

Knowsley Council: local authority assessment

[How we assess local authorities](#)

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About Knowsley Council

Demographics

Knowsley is a metropolitan borough in the metropolitan county of Merseyside. It is bordered by Liverpool to the west, St Helens to the east, and Sefton to the north. The Borough includes the towns of Huyton, Kirkby, Prescot, and Whiston, and forms part of the Liverpool City Region.

Knowsley is home to 159,243 people. The majority of the population of Knowsley are

White British (95.3%) with 1.6% Asian or Asian British, 0.8% Black or Black British, 1.7% Mixed or Multiple ethnic groups, and 0.6% other ethnic groups. Around 9.3% of the population live in the top 10% most deprived areas in England. Knowsley has an Index Multiple Deprivation score of 10 (with 10 being the highest and most deprived) and is rated 3rd out of 153 local authorities (1st being most deprived). 34% of older people are living in poverty in Knowsley's most deprived areas, with 5% in the least deprived areas. The average life expectancy in Knowsley is relatively low compared to the national average. Women can expect to live around 79.5 years, which is statistically lower than the England average of 81.3 years. Men can expect to live 76.3 years, which is statistically similar to the average for England of 79.1 years. Women living in the most deprived areas of Knowsley live 8 years less than those in the least deprived areas. This figure is 4.5 years for men.

Knowsley is located within the NHS Cheshire and Merseyside Integrated Care System (ICS), which is divided into 9 Place-Based Partnerships. NHS Cheshire and Merseyside covers Cheshire East, Cheshire West, Halton, Knowsley, Liverpool, Sefton, St Helens, Warrington and Wirral. The main hospital serving the area is Whiston Hospital, which is part of the St Helens and Knowsley Teaching Hospitals NHS Trust.

Knowsley is a Labour majority Council. The Council has 45 elected members, with 3 members representing each of the 15 wards in the borough.

Financial facts

- The local authority estimated that in 2023/24, its total budget would be
- **£401,535,000.00**. Its actual spend for that year was **£389,107,000.00**, which was **£12,428,000.00** less than estimated.
- The local authority estimated that it would spend **£96,255,000.00** of its total budget on adult social care in 2023/24. Its actual spend was **£87,851,000.00**, which is **£8,404,000.00** less than estimated.
- In 2023/24, **22.58%** of the budget was spent on adult social care.

- The local authority has raised the full adult social care precept for 2023/24, with a value of **2%**. Please note that the amount raised through ASC precept varies from local authority to local authority.
- Approximately **3700** people were accessing long-term adult social care support, and approximately **260** 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 people. No two care packages are the same and vary significantly in their intensity, duration, and cost.

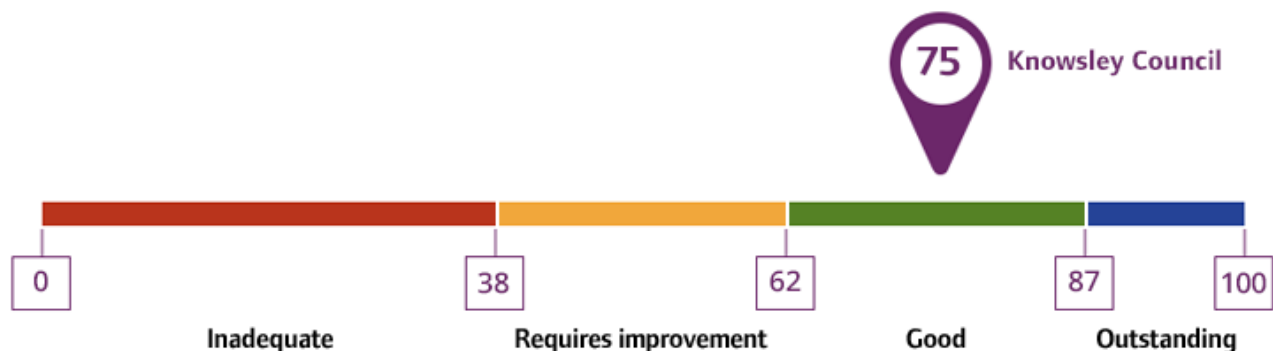
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Overall summary

Local authority rating and score

Knowsley Council

Good



Quality statement scores

Assessing needs

Score: 3

Supporting people to lead healthier lives

Score: 3

Equity in experience and outcomes

Score: 3

Care provision, integration and continuity

Score: 3

Partnerships and communities

Score: 3

Safe pathways, systems and transitions

Score: 3

Safeguarding

Score: 3

Governance, management and sustainability

Score: 3

Learning, improvement and innovation

Score: 3

Summary of people's experiences

People consistently shared positive feedback about the support provided to them, emphasising the professionalism and helpfulness of the staff. They appreciated care plans that reflected their goals and enabled active participation. Social workers were approachable, thorough in their assessments, and attentive to the needs of both people and unpaid carers. Many valued timely reviews, clear contact information for social workers, and tailored support services such as advocacy, day centre placements, financial explanations, and welfare benefits checks. Unpaid carers expressed gratitude for additional services like coffee mornings and assistance with legal applications, which demonstrated a commitment to addressing their diverse needs.

Preventative services, such as innovative technology and extra care housing, were described as transformative, enhancing independence and overall quality of life. Feedback also reflected a focus on person-centred care, with direct payments enabling greater choice and control, as well as practical assistance with associated paperwork. Unpaid carers highlighted tailored support that significantly improved the lives of those they cared for, including meaningful activities, trips abroad, and funding for essential items like mattresses. Services such as consistent care arrangements, weekend respite care, holiday grants, and reliable transportation helped unpaid carers manage their responsibilities alongside full-time work, although suggestions for more varied respite options were noted and are actively being explored by the local authority.

Unpaid carers appreciated the efforts of the local authority and carers centre in fostering kindness, effective communication, and reassurance regarding their loved ones' care. One unpaid carer highlighted the local authority's significant support in raising safeguarding concerns, ensuring their voice was heard throughout the process. Overall, the feedback showed that the local authority focused on person-centred care and how consistent, tailored support positively impacted people and unpaid carers.

Summary of strengths, areas for development and next steps

The local authority demonstrated a commitment to providing high-quality and safe services. They carried out effective audits, achieved person-centred assessments, and streamlined processes that reduced delays in interventions and discharges. Pilots like the front door team and transition team reflected a person-centred and strength-based approach. Initiatives such as 'home first' and 'discharge to assess' had positive outcomes, while strategies co-created with people and unpaid carers offered tailored support, which led to positive outcomes. Teams collaborated effectively to ensure smooth hospital discharges and placements, using data to improve services and minimise risks.

Community programmes supported people's wellbeing by offering employment training for people with disabilities and proactive assistance for asylum seekers. These services promoted independence and supported a preventative approach. The local authority invested in extra care housing which improved safety, accessibility, and supported independent living. Inclusive policies addressed inequalities and ensured marginalised groups received support, reinforcing the local authority's dedication to equality and person-centred care.

The local authority embraced inclusivity by working with LGBTQ+ groups and providing staff training on respectful practices, such as using correct pronouns. They aligned adult social care demographics with the borough's population and planned to involve underrepresented groups such as ethnic minorities, faith-based communities, and LGBTQ+ people. Housing strategies, including extra care housing and independent living schemes, supported people with learning disabilities, autism, and mental health needs to live independently. Collaborations transformed shared housing into personalised homes, while innovative technology-enabled care improved efficiency and independence in care services. Investments in adult social care addressed enhanced service capacity and staff retention.

Through forward planning, the local authority established 9 housing schemes with 718 apartments for older adults and people with learning disabilities or mental health needs. Communication was prioritised with weekly updates keeping partners informed. The local authority partnered with NHS and voluntary sectors to develop innovative projects, such as career pathways in social care. Safeguarding remained a priority, with robust quality assurance measures and tools like the self-neglect toolkit ensuring people were protected. Young people were actively supported through the transition team pilot, which created tailored plans to support their identified needs. Workforce development improved with a 'grow our own' strategy, strengthening local recruitment and apprenticeship opportunities. Knowsley Council won the 'Council of the Year' in 2024 at the Municipal Journal Awards for its leadership, financial management, and strategic growth. The judges praised its community impact and successful investment in services, staff, and people.

The local authority's Transformation Plan for 2024–2027 demonstrated a commitment to continuous improvement and reflected its vision of supporting people to live independently, with a focus on early intervention and prevention. It outlined priorities including a review of the occupational therapy service offer and targeted action to increase dementia and nursing care capacity due to workforce shortages among nurses and carers.

Despite these successes, certain areas had been identified as requiring further development. Staff told us about challenges with occupational therapy waiting lists which impacted people. There had been progress in this area, with numbers of people waiting reduced as well as length of waits dropping below the local authority's target of 12 weeks. Waiting lists were prioritised by the local authority with a 'waiting well' approach.

Partners told us there were good levels of co-production, while also highlighting the need to involve a more diverse range of people in service development. In response, the local authority acknowledged the importance of ensuring broad representation within co-production groups, particularly in light of the boroughs increasing ethnic minority population.

People were sometimes placed out of borough to access care home placements to meet their needs including nursing care and support for people with dementia. This was sometimes due to a person's choice however we also heard about limited capacity within the area restricting people's choice. The local authority were taking steps to increase availability of nursing home placements within the borough.

Theme 1: How Knowsley 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: 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.

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

The local authority commitment

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

Key findings for this quality statement

Assessment, care planning and review arrangements

The local authority made it easy for people to access information and support. They offered adult social care help through a phone contact centre and the online 'Livewell directory,' which listed local services and resources. We found frontline staff were well informed about the support available in Knowsley including emergency financial help, and guided people to the right resources. The focus was on using community resources rather than formal services, aiming to improve overall wellbeing for people and unpaid carers.

In March 2024, the local authority launched a redesigned website with detailed information about adult social care services and how to access them. User-friendly leaflets, coproduced with people and unpaid carers from well-established partnership boards, improved accessibility further. Additional leaflets, including those covering care assessments and transitions team services, offered additional clarity. The local authority also invested in partner organisations to address social isolation, education, welfare, and unemployment, demonstrating its commitment to helping communities face deprivation.

The Adult Social Care Survey 2023/24 reflected positive feedback on finding information with 73.85% of people using services said it was easy to access information, higher than the England average of 67.12%. People told us how accessible social workers were and the availability of emergency contacts like the adult duty team. Frontline teams told us to support people with information accessibility, they had access to a commissioned interpretation service. Staff also used alternative communication tools, such as type talk and online chat, to ensure inclusivity and meet people's diverse needs.

The assessment and care planning processes were person-centred and focused on people's strengths. Overall feedback from people was positive about the support they received, referring to staff as professional and helpful. One person told us about their experience with their social worker, describing her as very honest and very helpful, noting that they took the time to get to know them. Assessment and care planning records effectively captured people's goals, strengths, and support network, reflecting their active participation. They were person-centred and strengths-based, ensuring the person's needs and aspirations were prioritised.

Records showed consent was obtained for information sharing, and detailed assessment summaries provided clear insights into the purpose and outcomes of social work interventions. Copies of the needs assessment and support plan were shared with the person. Unpaid carers appreciated staff for their professionalism and for taking the time to understand their needs. An unpaid carer told us the assessments accurately reflected their relation, noting staff conducted mental capacity tests to ensure people could make their own decisions and have their rights upheld. Another unpaid carer told us the social worker was an excellent advocate for their relative.

A specific record showed the effectiveness of quality assurance measures, where a missed Mental Capacity Act assessment was identified through an audit, prompting swift resolution by the social worker and manager. The safeguarding quality assurance team regularly conducted audits on assessments and support plans, with 82% of reviewed assessments rated as 'good'.

To improve efficiency, reduce waiting times, and avoid unnecessary transfers between teams, the local authority launched a multi-disciplinary front door pilot team in January 2024, which worked closely with a number of teams including the rapid response and reablement team. The pilot demonstrated significant impact, successfully triaging 81% of referrals within 4 weeks and scheduling annual reviews for 76% of people waiting, reducing the negative effects of delays. Frontline teams told us the front door pilot had brought in a focused vision on strength-based practice and reduced delays to people waiting, particularly as the call handlers were trained to have strength-based conversations and connected people to local resources, prior to referring people to the front door team. Staff also explained the twice daily multi-disciplinary meetings were helpful where they discussed, prioritised new referrals and shared helpful information.

The local authority also developed a new model to assist young people transitioning from children to adult services. This model, supported by a dedicated transition team, offered consistent and strengths-based guidance from age 14. Launched as a pilot in March 2023, the initiative was a success, leading to an extended timeline until 2025 and the expansion of the team.

The local authority's efficient pathways made the support well-planned and coordinated across agencies. The hospital discharge had no waiting lists and achieved a 95% rate of returning people to their place of residence, with the 'home first' process focusing on home-based care. Partners valued this person-centred approach, recognising its effectiveness in enabling people to remain at home rather than in care facilities. A health partner acknowledged the impact of the 'home first' and 'discharge to assess' processes in promoting independent living. This approach fostered person-centred and strength-based care. Teams showed expertise in areas like occupational therapy (OT), sensory impairment, and mental health. They worked together to achieve positive outcomes for people.

The high-risk panel, led by the principal social worker, provided advice and guidance to help staff achieve the best outcomes for people. It offered additional oversight for high-risk and complex situations. Frontline teams said the panel worked well and was proactive. They shared an example of a high-risk person with a brain injury, alcohol misuse, diabetes, and instability. A multi-disciplinary team, including the legal team, district nurses, principal social worker, and senior leaders, provided timely support, preventing further deterioration and reducing risks.

Assessments respected people's rights and individual preferences, this was evidenced through mental capacity assessments and holistic care planning. People actively took part in decisions about their care, and care plans included people's protected characteristics under the Equality Act 2010. Frontline teams told us they used "I" statements during the assessment process, which also included unpaid carers views. This showed a commitment to person centred and outcome-based practice.

Frontline teams told us they used a strength-based approach to help people remain as independent as possible and to take positive risks. They gave an example of a person who had been in residential care for a long time with 2:1 staff support. After an assessment, the team supported the person to live more independently and helped them move into a flat with extra care, telecare, and assistive technology. The person then started attending college. They also shared another story about a person whose family thought they should go to a day service. With advocacy support, the person said they wanted to work with children and began a teaching apprenticeship at a local school. These examples demonstrated how staff had listened to people and supported their choices for more independent and fulfilling lives.

Data from the Adult Social Care Survey 2023/24 found that 62.27% of people were satisfied with their care and support, which was similar to the England average of 65.39%. Similarly, 43.64% of people said they had as much social contact as they wanted, close to the England average of 45.56%. In addition, 78.64% of people felt they had control over their daily life, which was also similar to the England average of 77.62%.

Timeliness of assessments, care planning and reviews

In January 2024, the local authority introduced improved measures to reduce waiting times for assessments, care planning, and reviews, while addressing risks to people's wellbeing during delays. The remodel of the front door team significantly reduced waiting times, with staff allocation dropping from 6 weeks to 4 days and intervention times decreasing from 6 weeks to 3 weeks. Staff productivity increased, as the number of assessments completed monthly increased from 6.3 to 9 by June 2024. Additionally, the number of people waiting for social work allocation reduced significantly, from 159 to 10. By February 2025 the median wait time for assessment was 1 week and the number of people waiting for an assessment was 28 days.

To reduce risks to people waiting, the combined localities team implemented a 'waiting well' process using a Red, Amber, Green rating system which identified priorities and ensured prompt action. People were offered contact details to report any changes in their circumstances, and workers were assigned quickly. Positive feedback from people highlighted the effectiveness of this approach. One person told us their review was completed promptly and included their perspective. Others appreciated knowing how to contact the local authority for queries or changes to their support needs, as they had direct contact details for social workers. An unpaid carer told us their social worker actively listened to their needs and kept their file open for review should additional support be required. Observed support plans corroborated this, showing regular contact and the ability to make timely adjustments.

A dedicated review team addressed outstanding reviews. By February 2025, the median wait time for unscheduled reviews was 3 weeks, with 72% of statutory annual reviews completed. Frontline teams told us homecare care reviews remained up to date and reviews for people receiving 24-hour care also adhered to the 12-month time frame. National data from the Short and Long Term Support 2023/24 showed positive outcomes, with 60.14% of people receiving long-term support having both planned and unplanned reviews completed, which was higher than the England average of 58.77%.

The local authority collaborated with health services to provide occupational therapy (OT) and aids and adaptation services. In response to increasing referrals and the need to reduce OT wait times, the aids and adaptations service was reviewed, and additional staff resources were allocated to improve efficiency. Senior leaders told us that people were contacted within 72 hours of referral, with urgent referrals prioritised and people visited within 2 weeks, consistently meeting targets.

In September 2024, the waiting list for OT assessments had 497 people, but by February 2025, this decreased to 391, marking a 22% reduction. The average wait time for noncomplex OT assessments was 10 weeks, meeting the 12-week target, while complex OT assessments averaged 21 weeks. The local authority had identified and made improvements to the aids and adaptations pathway as part of its continuous improvement. While people waited, risk mitigation measures were in place, and management oversight helped to deliver positive outcomes. To keep people informed, letters were sent advising people to report changes in their circumstances during the waiting period. Health partners told us the manual handling assessments were outsourced to private care consultants, who responded within 72 hours. This service successfully addressed urgent needs.

Safeguarding enquiries under Section 42 and hospital discharges experienced no delays. Health partners told us the local authority was proactive in identifying people's needs and effectively engaging with NHS services. They highlighted the local authority's consistent capacity to enable timely discharges, with robust pathways ensuring discharge dates and placements were arranged within 72 hours of admission when required.

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

The local authority provided good support for adult, parent, and young unpaid carers by partnering with organisations to deliver tailored advice and assistance. Frontline teams told us they could reach out to a dedicated young carers team, which offered a wide range of activities. They shared their commitment to ensuring young carers received support and were not overlooked in their caring roles. According to the 2021 Census, 11.5% of Knowsley's people provided unpaid care, significantly higher than the England average of 8.8%, placing the borough among the top five areas for unpaid care.

The Survey of Adult Carers in England 2023/24 showed 61.16% of carers felt involved or consulted as much as they wanted to be in discussions, this was lower than the England average of 87.23%. 53.13% of carers experienced financial difficulties which was higher than the England average of 46.55%. To address these issues, the carers partner worked with an employment partner to help unpaid carers re-enter the workforce. Despite the challenges, 88.46% of carers found information and advice helpful as they had enough time to care for others which was higher than the England average of 87.23%. In addition, 38.93% of carers were satisfied with social services. This was similar to the England average of 36.83%.

The All-Age Carers Strategy 2024 to 2028 was co-produced with input from the Carers Partnership Board, representing unpaid carers. Unpaid carers' needs were assessed separately from those they cared for, with tailored assessments, support plans, and reviews. All unpaid carers received personalised assistance through direct payments. A dedicated team of carers assessors conducted these assessments. A review of care records showed all Care Act categories were comprehensively addressed, with clear outcomes identified. People had effectively communicated their needs, shown understanding, and made informed decisions regarding their care and support. This reflected a person-centred approach and compliance with Care Act principles.

The local authority undertook statutory carer's assessments and reviews. The carer's support centre assisted the process by referring unpaid carers to the local authority for assessment. Staff told us about a backlog in assessments caused by delays within the carer's centre but wait times had improved as responsibilities were shared across frontline teams. As of February 2025, there were 37 people on the waiting list for a carers assessment, with a medium wait time of 5 weeks. However, unpaid carers experienced repeated questioning from both the carers centre and the local authority, which led to several complaints. Partners noted that the local authority was actively working to streamline the process for greater efficiency.

Unpaid carers shared positive feedback, praising social workers for being approachable, professional, and supportive, and for not rushing the assessments. Social workers were recognised for understanding carers' needs, providing equipment, and arranging services such as day centre placements. One unpaid carer told us the social worker provided more support than anyone else had before. Unpaid carers also appreciated services from the carers centre, such as coffee mornings that offered valuable social opportunities.

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

Frontline teams told us they had a good awareness of the community services available. They were able to connect people to these services, especially those who had been identified as ineligible for adult social care support. These efforts ensured people could still access meaningful assistance, regardless of their eligibility for formal care services.

The local authority worked closely with community groups and used resources like the 'Livewell Directory' to address various aspects of people's lives. A senior leader provided examples of how local authority funding supported the establishment of new voluntary community services (VCS) groups to meet local needs. One example was a project that provided second-hand clothing to help people get ready for job interviews, showing the local authority's focus on supporting the community and making a difference.

Eligibility decisions for care and support

The local authority maintained a fair and transparent system for determining eligibility for care and support. Decisions were made promptly and communicated effectively through assessment outcome letters, which detailed the reasons for decisions, eligibility criteria, and appeal options. Review of care records showed assessments were well-documented, with clear explanations based on the Care Act 2014.

Appeals and reconsiderations under the Care Act 2014 were handled efficiently. Over the past year, 18 appeals were reviewed concerning assessments and care planning. Of these, 8 were not upheld, 4 were upheld, and 6 were partly upheld. None of the appeals were about Care Act eligibility. Appeals that were upheld resulted in changes to three care plans related to transport service eligibility. Other appeals were linked to poor communication during care planning, which the local authority used as a learning opportunity to improve practice. In response to the number of transport-related appeals, the local authority initiated a review of its transport service assessment approach, which was ongoing.

The Adult Social Care Survey 2023/24 showed 64.55% of people did not pay privately for extra care or top-ups, which was similar to the England average of 64.39%.

Financial assessment and charging policy for care and support

The local authority's framework for assessing and charging adults for care and support was clear and consistent. Decisions were made promptly and thoroughly explained, with the assessment form including questions about assets and legal representation for financial matters. An easy-to-read leaflet, co-designed with input from people, outlined the financial assessment process. This leaflet was shared during social care needs assessments. For added convenience, people could also complete financial assessments online using self-assessment tools, and the charging policy was openly accessible on the local authority's website.

The financial assessment and charging team (FACT) conducted assessments both in person and over the phone. Feedback from people was very positive. An unpaid carer told us about a social worker who visited their home to explain the financial assessment process and helped them fill out the necessary forms, which they found very useful. Another person told us their social worker met with them and a family member to clarify financial details and contributions, ensuring everything was clearly understood. People told us they particularly appreciated the welfare benefits checks, which helped them access all the benefits they were entitled to.

In February 2025, the wait time for financial assessments was 4 weeks. Recognising this challenge, the local authority expanded the FACT team, leading to progress by reducing the number of people waiting for assessments from 53 in September 2024 to 43 in February 2025.

Over the past year, the local authority addressed 12 charging appeals, with 6 not upheld, 3 upheld, and 3 partly upheld. Upheld appeals involved issues such as errors in assessing disability-related expenses, a temporary stay with a relative wrongly included in a financial assessment, and incorrect charges for unprovided care. These mistakes were rectified through the appeals process and learning shared to improve practice.

In response to feedback from the ombudsman regarding unclear handling of deprivation of assets, the local authority developed a template to guide decision-making in such situations. This initiative demonstrated their dedication to improving transparency and fairness in financial assessments. People shared positive feedback about the clarity and support offered by the FACT team throughout the process, further reflecting the team's commitment to delivering a personalised service.

Provision of independent advocacy

Advocacy support was readily available in Knowsley, empowering people to actively participate in their care assessments and support planning. The local authority commissioned an independent advocacy provider to deliver this service, ensuring people could refer themselves easily. Information about advocacy support was accessible online and through leaflets distributed during social care assessments.

A partner told us the local authority was very responsive and referrals for a joint visit were carried out quickly. Local authority staff were described as proactive from the beginning, with no waiting lists. This meant people got the support they needed promptly. Frontline staff shared an example of how advocacy support enabled a young person to follow a teaching apprenticeship, despite their family preferences.

Feedback from the Knowsley Advocacy Hub's Quarter 1 report for 2024–25 reinforced this positive view. The report detailed how advocacy services had a meaningful impact on people's lives, supporting the local authority's commitment to person-centred care.

Supporting people to live healthier lives

Score: 3

3 - Evidence shows a good standard

What people expect

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

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

The local authority commitment

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

Key findings for this quality statement

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

The local authority demonstrated a clear commitment to early intervention, through addressing issues before they escalated. By collaborating with people, partners, and the community, it focused on maintaining independence and reducing reliance on care services. Initiatives like Knowsley Better Together and key strategies such as the Knowsley 2030 Strategy were co-produced with people and unpaid carers.

The Adult Social Care Operating Model and Transformation Plan emphasised preventing, delaying, or reducing the need for care. A key example was the medication reminder service led by the local authority, which connected 166 people to trained pharmacists through daily video calls. Senior leaders told us this service promoted independence and safety while reducing the need for carer services. Frontline teams told us the reminder service helped prevent hospital re-admissions and reduced medication errors. Additionally, the local authority played an important role in public health initiatives, promoting leisure activities, healthy eating guidance, and smoking and drug cessation programmes. A health leader told us about joint innovative measures like revoking gambling licenses and limiting high-sugar/fat items on the high street to address wider community challenges such as gambling-related problems and rising obesity rates.

The community and voluntary organisations were supported over 7 years through the Stronger Communities Fund, which enabled them to make significant contributions to improving people's wellbeing. Partners shared examples of outreach programmes delivered via forums and groups focused people with learning disabilities, mental health needs, and sensory impairments. Initiatives such as the positive inclusion programme and the supported internship programme provided training and placements to prepare people with disabilities, learning disabilities, and autistic people for employment. Additionally, partners said measures were introduced to support asylum seekers in settling, including GP registration, school enrolment, and learning English.

The social prescribing service adopted a community-based approach, hosting coffee mornings at local hubs and providing drop-in sessions to address isolation, education, benefits, and unemployment. A dedicated carer's team supported unpaid carers, providing assistance to help them navigate challenges.

The Carers Partnership Board developed the All-Age Carers Strategy 2024 to 2028, involving unpaid carers. According to national data from the Adult Social Care Outcomes Framework for 2023/24, 100% of unpaid carers in Knowsley received direct payments, similar to the expected figures across England. These payments provided personalised support tailored to meeting unpaid carers' needs. The Survey of Adult Carers in England 2023/24 showed 88.46% of carers found the information and advice helpful, which was higher than the national average of 85.22%. Additionally, the Adult Social Care Survey for 2023/24, showed 72.27% of people reported spending their time doing things they valued or enjoyed, this was similar to the England average of 69.09%.

Through partnership working the local authority made significant efforts to address severe deprivation. They offered hardship grants and supported food banks. The Northwood outreach project was highlighted as a positive example as people were supported with accessible information and advice. Additionally, a senior leader told us a list was maintained of homeless people or those at risk of future homelessness, with a multidisciplinary approach taken to assess intervention needs. Frontline teams collaborated closely with community services to meet people's basic needs, using petty cash to address people's urgent needs when community resources were unavailable. These proactive efforts demonstrated a community focused approach to addressing deprivation in the borough.

Preventative services made a difference in people's lives. For example, one person told us their social worker helped them use a technology-enabled care app, which greatly increased their independence. Another person told us their life improved significantly after moving to extra care housing, noting they were happier and the staff were welcoming.

Unpaid carers shared positive feedback. One unpaid carer said the local authority were great as they did not know what to expect and it was nice to work together. Another unpaid carer shared the local authority, and the carers centre had been very kind, helpful and had given them a list of people they could call for help, at any time. They told us they were 100% certain their loved one will be well looked after whilst they were in hospital, which they found comforting to hear. We also heard an unpaid carer saying the day centre had been an invaluable support for the person they cared for, noting how much they looked forward to attending.

The falls and fractures prevention service implemented measures to reduce fall-related hospital visits. Staff in care homes and extra care facilities were trained, funding was provided for equipment, and technology was launched. For example, an assessment tool enabled caregivers to safely assess falls and decide if emergency assistance was required. These efforts led to significant impact, with 94% of ambulance calls relating to falls in 2023/24 avoided through timely home support, reducing pressures on hospital services.

Data from the Adult Social Care Outcomes Framework 2023/24 reflected how well the local authority's preventative services worked, with 85.95% of people who received short-term support no longer requiring support, which was higher than the England average of 79.39%. This positive outcome highlighted the local authority's effectiveness in helping people regain independence and reduce the need for long-term care.

Provision and impact of intermediate care and reablement services

The local authority collaborated with health services to deliver intermediate care and reablement services, helping people regain independence and avoid unnecessary hospital stays. The rapid response service facilitated hospital discharges and worked with the adult social care front door team to conduct joint assessments. Frontline teams told us their focus was on supporting people to stay at home, promoting independence, and avoiding over-prescription of care packages. Their aim was to provide proportionate care while reducing placements in care homes. Between April 2023 and March 2024, the service managed 833 referrals, prevented 615 hospital discharge delays or care home admissions.

A health partner acknowledged the efficiency of the local authority's hospital discharge team, which increased hospital discharge readiness by 20%, enabling people to leave hospital sooner. National data from the Short and Long Term Support 2023/24 showed 92.86% of people aged 65+ were still at home 91 days after discharge from hospital into reablement/rehabilitation services, which was higher than the England average of 83.70%. However, the Adult Social Care Outcomes Framework 2023/24 showed 1.38% of people aged 65+ received reablement/rehabilitation services post-hospital discharge, which was lower than the England average of 3.00%. The local authority told us the reablement service had amended its criteria to implement a more targeted offer to work with people who had experienced a recent illness or injury from which they were anticipated to recover.

Frontline teams told us they worked jointly with the centre for independent living (CIL) to reduce the need for care, deliver equipment quickly, improve safety, and shorten waiting times for occupational therapy (OT) assessments. CIL collaborated with the NHS, the local authority and voluntary organisations to help people maintain their independence and mobility. When people required care, teams worked closely with reablement and rapid response services, both supported by the local authority, to assist outside standard working hours, including evening welfare checks and overnight care when needed. These initiatives highlighted the local authority's leadership in delivering timely, person-centred care.

The local authority invested in 9 extra care housing units to support people with learning disabilities, autism, or mental health needs, aiming to reduce residential care admissions. The National data from the Short and Long Term Support for 2023/24 highlighted 95.20% of adults with a learning disability lived either independently or with their family, which was higher than the England average of 81.66%.

Unpaid carers expressed their appreciation for the support provided. One unpaid carer told us they were grateful for the support they received, highlighting the care and attention provided and the reassurance that help was always just a phone call away. Another unpaid carer appreciated the shared lives manager for being accessible and supportive and this was collaborated by the records we observed, which evidenced good communication between the social worker and shared lives carers.

Access to equipment and home adaptations

Frontline teams told us about the ongoing challenges and the impact to people waiting for OT assessments. They told us the waiting lists were reviewed weekly alongside relevant data to manage risk. To address these delays and manage higher demand, senior leaders increased staffing in September 2024 by hiring 3 grant officers to review Disabled Facilities Grants (DFG) and secured funding for 2 additional OTs from the local authority's budget. The local authority was able to demonstrate impact; as of September 2024, the waiting list for OT assessments stood at 497 people. However, by February 2025, this had decreased to 391, marking a 22% reduction. By that time, the median wait time for non-complex assessments was 10 weeks, which fell within the 12-week target, though there were delays in receiving the necessary equipment for complex assessments. The average waiting time was 21 weeks. The OT team also developed a 'waiting well' document, which was set to be discussed at the next Older People's Partnership Board in March 2025 to ensure co-production before implementation. The local authority had identified and made improvements to the aids and adaptations pathway as part of its continuous improvement.

The local authority developed a shared service model to deliver the OT services with the lead provider Mersey Care NHS Foundation Trust. Health partners informed us that the OT team had successfully addressed previous workforce challenges through recruitment efforts and was now fully staffed. They acknowledged the growing demand for support and explained how they collaborated with the local authority to enhance processes. For example, a strength-based questioning approach was implemented to collect more detailed information from people, enabling staff to offer advice and guidance while people waited to be assessed.

The local authority collaborated with a housing provider to deliver the care and repair scheme, which enhanced home safety through repairs. Using a 'trusted assessor model,' the care and repair team provided simple equipment such as grab rails, reducing waiting times for OT assessments and minimising the need for additional support. The local authority also focused on creating 'right size' care packages. Frontline teams told us about a pilot initiative called 'moving with dignity,' led by OTs, which introduced equipment to simplify care, enabling one carer to provide support instead of two. OTs also trained care provider staff in equipment use and manual handling techniques.

Within the Centre for Independent Living, which was managed by the local authority, various services and providers worked collaboratively to deliver aids and adaptation services for both adults and children. These included assessments and access to both minor and major adaptations, primarily funded through the Disabled Facilities Grant.

Frontline teams told us the CIL really promoted teamwork. Therapy and technician practitioners (TTPs), who triaged all referral calls, supported and directed people to the care and repair team for instant low-level adaptations. The surveying team, also based at the CIL, accompanied OTs on-site visits, reducing the need for separate visits. Staff said they appreciated the CIL's holistic approach, offering comprehensive information in one location. Additionally, the CIL partnered with a local charity to support people with visual and hearing impairments and delivered rapid services, such as wheelchair provision. A partner told us CIL provided quick access to necessary support and fostered a preventative approach.

Frontline staff shared inspiring examples of their teamwork in helping people remain independent through adaptations, care, and support. They were dedicated to promoting dignity, sharing one example where specialist equipment enabled a person who was immobile to interact and play games. For people with rapidly deteriorating conditions like motor neurone disease, a single therapist was assigned to support the person and their family throughout their journey, ensuring consistent and holistic care with assistance from the carers centre.

In August 2024 the local authority worked in partnership with Merseyside and reviewed the aids and adaptations service and made several recommendations to improve people's experiences, including waiting times. The local authority also invested in technology enabled care (TEC), providing 24/7 telecare services. Tools such as GPS alarms and wellbeing sensors, managed by family members, improved safety and support for users.

Provision of accessible information and advice

People in Knowsley had access to clear information and advice about their rights under the Care Act 2014 and how to meet their care and support needs. Unpaid carers had access to separate information to support them in their caring role. Services like the Healthy Knowsley Service acted as a one-stop shop for guidance, while the LiveWell Knowsley directory provided resources on universal, health, and social care services, as well as support from community, voluntary, and faith organisations. The local authority's newly designed website further improved accessibility by including community options, services, and the needs assessment process, enabling people to better understand adult social care.

Efforts to improve access to information delivered positive outcomes. In 2024, the local authority reported 74% of people found adult social care information easier to access, compared to 67% in 2023. This improvement was further reflected in national data from the Adult Social Care Survey 2023/24, which showed 73.85% of people using services found it easy to access support information, higher than the England average of 67.12%. Similarly, the Survey of Adult Carers in England 2023/24 showed 61.97% of carers found it easy to access information and advice, which was higher than the England average of 59.06%. These figures highlighted the local authority's effort to make information more accessible.

Unpaid carers told us they felt well-informed about the services available to them and enjoyed attending coffee mornings. Many unpaid carers appreciated receiving guidance on topics such as applying for Lasting Power of Attorney and creating Wills. One carer told us they regretted not seeking help sooner. Partners mirrored this feedback, praising the local authority's efforts to meet both current and future needs by raising awareness and connecting unpaid carers to relevant resources.

The local authority's online Household Support Fund system was also acknowledged by a partner, who highlighted its convenience for accessing vouchers via mobile devices. The system's ability to track fund allocations enabled the local authority to gather data as needed. This streamlined and user-friendly design highlighted the local authority's effective use of technology to enhance services and improve people's experiences by making financial support more accessible, reducing administrative barriers, and ensuring support reached those who need it efficiently.

Direct payments

The local authority demonstrated its commitment to offering people and unpaid carers choice and control through direct payments. These payments empowered people to self-direct their own care and support needs. The local authority had a clear Direct Payments Policy, which outlined eligibility criteria, payment conditions, the complaints process, and staff compliance monitoring. A partner organisation, commissioned by the local authority, provided initial support, information, and account management for all direct payment referrals.

Shared lives carers and those caring for people with learning disabilities used direct payments more flexibly, for example, to facilitate access to health appointments. Frontline teams told us the direct payment offer was effective, enabling them to meet people's preferences in how they wanted to be supported. One example shared by the team highlighted how senior leaders approved direct payments for a partner to act as their loved one's personal assistant, respecting their choice in how they wished to be cared for.

Positive feedback reflected the local authority's approach to supporting choice and control. One person, who had been receiving direct payments since 2008, told us, direct payments was working really well for them, as it enabled them to access the community with their personal assistant. Another person told us the commissioned partner, who supported them with managing the direct payments paperwork, was helpful.

National data from the Adult Social Care Outcomes Framework 2023/24 showed the local authority achieved positive results with direct payments. Among people aged 18–64, 55.96% used direct payments, significantly higher than the England average of 37.12%. For those aged 65 and over, 21.70% had used them, which was higher than the national average of 14.32%. Overall, 39.56% of people had used direct payments, which was significantly higher than the England average of 25.48%. This highlighted the local authority's commitment to improving wellbeing and delivering personalised care.

Equity in experience and outcomes

Score: 3

3 - Evidence shows a good standard

What people expect

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

The local authority commitment

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

Key findings for this quality statement

Understanding and reducing barriers to care and support and reducing inequalities

The local authority was ranked as the third most deprived local authority in England, with socio-economic inequality causing significant health disparities. The local authority demonstrated a clear understanding of its population, using Census 2021 data to highlight 4.7% of people were from ethnic minority groups, an increase from 2.8% in 2011. The number of people practicing Islam grew from 0.3% in 2011 to 0.6% in 2021, while 22.6% of people reported having a disability. Knowsley also recorded the highest proportion of people in England providing over 50 hours of unpaid care, alongside 2.3% identifying as LGBTQ+ and 0.2% as transgender.

To address these demographic changes, the local authority appointed equality and diversity leads to monitor population trends regularly. Over the past decade, ethnic minority groups accounted for 40% of the borough's population growth. Leaders recognised the importance of recruiting staff from ethnic minority backgrounds to reflect these changes. The Joint Strategic Needs Assessment (JSNA) for protected

characteristics was developed to address barriers, improve services, and fulfil the Public Sector Equality Duty under the Equality Act 2010. This JSNA examined how intersecting characteristics and deprivation affected health and social outcomes.

The local authority's work to promote equality extended to improving policies, procurement, workforce practices, and support for underserved groups. This included veterans, care leavers and unpaid carers. Senior leaders told us equality impact assessments (EIAs) had improved significantly in the past year, aiding strategic decision-making by considering the effects on protected groups and incorporating community feedback. Community partners participated in retendering processes, and people with lived experience participated in commissioning activities. This collaborative approach enhanced service outcomes and strengthened engagement with the community.

The local authority demonstrated its commitment to inclusivity through its equality, diversity, and inclusion policy. A health leader told us the local authority appointed a suicide lead to establish a surveillance system and suicide liaison service with the police as part of its 5-year suicide prevention plan. Strategies such as the JSNA, Knowsley 2030 Strategy, and Joint Health and Wellbeing Strategy outlined the local authority's dedication to reducing inequalities and enhancing care for vulnerable groups.

The Knowsley Place Board worked to reduce health disparities, improve female life expectancy, address childhood obesity, and expand the Northwood programme. In Northwood, a family hub was co-designed with the community to promote health and wellbeing. The Making Every Contact Count (MECC) approach was tailored to Northwood, involving a multi-agency team that included health, social care, housing, and social prescribers. MECC training was adapted for Afghan refugees, while groups such as pregnant women received targeted support for smoking cessation and sexual health concerns.

The local authority invested in initiatives to promote equality within the community, including support for the voluntary, community, faith, and social enterprise sector. Key partnerships supported projects for ethnic minority women and peer groups for refugees and people with learning disabilities. Health partners appreciated the local authority's improved referral processes for minority groups seeking support and its collaboration with churches and community centres, which encouraged dialogue with community leaders. Similarly, partners told us the local authority had made substantial investments in equality, diversity, and inclusion by funding support groups for refugees, people with learning disabilities, mental health needs, and sensory impairments.

Another partner told us engagement forums and subgroups had been established to strengthen connections within the community. These forums provided a platform for significant work in areas such as learning disabilities, mental health, and hearing and vision impairments, with insights from these sectors actively contributing to discussions and initiatives. While partners recognised the progress made through these engagement groups, they also noted a gap regarding a dedicated group for ethnic minority communities, suggesting that this could be addressed through collaborative partnerships. Senior leaders acknowledged this gap and stated they were exploring opportunities for future community engagement to promote diverse representation. Additionally, a senior leader told us more engagement work was required through the partnership boards to better support unpaid carers.

Partnerships with organisations like Healthwatch improved access to resources for unpaid carers, including short breaks. Unpaid carers also attended forums focused on learning disabilities, mental health, and sensory impairments.

The local authority demonstrated a commitment to workplace equality by supporting diversity within staff teams and ensuring that employees received relevant training. Frontline teams showed cultural awareness and worked closely with diverse groups. Staff told us they found the LGBTQ+ group beneficial and the resources this group had created helped staff when supporting people in the community. Teams also recognised the increase in transgender referrals and expressed confidence in applying their training to ensure fair approaches. Senior leaders actively participated in meetings, and following unrest in Merseyside during Summer 2024, the Chief Executive reinforced the local authority's zero-tolerance approach on racism and its commitment to supporting ethnically diverse employees.

Co-production efforts supported accessibility and inclusivity through initiatives like updating the website, creating easy-read leaflets for adult social care, and revising documents such as the Learning Disability and Autism Easy Read Housing Strategy. Collaboration with the Carers Partnership Board shaped the All-Age Carers Strategy 2024 to 2028. Partnerships with organisations like Think Local Act Personal (TLAP) and the Social Care Institute of Excellence (SCIE) strengthened efforts to ensure community experiences informed service development. The local authority earned the Navajo Charter Mark on October 4, 2024, for its work in supporting inclusivity, especially for LGBTIQ+ groups.

The demographics of Adult Social Care reflected the overall population of the borough. The breakdown of the people accessing services was similar to Knowsley's wider population, with 55% female and 45% male, compared to an overall population split of 53% female and 47% male.

Around 90% of users were White British, which was similar to the borough's 93% White British population. Ethnic minority groups were underrepresented and mainly of working age. Leaders acknowledged many people chose not to share their sexuality, making it harder to identify trends. To address this, the local authority planned to collect more information on religion, beliefs, and sexuality to improve representation.

Inclusion and accessibility arrangements

The local authority prioritised inclusion and accessibility, ensuring people could engage in ways that suited them best. The Health and Wellbeing Board focused on reducing health inequalities, supported by a translation and interpretation service covering over 70 languages spoken in the borough. People could access adult social care via telephone, email, or online forms, with many referrals coming from family, friends, or professionals acting in their best interests or with consent. Communication needs were recorded in the case management system to ensure appropriate support.

The local authority redesigned its website to show its commitment to accessibility. The site followed web content accessibility guidelines and included features like high-contrast backgrounds, tools for translating into over 50 languages, a screen reader, and support for different devices. The local authority understood digital solutions didn't work for everyone, so it introduced a "no wrong door" policy. This meant people could get support in different ways. For example, they could visit one of five libraries in Knowsley, where digital buddies provided face-to-face help.

Collaborating with a specialist language provider, the local authority further improved inclusivity by offering interpretation and translation services in face-to-face, video, and telephone formats, along with written translations when required. Frontline teams told us they supported accessibility using commissioned interpretation services and communication tools such as type talk and online chat. Teams demonstrated their ability to consider and accommodate cultural needs when sourcing care packages. For instance, they successfully arranged a care package with a Polish-speaking carer through a provider, addressing language and cultural preferences.

The local authority demonstrated a commitment to inclusivity, collaboration, and addressing community needs. Partnership boards strengthened the voices of underrepresented groups, including older people, unpaid carers, and those with learning or physical disabilities, dementia, or autism. These forums were essential in reducing inequalities and improving accessibility, with senior leaders expressing confidence in the community's awareness and use of services.

However, we received mixed feedback from unpaid carers. While some noted that carers assessments and services such as coffee mornings and various activities were available, they were often unable to participate due to work and caregiving commitments. Others reported challenges in finding time to relax and faced financial constraints, as their caregiving responsibilities prevented them from maintaining employment.

Recognising that many ethnic minority community members were of working age, the local authority introduced evening sessions to improve accessibility. These sessions were designed to better support unpaid carers and others with busy schedules.

Co-production was at the heart of service design and delivery, with the local authority working closely with Healthwatch to strengthen community engagement. This approach consistently highlighted the local authority's dedication to creating services that reflected the diverse needs of the community.

Theme 2: Providing support

This theme includes these quality statements:

- Care provision, integration and continuity
- Partnerships and communities

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

Care provision, integration and continuity

Score: 3

3 - Evidence shows a good standard

What people expect

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

The local authority commitment

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

Key findings for this quality statement

Understanding local needs for care and support

The local authority collaborated closely with people and stakeholders to understand community care and support needs, focusing on groups at risk of poor outcomes. These groups included people with protected characteristics, unpaid carers, and those arranging or funding their own care. Feedback from communities and unpaid carers shaped commissioning strategies and service development. Joint Strategic Needs Assessments (JSNAs) provided key demographic and population data, guiding important plans like the

Knowsley 2030 Strategy, the Joint Health and Wellbeing Strategy 2020 to 2025, the Adult Social Care Transformation Plan 2024 to 2027, and the Whole Life Strategic Commissioning Plan 2024 to 2027.

The local authority applied new or updated JSNAs to guide large-scale projects. In 2024/25, they focused on men's health, older people, and children's needs. Stakeholders shared their views, and a partner told us the local authority collaborated with relevant organisations to identify service gaps and improve the JSNA process. Frontline staff told us provider data was communicated to them and their feedback helped enhance services and manage the market. For example, a senior leader told us about the Homelessness Strategy, which highlighted the need for a new hostel. They informed us the local authority had been actively addressing this identified need with partners.

The Extra Care Housing Strategy aimed to help people live independently and prevent their conditions from worsening. Nine housing projects with 718 units were developed, including homes for younger people with learning disabilities, autism, or mental health needs. These housing developments offered a range of services, such as respite care, short-term support, and end-of-life care. Unlike traditional age-restricted models, the local authority expanded services to address diverse demographic needs, showing innovative solutions to housing challenges in adult social care.

The local authority collaborated with housing partners to replace shared accommodations with homes that had individual front doors and personalised support. A new independent living scheme was developed, offering two-bedroom homes designed for general needs, with a focus on supporting people with learning disabilities and mental health needs. The scheme was based on feedback from people with lived experience, which emphasised the need for flexibility.

A senior leader shared details of another scheme that supported people with low level mental health needs. This initiative incorporated CCTV and assistive technology to encourage independent living. Frontline teams also addressed the mental health bed crisis by implementing temporary homecare care packages to provide necessary support while minimising risks. Frontline teams told us they worked closely with the bed management team at the hospital to receive daily updates on bed availability. Staff also shared through partnership funding, the local authority had established a 16-bed independent living facility, promoting recovery and independence for people who might otherwise have required residential care.

A frontline team told us of improvements made in nursing dementia care over the past year. A 10-bed unit in a care home was repurposed by the local authority for nursing dementia care. To address the ongoing gap, the local authority secured funding and identified potential providers, adding 20 more beds within the next year. They also worked with providers to enhance skills and support recruitment.

Frontline teams told us there were gaps in mental health support, particularly for emotional and complex needs, and emphasised the need for increased psychological support. They explained a new scheme was being developed in partnership with a charity organisation. The staff recognised their expertise in housing support and ensured that psychological services were successfully incorporated into the scheme's design.

Co-production played a significant role in improving services. The local authority partnered with Healthwatch to gather public feedback through outreach workers who conducted in person consultations with people unable to respond online. Feedback revealed satisfaction with homecare services, with most people receiving their care on time. Unpaid carers valued the available support and the occasional service delays were effectively resolved.

Market shaping and commissioning to meet local needs

People in Knowsley had access to a variety of safe, effective and high-quality support services that matched their care needs. Data from the 2023/24 Adult Social Care Survey showed 70.99% of people felt they had a choice in the services they used, which was similar to the England average of 70.28%. The local authority collaborated with the Knowsley Engagement Forum, which engaged the public through Partnership Boards. By working in partnership with the community, the local authority gained a deeper

understanding of people's experiences, helping them overcome barriers and address inequalities. Healthwatch supported people attending these boards, which focused on topics such as older people, carers, learning disability, autism, and physical and sensory impairment. Led by people and unpaid carers, these boards ensured that community voices influenced decisions and service improvements. For example, the partnership boards contributed to refreshing and redeveloping the local authority's website, creating easy-read leaflets, and reviewing key strategic documents, including the Learning Disability and Autism Easy Read Housing Strategy.

The local authority collaborated with health partners and key stakeholders through regular meetings to develop strategies, such as the Market Position Statement 2022-2026 and the Joint Strategic Needs Assessment (JSNA). These strategies analysed current and future service demands and guided the commissioning of services over five years, with a ten-year outlook included. Section 75 agreements were used to combine funding and responsibilities between health and adult social care. They specifically covered areas such as community-based social care services, mental health support, and joint commissioning for long-term care and rehabilitation.

The Whole Life Strategic Commissioning Plan 2024 to 2027 brought together different organisations to work towards shared goals in public health, children's social care, and adult social care. As part of this, the local authority led some improvements and collaborated with partners on others. The local authority introduced a system to help people take their medication correctly and on time. It also funded new equipment to make homecare more flexible and personalised. In partnership with care providers, it contributed to the development of a tool that matched carers with tasks based on location, qualifications, and availability, improving efficiency in service delivery.

Due to increasing demand for homecare, the local authority implemented the 'trusted assessor model' to reduce delays in people receiving support. A senior leader explained that all pilot projects were thoroughly tested before being adopted more widely. These evaluations considered funding availability and whether the projects achieved their intended goals. While data indicated some impact, further evidence was required to demonstrate the real difference these initiatives made in people's lives. To support this, Healthwatch was commissioned to gather direct feedback from people.

The local authority demonstrated a commitment to delivering person-centred care through its strategic approach to in-house services. A senior leader shared that they engaged with day services to collaborate with people in exploring alternative provisions. As a result, most people received direct payments, allowing for a more personalised and independent approach to support that better suited their needs. Investments through the Stronger Communities Fund and other grants further enhanced access to creative day activities, particularly for younger people with learning disabilities and autism. An unpaid carer told us their family member benefited from attending the day centre, where staff organised trips and activities like sewing, bowling, swimming, trampolining and abseiling, which they enjoyed.

Supporting unpaid carers was a key part of Knowsley's Strategy. The 2021 Census showed 11.5% of Knowsley's people were unpaid carers, much higher than the national average of 8.8%, placing it among the top five areas for carers. Tailored support included advocacy, emotional help, education, and programmes for young carers. The local authority provided evidence of other types of support for unpaid carers such as day activities, lunch clubs, personal assistants and home care. The 2023/24 National Survey of Adult Carers in England showed 10.27% of carers in Knowsley needed short-notice emergency care, similar to the national average of 12.08%. Additionally, 18.52% of carers used services for breaks longer than 24 hours, similar to the England average of 16.14%. However, 12.11% of carers accessed services for breaks lasting 1–24 hours, which was significantly lower than the national average of 21.73%.

The All-Age Carers Strategy 2024-2028, developed with the Carers Partnership Board, focused on wellbeing and personalised support. Carers' feedback shaped the action plan. The local authority worked with organisations to provide tailored help, including carers' assessments under the Care Act 2014. Unpaid carers told us they appreciated services like respite care and engaging activities but also called for more varied respite options, which the local authority actively explored.

Ensuring sufficient capacity in local services to meet demand

The local authority made significant efforts to ensure care and support were available to meet demand, allowing people to access services when and where needed. A frontline team told us there were no delays in sourcing suitable care packages for people. The team told us all homecare packages started within 24 hours of referral being made to the brokerage team. There had been 4 main providers for homecare care packages and as per their agreement there was an obligation to respond to care package requests within 2 hours and have package in place the next day. Data showed that over 90% of people began receiving care within 28 days of completing their support plan. However, for urgent situations, homecare was arranged within 24 hours to ensure immediate support when needed. By January 2025, average waiting times remained low: 1 day for home care, 57 days for supported living, 11 days for residential care, 16 days for dementia residential care, 12 days for nursing homes, and 34 days for dementia nursing homes. These figures had improved compared to May 2024, when, for example, the waiting time for dementia residential care was 28.5 days, and nursing home care was 32.5 days. Health partners reported no waiting lists for homecare and described local authority processes as robust. They also noted that if any challenges arose, the local authority was approachable, and issues were promptly addressed.

A health partner told us there were challenges with nursing bed availability, and people were placed out of borough. In response, they had collaborated with the local authority to add 30 nursing beds within the borough, reducing out-of-area placements. This was accomplished in 2024 with the opening of both a dementia residential unit and a dementia nursing unit. Additionally, the local authority had planned for a further 13 dementia nursing beds and 14 general nursing beds to become available in 2025.

By February 2025, out-of-area placements had decreased to 25 for dementia residential care and 105 for nursing over the previous year. To address ongoing gaps, 14 general nursing beds and 20 dementia nursing beds were introduced in 2024, though 58 people remained placed out of area for dementia nursing. The local authority told us that some out of area placements were suitable to meet the wishes of the adult or their families and the majority for people were placed in neighbouring local authorities. Exceptions to this included when specialised care was required and this care could not be met in the borough or outside of the Liverpool City region.

Partners told us about the Dementia Strategy, funded by the Better Care Fund (BCF), with further work underway to enhance dementia services following an impact report identifying these gaps. The local authority played an important role in commissioning services and working with providers to establish new homes.

The local authority supported hospital discharges effectively through various programmes and services. Initiatives like the 'home from hospital' programme, energy support schemes, and the Adult Social Care Hardship Fund provided essential assistance. Additionally, services such as rapid response teams and intermediate care beds ensured people received the care and support they needed for a smooth transition.

A health partner told us the local authority recognised gaps in services, including support for people experiencing attention deficit hyperactivity disorder. To address this, they worked closely with partners to improve access to care, share expertise, and develop better support systems. They also collaborated with Merseyside and neighbouring boroughs to expand resources, helping more people receive tailored care and support.

Unpaid carers received tailored support through activities and resources that improved the quality of life for those they cared for. An unpaid carer told us the day centre had provided meaningful activities and trips aboard for the person they cared for. They also told us the access to funding had helped them purchase a new mattress. The support offered was person-centred, maintaining daily routines and offering consistent care arrangements. This was corroborated by unpaid carers who told us the people they cared for had a good daily routine with the same drivers transporting them to day services. Carers assessments led to services like weekend respite care and holiday grants, which helped unpaid carers manage their responsibilities alongside full-time work.

However, carers requested more varied respite options, which the local authority was actively exploring. National data from the Survey of Adult Carers in England for 2023/24 showed 12.11% of carers accessed support or services that allowed them to take a break from caring for 1-24 hours. This was lower than the England average of 21.73%.

Ensuring quality of local services

The local authority set up clear systems to monitor and improve the quality of care and support services. The safeguarding quality and improvement service (SQIS) worked with the whole life commissioning team to build good relationships with providers and ensure positive outcomes for people. SQIS managed care quality for providers in Knowsley or those serving Knowsley people. Providers resolved quality issues, addressed safeguarding concerns and SQIS carried out regular visits using the provider assessment and market management solution (PAMMS). They also took part in contract review meetings (CRMs) and quality assurance standards (QAS) group meetings, ensuring accountability, driving service improvements, and fostering collaboration between providers and commissioners to maintain high-quality care standards.

SQIS had 6 staff with backgrounds in social care or nursing which brought in valuable expertise in providing care and support to people. They monitored safeguarding concerns in residential settings and homecare through the multi-agency safeguarding hub (MASH), gave direct support to providers, and took part in relevant discussions to ensure ongoing service improvements. Commissioners organised CRMs with providers based on contract risk levels, focusing more on higher-risk services. Quality improvement leads and support officers shared data on quality and safeguarding, addressed concerns, monitored action plans, and issued breach notices for serious problems. These notices helped enforce standards, including suspensions or even contract terminations when needed.

Commissioning teams regularly met with providers to monitor people placed within their services. This ongoing communication facilitated discussions about those ready to transition to new settings. They also organised provider forums, each tailored to different levels of support. These forums allowed providers to offer feedback to the local authority on challenges, issues, training needs, legislative changes, service gaps, and rates for the upcoming year. They confirmed no providers had exited the market. Care providers told us the local authority was responsive, emphasising effective communication from frontline teams through frequent meetings and visits.

CQC-registered providers in Knowsley maintained high standards, as shown by their ratings. Among nursing care homes, 80% were rated 'Good,' and 10% were 'Outstanding.' Residential care homes had 60% rated 'Good,' while one was rated 'Inadequate.' Home care services performed well, with 70.37% rated 'Good.' Supported living services saw 66.67% rated 'Good' and 33.33% rated 'Outstanding.' Three supported living contracts ended early due to a provider retiring, but this was not linked to concerns about the market. One residential care home was placed under a commissioning embargo after being rated 'Inadequate' by the CQC, though no contracts for these services ended early.

The local authority reported four incidents to senior management, including an 'Inadequate'-rated homecare provider. The local authority responded by introducing an improvement plan, suspending new placements, enforcing contractual actions, and providing targeted support to the provider. A provider failure plan, supported by governance arrangements, guided the approach to provider closures. Local authority staff led groups to manage closures safely and ensure people were relocated without issues. This approach was recently used to move people from a supported accommodation following CQC enforcement action. Safeguarding concerns related to this provider had been successfully addressed by the local authority.

Ensuring local services are sustainable

The local authority worked closely with care providers, maintaining open communication through forums, contract monitoring meetings, and yearly fee rate consultations. During fee setting, commissioners considered wage rates, inflation, and other factors, collaborating with providers to agree on rates for the following year. This collaborative approach led to increased investments and higher provider rates, with 99% agreeing to the 2024/25 rates.

The local authority addressed recruitment and retention challenges in care staff by investing in adult social care for 2023/24 and 2024/25. From April 1, 2023, care workers were paid at least the Real Living Wage. Frontline teams told us the local authority's support for the real living wage for providers had strengthened capacity and improved service quality, enabling people to receive care without delays. Senior leaders told us the local authority had made a positive decision to pay the real living wage, demonstrating their appreciation for care staff.

The local authority, in partnership with NHS Cheshire and Merseyside ICB, used funding from the Market Sustainability and Improvement Fund to manage winter pressures and plan for future demand. Frontline teams focused on promoting independence, enabling people to remain in their homes, and keeping the care market stable. Paying the real living wage also improved care capacity and service quality.

The Knowsley Workforce Strategy for 2024 to 2026 aimed to build a stable workforce, improve skills and knowledge, support leadership, and create positive work environments. Linked to the 10 year Knowsley 2030 strategy, this initiative showed commitment to workforce growth. Regional partnerships worked to attract more workers to social care, while the strategy gave a clear framework for developing social work staff and external professionals. Funding also supported international recruitment with providers, addressing workforce issues creatively. A partner told us they had a good relationship with the local authority, sharing new employees visited them as part of their induction.

Partnerships and communities

Score: 3

3 - Evidence shows a good standard

What people expect

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

The local authority commitment

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

Key findings for this quality statement

Partnership working to deliver shared local and national objectives

The local authority collaborated with various partners through the 'Knowsley Better Together' partnership to align priorities, plans, and responsibilities across the area. This initiative included the police, fire service, health, education, housing, businesses, and the voluntary, community, faith, and social enterprise sector. The Knowsley Better Together Board, as the main governing body, managed the Knowsley 2030 Strategy. This strategy focused on five outcomes: building strong, safe communities; promoting healthy, active living with accessible support; empowering people to achieve their potential; creating an inclusive, thriving economy; and developing vibrant, well-connected neighbourhoods and town centres. A partner told us they had worked on several projects with the local authority, including the Knowsley Better Together strategy. They joined sessions with the voluntary sector, where everyone worked together. They also helped assess community assets and plan for the future, keeping a collaborative relationship with the local authority at all levels.

Health partners told us they valued their working partnership with the local authority describing their leadership team as consistent, responsive, accessible and a "positive critical friend". Another health leader told us the working relationship with the local authority was good, it was a small local authority, there were not huge lines between departments.

The Knowsley Healthier Together Board functioned as the Integrated Care Board for Knowsley, bringing together local health and social care partners. Aligned with the Knowsley 2030 Strategy, the board prioritised four goals for 2023 to 2025: reducing health inequalities in Northwood, implementing the Knowsley Offer, cutting avoidable hospital admissions, and improving GP service access. Chaired by the local authority's Chief Executive Officer (CEO), the board worked closely with the Health and Wellbeing Board to address health factors and reduce inequalities. Partners described the local authority as "trailblazers" in terms of the scale and pace of change and drive to improve health inequality outcomes for its population.

Strategic collaboration between the local authority and partners was also effective. A partner told us about the high-level meetings like the Place Partnership Board, where both the local authority and the volunteer community sector were well represented. This ensured an inclusive and cooperative approach to planning and decision-making. Another partner told us one of the local authority's strengths was its openness and teamwork. They told us the local authority provided support in board meetings, fostering a culture of trust and commitment.

Public health funded the Northwood programme, and this was supported by a local individual well-connected with statutory and voluntary services. A steering group formed 'Our Northwood,' where people addressed poor green spaces, which had impacted mental health, isolation, and physical activity. This collaboration model received widespread praise. The health leader told us the steering group were very passionate, and this partnership work had gained the community's trust.

Arrangements to support effective partnership working

The local authority collaborated with partner agencies to integrate care and support services, achieving better outcomes and efficiency. Health leaders told us that the services operating out of the centre for independent living, provided by a number of different partner organisations, including the NHS, housing providers, and the local authority, had led to positive outcomes for people and unpaid carers. The services offered included OT services, aids and adaptations, assistive technology, equipment and wheelchair services, falls prevention, care and repair, and the disabled facilities grants team. Shared recording systems had enabled joint working and reduced the need for people to repeat their stories to multiple professionals.

The local authority's mental health team collaborated closely with the community mental health teams within health services, improving communication and joint efforts to enhance people's safety and well-being. Health partners shared positive feedback, highlighting significant improvements over the past two years due to joint initiatives and regular multidisciplinary team meetings. These efforts strengthened coordination and built a shared understanding across services. To achieve better outcomes, the local authority used joint funding with partners effectively.

Since 2001, a Section 75 Partnership Agreement with the Cheshire and Merseyside Integrated Care Board (ICB) supported this collaboration. For 2024/25, pooled budgets were allocated for Disability, Mental Health, Community Services, and the Better Care Fund (BCF). This arrangement also included Continuing Health Care (CHC) funding, with the local authority managing CHC services for the ICB. This approach supported market stability, fair rates, and efficient contract and quality monitoring, benefiting services, outcomes, and the well-being of people and unpaid carers. A partner told us the local authority had a good quality assurance team they reported into to address concerns.

Partners told us the local authority demonstrated a proactive approach by challenging them on the accuracy of their hospital discharge data. This constructive feedback prompted partners to review and improve their data processes, ensuring greater reliability and transparency. Partners also highlighted efforts to align key strategies, with all health inequality strategies integrated into the Health and Wellbeing Board and Knowsley Healthy Together. Additionally, all partners were signed up to initiatives like the All Together Fairer, which partners described as fundamental to improving people's health and equal access to services.

A senior leader told us the Section 75 pooled budgets were effective in fostering close relationships with health partners. Senior leaders prioritised collaboration, ensuring that all stakeholders were involved. For example, the Extra Care Strategy was well understood by the head of regeneration, effectively addressing the need for sheltered and supported accommodations.

During Health and Wellbeing Board meetings, spending and outcomes from the pooled budget were reviewed. Health partners acknowledged the local authority's effective budget management, emphasising the trust and cooperation between the local authority and health services. The Better Care Fund (BCF) Plan for 2024–25 included 18 schemes designed to help people remain independent at home. Initiatives included the disabled facilities grant, assistive technology, community assets, carers services, extra care housing, reablement, and intermediate care services. The Adult Social Care Discharge Fund Schemes supported the 'home first' approach for hospital discharges, while admission avoidance schemes addressed local priorities.

Senior leaders were proud of their hospital discharge and intermediate care services. A senior leader highlighted successful collaboration with health services, explaining how hospital discharges helped refer people to local services for reablement. Health partners shared an example of a critical incident where A&E and admissions became potentially unsafe. In response, the local authority quickly allocated additional social workers to help resolve the issue by resolving delays and freeing up bed spaces.

Impact of partnership working

The local authority reviewed how partnerships affected social care costs and outcomes, using what they learned to make services better. The local authority recognised housing challenges for people with multiple needs and showed commitment to solving them. Through the transforming care agenda, they worked with health partners to help people move from secure and assessment hospital settings to community living. Tailored care packages were created, and NHS England funding was used to buy, renovate, and adapt homes to meet people's specific needs. This partnership supported people who had spent up to 30 years in hospital settings return to their communities with the right care and support.

The Extra Care Sufficiency Strategy ensured enough extra care options across the borough. By expanding eligibility to adults aged 55+ and people with learning disabilities, mental health needs, or autism, 9 extra care schemes were created with 718 self-contained apartments offering 24/7 support. These projects were co-designed with the community and funded through pooled budgets. This was supported by feedback from people, who expressed pride in contributing to the design of new housing projects. The initiative demonstrated the local authority's ability to plan proactively for demographic changes through coproduction.

Frontline teams told us they had good working relationships with both health and housing partners. For example, they told us they met monthly with housing colleagues which included looking at future housing developments. They worked with a local housing association during an extra care scheme build and were able to go onsite and advise on no threshold showers instead of shower trays, which meant future adaptations could be avoided.

Partnerships improved services such as the falls prevention initiative, which was developed with various partners such as the MerseyCare NHS Foundation Trust, a local football club and the Merseyside fire and rescue service. This initiative aimed to reduce environmental risks contributing to falls through services including the falls and fracture prevention service for people over 55, home fire 'safe and well' checks, and 'safe and steady' physical activity programmes. Additionally, an innovative technology app was introduced to assist care workers in responding to falls, ensuring timely intervention and support. The reablement team played an important role in post-hospital care, helping people regain independence more effectively.

The reablement team played an important role in post-hospital care, with measurable outcomes including 175 monthly referrals to the Falls Prevention Service, the integration of the technology app into 18 care homes, and a 56% increase in Reablement services between September 2022 and August 2023.

A frontline team told us the local authority was collaborating with neighbouring authorities to create a unified care home specification for the region. They explained the rationale was to simplify processes, as the local authority often placed people outside the borough, while others were placed within it. Having one specification would make it easier for providers to meet requirements across the region.

A health partner told us about their collaboration with the local authority had been highly effective, describing the local authority as proactive and engaging. They highlighted a focus on strengthening partnerships between hospitals and community services and noted, during the previous 4 to 6 months, significant joint efforts had been made between health services and the local authority to prepare for winter challenges. Similarly, another partner told us communication with the local authority was consistently positive, describing them as open, responsive, and constructive regardless of seniority levels. Multiple channels were used for communication, such as phone calls, formal and informal meetings, and weekly bulletins.

Partners shared examples of collaboration, including joint assessments and addressing capacity challenges together. The NHS trusts set up a skills academy in partnership with the local authority and voluntary and community organisations to recruit health care assistants and promote careers in social care. Recruitment pathways focused on both NHS care and residential community care, offering applicants skill-building sessions and support throughout the application process.

The Multi-Agency Risk Assessment and Management process worked alongside with agencies such as the NHS to manage risks, including fire safety, self-neglect, and medical needs. Regular meetings meant risks were addressed and care plans were updated to ensure people received continuous safe and effective care.

Working with voluntary and charity sector groups

The local authority worked closely with voluntary and charity organisations to meet social care needs. Adult social care partnered with the stronger community's team from the neighbourhoods and community's department. Knowsley's Stronger Communities Fund provided grants to sustain community assets. A partner told us partnerships with the local authority work well, there was a can-do attitude and open lines of communication.

Another partner told us they had a positive working relationship with the local authority, with good connections, clear specifications, and a systematic approach. This included quarterly contract reporting, meetings with detailed notes, and follow-up actions aimed at achieving better outcomes. A partner told us voluntary organisations were included on key strategic boards like the Safeguarding Adults Board, Health and Wellbeing Board, and Healthier Together Board, ensuring the sector had a voice. Commissioners and leaders attended voluntary sector forums to listen to people with lived experience and elected members actively visited community groups.

Senior leaders told us they worked closely with Healthwatch, which was described as a proactive and key part of the partnership. For example, both the local authority and health services approached Healthwatch to gather people's experiences in adult social care and identified areas for improvement. Partners told us this project was jointly commissioned but led by the local authority. The local authority, together with the Knowsley Integrated Care Board, built a positive relationship with Knowsley Healthwatch by commissioning the Knowsley Engagement Forum. This forum established six Partnership Boards focused on older people, learning disability, physical and sensory impairment, dementia, autism, and carers. Since 2012, the forum has brought together many stakeholders and supported strategic boards such as the Health and Wellbeing Board and Safeguarding Boards. A leader told us feedback from people was central to decision-making. Healthwatch ensured inclusivity by having boards chaired by people with lived experience, making engagement more meaningful.

Partners told us there were good levels of co-production, and everyone in the partnerships listened to staff and the people they supported. They also told us there was a need to include a diverse range of people in developing services. The local authority acknowledged this gap and had started reviewing ways to improve diverse representation.

One partner told us they actively contributed to the Carers Partnership Board, raising unpaid carers' concerns with the Health and Well-being Engagement Board. They also participated in discussions through forums such as the Learning Disability Board, Dementia Partnership Board, and Older Persons Board. When unpaid carers required additional statutory services, the Partner engaged with the local authority and commissioners to arrange the necessary support to meet those evolving needs.

Additionally, a partner shared an example of recent co-production initiatives, where unpaid carers participated in interviewing potential contractors for an online platform designed to provide information and support. This showed good partnership working to improve services for unpaid carers.

Partnerships between the voluntary sector and the local authority continually assessed and enhanced community assets. Partners described the local authority's approach as highly collaborative, with positive relationships and active involvement through various interfaces.

Theme 3: How Knowsley Council ensures safety within the system

This theme includes these quality statements:

- Safe pathways, systems and transitions
- Safeguarding

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

Safe pathways, systems and transitions

Score: 3

3 - Evidence shows a good standard

What people expect

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

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

The local authority commitment

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

Key findings for this quality statement

Safety management

The local authority prioritised safety by establishing the safeguarding and quality improvement service (SQIS), which conducted audits, reviews, and monitoring specifically for providers of care services in collaboration with partners to reduce risks. The Head of Safeguarding and Quality Assurance, with the Principal Social Worker chaired monthly meetings attended by partners such as Healthwatch and the Care Quality Commission. These meetings enabled information sharing and planning around providers with quality concerns to support improvement. Quality audits identified whether services met standards and fulfilled people's needs. In addition to monitoring care homes and homecare settings, SQIS also reviewed social work practices to ensure they remained person-centred.

The Knowsley adult social care high risk panel, led by the principal social worker, managed situations where adults were at serious risk, focusing on consent, capacity, rights, and legal aspects. The multi-agency risk assessment meeting (MARAM) was set up for agencies to share information and pool resources to protect vulnerable adults. Initiatives like multi-agency public protection arrangements (MAPPA) and the multi-agency risk assessment conference (MARAC) addressed risks related to violent offenders, sexual offenders, and high-risk domestic abuse victims, supporting community safety.

Processes for identifying new risks were established. Service managers or heads of service reviewed concerns and escalated them to senior leaders when necessary. For broader risks to people, the Assistant Executive Director or Executive Director of Health and social care got involved. Weekly reports from Heads of Service contributed to a Situation Report for the corporate management team, helping them decide if concerns needed to go to elected members or other leaders.

Safety policies and practices were developed, promoting shared learning and improvement. Lessons from these collaborations were used for staff development opportunities. Policies and guidelines were created to encourage safe practices, streamline operations, and improve risk management. The Knowsley safeguarding adults board introduced "7-minute briefings" to support staff, including a self-neglect and hoarding toolkit made with a local university to address complex situations.

To further strengthen risk management, staff received training on topics such as safeguarding, mental capacity, MARAMs, and modern slavery. Additional sessions, including an alcohol awareness workshop hosted by an integrated recovery service, were delivered in partnership with external organisations. These initiatives aimed to build practical skills and boost staff confidence in effectively managing risks.

Safety during transitions

Care and support in Knowsley was planned in partnership with people, partners, and communities to ensure safety and seamless care transitions. This included managing referrals, admissions, discharges, and transfers between services. The local authority recognised the challenges people and unpaid carers faced during transitions, creating detailed plans in collaboration with key partners to assess risks and provide appropriate care. People with lived experience told us they felt proud to be part of co-designing an easy-to-read transitions leaflet.

The local authority's hospital discharge team (HDT) used a structured approach to support safe hospital transitions. By working early with health colleagues, they identified people needing ongoing care and facilitated timely planning. HDT social workers assessed people's needs directly on hospital wards after receiving assessment notifications and immediately arranged short-term care packages, initially set for 2 to 4 weeks, in line with the 'Home First' approach. Frontline teams told us twice-daily meetings with doctors strengthened discharge planning, while collaboration with teams like housing, police, and environmental health ensured people left the hospital safely.

The voices of people, unpaid carers, and advocates were central during transitions. Close work between adult social care teams, health services, therapy providers, and voluntary organisations supported to reduce wait times for people transitioning. Frontline teams told us they received weekly updates on performance data, detailing discharge figures and placement availability. These updates also included information on step down beds and flex beds in care homes, with 11 beds in each home, 3 of which could be flexed to assist with hospital discharges when people were unable to return home due to environmental issues such as cleaning or heating. Additionally, 2 flats in extra care properties were available for people who faced concerns such as hoarding.

A senior leader told us people experienced safe transitional journeys coming out of hospital and going into their own home, as the local authority had embedded social workers in the right areas, so people experienced their preferred option for discharge. This was corroborated by a health leader who told us the interface and working relationships between health partners and the local authority were positive. Despite the complexities of working with three acute hospitals and varying processes, the local authority maintained a focused approach to supporting safe hospital discharges.

A senior leader told us that people experienced safe and smooth transitional journeys when leaving the hospital and returning to their own homes. This was attributed to the local authority embedding social workers in key areas, ensuring that people could access their preferred discharge options. A health leader corroborated this, stating that the interface and working relationships between healthcare providers and the local authority were positive

The local authority's adult social care mental health team collaborated with the Integrated Care Board (ICB) to manage Section 117 Aftercare under the Mental Health Act 1983. This effort followed a standard operating procedure implemented by MerseyCare NHS Foundation Trust, supporting people to receive comprehensive support.

To improve transitions into adulthood, targeted initiatives were informed by findings from the 2022 Office for Standards in Education (OFSTED) and Special Educational Needs and Disabilities (SEND) review. The local authority identified weaknesses in the transition process, which led to the development of a pilot programme aimed at addressing these gaps. The SEND report highlighted two key priority areas which included providing person-centred care and ensuring safe, high-quality services for people transitioning from children's services to adult services. These priorities have been incorporated into the local authority's Transformation Plan 2024-27.

In April 2023, a specialist transition team Pilot was launched, focusing on young people aged 14 and older, initially supporting 45 young people. Due to positive outcomes, the pilot was extended for 18 months, and its scope was widened to include all children transitioning to adulthood. Transition team social workers collaborated with Children's Social Care to identify young people's needs. Annual reviews started at age 14, with personalised support plans easing transitions at age 18. A strength-based approach encouraged independence and reduced reliance on care. Staff shared success stories, which included supporting a person moving into independent living supported by extra care, telecare, and assistive technology.

Safeguarding during transitions, especially for people moving between regions or services, was a priority. Social work teams ensured care providers were prepared to provide people with effective support with minimal disruption. People's communication needs were recorded, and mental capacity assessments were conducted as required. Changes in a person's health sometimes moved funding to Continuing Healthcare, which was set up locally to keep care running effectively.

Contingency planning

The local authority developed comprehensive contingency plans to manage potential disruptions in care services and protect people's safety and well-being. These plans included advanced information-sharing agreements with partner agencies and neighbouring authorities to reduce risks. Frontline teams told us there had been good, coordinated working between the teams. Care cover was provided out of office hours, including the weekend by either the emergency duty team and rapid response to 'bridge the gap' until Monday. This ensured people were not left without support.

To manage emergency situations, contingency plans were discussed with people beforehand, prioritising their preferences and the input of unpaid carers. In emergencies, family members often provided temporary support, but if unavailable, the front door team prioritised care delivery. Immediate assistance came from the rapid response team, with emergency respite options and in-house services available for complex referrals. Care providers collaborated closely to meet urgent needs.

Frontline teams told us there were no waiting lists for hospital discharges. However, sometimes assessments conducted by the hospital's own community therapy team could take up to 2 weeks. During this interim period, the local authority provided a contingency by arranging care packages to provide temporary support. This demonstrated effective partnership working to manage risk and avoiding delayed discharges to ensure that the person could return home.

Urgent referrals for non-hospital based occupational therapy assessments were effectively managed, with same day assessments conducted by teams at the centre of independent living, which provided a range of support options to meet people's equipment and technology enabled care needs.

A provider failure plan was in place to manage situations involving care provider closures. Clear governance arrangements supported this plan, with management groups overseeing safe relocations depending on the severity of the issue. This plan was recently implemented when people needed relocation after enforcement action by the Care Quality Commission (CQC). After a CQC inspection, the local authority had suspended new admissions to the affected care home. They also provided significant support to the provider, which included developing and implementing action plans.

Importantly, funding disputes or decisions did not hinder the delivery of care and support. The local authority maintained a proactive approach, ensuring people's needs were consistently met without interruptions.

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

The local authority maintained effective systems to protect people from abuse and neglect, supported by a collaborative, multi-agency approach. National data from the 2023/24 Adult Social Care Survey showed 71.36% of people using services felt safe, similar to the England average of 71.06%. Additionally, 86.82% of people said these services helped them feel safe and secure, close to the England average of 87.82%. The Survey of Adult Carers in England indicated 81.77% of carers in Knowsley felt safe, with the England average of 80.93%. An unpaid carer told us the local authority had provided them with significant support in raising safeguarding concerns against a care provider and had offered valuable assistance throughout this process.

The local authority developed the Northwest Safeguarding Adults Policy alongside regional authorities, ensuring a unified framework for harm prevention, concern response, and cooperation while maintaining legal confidentiality. The Knowsley safeguarding adults board (KSAB) and safeguarding and quality improvement service (SQIS) introduced clear procedures, supported by tools like the 'Know which Pathway to Use' poster to guide staff and providers.

The KSAB implemented a strategic plan focused on prevention, development, and coordination, holding partners accountable and ensuring resources addressed safeguarding issues. Safeguarding adults review (SAR) referrals were processed by the Merseyside Safeguarding Adults Review Group (MSARG), which collaborated with authorities like Sefton, St. Helens, and Wirral. Structured processes like the multi-agency risk assessment meeting (MARAM), multi-agency public protection arrangements (MAPPA), and multi-agency risk assessment conference (MARAC) provided structured pathways for managing risks and targeting support effectively.

A partner told us the process of raising concerns was straightforward and efficient, emphasising the collaborative approach taken to support people. The partner further explained they were kept updated on the outcomes of any enquiries they had initiated. Similarly, care providers shared their positive experiences with the safeguarding team, describing them as supportive and responsive. They expressed confidence in raising safeguarding concerns, acknowledging the team's promptness in engaging with providers to ensure appropriate actions were taken.

Safeguarding concerns were consistently addressed by the safeguarding team, which worked closely with those raising concerns and kept providers updated on outcomes. Collaboration with the multi-agency safeguarding hub (MASH) enabled subgroup reviews, refined practices, and strengthened policies, ensuring coordinated efforts between strategic and operational levels.

There was positive strategic connectivity with operational practice, as the principal social worker chaired weekly multi-agency safeguarding hub (MASH) meetings. Data was discussed around safeguarding referrals, how many led to investigations, and how many were closed. This provided assurance and early sight of safeguarding themes. Quarterly governance meetings reviewed performance, while weekly leadership sessions analysed complex referrals. Rates of concerns progressing to enquiries were reviewed monthly at the Safeguarding Performance Board by the Head of Safeguarding, and further analysis or review was undertaken when there were any significant changes in decision-making.

The Knowsley adult social care high risk panel, led by the head of safeguarding and quality improvement, addressed critical concerns, such as harmful behaviours, risky decisions, or serious harm when standard interventions were insufficient. It also managed issues related to consent, capacity, rights, and legal aspects. Staff told us they managed risk well using a positive, strength-based approach. They felt supported by the high-risk panel and multidisciplinary processes. When leaders actively took ownership of risks, staff felt more confident.

A partner told us the Safeguarding Adults Board was well attended and described it as a 'powerful' Board due its makeup of professionals and people who knew the demographics and challenges of the borough well. The board included members of the local housing providers, local hospitals, Healthwatch, One Knowsley and Knowsley Disability centre to support a coordinated approach to safeguarding adults.

Responding to local safeguarding risks and issues

The local authority demonstrated a comprehensive approach to safeguarding, prioritising harm reduction and abuse prevention in collaboration with partners. The socio-economic profile of the borough shaped its safeguarding priorities, with specific challenges like physical abuse addressed through initiatives such as 7-minute briefings and the Knowsley Domestic Abuse Strategy 2022 to 2025. By March 2024, 670 practitioners received training, enhancing their understanding of domestic abuse. Learning was also corroborated with a senior leader, who told us they had shared the 7-minute briefings with fellow Members to ensure they were aware of specific issues such as cuckooing and domestic violence.

In care homes, where 25.4% of abuse incidents occurred, neglect was the most common issue. The local authority identified a slight rise in physical abuse as of January 2024, prompting collaboration with care providers to find reasons. These findings were shared through case studies via the Knowsley's safeguarding adults board (KSAB) website and newsletters. Multi-agency collaboration through the Merseyside safeguarding adults review group (MSARG) strengthened safeguarding practices. Over two years, MSARG reviewed 27 referrals, with seven meeting SAR criteria. Key learning points included improving missed appointment management, supporting informal caregiving, and stricter monitoring of direct payments where families were sole caregivers.

National and regional SAR findings informed local safeguarding practices. Guidance updates integrated into the MARAM process addressed missed appointment risks. Initiatives like "Learning lunches" in June 2024 helped professionals access this knowledge, and resources were made available through KSAB's website.

Transitional safeguarding improvements were evident in the Knowsley transition programme, which supported young people aged 14+ who did not qualify for Care Act support who still faced ongoing risks. The transition team prepared young people for adulthood, with KSAB producing a seven-minute briefing to enhance awareness.

Frontline teams told us professional development was actively encouraged by the local authority. Formal supervision was complemented by active peer support processes to ensure staff felt well-supported. Safeguarding training reinforced these efforts, with Level 4 safeguarding training mandatory for social workers, complemented by in-house and e-learning options. Regular audits conducted by the quality assurance team and informal meetings addressed gaps, discussed improvements, and incorporated feedback from people involved in the safeguarding process. Care providers told us the local authority supported their staff by offering in-house safeguarding training to newly employed staff.

A senior leader told us the multi-agency safeguarding hub (MASH) co-located with children's services and partners, had been a strength in supporting people to stay safe. The referral routes to the MASH team were well established, and the team operated with no waiting times as s.42 enquiries progressed quickly. The team underwent regular audits using a multi-agency approach. This demonstrated the local authority's commitment to making safeguarding everyone's business. In March 2023, the Local Government Association MASH Peer Review highlighted effective inter-agency collaboration, consistent decision-making, and good leadership. Low repeat referral rates and positive feedback from partners further validated MASH's effectiveness. For example, 90% of partners reported confident about the agreed safeguarding thresholds for undertaking s42 enquiries, and 80% felt that adults received a good service from MASH.

Proactive measures and leadership underscored the local authority's commitment to safeguarding. Despite initial data challenges, the KSAB commissioned an independent Safeguarding Adults Review, reinforcing their dedication to refining safeguarding practices. By evolving strategies to meet emerging risks, the local authority continued to prioritise the protection and well-being of its community.

Responding to concerns and undertaking Section 42 enquiries

Safeguarding enquiries in Knowsley were managed through an effective system involving the Multi-Agency Referral Form (MARF) or telephone submissions. From April 2023 to March 2024, 3,277 safeguarding contacts led to 1,221 s42 enquiries, an 18% increase from the previous year. Of the concluded enquiries, 54% identified a risk, and in 96% of these referrals, the risk was either reduced or removed. The multi-agency safeguarding hub (MASH) brought together various agencies to collaborate and safeguard vulnerable people, ensuring all concerns were investigated promptly to minimise harm and promote wellbeing.

MASH played an important role in evaluating safeguarding concerns and allocating s.42 enquiries immediately, with no delays even during peak demand. The Incident Management Officer led enquiries, supported by additional resources during busy periods to address growing safeguarding demands. A single referral pathway for domestic abuse referrals directed these to the safer community's team, ensuring consistent and specialised support. Provider-related safeguarding concerns were documented and monitored by the Safeguarding and Quality Service through the shared records system.

The local authority focused on quality assurance by carrying out 36 multi-agency audits in 2023/24. Of these, 78% were rated as 'Good' or 'Outstanding.' The local authority planned to include multi-agency partners in audits within 12 months, showing its commitment to shared safeguarding responsibilities. The Knowsley intervention team (KIT), established in January 2024 as part of MASH, supported people facing significant risks and challenges.

Using tailored interventions and models the team improved outcomes efficiently. Since December 2023, KIT worked with 34 people, closing 16 referrals, reducing contact by 50%, and reducing staff allocations for complex referrals from 4 to 1 per person. These efforts streamlined processes and addressed complex needs effectively.

Frontline teams told us they led s42 meetings, strategy visits, and joint assessments to ensure better outcomes for people. Providers appreciated the prompt response to safeguarding enquiries, with detailed feedback enhancing communication. Data from February 2025 showed efficient management of s42 referrals, with triage and allocation completed within a day and no waiting lists. This reflected the local authority's commitment to timely responses to safeguarding needs.

Managing Deprivation of Liberty Safeguards (DoLS) applications had its challenges, with 146 referrals still waiting to be allocated in February 2025. However, this was much lower than the 230 referrals in 2021, marking a 37% drop in waiting lists. Between 2022/23 and 2023/24, the average time taken to approve DoLS applications was reduced by 46%. The median wait time for review or allocation was 10.9 weeks, with the longest wait being 47 weeks. To manage the rising demand, the local authority added extra resources, created weekly monitoring reports, and improved staff skills by offering access to best interests assessors. These actions helped manage waiting lists and ensured applications were processed more quickly.

Frontline teams told us all safeguarding enquiries were managed by the safeguarding team. However, when necessary, the allocated social worker became involved to support the process. Instances were shared where people declined to speak with safeguarding team staff and preferred to communicate with the allocated social worker. This preference was considered, and the allocated social worker became more actively involved in the safeguarding process to support the person. Accommodating people's preferences promoted a person-centred approach to safeguarding.

Making safeguarding personal

The local authorities safeguarding practices emphasised the principles of the 'making safeguarding personal' (MSP) policy, empowering people and unpaid carers to co-create safeguarding plans with agencies. By prioritising the principle of “no decision about me without me,” the local authority ensured services were centred on individuals' needs, adaptable to changing circumstances, and coordinated across stakeholders.

During safeguarding processes, people or their advocates were actively consulted on their desired outcomes, which were recorded in enquiry files. Immediate risks were identified early on, and collaborative visits with assessing social care teams were conducted when necessary to ensure coordinated care and risk mitigation. This approach minimised the need for people to retell their experiences, showing respect for their time and well-being. To enhance understanding and accessibility, MASH workers provided interpretation and translation services, along with support from Advocacy and Speech and Language teams.

Frontline teams told us the safeguarding process incorporated feedback from people. Audits were also conducted to ensure the person's views were considered as part of the Make Safeguarding Personal policy. It was highlighted as good practice to seek feedback from people both during and at the end of the safeguarding process. An example was shared of a relative who, attended a meeting to advocate on behalf of their family member, constructively challenged the professionals and influenced the support tailored to the person's needs.

National data from the Safeguarding Adults Collection for 2023/24, showed 280 safeguarding enquiries were concluded in Knowsley. Of these, 78% of adults expressed desired outcomes in line with the 'Making Safeguarding Personal' approach. 99% of those outcomes were either fully or partially achieved. This was higher than the national average of 95%. The same data showed 97.56% of people lacking capacity were supported by an advocate, family, or friend, which was higher than the England average of 83.38%. This represented a positive variation, showing a high level of commitment to effective practices in safeguarding and advocacy.

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

The local authority demonstrated clear and effective governance, management, and accountability at all levels. Their Annual Governance Statement was reviewed by external auditors and presented to the governance and audit committee, providing evidence of the effectiveness of their governance and performance management systems. Despite operating in one of the country's most deprived areas, the local authority consistently fulfilled Care Act duties with quality and sustainability.

The medium-term financial plan, a 3-year rolling strategy reviewed annually, aligned financial priorities with the wider local authority's vision. Adult Social Care reduced demand through prevention, introduced efficient working methods, and achieved savings without compromising care outcomes. Quarterly performance reviews were held with elected members, with urgent issues escalated to the Chief Executive. The Council Plan 2022 to 2025 served as a foundation for priorities and financial planning, supported by an annual plan with actionable goals.

Frontline teams told us they had good relationships with senior leaders and felt comfortable sharing feedback through formal channels or directly. They gave examples, like the principal social worker leading high-risk panels and service managers running monthly staff champion meetings to support teamwork. Overall, these practices indicated a well-structured and supportive organisational culture.

A senior leader told us they were visible to the workforce through regular updates, celebratory staff awards, and events such as safeguarding week. Staff were also invited to the local authority's 50th celebration, showing leaders' commitment to engagement. Staff appreciated the open culture, feeling confident in engaging with senior leaders who valued feedback and emphasised collaboration. The adult social care leadership team provided stability with clearly defined roles and responsibilities, fostering an approachable and supportive environment.

Political and executive leaders had a clear understanding of risks affecting adult social care. Risks were tracked in the corporate risk register and integrated into decision-making. Elected members actively reviewed priorities, accessed reports, and maintained positive relations with the Director of Adult Social Services through regular meetings and visits to facilities. Scrutiny processes were effective, as elected members used feedback from services like respite during reviews to make improvements. For example, senior leaders told us scrutiny worked well as a function in the local authority and helped inform adult social care priorities.

A senior leader told us how visiting local respite services to hear people's views as part of a deep dive scrutiny review had helped refine the respite service offer to people. Aligned to the priorities outlined within the Adult Social Care Transformation Plan 2024–2027, in late 2023 the local authority had commenced a review of its respite offer. This review involved talking to people who benefited from the provision of respite services, people who accessed those services to give their carers a break, staff who requested to secure planned and emergency respite provision, and providers who currently offered respite services or might wish to in the future. In 2024, the Health and Social Care Scrutiny Committee selected 'respite' for a review, and the findings supported the review the local authority had already commenced. The Scrutiny Committee made six key recommendations, which included expanding respite options, block booking beds in care homes, enhancing data collection, improving communication, raising awareness through training, and exploring tools for fairness and transparency.

A senior leader told us all directors were accessible and approachable and there was good leadership in Knowsley. They also told us the scrutiny board focused on adult social care priorities with realistic impact measures.

The local authority coordinated and monitored operations effectively, sharing reports with senior leadership, including insights into demand, waiting lists, caseloads, and assessments. A senior leader told us there was a connected leadership team across health and adult social care who meet frequently. Participation from human resources, finance and data leads were at these meetings which allowed for multi-disciplinary discussions and holistic oversight of services across adult social care.

The local authority proactively addressed waiting lists in the aids and adaptations service by analysing service flow and successfully recruiting staff to prevent shortages. A health leader told us the local authority was highly aware of public health challenges and inequalities, and they felt supported in fulfilling their role. Quarterly regional reports and updates from the Section 75 Management Group focused on jointly funded services with the Knowsley Integrated Care Board.

The local authority participated in regional improvement initiatives, including the Northwest Association of Directors of Adult Social Services Programme and Cheshire and Merseyside collaborations, using resource analysis, market reviews, and comparisons to improve services. Risk management, led by the risk and resilience service, ensured risks were identified, evaluated, and managed effectively. These risks were recorded in the corporate risk register for comprehensive oversight.

Senior leaders were well-informed about adult social care issues, future plans, and actions to manage budget pressures and increasing demands due to deprivation, health inequality, and workforce challenges. A robust framework was in place to monitor adult social care and its interface with other council functions, such as housing and extra care developments. Local authority senior leaders showed concern for the workforce and aimed to foster an open culture by meeting staff regularly and attending new staff inductions. In line with their commitment to workforce development and retention, the local authority simplified job application processes by streamlining forms for temporary staff transitioning to permanent roles.

Staff told us there was an open culture within the local authority and leadership had been visible. They expressed they were able to confidently approach senior leadership who valued their feedback and collective working. Senior leaders maintained consistent communication through monthly meetings with service heads, hybrid working models, and wellbeing-focused team chats. A partner acknowledged the local authority for its collaborative and approachable style, highlighting how it helped deliver effective support to people and unpaid carers.

A senior leader explained the data team operated as a corporate team while including a performance team dedicated to adult social care. Their responsibilities extended to supporting the directorate with risk management and contributing to development planning for adult social care. Additionally, the team managed statutory returns related to adult social care. Key risks included sustaining services, workforce availability, funding stability, and market reliability. Effective systems like the high-risk panel and the Knowsley multiagency risk assessment meeting (MARAM) addressed serious risks and supported adults' independence while prioritising safety and well-being.

The principal social worker (PSW) was positioned within the senior leadership team and worked closely with the Director of Adult Social Services (DASS) to embed good practice. An example of the effective oversight arrangements in place was during the pandemic, when it was evident that the increased demand coming into MASH had placed pressure on the team with gradually increasing caseloads. Senior leaders responded quickly and invested in an expanded MASH team, which grew from 6 to 20 social workers. The PSW remained visible and engaged throughout this period, participating in high-risk panels and monthly staff champion meetings, and chairing regular MASH demand meetings. Frontline teams told us they had appreciated the accessible culture and felt confident approaching the PSW with feedback.

Governance supported planning and risk management, with weekly 'key issues' reports informing the corporate management team, led by the Chief Executive, enabling prompt responses to critical matters. Regular leadership meetings, including bi-monthly discussions between the Chief Executive and DASS, ensured alignment on priorities and effective responses to emerging challenges.

Strategic planning

The local authority had a clear and joint vision for adult social care, supported by a well-funded delivery plan. These efforts aimed to improve outcomes for people needing care and support, as well as unpaid carers, while addressing inequalities in the community. Their plans were based on a clear understanding of local priorities and closely aligned with the strategic objectives of key agencies, including health, public health, and housing. A health leader highlighted their positive collaboration with adult social care, praising their meetings for identifying opportunities and appreciating their partnership with the local authority.

The Knowsley Council Plan 2022–2025, part of the Council’s Policy Framework, presented a strategic vision: ‘Supporting Knowsley’s people and communities to thrive’. This vision was further supported by the Knowsley 2030 Strategy, which provided a long-term framework for borough partnerships. The Adult Social Care Transformation Plan 2024–2027 outlined the main priorities for adult social care and detailed how they would contribute to the Council Plan and 2030 Strategy. Additionally, the health and social care departmental plan defined specific actions across areas such as adult social care, safeguarding, whole life commissioning, and public health.

A senior leader explained the transformation and reform plan of adult social care was developed through co-production with people with experience, the workforce, and partners. To ensure continuous feedback throughout the pilot involving the Transition Team, Front Door Pilot Team, and Knowsley Intervention Team (KIT), the local authority appointed staff champions within each team to maintain ongoing communication with both senior leaders and frontline staff.

The local authority prioritised early intervention and prevention to help people remain independent for as long as possible. Investments were directed toward reablement services, digital and technological solutions, carer support, and partnerships with the social care provider market. Frontline teams emphasised their focus on prevention and community support, noting their diverse specialisms and proactive efforts across the borough. Senior leaders expressed confidence in the accessibility of information, commending the local authority's responsiveness in providing additional details when required. A health partner told us they received assurance on the impact of completed work through feedback processes. For example, the winter wellness grants were monitored by the local authority through due diligence, and recipients completed feedback forms demonstrating the grants' impact. Another example was the falls prevention project involving 18 care homes, where reports indicated a reduction in hospital admissions. Staff told us they valued these detailed reports as they helped manage caseloads and explained the reasoning behind strategic improvements.

A senior leader told us they had a Workforce Strategy that supported securing social workers into permanent employment and reducing reliance on agency staff. Frontline teams also shared progress in actively recruiting for permanent vacancies, emphasising a reduced reliance on agency staff compared to previous periods. Senior leaders explained they listened to their care providers, who highlighted issues with recruitment and retention, and the introduction of the real living wage was particularly important to them. These workforce developments reflected the local authority's commitment to sustaining a capable and resilient social care team.

Information security

The local authority demonstrated a dedication to protecting the security, availability, integrity, and confidentiality of data, records, and management systems. They implemented arrangements and protocols to ensure safe information sharing with partners, while maintaining confidentiality through secure recording and storage practices. Staff training reinforced the importance of data security and governance, highlighting these areas as potential risks. To uphold high standards, the local authority actively monitored such risks through audit plans and governance frameworks.

However, limited system access between the local authority and health partners had been a challenge. After hearing feedback from staff, the local authority recognised this issue and started looking into ways to improve access levels. Their goal was to enhance collaboration, increase efficiency, and improve integration between systems, demonstrating a proactive approach to addressing operational barriers.

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

The local authority promoted a culture of inclusion and positivity, with a clear focus on continuous improvement. Staff told us they were consistently offered learning opportunities and support to ensure Care Act responsibilities were carried out safely and effectively. Feedback from staff, leaders, and partners told us there was a clear emphasis on teamwork across different teams. Frontline staff told us the training available was very good and went beyond mandatory courses, offering opportunities such as Best Interest Assessor training, Practice Educator programmes, and apprenticeships. Staff also told us there were many opportunities for personal and professional growth, such as unconscious bias training and a staff member completing a data analyst apprenticeship, which contributed to evidence-based commissioning improvements.

Staff told us communication about training was consistent, with weekly emails keeping them informed about upcoming sessions and webinars. Training opportunities were often discussed during supervision, and staff told us they felt supported in signing up for courses and providing feedback afterward. Bespoke training opportunities were also highlighted. For example, staff told us Equality, Diversity, and Inclusion Leads delivered sessions to the Commissioning team to help them better understand changing demographics and local population needs. Staff told us LGBTQ+ Champions developed a training module titled "How we can better engage our service users from this community," which was planned to be taught in social work courses.

The local authority's efforts to organise and facilitate training sessions for providers were appreciated, highlighting a commitment to capacity building and collaboration. A partner told us unpaid carers had access to valuable training, such as manual handling courses, which equipped them with essential skills. Staff also told us the proactive provision of safeguarding training to both partners and providers demonstrated the local authority's dedication to enhancing safety and care quality across the network. Together, staff told us, these initiatives demonstrated the local authority's commitment to fostering growth and inclusivity across all levels of its workforce and community.

Knowsley Council won the 'Council of the Year' in 2024 at the Municipal Journal Awards, recognising its effective leadership, financial management, and strategic growth plans. Judges praised the council for visibly making a difference in the community and successfully investing in services, staff, and people.

This achievement also highlighted the local authority's commitment to continuous professional development as part of its Workforce Strategy. The local authority's dedication to continuous improvement and investment in transforming services played a key role in securing the prestigious award. Additionally, their whole-life commissioning approach, covering adult social care, children's services, and public health, ensured high-quality, sustainable services for the people living in Knowsley.

Frontline staff told us the 'grow our own' approach to recruitment and retention aligned with the local authority's Workforce Strategy by focusing on local talent to build a stronger, more stable workforce. For example, staff told us the local authority worked to increase the number of assessed and supported year in employment (ASYE) social workers and to offer more apprenticeship opportunities. They also planned to expand apprenticeship opportunities to the public, aiming to promote choice and address deprivation and high unemployment in the borough, reflecting their dedication to addressing community challenges through workforce development. Additionally, they supported the learning infrastructure by employing social work apprenticeship coordinators, a lead ASYE assessor, and learning and development leads.

Staff told us they felt supported with their caseloads and work allocations. They also described receiving consistent support from their line managers through both formal and informal supervision. Additionally, they explained a robust support system was in place for managing complex casework, through supervision, peer support, and a complex case panel to mitigate risks and address challenging situations. Through these efforts, the local authority enabled staff to deliver high-quality services effectively while building a motivated and skilled workforce. Their workforce strategies empowered people and strengthened the local authority's ability to meet community needs.

The local authority demonstrated a commitment to collaboration, working with people and partners to improve social care experiences and outcomes. Their dedication to coproduction was evident in the Knowsley Better Together partnership plan, based on the principle 'more can be achieved if people work together'. This plan involved six partnership boards, including older people, learning disability, dementia, and carers, all led by people with lived experience alongside representatives from adult social care and health, ensuring diverse perspectives shaped decisions. Healthwatch played a key role in engagement, providing training for members and supporting information guide development, for example for residential and nursing services locally. Healthwatch also held strategic positions on boards like the Health and Wellbeing Board and One Knowsley Board.

People consistently told us they felt genuinely listened to by the local authority, sharing examples such as the Director of Adult Social Services co-chairing the older people's partnership board and elected members regularly attending meetings. Guided by the principle 'Nothing about us without us', co-production was firmly embedded in Knowsley. People told us partnership boards ensured all changes were reviewed and approved collaboratively to maintain transparency and accountability. Extensive community involvement was reflected in groups like the Learning Disability Partnership Board with over 50 members and the older people's voice group, which had more than 500 members.

To support participation, people told us roadshows were organised across townships, and taxis were provided to facilitate involvement.

The transition team pilot scheme co-developed with partnership boards resulted in a transitions booklet that was recognised for its clarity and impact on young people and families. People told us they felt their participation was meaningful, with examples like the older people's group helping to design extra-care services, such as choosing details like door handles. People told us roadshows and the board's large membership ensured diverse voices were heard and acted upon. A partner told us about the older people's involvement project, which had been running for 21 years. This project worked on improving signposting, sharing better information, and designing services together with social care, the NHS, and housing. It also produced a finance guide for older people, funded jointly by social care and NHS resources. People shared how these efforts helped make a real difference in their lives.

Within Adult Social Care, a dedicated team led continuous transformation and improvement through strategic projects. Staff shared they felt involved in transformation projects that improved services, such as making assessments more flexible and easier for people to use. They explained feedback systems, like using staff champions, allowed them to suggest changes, such as updating the financial assessment leaflet to make it clearer. Care providers told us they appreciated projects like 'technology enabled care,' which supported people to stay independent by using helpful technology. A person told us the use of technology meant they no longer needed formal support, as it supported them to manage their day. This demonstrated a least restrictive and person-centred approach.

The local authority engaged in regional and national groups, like the Northwest Association of Directors of Adult Social Care, where Knowsley's Director of Adult Social Services served as co-chair. This showed how dedicated they were to improving adult social care at wider levels.

Learning from feedback

The local authority consistently listened and engaged with people, staff, partners, and stakeholders. A senior leader told us the local authority had robust feedback mechanisms to drive improvement. For example, they engaged closely with Healthwatch, which supported the Partnership Boards chaired by people with lived experience. Regular conversations with elected members through scrutiny meetings ensured changes to services were discussed following consultation periods. Strategies and improvements were co-produced through initiatives like the Carer's Partnership Board. Unpaid carers expressed they needed better respite services, leading to changes such as block booking options and more flexible use of direct payments to hire personal assistants.

Communication tools like forums, feedback boxes, staff champion groups, and an online portal supported a collaborative and inclusive culture. The local authorities "You said, We did" approach demonstrated a commitment to acting on feedback and improving services.

Staff told us they were proud to work for the local authority, valuing their autonomy and collaborative environment. Reports generated daily, weekly, and annually enabled adult social care teams to identify and address gaps in services, such as reducing out-of-borough placements by utilising vacant local service beds. Communication tools, including the Executive Director's blog and Head of Service updates, facilitated ongoing learning across teams. Staff also told us they benefitted from learning shared through Safeguarding Adult Reviews, using 7-minute regionally credible briefings to improve practice and outcomes. Staff described the local authority as small, friendly, and approachable, encouraging staff improvement. Staff appreciated the quality of training and highlighted the visibility and approachability of senior leaders, noting their service manager actively engaged with the team by sitting alongside them.

A senior leader told us the local authority had made significant investments in quality improvement, employing a senior quality improvement lead, nine quality improvement leads, and three quality support officers. Staff explained quality leads played a hybrid role, ensuring people received the support outlined in their care plans by reviewing these plans thoroughly and assessing their implementation. Additionally, the quality assurance model included audits with a matrix to identify themes and strengthen practices. Feedback was given to practitioners and shared more widely to ensure learning was embedded. We were told people with lived experience contributed feedback on their experiences, and the quality assurance of providers was described as flexible, proactive, and responsive, reflecting the local authority's ability to build good relationships.

The safeguarding and quality improvement service (SQIS) enhanced practice by issuing guidance updates based on audit findings, such as consistent frameworks for Mental Capacity Act assessments. A dedicated team systematically reviewed complaints and compliments to identify trends and improve services. Between September 2023 and September 2024, 140 complaints addressed communication challenges, coordination, and financial matters, while compliments recognised the professionalism, compassion, and lifechanging impact of services. A senior leader told us despite a 100% uphold rate for four Local Government Social Care Ombudsman investigations in 2023/24, the local authority achieved full compliance. An unpaid carer told us they knew about the complaints procedure and felt it was accessible and clear, ensuring support when required.

A senior leader told us the local authority effectively used data to drive improvement and strategic development, with the front door pilot evidencing their data-driven initiatives. Staff told us data supported their work by tracking assessment timescales and managing open referrals. Performance data was reviewed at the team level, and data quality issues were addressed collaboratively to drive continuous improvement. Feedback mechanisms were built into social workers' workflows, with staff asking for feedback at the beginning and end of their interventions. Feedback was used to celebrate good practices during weekly quality meetings. Ambitions to increase feedback from providers and people receiving non-eligible support were highlighted, with Healthwatch being a key driver in enhancing practices and improving outcomes. However, partners told us delays in reviewing Carers and Autism strategies led to frustration within relevant boards.

The local authority showed a clear commitment to continuous learning, transparency, and co-production, earning widespread praise from partners. A senior leader told us the local authority commissioned three independent reviews during 2023/2024, reflecting their proactive approach to critically evaluating practices and implementing meaningful changes for the community. In January 2023, the local authority's Safeguarding Adults Board and

Children's Safeguarding Partnership told us they commissioned an Independent Review of Multi-Agency Safeguarding Hub arrangements to enhance safeguarding practices. In October 2023, Adult Social Care collaborated with the Local Government Association and the Northwest Association of Directors of Adult Social Services for a Peer Review. The Peer review recognised the effectiveness of good connections and communications across organisations during care transitions.

Additionally, partnerships with Think Local, Act Personal and the Social Care Institute for Excellence helped refine co-production practices, with a workshop in June 2024 demonstrating their focus on community engagement and improvement.