wellbeing. The local authority strengthened emergency preparedness through 'VIPER' and the 'Multi-Agency Incident Control' (MAIC) framework. The local authority hosted and used a tool called 'VIPER' which identified and prioritised the needs for vulnerable people while emergency planning. For example, it identified people with mobility issues, medical conditions or lived in a high-risk environment. This tool enabled quick identification of vulnerable people in emergency for timely and effective support.

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The MAIC coordinated a multi-agency approach to emergency planning and response and ensured the needs of vulnerable individuals were integrated into the broader local authority emergency response framework. The local authority had planned in partnership with other agencies such as, NHS and community services to contact people to ensure they were safe, and needs were met in an emergency. The local authority had a business continuity plan in place which had been reviewed in January 2025. The plan focused on ensuring critical services continued during disruptions such as, severe weather, pandemics or IT failures.

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# Safeguarding

Score: 3

3 - Evidence shows a good standard

## What people expect

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

## The local authority commitment

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

## Key findings for this quality statement

### Safeguarding systems, processes and practices

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There were effective systems, processes, practices to make sure people were protected from abuse and neglect. The local authority had a safeguarding team in place with dedicated safeguarding staff based in each social work team who offered support to social workers working on section 42 enquiries. Staff told us following the local authority reshape social workers within frontline teams were now leading section 42 enquiries where the person was known to their team, with support available from the safeguarding team where needed. This was to support continuity for people being supported. The safeguarding team would retain all complex safeguarding cases and initially reviewed all safeguarding concerns coming in to the local authority. Adult Social Care Survey 2024 data showed 91.25% of people who use services who said that those services have made them feel safe and secure, which was somewhat better than the England average of 87.82% and 72.24% of people who used services felt safe, which was similar to the England average of 71.06%.

The local authority worked with the Safeguarding Adults Board (SAB) and partners to deliver a co-ordinated approach to safeguarding adults in the area. There was a 'Cumbria SAB' strategic plan for 2022-27 which outlined the governance arrangements between the SAB and local authority. Leaders told us there were good relationships between the local authority and SAB and leaders from the local authority sat on the SAB. There were multiple SAB subgroups such as, learning and development group and SAR subgroup, these were led by multi-agency professionals and the local authority safeguarding manager sat on subgroups. Learning from safeguarding adult reviews was taken to the local authority senior leadership team which is shared for practice learning and all actions are communicated back to the SAB so there was assurance of actions been taken.

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All staff involved in safeguarding work were suitably skilled and supported to undertake safeguarding duties effectively. Staff told us they had effective training, so they were able to perform their job roles and were passionate and dedicated to their roles. Adult Social Care Workforce Estimates data showed 58.85% of independent/LA staff completed safeguarding adults training, which was somewhat better than the England average of 48.70%. Local authority staff had agreed to deliver safeguarding level 1 training to partners; staff told us they were supported by management who allowed for necessary time and space to be able to undertake this opportunity and other training opportunities for their roles.

## Responding to local safeguarding risks and issues

There was a clear understanding of the safeguarding risks and issues in the area. The local authority worked with safeguarding partners to reduce risks and to prevent abuse and neglect from occurring. Leaders and staff told us several recent SAR reports had identified a theme and trend of self-neglect within the local authority area. There was a Multi-Agency Risk Management (MARM) process set up with a task and finish group which involved partners and a planned system wide refresh. The SAB had arranged for an independent review to support a consistent system wide learning, looking at themes and trends on self-neglect and mental capacity. Due to the high number of safeguarding concerns related to self-neglect the local authority had implemented a self-neglect strategy. Staff told us this strategy had been in place for around a year, and the strategy saw all self-neglect concerns triaged by the safeguarding team. This ensured self-neglect cases were triaged appropriately and involved multi-agency professionals where needed. The local authority had spoken with partners at great length around self-neglect which had led to an increase in self-neglect referrals to the local authority.

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Lessons were learned when people had experienced serious abuse or neglect, and action was taken to reduce future risks and drive best practice. Staff told us that the SAB published learning from SARs. Local authority data provided showed between January 2023 and January 2025 that 2 SARs had been completed, both related to cases of self-neglect. Evidence provided by the local authority for both SARs showed recommendations and learning were identified. For example, how the SAB could support practitioners to explore people's decision making and the factors behind unwise choices, which had led to the independent request from the SAB around self-neglect and mental capacity. A SAR lunch and learn session was held by the learning and development SAR subgroup in March 2025.

## Responding to concerns and undertaking Section 42 enquiries

There was clarity on what constituted a Section 42 safeguarding concern and when S42 safeguarding enquiries were required, and this was applied consistently. There was a clear rationale and outcome from initial enquiries, including those which did not progress to a Section 42 enquiry. Staff told us the safeguarding team triaged all safeguarding referrals that came in to the local authority and decisions were made within 24-48 hours. This enabled the safeguarding team to have oversight of all referrals and ensured consistency in triage and outcomes for people. Staff told us that protection planning started at the triage stage of safeguarding contacts. They have developed a prompt sheet to ensure consistency in handling safeguarding enquiries, guiding professionals in identifying types of abuse or neglect and determining the appropriate actions. Partners told us the local authority were consistently engaging and transparent with the escalation of safeguarding concerns.

The local authority provided data for safeguarding concerns on week commencing 27th January 2025. The data showed 195 cases open cases at the end of the week with 118 of those cases progressed to a section 42 enquiry, 35 were not progressed to an enquiry and 42 had no decision made.

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Local authority data provided showed the median wait time for safeguarding referrals to be triaged was 0 days and the maximum wait time was 80 days, with a total number of safeguarding referrals to the local authority was 4105. The maximum waiting time had been affected by a draft contact that remained open in a practitioner's tray which had now been addressed, the new adult social care restructure would see all contacts received being assessed and finalised in 1 working day.

Data provided by the local authority for January 2025 for section 42 enquiries showed there were 15 cases awaiting allocation. The median wait time for allocation was 5 days and the maximum wait time was 17 days. Staff told us there could be delays with allocation for some cases, such as financial abuse where these were longer term concerns. However, cases that were presenting an immediate risk, for example, physical abuse are prioritised. The allocation of section 42 enquiries was overseen by service and team managers.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental ability to do so for themselves. When people in care homes and hospitals are deprived of their liberty under the legal framework, to receive care and treatment. This is legally authorised under the Mental Capacity Act 2005 and is only done in the person's best interests and when there is no least restrictive way to reduce risk or harm way to look after them. These are called Deprivation of Liberty Safeguards (DoLS).

There were a high number of DoLS applications awaiting allocation at the local authority, with long waiting times. The local authority had inherited 1672 'legacy' DoLS applications when they were established in April 2023, which they had reduced this waiting list by half over the past 2 years. Data provided by the local authority showed that as of January 2025 there were 796 DoLS applications awaiting allocation. The median waiting time was 627 days and maximum waiting time was 2904 days. Urgent priority was being given to people who had been waiting for DoLS assessments since 2016-2018. Staff told us DoLS were prioritised dependent on risk for people and whether they were objecting to their placement.

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The local authority was taking proportionate steps to reduce DoLS waiting lists and sustain this long term. The local authority had funded a dedicated DoLS team to address the backlog whilst managing incoming cases to further reduce the DoLS waiting times. The local authority had also funded additional staff at the start of 2025 to support with DoLS and had casual worker Best Interest Assessors (BIA) supporting the local authority to work through this. BIA's are professionals who assess and determine the best interests of individuals who lack the mental capacity to make specific decisions for themselves. A DoLS steering group was in place who met every 6 weeks they reviewed capacity, and reviewed targets which supported reducing the waiting list. An internal audit had also been commissioned to review capacity, procedures and current targets in place. Partners told us there was increased demand for the advocacy service due to the backlog of DoLS authorisations waiting. Partners had raised awareness of this with the local authority and were closely monitoring this in partnership with the local authority. Adult Social Care Workforce Estimates showed 14.88% of independent/LA staff in the local authority area completed MCA/DoLS training, which was somewhat worse than the England average of 37.58%.

Relevant agencies were informed of the outcomes of safeguarding enquiries when it was necessary to the ongoing safety of the person concerned. Partners told us when they had raised safeguarding concerns the local authority provided responses in a timely manner. They told us they rarely had to chase or follow up with the local authority to receive an outcome or response.

## Making safeguarding personal

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Safeguarding enquiries were carried out sensitively and without delay, keeping the wishes and best interests of the person concerned at the centre. Staff told us they ensure safeguarding support was person centred and focused on outcomes the person wanted. Making safeguarding personal (MSP) prompts and outcomes were included on safeguarding forms. Data provided by the local authority for January 2025 showed 5 MSP forms were completed which indicated that 3 involved parties felt their desired outcome had been achieved (60%), 2 parties had felt their desired outcome had been partially met (40%).

People could participate in the safeguarding process as much as they wanted to. People were supported to understand their rights, including their human rights, rights under the Mental Capacity Act 2005 and their rights under the Equality Act 2010 and they were supported to make choices that balanced risks with positive choice and control in their lives. Examples were provided where people had been supported to participate in safeguarding in a way that they wished to. Local authority staff used initiative to support people in understanding their rights for example, where people did not want to communicate with adult social care they worked with multi-agency professionals known to people to build relationships and communicate people's rights. The risk enablement panel was used which ensured the local authority were exploring all options to keep people safe for example, where people had capacity and made decisions which were not necessarily safe, options were explored to respect their wishes while ensuring all strategies to support were considered.

Staff told us they referred people to advocacy support as appropriately identified and advocacy support was utilised. However, data from the Safeguarding Adults Collection (SAC) showed that 52.94% of individuals lacking capacity who were supported by an advocate, family or friend, which was worse than the England average of 83.38%.

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## 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

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There were clear and effective governance, management and accountability arrangements at all levels within the local authority. The local authority had undergone a significant restructure following the Local Government Reorganisation (LGR) in 2023. The local authority was a new unitary authority established on 1st April 2023 following the disaggregation of Cumbria County Council and the aggregation of 3 district councils Barrow Borough Council, South Lakeland District Council and Eden District Council. Leaders told us adult social care was the first area to undertake a reshape since becoming a new local authority. Staff spoke positively about the adult social care reshape and told us that there had been many positive changes. For example, long term and short-term teams had been restructured into rural and urban teams. This enabled teams to support people more effectively as they could provide continuity of support. The changes in recent months had led to improvements such as, reduced staff vacancies and waiting times. Leaders told us they were assured Care Act duties were being delivered through a few ways, such as 1-1's, reviews of Safeguarding Adult Review's (SAR) and case file audits which would inform practice learning.

The local authority 'annual governance statement' had seven key principles which included, managing risks and performance through robust internal control. Partners told us the local authority managed risk well. The local authority evidenced the process of risk management through it's 'risk management framework'. The local authority had clear understanding of current issues and risk that faced the provision of statutory services and showed actions to address these. The adult social care leadership team met in a variety of forums for oversight of adult social care risks for example, they held a weekly Departmental Management Team (DMT) meeting and weekly meetings for commissioning and procurement matters.

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There was a stable adult social care leadership team with clear roles, responsibilities and accountabilities. Leaders were visible, capable and compassionate. Staff told us the management team listened, acted on concerns and were responsive. Staff were supported through 1-1's with managers and there was also team meetings and peer support. The local authority had a clear governance structure for adult social care which was evidenced through flow charts and outlined roles and remits. Partners told us the senior leadership team valued being actively involved within the community and made it a priority to be physically present. They listened to peoples experiences to gain insights which helped them to effectively develop strategies, processes and identify recurring themes and trends.

There were clear risk management and escalation arrangements. These included escalation internally and externally as required. Staff told us there were clear risk escalation processes which ensured people in situations of risk were supported, this included obtaining support through the risk enablement panel. This risk enablement panel was led by the Principal Social Worker (PSW) while also attended by team managers and the legal department, which facilitated effective risk management. Staff were clear on escalation processes and who to approach within the leadership team if support was needed.

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The local authority's political and executive leaders were well informed about the potential risks facing adult social care such as, waiting lists and DoLS. These were reflected in the corporate risk register and considered in decisions across the wider council. Leaders told us the top 3 challenges were waiting lists, DoLS and demands for services. Leaders continued to tell us that waiting lists were going in the right direction, but they still needed to get on top of these, we saw and were told there had been increasing demand. The adult social care risk register reflected the risks identified, key controls to manage the risk and further planned activity. For example, for DoLS risk there was a DoLS steering group in place who met every 6 weeks and were overseeing a review of capacity and targets that had been set. The local authority Health and Adults Scrutiny Committee were aware of the challenges and issues could be raised through scrutiny. Leaders told us they had a positive and open relationship with adult social care leadership team. The local authority Director of Adult Social Care and Lead Member for adult social care met regularly and lead members also attended boards, such as Scrutiny Committee and Health and Wellbeing board.

## Strategic planning

The local authority used information about risks, performance, inequalities and outcomes to deliver the actions needed to improve care and support outcomes for people and local communities. The local authority had a Community Power strategy which had been approved in July 2024, which outlined how they worked with communities in the local authority area. The strategy had been developed with the public sector, third sector and communities and helped communities have a greater influence over the place they lived and services they used. It identified priority areas that would support the council to become a community powered council. Partner organisations within the strategy would be developing their own community power programmes and delivery plans to help achieve partner mobilisation.

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Staff told us that a homelessness and rough sleeper strategy had been developed within the first year of the new local authority. The local authority had recognised the need for a temporary accommodation strategy, especially within the area of Kendal, partly due to unaffordable housing for people. The local authority had a stock of temporary accommodation and had invested within their housing stock to support. The local authority 'housing strategy 2023-2025' outlined the council priority for preventing and tackling homelessness and meeting the needs of the population.

The local authority released their Equality, Diversity and Inclusion (EDI) statement in March 2024 which was the beginning of a 2-year plan. A corporate plan had been developed for EDI and they were preparing to move into the second phase of the plan which would allow them to map out specific areas and measure key performance indicators (KPI) for their success. Within the plan they were keen to address issues related to poverty and rural challenges, although, this was at early stages. Staff told us they were using data collection, public consultation and connecting with various groups to influence strategy.

The local authority did not have an adult social care strategy produced for their new unitary authority at the time of assessment. However, were using the previous adult social care strategy for Cumbria whilst this was in development. Leaders told us it was important to get the adult social care strategy right and did not want a strategy that was not meaningful. The local authority had a 'promoting independence and wellbeing programme' which set out what they wanted to achieve up until 2028. Throughout our assessment we saw evidence of good work and ideas for the future happening such as the commitment to work with people in communities and partnership working, while they continued to develop their new strategy.

## Information security

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The local authority had arrangements to maintain the security, availability, integrity and confidentiality of data, records and data management systems. The local authority had completed their own internal audit of information governance, and the outcome showed governance of information security was reasonable. There were clear processes in place to manage data security, and they had a 'Senior Information Risk Owner' group that met weekly to review any data breaches, review mandatory information security training and information compliance. 97% of Adult Social Care employees completed the local authority 2024/35 mandatory Information Security Training.

Following Local Government Reorganisation, the local authority Adult Social Care service was successful in securing corporate prioritisation and financial investment of all Adult Social Care related IT systems. Leaders told us there was a disaggregation programme for the IT system, which was on track. Staff told us the IT system could be difficult to navigate but the local authority were putting some e-learning together to support with this, and they could access support when needed. Local authority data provided in November 2025 from their Adult Social Care Directorate annual staff satisfaction survey results showed 69.5% of staff agreed they had the systems, materials and equipment to effectively carry out their role, which had rose from the previous survey in June 2023 where only 44% agreed.

Leaders told us the local authority were prioritising the improvement of data quality and use. Dashboards and data had been created for a wide range of service areas; however, these were in early stages of development. Team managers were using this data to assess and strengthen operational performance, and senior leaders used the data to set strategic direction. Leaders and staff told us there was a greater use of data which was being shared within team meetings, so oversight was had on strengths and areas for development. Monthly management meetings reviewed key performance indicators, monitored areas of risk and identified issues to address, for example, staffing position, cases awaiting allocation and overdue reviews.

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The local authority was developing a data strategy and a data governance framework to ensure that data was secure. Leaders told us that a secure emailing system was used to ensure that information sharing was GDPR compliant.

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# Learning, improvement and innovation

Score: 3

3 - Evidence shows a good standard

## The local authority commitment

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

## Key findings for this quality statement

Continuous learning, improvement and professional development

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There was an inclusive and positive culture of continuous learning and improvement. Local authority staff had ongoing access to learning and support so that Care Act duties were delivered safely and effectively. Staff told us there was access to a lot of training online, learning workshops facilitated by advanced practice leads and external guest speakers who delivered sessions. The Principal Social Worker (PSW) and Advanced Practice Leads (APL) had arranged learning and development sessions to support annual training with additional specialist training secured for alcohol related brain damage, Mental Capacity Act (MCA) and financial affairs and was actively seeking further training opportunities for staff. Leaders told us staff had access to their own online learning module with a range of learning modules on there.

There was support for continuous professional development. Leaders and staff told us there was a focus on 'grow your own' and there were career progression opportunities within the local authority. This focused on supporting staff to develop their skills and access further career progression opportunities within the local authority. We heard multiple examples within the local authority where people had career progression such as, staff started as students completing their final placements and had been supported to work their way up to team manager levels with the support of senior managers. There was a 'training and professional development plan' which outlined mandatory, essential and additional training for all local authority staff and the plans for continual development for adult social care staff.

There was a focus on Assessed and Supported Year in Employment (ASYE) and apprenticeships at the local authority. The PSW worked with the local university to support workforce development. The APL team attended university recruitment days to promote vacant roles for ASYE and internal apprenticeships. Staff told us an induction was held before people signed up to ASYE so they understood what was involved and if this was suited to them. Staff told us student social workers were provided with extensive training in relation to the Care Act practice.

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The local authority also supported OT ASYE's and had discussions with 2 local universities to develop their OT training programmes. There was an OT campus opening in Barrow area and there were plans for the university OT students to work there. This would support learning for OT's development as well as access for people to a customer workshop and minor adaptations.

The local authority worked collaboratively with people and partners to actively promote and support innovative and new ways of working that improve people's social care experiences and outcomes. People told us previously decisions were being made for people rather than with people. However, there was more consultation happening with experts by experience now and people felt listened to. For example, people who attended the local day centre had raised issues with the coffee station, the local authority consulted with the group after this was raised and had agreed for a new coffee station which had included people's voice of what this should look like. Leaders told us they were contacted by people and were shown how the coffee station was not fit for purpose and had now funded a coffee station that people could access suitable to their needs.

Partners told us the local authority was a learning organisation, were open to improving and there was a commitment to working collaboratively with partners and people. The local authority worked with partners to develop and improve services for people, for example, the local authority had commissioned a homeless outreach service with a community partner.

There was a greater focus on co-production at the local authority with a dedicated co-production group in place, although this was in early stages. People told us a co-production group was established in April 2025 following the inclusion of expert by experience in a recruitment panel for a senior leader at the local authority. The co-production group had been initiated by the expert by experience who approached the local authority to discuss co-production activities. People told us the group was in early stages and met monthly to improve day centre support. Senior leaders and commissioners from the local authority were well engaged with the group and there were hopes to grow this co-production group further.

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Staff told us they had carried out extensive engagement work to gather peoples feedback into services such as, gathering feedback from people using services through feedback forms and were moving towards more co-production work. The local authority were in the process of developing a co-production strategy and the commissioning team were looking at best practice from neighbouring local authorities around co-production, with hopes to develop a co-produced commissioning board. Partners told us they were starting to see more co-production within the local authority and that leaders were passionate about it. There was a co-production project scoping document which outlined local authority plans to develop a co-production working group and a co-production partnership board.

## Learning from feedback

The local authority learned from people's feedback about their experiences of care and support, and feedback from staff and partners. This informed strategy, improvement activity and decision making at all levels. People told us they had been contacted by the carers hub to speak with the local authority in relation to the new All Age Carers strategy. People were asked about what support was available to unpaid carers and what unpaid carers felt was needed. The All-Age Carers strategy evidenced peoples feedback that was received from in person focus groups held in Barrow, Kendal and Penrith. Feedback was also used to design the new service specification for unpaid carers services which was due to start in January 2026.

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There were processes to ensure that learning happened when things go wrong. Leaders encouraged reflection and collective problem-solving. The local authority had gone through an adult social care reshape since the disaggregation and the local authority were embedding this at the time of assessment. As part of the reshape some new team structures were proposed which staff had not felt included in. Some staff told us teams had been overlooked in the adult social care local authority reshape and there had been lack of true consultation with staff. Leaders told us it was important to get the basics right and based on feedback had opened a 45-day consultation process which involved staff and staff unions. They had provided staff road shows, evening staff sessions, sessions online and in person to allow all staff to take part. Feedback was listened to from staff that things felt too quick with the consultation and this was expanded to a 90-day consultation. The local authority had also invited the local government association (LGA) to do a peer review as part of preparation for their Assurance Framework process.

Local authority data showed 38 complaints, and 27 compliments were received from January 2024 to January 2025, with most complaints related to quality of care or charges and finance. Out of the 38 complaints received 9 were upheld, 10 partially upheld, 3 not upheld and 12 were withdrawn or closed by people who raised them. Following from complaint managers were asked to identify learning from the complaint which would then be passed to the 'Practice Learning Group'. Some examples of learning were practitioners to provide people with information about direct payments, so they had a clear understanding and ensuring financial assessments were completed as early as practically possible.