Care Quality Commission

Gateshead Borough Council: local authority assessment

How we assess local authorities

Assessment published: 21 March 2025

About Gateshead Borough Council

Demographics

Gateshead Borough Council is a metropolitan borough within the metropolitan county of Tyne & Wear. Gateshead borders with the local authority areas of Newcastle upon Tyne, Northumberland, County Durham, Sunderland and South Tyneside. The local authority sits within the North East and North Cumbria Integrated Care System (ICS) and is one of 14 local authorities within the ICS patch.

Gateshead has a population of 197,722. 80% of the population are adults and 23.1% of the population are aged 65 and over. The overall population in Gateshead is expected to grow by 5% by 2043 and it is projected that the population of people aged 65 and above will increase by 29% within that time.

In Gateshead, 31% of the population live in the 20% most deprived areas in England. Gateshead has an Index of Multiple Deprivation score of 8, with 10 being the score for the most deprived regions. The local authority is the 43rd most deprived local authority in the country. The population of Gateshead is predominantly white with 7% identifying themselves as an ethnicity other than white. The minority ethnic population is made up of people from black, Asian and minority ethnic backgrounds. There is a large orthodox Jewish population in the borough, Muslim communities and a small, growing asylum seeker population.

Financial facts

The Financial facts for **Gateshead Borough Council** are:

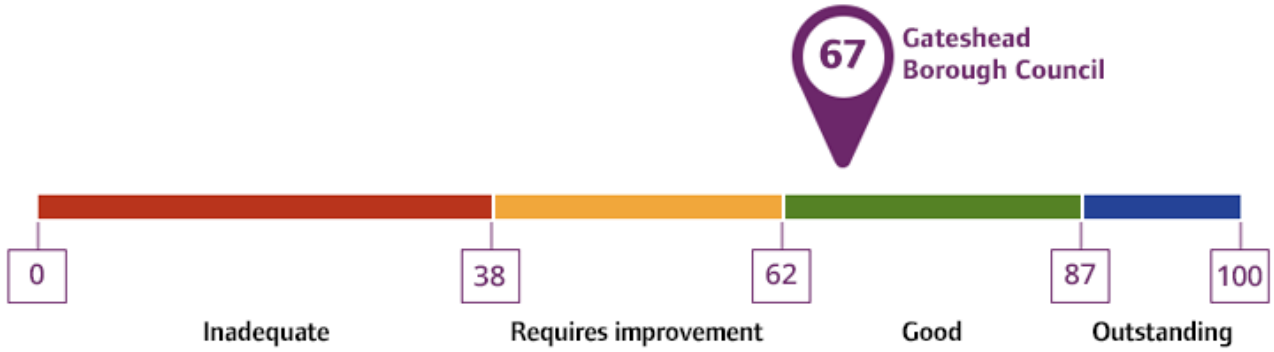
- The local authority estimated that in 2022/23, its total budget would be **£379,166,000**. Its actual spend for that year was **£392,867,000**, which was **£13,710,000 more** than estimated.
- The local authority estimated that it would spend **£90,572,000** of its total budget on adult social care in 2022/23 Its actual spend was **£94,624,000**, which is **£4,052,000 more**than estimated.
- In 2022/2023, **24.08%** 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 **3750** people were accessing long-term adult social care support, and approximately **550** people were accessing short-term adult social care support in 2023/24. Local authorities spend money on a range of adult social care services, including supporting individuals. No two care packages are the same and vary significantly in their intensity, duration, and cost.

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

Overall summary

Local authority rating and score

Gateshead Borough Council
Good



Quality statement scores

Assessing needs
Score: 2

Supporting people to lead healthier lives
Score: 2

Equity in experience and outcomes
Score: 2

Care provision, integration and continuity
Score: 3

Partnerships and communities
Score: 3

Safe pathways, systems and transitions
Score: 3

Safeguarding
Score: 3

Governance, management and sustainability
Score: 3

Learning, improvement and innovation
Score: 3

Summary of people's experiences

People received assessments from teams trained in how to meet their needs and waiting times for assessment had reduced over the previous year. People sometimes had to wait for an assessment, but staff took a risk-based approach and people with urgent needs were responded to promptly. People spoke positively about the staff who had assessed them and we heard multiple examples of staff using their professional expertise to help people overcome significant challenges. People were assessed and supported by a committed, competent and compassionate staff team.

Unpaid carers told us about negative experiences in accessing assessments or information and advice. There had been extensive improvement work in this area as part of a new care givers strategy but improvements to the experiences of unpaid carers had not yet been fully implemented. Local authority data showed that the experiences of unpaid carers were improving, but this was very recent.

People's experiences of contacting the local authority for advice or assessment were mostly positive. People were usually able to find the information or advice they needed but we heard examples where information had been harder to find. There were sometimes inconsistencies in access to British Sign Language interpreters.

When people required commissioned care to meet their needs, they did not usually have to wait. For people who required homecare or reablement at hospital admission, this was put in place promptly. People with more complex needs sometimes had to wait longer, but we heard about creative work by frontline teams to overcome commissioning challenges.

There was support in place for people who did not have eligible needs. The local authority commissioned services to support people to prevent, reduce and delay their needs from developing, but there were some gaps such as for people with low-level mental health conditions. There was a dedicated team who worked with people without eligible needs and we heard multiple examples of good outcomes they had achieved for people, which would often overcome gaps in community provision.

Young people who were transitioning to adulthood were supported in ways that made the transition from Children's services to adult's services smooth, but we heard how some of the improvements to this were recent and there had been difficulties previously.

People were put at the centre of safeguarding decisions, and we heard examples of people being kept safe in ways that aligned with their wishes. For example, people who could be subject to applications to deprive them of their liberty benefited from a prompt assessment of any restrictions to ensure they were lawful.

People were able to inform strategy and co-produce strategies or processes with the local authority, but some of the work around co-production was recent. People benefitted from the local authority's ability to collaborate with partners in areas such as hospital discharge mental health and safeguarding. Where people complained to the local authority, these were learned from and used to inform improvements to processes and practice.

Summary of strengths, areas for development and next steps

The local authority was in a period of transformation and was able to demonstrate improvements to people's experiences around waiting lists. Waiting lists had come down over the 12 months before our assessment and new IT systems had helped staff and teams to better understand waiting lists. Whilst Care Act assessment waiting times had reduced the progress on delays to home adaptations after Occupational Therapy assessment were reducing, but at a slower pace. People who waited for home adaptations often had other interventions in place to meet their needs. People's needs were usually reviewed every year.

There was work to improve the experiences of unpaid carers, but this was very recent and data showed there had been low numbers of assessments provided to unpaid carers. Unpaid carers told us about delays to assessment and difficulty accessing information and advice. The local authority was aware of this and was implementing a new strategy and had recently recommissioned its carers service. Local authority data showed an improved uptake of unpaid carers assessments, but this was recent, and further time would be required for this to embed and for the local authority to continue to implement their strategy.

There were clear pathways people followed for assessment and teams had a clear identity and referral criteria. There were specialist teams to support people with a learning disability, people with mental health conditions and for hospital discharge. There were no formal arrangements with health partners to integrate frontline teams, but staff described good communication and joint working on the front line and there were clear strategic links with health partners, with shared systems and protocols. There was formal integration with health around administering shared funding, strategic approaches to hospital discharge and joint commissioning in areas such as supporting unpaid carers or access to equipment.

The local authority had support in place for people without eligible needs and had developed services to prevent, reduce and delay need from developing. There was a focus on maintaining a healthy population and we saw multiple examples of targeting interventions through public health and partnership working to prevent future need developing. For example, there had been focused work between partners on reducing loneliness and isolation as well as initiatives to increase physical activity to reduce risks around frailty.

The local authority understood its local demographics in order to meet need but some of the work to develop provision for minority groups was at an earlier stage. The local authority had a good understanding of the challenges its population faced, including areas of inequality. We saw multiple examples of partnership working to address challenges around deprivation and health inequalities, such as focused work to tackle the impacts that poverty and deprivation had on people's health and wellbeing, through support around income maximization and responding to specific health challenges people faced in deprived communities.

There have been good outcomes achieved in improving homecare provision, with local authority data showing substantial reductions in the time people waited for homecare in the previous 12 months. The local authority was continuing to develop its approach to homecare commissioning and there were pilots underway to move to an outcome-focused model. There had also been increases to intermediate care provision, with new services commissioned which had improved performance related to hospital discharge. There were some gaps when people required specialised care to meet complex needs and the local authority was working with partners to overcome this challenge. However, staff told us they were often able to commission care for people with complex needs. They told us they worked with partners to find the right care for people where they required specialist care.

The local authority had recently introduced a new team and pathway for safeguarding in response to service pressures, and we heard positive feedback about their impact. Staff said the team had brought about improvements in consistency, timeliness and learning at the front door, but that the team was seeing an increase in volumes and complexity of their work. The new IT systems did not yet give full oversight of timeliness of safeguarding, but we heard how this was monitored at team-level. There was not a waiting list for applications made to deprive people of their liberty, which meant restrictions on people were reviewed in a timely way.

Staff started working with young people transitioning to adulthood from the age of 14 and we heard about a partnership approach that involved key stakeholders to ensure a smooth transition. There had been recent improvements to pathways for young people transitioning to adult services. People had experienced some inconsistencies in timeliness of information sharing, but the local authority had made changes to process in response. These improvements will require time to become embedded and sustained.

There was a positive culture in which leaders were visible and accessible to staff and teams. Staff described feeling settled and supported during a time of transformation and change. Strategy was informed by data, feedback and was targeted. There was coherence of vision between partners and where we found shortfalls, they were already the focus of improvement activity by the local authority.

Learning was taken seriously, and staff spoke positively about the learning offer, with many undertaking qualifications and developing their careers over time. Co-production was increasingly being used to develop strategy, but the local authority was improving its approaches to strategic co-production. The local authority monitored complaints and issues, and we saw evidence of these being learned from.

Theme 1: How Gateshead Borough Council works with people

This theme includes these quality statements:

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

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

Assessing needs

Score: 2

2 - Evidence shows some shortfalls

What people expect

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

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

The local authority commitment

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

Key findings for this quality statement

Assessment, care planning and review arrangements

People could access the local authority's care and support services by telephone or online. People could access assessments through 'Adult Social Care Direct', which was the first point of contact into adult social care. There were also pathways to assessment through the hospital discharge process and young people transitioning from children's services to adult's services.

People received an assessment from different teams based on their needs. The locality team provided support to people related to old age, physical disability or a long term condition. There was a specialist team for people with needs related to their mental health and a specialist team for people with a learning disability and autistic people. Staff within these teams were trained to carry out assessments of people under the Care Act 2014 to establish if they were eligible for care and support and to meet their needs. There was also an Adult Services Support and Engagement Team (ASSET) who worked with people who did not have eligible social care needs under the Care Act 2014, they provided ongoing social work support and signposted people to community, voluntary and health services.

People usually received an assessment from specialist teams where they had complex needs and staff described clear criteria for when referrals came to these teams. Where people had complex or multiple needs, staff and leaders told us they worked together and cases were allocated to the most appropriate team, often with input from specialist colleagues in other teams.

There was a specialist team who assessed and supported people with a learning disability. Autistic people were supported by this team where they also had a learning disability. For autistic people who did not have a learning disability, teams worked together to identify which team could best support the person. A person gave us positive feedback about this team and the support they had put in place for them. Staff in this team had experience of working with autistic people and people with a learning disability and demonstrated specialist understanding of needs or risks familiar to people with a learning disability and how to support them in a person-centred way. We saw examples of strengths-based assessments by this team that had led to person-centred care plans. For example, a person was supported to access education and pursue their interests. Staff described multiple examples of good outcomes they had achieved for people with a learning disability and autistic people.

We heard about people accessing employment through Gateshead Access to Employment Service (GATES). GATES was a local authority service that worked alongside people, social workers and employers to support people to overcome barriers to employment. Staff described using GATES to help people to get jobs even where they had more complex needs. For example, one person had developed a career in retail with a large national employer following long term work and care planning to achieve this goal for them.

GATES provided support to people and employers, whilst care planning alongside this focused on the person's strengths and ability to enter employment. In another example, GATES worked with a person intensively to improve their confidence of using transport. The person gained a work experience placement at a transport provider which was made permanent.

A mental health team assessed and supported people with needs related to their mental health. The team was not integrated with the health Trust under a formal arrangement, but staff worked closely with health partners in areas such as discharge from hospital or providing support to people in the community. People gave us positive feedback about the approaches staff took to assessment, one person described a considerate and supportive approach from staff who assessed them at a time of crisis.

The mental health team supported people in the community and people being discharged from hospital, including people who had been detained under the Mental Health Act 1983. Staff described good working relationships with health partners when they worked together to align treatment with social care interventions to meet the needs of the person. Staff described joint work to commission complex care for people who were coming out of hospital, where they frequently carried out long term work with people to understand what was important to them through assessment and met their needs in a personalised way.

The mental health team included staff who were approved mental health professionals (AMHPS). An AMHP is a professional who assesses whether there are grounds to detain people under the Mental Health Act. This is where people need urgent treatment for their mental health and are at risk of harm to themselves or others. The AMHPs felt their workloads were busy but manageable and they were supported by staff elsewhere in the organisation who could provide cover, such as qualified AMHPs in the locality teams, learning disability team, safeguarding team and emergency cover in the out of hours duty team. There were also leaders in the organisation who were qualified AMHPs and supported this work.

There was an Achieving Change Together Team (ACT Team) who worked with people who had particularly complex needs or faced challenges. These included people with high-cost intensive packages of care or where people had difficulty engaging with providers. Teams could refer to the ACT Team internally and they would work with people and providers closely to review and adapt care plans to ensure they met people's needs in the least restrictive way. The ACT Team often provided support to build people's skills and achieve reductions in care packages. We saw examples of where they had reduced people's reliance on providers because people had developed skills for themselves. The local authority told us this team had reduced or removed more restrictive or intrusive care interventions for people.

Staff described how the introduction of a new IT system in early 2024 had improved their ability to maintain a conversation-based approach to assessment. They also told us the new systems enabled them to assess people's needs in a more strengths-based and personalised way. Staff provided multiple examples of strengths-based assessment and spoke positively about the training and ongoing learning that promoted strengths-based practice. The examples of assessments we saw reflected people's right to choice and built on their strengths and assets. National data from the Adult Social Care Survey (ASCS) for 2023/24 said 81.52% of people felt they had control over their daily life which was tending towards a positive statistical variation from the England average (77.62%).

Assessments we reviewed showed people were involved in decisions, and their protected characteristics under the Equality Act 2010, for example, their religious or cultural needs were understood and incorporated into care planning. Staff described working with people in ways that showed people's human rights were respected and protected. For example, where staff had assessed people with no recourse to public funds staff had assessed them and ensured their human rights were promoted and met. Staff described joint work with partner organisations and agencies to meet people's needs in these cases.

People's needs were reviewed to check their needs continued to be met. Records we reviewed showed staff checked people were happy with their support and that planned care was meeting their needs. Where people's needs had changed staff carried out a reassessment and made changes to their care plans. Staff said they were usually able to do this promptly and they got to know people who they would regularly meet for reviews. Reviews were also used to gather feedback from people about their experiences of assessment and to check the quality of any provider service they were receiving. This information was routinely gathered and used to inform the local authority's understanding of performance or commissioning decisions.

Timeliness of assessments, care planning and reviews

Work the local authority had undertaken to improve waiting lists had shown recent positive impact, but it would take time for these improvements to become embedded and sustained. People sometimes had to wait for an assessment, but the local authority had made improvements that were reducing waiting lists. Unpaid carers told us they sometimes had to wait for an assessment for the person they cared for and that staff leaving the local authority had led to their assessment being delayed. Staff told us that waiting times differed between teams. They told us there was often a wait for assessment in the locality teams who supported older people and people with physical disabilities, whilst in the mental health team people were usually assessed promptly and local authority data reflected this.

The local authority had been undertaking improvement work to reduce their waiting lists and waiting times for assessment which had started to address the shortfalls we heard about. Local authority data showed that between March and October 2024, the waiting list for Care Act assessments had reduced from 226 to 42 with an average waiting time of 36 days. Staff told us new systems made workflows smoother and enabled them to complete assessments promptly. The local authority had used temporary agency resource to reduce waiting times as well as making improvements to workforce to ensure this would be sustained. Leaders told us about focused work on recruitment which had increased the staff available to complete assessments as well as work to improve retention. New posts had been set up and were being recruited to at the time of assessment to further improve people's experiences of waiting times.

The local authority's systems enabled staff to respond to risk. Staff and leaders described working in a risk-based way and local authority data showed urgent cases were flagged and allocated quickly. People who were on the waiting list were contacted regularly to check if risk levels had changed. National data from the Adult Social Care Survey (ASCS) for 2023/24 said 63.32% of people were satisfied with their care and support, which was not statistically different from the England average (62.72%).

People's care plans were developed and implemented in a timely way. Care plans we looked at showed care was available quickly, so people did not have to wait after assessments. People said the care they received was prompt and met their needs and staff said they had good capacity across the borough for homecare, residential or nursing care. Staff said it could sometimes be harder to find care where people had complex risks or a specific need, such as providers who could speak multiple languages. National data from the ASCS said 64.13% of people did not have to buy any additional care privately or 'top up' their care. This was not statistically different from the England average (64.39%).

Access to equipment and home adaptations had improved, but the local authority had not yet fully addressed waiting times for home adaptations. There were sometimes delays to home adaptations, but access to equipment and minor adaptations was usually timely and met people's needs. Unpaid carers and partners told us about delays to home adaptation. One person said they had been told to expect an 18 month wait for home adaptations. Another person said they had purchased a stairlift privately due to the waiting list for an OT assessment and had been advised of a 9 month waiting list for a ramp to be installed at home to enable access to the community.

Local authority data showed that access to occupational therapy assessment was improving and waiting times had reduced recently. The local authority had been focusing resources on improving waiting times for OT and told us about a 42% reduction in waiting lists in early 2024. We heard how the introduction of a trainee apprenticeship model for OT had increased OT capacity and was a contributor to this improvement. People could access equipment and minor adaptations more promptly but OT delays applied to full OT assessments, which would usually involve major home adaptations or equipment.

Local authority data showed a further reduction in the size of the waiting list for OT home adaptations, which reduced from 167 to 110 between September 2023 and October 2024. Whilst this showed an improvement, there remained a waiting list for adaptations which showed the local authority had not yet fully realised their ambitions around the timeliness of OT interventions

People's needs were usually reviewed promptly. National data from Short and Long Term Support (SALTS) for 2023/24 said 40.87% of people receiving long term support had their needs reviewed, which was tending towards a negative statistical variation from the England average (58.77%). However, we noted the figure in the national data was much higher in 2022/23, with 85.6% of people receiving long term support having had their needs reviewed.

The local authority monitored the time taken to complete planned or unplanned reviews. Local authority data for March 2024 showed 70.04% of planned reviews took place within five days of being allocated to staff. Planned reviews are where there has not been an identified change in need, but it would be considered good practice to carry out an initial review after 6 weeks followed by an annual review, to check the support the person is receiving is continuing to meet their needs. Local authority data for March 2024 showed 67.6% of unplanned reviews took place within 10 days of being allocated to staff.

Local authority data did not report on average wait times which meant there was a risk leaders did not have oversight of the longest times people could be waiting. However, staff said they had oversight of this locally within teams and we heard anecdotally that reviews that exceeded 5 days took place soon after. We also saw examples of people's needs being reviewed or reassessed in a timely way when their needs had changed.

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

The local authority had identified a need to improve the experiences of unpaid carers, but work to address low uptake of unpaid carers assessments had only recently shown improvements in data. Unpaid carers provided mixed feedback about their experiences of assessment. Whilst unpaid carers told us they were offered an assessment and they were happy with the support provided to them or the person they cared for, they also shared less positive experiences. Two unpaid carers told us due to staff leaving the local authority, there had been a delay in receiving further communication and outcomes related to their assessments. In one case an unpaid carer waited over six months for their needs to be reassessed after they had requested this.

Records we saw did not always record whether unpaid carers had been offered an assessment, but when we spoke to the unpaid carers concerned they all confirmed they had been offered an assessment. In multiple cases we heard that the unpaid carer's needs had been met by care provided to their loved one and they did not want a further assessment of their own needs. However, the processes for proactively identifying and assessing the needs of unpaid carers was an area the local authority was improving at the time of our assessment.

Partners said that information and advice, including to inform unpaid carers about their rights to assessment, was sometimes hard to find. The local authority was working on improving this and we heard about recent improvements to the front door and signposting. The local authority commissioned a community provider to undertake assessments of unpaid carers on their behalf and to offer support groups, activities and information and advice. This service had been very recently recommissioned and local authority data showed an increase in the numbers of carers assessments completed. However, this new service would take time to embed and improve unpaid carers experiences around timeliness and access to assessment.

Young carers needs were assessed by a specially commissioned service and staff described how these were timely and joined up with the assessment and care planning for the person they cared for. We heard examples of work with Children's services to ensure young people with caring roles were kept safe and were supported by interventions to replace care they were providing to an adult.

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

People and partners told us it was sometimes hard to know what was available to people in the community and there had been recent work to improve the local authority's information and advice offer. The feedback showed that the work was ongoing and will take time to demonstrate impact. Staff said there were some areas where they felt there were gaps in community provision for people with non-eligible needs, such as mental health. Despite this, staff told us about multiple examples where they had worked creatively to meet non-eligible need.

ASSET worked with people who did not have eligible Care Act needs. The team described how they supported people to prevent needs from developing and often worked with people who did not engage with services easily, such as people affected by substance misuse or those leading chaotic lives. Staff in this team described strong social work practice to overcome barriers. They also relied on strong links with partner agencies and the voluntary and community sector.

We heard examples of the team working with people who were alcohol dependent, supporting them to access community and health services and enter recovery from addiction. They told us about long term work they did with people, such as people who had been subject to the prison system or refugees, supporting them to overcome challenges around housing or accessing health services. The long term work they described kept people safe and healthy, and their interventions delayed future need from developing.

Eligibility decisions for care and support

People's care records clearly described their needs and why they were eligible or not. The local authority checked eligibility was recorded accurately as part of its quality assurance checks. The local authority had a process for people who disagreed with a Care Act eligibility decision.

The process outlined how people could ask for an explanation from staff about the reason for the decision. If they wished to, they could then request a second opinion or raise a complaint through the local authority's complaints process. Analysis of local authority complaints from 2022 to 2023 showed there had not been any complaints related to eligibility decisions.

Financial assessment and charging policy for care and support

People received a timely financial assessment but charging for care had been a consistent theme of complaints which the local authority was working to improve. Staff said financial assessments usually took place in a timely way.

From April to December 2023 there had been 14 complaints related to charging and the local authority had noted a theme that people who had complained were not aware the services put in place were chargeable. In response the local authority introduced a new charging leaflet in September 2023 and carried out work to improve understanding amongst staff.

Provision of independent advocacy

People could access advocacy when they needed it. An advocate can help a person express their needs and wishes, weigh up and make decisions about the options available to them. They can help them find services, make sure correct procedures are followed and challenge decisions made by local authorities or other organisations.

Staff described good working relationships with advocacy services, including in teams who frequently worked with people who used advocates, such as in the mental health team and the learning disability team. Staff said the commissioned advocacy services were timely and responsive and provided fair challenge, ensuring people's voices were heard. National data from the Safeguarding Adults Collection (SAC) for 2023/24 said 92.59% of individuals lacking capacity were supported by an advocate, family or friend. This was a positive statistical variation from the England average (83.38%).

Supporting people to live healthier lives

Score: 2

2 - Evidence shows some shortfalls

What people expect

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

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

The local authority commitment

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

Key findings for this quality statement

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

The local authority worked with people, partners and the local community to make available a range of resources and other measures to promote independence, and to prevent delay or reduce the need for care and support. National data from the Adult Social Care Survey (ASCS) for 2023/24 said 60.51% of people said help and support helped them think and feel better about themselves. This was a not statistically different from the England average (62.48%).

The local authority's Adult Services Support and Engagement Team (ASSET) worked closely with people who did not have eligible need and staff described multiple examples of times they had worked with people to prevent, delay or reduce people's needs. Staff spoke about the work of ASSET as being very individualistic, staff used their time with the person to identify what their goals were, and working to meet these and encourage the person to engage with the relevant services.

Staff, leaders and partners described recent initiatives to prevent, reduce or delay need, such as work with community, housing and health partners around falls prevention which had been used to inform a new model for Occupational Therapy (OT), including the use of trusted assessors to reach people sooner. Community partners described how they had worked alongside the local authority to encourage physical activity and reduce loneliness and isolation. They said they would often combine regular activity clubs like dance or yoga with a social element to enable people to build and sustain social networks, in line with the local authority's priorities.

The local authority's public health function had undertaken extensive work to understand population risks and health inequalities. We heard about multiple initiatives that were implemented to keep the population healthy to prevent and delay the likelihood of people developing needs in the future. These covered areas such as smoking cessation, alcohol reduction and promoting healthy diets.

The local authority worked closely with partners through its health and wellbeing partnership board to respond to risks to population health. For example, we heard about recent work to improve diets and nutrition as well as initiatives that had encouraged people at risk of falls to do more physical activity, which would have benefits for the health of Gateshead's population.

Tackling deprivation and health inequalities was a strategic priority. Demographic data showed people in the borough lived in some of the most deprived areas in the country. Staff and leaders described how poverty was often a driver of poor health, and we saw how the corporate 'Thrive' agenda was closely linked to the integrated adult's and health strategy, which aimed to use partnership working to reduce poverty through improving areas like access to employment, housing or support services for young families. The National Development team for Inclusion (NDTi) had been recently commissioned to carry out a three year project with the local authority around Community Led Support. This work was anticipated to help the local authority to enhance its prevention offer and benefit all aspects of its pathways.

Whilst there was a lot of strategic focus in this area, staff described how there were longer-standing systems or services in adult social care that helped people overcome these challenges. The front door team frequently mapped people to community resources, such as food banks or social clubs. The GATES service regularly enabled people to enter employment where an illness or disability had previously prevented them from doing so. We saw an example of a person who was in employment when their care needs increased. Through ongoing support from GATES they improved their confidence and were able to stay in paid employment.

Staff said they took a 'make every contact count' approach to interventions and often used contacts as an opportunity to speak to people about healthy diets, smoking cessation or income maximisation. This was an area of focus across the health and wellbeing partnership which staff and partners described had helped them all contribute to the local authority's approach to prevention.

People had access to technology to keep them at home for longer. We saw examples where the provision of telecare technology had reduced the need for more restrictive or intrusive interventions. The local authority told us they had worked to improve access to technology such as Lifeline alarm or housing scheme connections, which had seen a 22% increase in the use of equipment between January and December 2023. Staff and leaders told us this was an area of focus and there had been work to identify new assistive technology offers to further enhance this.

We heard feedback from staff and partners that there were sometimes gaps in community provision for low-level support for people with mental health needs. The local authority was aware of this and was working with partners to expand its prevention offer. Despite this gap, the examples we heard about the work of ASSET showed how intensive preventative work with a social worker often enabled people to find the right services or interventions to delay future need.

Provision and impact of intermediate care and reablement services

The local authority worked with partners to deliver intermediate care and reablement services that supported people to return to their optimal level of independence and this had been a recent focus of improvement. National data from the ASCOF for 2023/24 said 63.33% of people aged over 65 were still at home 91 days after discharge from hospital with reablement or intermediate care, which was a negative statistical variation from the England average (83.7%). The national data showed there was opportunity to improve outcomes for people who had received reablement. Staff and partners said they felt recent changes had started to improve the effectiveness of reablement.

There was an Enablement and Independence Service Team that provided reablement to people in the community. Staff spoke positively about the availability and timeliness of this service for both hospital discharge and to avoid admission to hospital. We saw examples of people being discharged from hospital with reablement. People had clear goals based on their needs and interventions were strengths-based. People and unpaid carers spoke positively about the reablement service, telling us it was reliable, and the staff were friendly and supportive.

The local authority had recently used Better Care Funding (BCF) to increase capacity in reablement and 'discharge to assess'. The Better Care Fund (BCF) is a funding stream from central government which is intended for use for integrated projects that achieved shared outcomes around avoiding admission to hospital or hospital discharge. The local authority told us how they had been able to increase the numbers of referrals accepted by these services by '231%' over a 5-month period. National data from the ASCOF for 2023/24 said 2.75% of people aged over 65 received reablement or rehabilitation services after discharge from hospital, which was not statistically different from the England average (2.91%).

The local authority also had a reablement team who automatically contacted any person discharged from hospital to check they were managing well and identify any further need for reablement support. The team also delivered a rapid response service designed to avoid hospital admission or keep people safe at home where the alternative option might be a more restrictive intervention such as a care home. We heard how the team proactively became involved in cases where someone could be at risk of crisis, increase in need or hospital admission. Staff spoke very positively about the impact this team had on people they worked with.

The local authority had an Enablement and Independence Service which was attached to the Achieving Change Together (ACT) team. This team often worked with people in the community to maximise their independence. Staff told us about a person with a learning disability who worked with the team to develop their confidence and independence in the community which prevented them from needing to move to a more restrictive setting. In another example, the team worked with a person who had experienced trauma and related substance misuse and the team became involved in the case to build trust and enabled the person to access treatment and services which improved their independence.

The local authority and health partners had also set up a rapid response service which was designed to support people immediately to respond to non-medical urgent situations. Staff spoke positively about the interventions of this team, which would often keep people safe, avoid hospital admission and reduce or delay need.

Where people required more intensive rehabilitation following discharge, or to avoid admission to hospital, there was jointly funded residential rehabilitation available. The local authority and health partners had used Better Care funding to develop a residential intermediate care centre, which staff and partners told us provided sufficient residential reablement capacity across the borough and was effective in providing a place for people to rehabilitate after hospital discharge as part of the 'discharge to assess' pathways, or to prevent them being admitted to hospital in the first place.

Access to equipment and home adaptations

People were able to access equipment and minor adaptations easily and waiting times for OT assessment and major home adaptations had improved. Staff were trained to assess people for minor equipment and adaptations and local authority data showed these were installed promptly. The local authority had a commissioned provider for equipment and we saw how this was available to people at an early stage, to reduce or delay needs.

Staff described how OT cases were allocated in a risk-based way and people who were waiting for adaptations would usually have other interventions in place to keep them safe whilst they awaited a full assessment and adaptation works. Staff were trained to provide low level adaptations or equipment before referring a person for a full OT assessment

People said they received equipment or minor adaptations promptly and local authority data supported this. The local authority used trusted assessors who were staff specially trained to assess people for minor equipment and adaptations without a full OT assessment. Records we looked at showed equipment was put in place promptly and was coordinated with reablement or homecare interventions. Local authority data showed that for equipment and minor adaptations nearly every order was responded to within 7 days.

Provision of accessible information and advice

Feedback we received about access to information and advice was mostly positive. Partners told us people were able to access advice easily, but we did hear it was sometimes harder to access information outside of office hours. We also heard that sometimes people did not know where to go for information about what was available to them. National data from the ASCS for 2023/24 said 74.44% of people said they found it easy to find information and advice which was a positive statistical variation from the England average (67.12%).

People could contact the local authority by telephone or online to seek information. The local authority had worked with the voluntary and community sector and partners to establish and maintain a directory of community services, and we heard how the voluntary and community sector was also used to deliver information and advice to people. The local authority had been undertaking work to improve their information and advice offer. For example, the local authority, alongside health partners, had recently introduced autism hubs to provide specialised advice to autistic people and their families. We also heard about work underway with housing and health partners to create better pathways to information and advice through them.

The local authority told us about additional accessibility tools and processes they used for online information to improve its accessibility. These included a service to translate website information into a variety of languages and an editing service who reviewed all material before it was published online to check it was accessible.

There had also been work to overcome risks around digital exclusion. The local authority identified poverty as a risk to digital inclusion so had provided grant funding to an organisation to coordinate a multi agency programme of work on Digital Inclusion, which included work to redistribute reconditioned laptops, tablets and phones to people in deprived communities. The local authority also told us how the ongoing strategic work with NDTi was designed to review pathways and improve people's access to information and advice.

Direct payments

National data from the Adult Social Care Outcomes Framework (ASCOF) said 19.67% of people use direct payments, which was a negative statistical variation from the England average (26.22%). Local authority data for February 2024 showed this had increased to 20.4%, which brought them closer to the England average.

Staff told us about using direct payments to meet people's needs in a personalised way. We heard about direct payments being used to enable people to pursue important hobbies or interests as well as to provide personal assistants that had enabled people to enter education or employment. Staff said they used direct payments to support unpaid carers, such as providing them for support with gardening, housework or cleaning to enable them to sustain their caring roles. However, staff also said they sometimes found the information about direct payments hard to understand and so did the people they supported. The local authority was aware of this and was in the process of improving their direct payment offer. They were recruiting to the direct payment team to increase the size to enable them to better support staff and people in setting up a direct payment. They also told us they planned to simplify the process with the aim to increase the numbers of people who took on a direct payment.

Equity in experience and outcomes

Score: 2

2 - Evidence shows some shortfalls

What people expect

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

The local authority commitment

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

Key findings for this quality statement

Understanding and reducing barriers to care and support and reducing inequalities

The local authority understood its local population profile and demographics, but improvements in the use of data were still underway and not fully developed in some areas. The local authority analysed equality data on social care users and used it to identify and reduce inequalities in people's care and outcomes. The local authority's public health function had carried out extensive work looking at demographics and identifying inequalities. There was a Joint Strategic Needs Assessment (JSNA) which identified current and future risks to population health, including focus on current and future inequality. For example, the JSNA analysed demographic data to understand deprivation, with data showing 31% of people in the borough lived in the 20% most deprived areas in England.

There was a new corporate equality strategy at the local authority, and it aligned with the objectives of the integrated adult social care strategy. Staff and leaders told us about work they had undertaken to make services more accessible. For example, there had been extensive work over the previous 12 months looking at digital inclusion and there had been a variety of improvements to improve digital inclusion when it came to the provision of information and advice. The local authority and partners had used Better Care Funding to recruit to a new inclusion manager post and the improved approaches to the accessibility of information. Grant funding had been used to enable the voluntary and community sector to better support people to access local authority services.

The local authority used data to understand the experiences of different groups who used their adult social care functions. Staff and leaders told us how the move to the new IT system was driven by a need to better understand the impact of the work of adults' services on different groups and demographics. The new dashboards allowed leaders and teams to understand the experiences of people from different demographic groups and seldom heard voices.

The improvements to data meant the local authority had access to more detailed data to understand its performance against the public sector equality duty (PSED) under the Equality Act 2010. However, leaders acknowledged a need to do more. The new systems had been in place since January 2024 but had not yet become embedded in practice, so examples of changes they had informed was limited. Leaders also said they were confident people's needs were being met, but they had plans to enhance and improve the way they used data to anticipate the needs of diverse communities across the borough.

The local authority was reaching and engaging with groups that sat below high-level demographic data, but this had not yet led to development of specialist provision. For example, the JSNA highlighted that the local authority was home to a large orthodox Jewish population that made up a minority of the overall demographics. Staff described working with this community around developing new care provision. However, we also heard from partners and staff how there was a lack of specialist provision to meet their needs which meant people sometimes had to move out of borough to have their needs met. This sometimes involved moving a long distance away. Work was underway to address this gap through co-production.

The Jewish Council regularly delivered training to improve cultural awareness amongst local authority staff. Staff spoke positively about this training and how it had improved their practice or approach when supporting people from the community.

The local authority was working to engage with local Muslim populations, to understand what services people needed in these communities and support them to overcome challenges. Staff told us about examples where this had achieved positive outcomes at the frontline, such as recent work between housing and commissioning to help a local group overcome challenges around accessibility of a housing scheme. Community funding had also been used to support refugees and asylum seekers in the borough.

The local authority proactively engaged with groups where inequality had been identified to understand and address specific issues experienced by them. The local authority had different groups who they used to gather feedback and experiences for People's Voice, which brought together community and faith organisations. Staff told us this group had recently been used to understand the experiences of women from minority groups and had informed work to improve accessibility of services.

We heard about a wide range of listening events to encourage people to get involved in the People's Voice group. The local authority implemented face to face engagement events aimed to involve people from different parts of the community to meet with community leaders to talk about their experiences of adult social care. Staff said the most recent discussions had been used to look at how to make different models of care provision more attractive or accessible to minority groups or how to improve uptake of direct payments.

The local authority had undertaken work with voluntary and community partners to enhance its approach to co-production, including using co-production to enable minority groups to influence policy and strategy through the voluntary and community sector. Faith partners said they had been involved in this work and staff spoke about how it had informed commissioning. We also heard how the local authority had set up the poverty truth commission, which was a small team they recruited to of people with lived experience of poverty to support the local authority through advice around the real-life experiences of poverty and how the local authority could help people overcome barriers.

Inclusion and accessibility arrangements

People's experiences of accessibility arrangements were inconsistent. Feedback about accessible information was mixed. We heard positive experiences from some people but also heard feedback from a partner organisation that there had been difficulty accessing British Sign language (BSL) interpreters at front door community hubs for people attending in-person. Another person also told us they had said on their initial contact with the local authority that they would require a BSL interpreter, but the staff who contacted them about their assessment did not know this.

Despite this feedback from partners and people, staff described good access to BSL interpreters in locality teams and at the front door. Staff told us they were able to access these promptly and the local authority commissioned a provider to support staff to communicate with people who had hearing or vision impairments. Staff shared examples with us of people being supported with BSL interpreters and other forms of accessible communication. This showed the feedback we received was not consistent with everyday practice, but there were opportunities to improve access to BSL.

Partners also shared how the local authority's website could be hard to navigate for people with sensory impairment. This had been an area of recent improvement activity and there had been extensive work over 2023 around digital inclusion which had led to changes to how accessibility was quality assured for all website publications and looking at other factors, such as digital poverty, that could prevent people accessing information and advice.

There had also been ongoing work between the local authority and community partners to map resources and identify ways to improve digital inclusivity and improve access to information and advice. These included voluntary partners being provided with grant funding to support people who may be digitally excluded due to a sensory impairment, poverty or not speaking English as a first language.

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 coordinated, and everyone works well together and with me.

The local authority commitment

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

Key findings for this quality statement

Understanding local needs for care and support

The local authority worked with local people and stakeholders and used available data to understand the care and support needs of people and communities. This included people who were most likely to experience poor care and outcomes, people with protected characteristics and unpaid carers.

The local authority used data from the Joint Strategic Needs Assessment (JSNA) to understand local need and inform commissioning priorities. For example, the JSNA had identified an aging population and a likelihood of people living longer and developing more complex needs or frailty. Staff told us about initiatives around falls prevention which were aligned to priorities taken from the JSNA.

The JSNA described how in 2022/23 there had been 915 admissions to hospital in the borough related to falls. It also predicted through demographic data that there would be a 20% increase in the number of people aged over 65 affected by falls between 2024 and 2040. This data had been used to inform commissioning strategy through expansion to homecare provision and reablement, as well as preventative commissioned services such as 'staying steady'. 'Staying steady' provided support to people in the community around falls prevention and physical activity. Staying steady is a 20-week strength and balance programme.

The JSNA also identified that in 2021 33.9% of people aged 66 and above were living alone and highlighted loneliness and isolation as a key risk. This had informed commissioning strategy and led to funding being allocated to a variety of community groups that encourage socialisation and activity for older people, to reduce isolation or loneliness.

The local authority sought out the views of people and stakeholders to inform commissioning strategy and practice. There were gaps in provision for autistic people which the local authority was aware of. Staff told us they were developing a new autism strategy that included planning for future commissioning needs. Staff described how they asked autistic people about their needs and what was important to them. The local authority sought out a variety of views to consider the needs of people from different communities, including minority groups and backgrounds, to ensure future provision could meet the needs of people. The local authority told us about the development of autism hubs, which were bespoke hubs designed to support parent carers and unpaid carers of autistic people. The hubs provided information and advice, peer support and training. We heard how these had been created through collaboration between health and community partners to meet the needs of autistic people. Whilst this showed improvements in provision for autistic people, the local authority was in the process of implementing its new autism strategy to improve this further.

The local authority had established their GATES service to support people with both eligible and non-eligible Care Act needs into employment. The effectiveness of the work undertaken to support people with a learning disability into paid employment was reflected in national data. National data from the Adult Social Care Outcomes Framework (ASCOF) for 2022/23 said 9.2% of people with a learning disability were in paid employment. This was a significant positive statistical variation from the England average (4.8%).

We heard how GATES was developed because access to employment was something they heard was important to people and it helped people to increase financial security and overcome risks associated with deprivation. As well as this, people had been involved in developing local activity groups as well as developing new housing and care models in the borough.

The local authority had identified shortfalls in provision for unpaid carers and work was underway to address this. The local authority's data had identified low numbers of assessments provided to unpaid carers staff told us there had been a need to widen the support provided to unpaid carers. The new Caregivers Strategy had been developed through co-production, and we heard how unpaid carers had been involved in this work. The caregiver's strategy contained quotes from unpaid carers to demonstrate how priorities were tied to their feedback. This had been used to inform commissioning decisions around unpaid carers, including commissioning a new service to improve information and advice, access to assessment and peer support groups.

In other areas, work had started but was not as advanced and there was unmet need. Staff described recent work undertaken to engage the Jewish community in developing new care provision to meet an identified need. Staff told us they were often able to commission services for Jewish people, but we also heard from staff and a community partner that there had been instances where people had to look to provision outside of the borough.

Market shaping and commissioning to meet local needs

People had access to a range of local support options that were safe, effective, affordable and high quality to meet their needs. National data from the Adult Social Care Survey (ASCS) said 69.84% of people felt they had choice over services, which was not statistically different from the England average (70.28%).

Commissioning strategies were aligned with the strategic objectives of partner agencies. The local authority had worked with health partners to improve and enhance capacity in reablement, intermediate care and homecare. Better Care Funding had been used to increase capacity in intermediate care, and we heard from leaders and health partners how this had improved the flow of discharge from hospital. Staff described work with homecare providers to shape the market, including ensuring expectations about response times and delivery would be met. The local authority also supported providers to overcome barriers relating to workforce and geography that had impacted capacity. We heard from staff and partners how this work to shape the market had achieved improved capacity and flows through hospital discharge pathways.

The local authority commissioned models of care and support that were in line with recognised best practice. The local authority had recently recommissioned some residential services to replace with models that better aligned with best practice and commissioning need. Staff described how they had commissioned new models for respite care for working aged adults that moved away from block contracts and enabled better flexibility and choice for working age adults.

The local authority had been developing more housing and care models, to respond to need and enable people to move away from residential provision where they wished to. This market-shaping was an area of strategic focus through the local authority's 'home first' model. Local authority data said the numbers of people in long term residential care had reduced from 592 in January 2023 to 529 in December 2023, with further reductions after this period. Staff described how these services had allowed people to move towards more personalised accommodation where they lived in their own homes and faced fewer restrictions that in previous placements. Staff had worked with housing and provider partners to create a variety of schemes for people with low and medium need. Work was underway to improve the offer for people with more complex needs. This work involved health and housing partners and neighbouring local authorities.

The local authority was piloting new approaches to innovate and shape best practice in the market. Staff told us about pilots underway with homecare providers to set up localised zone-based commissioning, where providers were contracted to achieve outcomes for people, rather than contracted by care hours. This was intended to offer greater flexibility to providers and improved personalisation for people, because they would be supported by a smaller staff team. Work had started to pilot this approach, and staff spoke positively about the impacts they had seen so far. However, this was at an early stage in development.

There was specific consideration for the provision of services to meet the needs of unpaid carers. National data from the Survey of Adult Carers in England (SACE) for 2023/24 said 28.97% of unpaid carers were accessing support or services allowing them to take a break from caring for more than 24hrs, which was a positive statistical variation from the England average (16.14%). SACE data also said 16.5% of unpaid carers were accessing support or services allowing them to take a break from caring at short notice or in an emergency, which was tending towards a positive statistical variation from the England average (12.08%). Whilst this showed the local authority scored higher than the national averages, the national averages for outcomes for unpaid carers are low. The local authority recognised this and was working to improve provision for unpaid carers through their strategy.

The local authority had recently reviewed the range of commissioned services for unpaid carers when developing their caregiver's strategy. There had also been recent work to identify ways to overcome certain challenges for unpaid carers like short breaks and overcoming poverty and we saw a variety of areas funding had been allocated to target these. The local authority had recently commissioned a new carers service that included completion of unpaid carers assessments but also provided information and advice, peer support and activities.

Ensuring sufficient capacity in local services to meet demand

The local authority told us homecare capacity had impacted hospital discharge since 2021. However, we heard how over the previous 12 months requests for homecare or reablement were responded to promptly. Local authority data from December 2023 to April 2024 showed that of 187 homecare requests for that period, 130 were fulfilled within 1 day, 31 within 2 days and 17 with a week. 6 people had waited for longer than a week, but we heard how there were sometimes longer delays where people had more specialist needs, or it had taken time for people to engage with staff.

The local authority and health partners had jointly commissioned a residential intermediate care setting. Staff and health partners told us this had improved the flow of people from hospital and supported the 'discharge to assess' model. Staff and partners said this model was working well and had contributed to making improvements in the time taken for people to be discharged from hospital.

There were occasional gaps in provision for people with complex needs, but the local authority usually overcame challenges in commissioning for unanticipated demand. Staff said where people had complex needs such as those related to their mental health or a brain injury, they had to work with commissioners to find bespoke packages of care. Staff said they often worked with housing, health partners or neighbouring boroughs to find appropriate placements for people with complex needs. Staff said these often took longer to source but that they often found a solution through partnership working and problem solving.

The local authority monitored the volumes of people who were waiting for specialised care and took action to mitigate risks to people. Local authority data from March 2024 showed 6 people had been waiting between 6 months and 2 years for a placement. Records showed the majority required a bespoke housing model which were in the process of being developed. Records also showed people's needs were being met with alternative provision, but for 3 people they were in hospital and required specialist support when they were discharged which was in the process of being developed. This was being addressed through partnership working across the ICB and was a national challenge as well as a regional one.

Increasing capacity for people who needed specialised care provision was a shared strategic priority across the integrated care system (ICS). The local authority was working with partners to address the need for complex care through the Housing, Health & Care Programme. This programme included the Integrated Care Board, housing partners and local authorities across the region and had led to development of provision that would enable people who needed more complex care to be discharged from hospital more promptly.

Local authority data showed there were 138 people in commissioned provision outside the borough, but 94 of these were within neighbouring local authority areas. 14 people were placed elsewhere within the country but the majority of these were placed out of borough due to personal choice. The local authority had developed a dashboard to monitor out of area placements, including any risks or quality concerns. Staff said they frequently shared information with host local authorities and partners around provider quality. People were regularly reviewed and reviews were used to identify if people were happy in their placements. People had been supported to move closer to home when provision became available, where this was their preference.

The local authority had a variety of in-house provision, such as day services and supported living. The local authority told us they had commissioned in-house provision in harder to source areas, such as short breaks for people with a learning disability which was able to support people with more complex needs.

Ensuring quality of local services

The local authority had clear arrangements to monitor the quality and impact of the care and support services being commissioned for people and it supported improvements where needed. Commissioning teams supported providers with quality and there were staff within the teams who carried out this work. Staff described how all providers had an annual check and there were protocols to respond to risk or concerns.

People gave us positive feedback about the quality of care provision they were offered. One person spoke particularly positively about the homecare provider who had been commissioned to support them during hospital discharge. CQC data showed 4.04% of adult social care providers across all service types were rated outstanding, 77.78% rated good, 13.13% rated requires improvement and 1.01% rated inadequate. For nursing care, 11.64% of providers were rated outstanding. All the local authority's in-house provision that provided regulated activity was rated good or outstanding.

There were systems in place for people to give feedback to the local authority about commissioned care. There had been recent updates to the local authority website to make it easier for people to provide feedback online. We also heard how close links between social work and commissioning staff meant feedback was shared and acted upon promptly across teams.

Staff described partnership working to overcome challenges where there had been quality issues. When there were concerns with a provider staff involved health partners to support where concerns related to areas such as medicines or infection control. Staff and health partners described strong partnership working where information was shared in a timely way and partners came together to support providers to improve.

Provider partners said staff who carried out quality assurance checks were very thorough and would spend time supporting them, engaging with staff and people using the service. Staff described a positive working relationship with provider partners and said they had sufficient time and capacity to carry out regular checks as well as conduct more focused work in response to provider concerns.

Ensuring local services are sustainable

The local authority collaborated with care providers to ensure that the cost of care was transparent and fair. The local authority had recently carried out a market sustainability exercise and we heard about work staff had done to support providers in areas such as the cost of care, staff retention and recruitment.

The local authority worked with providers and stakeholders to understand current trading conditions and how providers were coping with them. Engagement and monitoring arrangements enabled the local authority to get early warning of potential service disruption or provider failure and respond to known issues. The local authority kept a log of contracts handed back by providers or concerns they had raised and monitored themes to respond to them.

The local authority took action to respond to issues or concerns around provider sustainability or workforce. For example, staff had worked with providers around hourly rates for day or night care and adjusted them to help them retain staff. We also heard about specialist forums for different types of providers where local authority staff facilitated training or speakers to disseminate learning and help providers to understand changes in practice or innovate.

The local authority understood its current and future workforce needs. It worked with care providers to maintain and support capacity and capability. Staff and providers told us about provider forums and co-production where providers and partners contributed to discussions about workforce. The local authority told us how the care sector is a major contributor to the local economy with 6,000 people being employed within it. They also noted Skills for Care 2022/23 data which showed 550 posts of the 7,200 posts in the sector were vacant.

The local authority supported providers to overcome these challenges, such as by using additional funding to uplift fees to make posts more attractive or carrying out work to understand the needs of social care staff. The local authority told us how for some social care staff in the borough, zero hour contracts had been more attractive. Staff noted how this differed from national data about these types of contracts but was a preference of the local workforce. The local authority tailored its contracts with providers to enable this flexibility for staff for whom these were a preference. There had also been work with providers around recruitment, including supporting providers to recruit from overseas through local authority training and support alongside the Home Office.

Partnerships and communities

Score: 3

3 - Evidence shows a good standard

What people expect

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

The local authority commitment

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

Key findings for this quality statement

Partnership working to deliver shared local and national objectives

The local authority worked collaboratively with partners to agree and align strategic priorities, plans and responsibilities for people in the area. The local authority and partners used partnership boards to identify and deliver on shared strategic objectives. The Health and Wellbeing Partnership Board was well-established, and we heard about multiple projects and initiatives over time that had delivered on shared strategic priorities. For example, the development of supported housing models that met the needs of people across the partnership and shared public health initiatives designed to keep the population healthy and prevent future need from developing.

There was an autism board which had been newly established and had representation from across the partnership, including autistic people with lived experience who had informed the new strategy. The local authority told us about recent work to support the ICB to address gaps in health provision which had affected autistic people. The local authority worked with community partners to achieve changes to health pathways and practice to make services accessible to autistic people.

There were not any formalised integration arrangements with health partners in areas such as hospital discharge or mental health, but we heard about strong partnership working on the frontline which enabled partners to achieve shared objectives. We heard multiple examples of local authority staff working closely with health staff to support people with discharge from hospital or joined up approaches to meeting people's needs in the community, often preventing hospital admission. Staff in local authority teams for mental health and hospital discharge frequently met their health counterparts and we heard examples of shared training and learning events.

There was clear understanding of roles and responsibilities when it came to funding. Staff described fair and professional meetings when it came to agreeing funding responsibility between health and social care, such as continuing healthcare funding for people with long term health needs or shared funding for people who were being treated for mental health conditions. Where funding was shared, we heard about good partnership working where care plans were developed in collaboration between partners and people.

Arrangements to support effective partnership working

When the local authority worked in partnerships with other agencies, there were clear arrangements for governance, accountability, monitoring, quality assurance and information sharing. Roles and responsibilities were clear. The local authority and partners had collaborated to develop a number of processes that ensure people received joined up care in the borough. Leaders told us about 'Gateshead Cares'. Gateshead Cares is a group of local partnership organisations that come together on a regular basis to work differently together in order to achieve better outcomes through shared commissioning and partnership working. Gateshead Cares jointly agreed shared priorities and reviewed progress on their delivery through regular updates and action plans.

The local authority and partners worked together to improve people's experiences of accessing services and promote safety. For example, the local authority and partners had developed a Partnership Integrated Triage Stop (PIT Stop) process which was designed to consider Police Adult Concern Notifications (ACNs) reported to the Local Authority and determine which is the right agency or service to respond. Leaders told us this was designed between partners to prevent people having to call multiple agencies or risk falling through gaps in pathways. Partners from across local authority adult social care, housing, health and police met daily to consider the Police ACNs from the previous 24 hours and share information to ensure people got support from the right place. PIT Stop linked closely to the Safeguarding Adults Triage Team, the Adult Services Support and Engagement Team (ASSET) and the Adult Social Care Direct Team (ASDC) to ensure Police ACNs that required a response from Adult Social Care Services were directed to the right team. Staff said there was regular sharing and monitoring of data to identify themes or learning and ensure contacts went to the right place and were followed up.

Partners across the ICS had recently introduced an Integrated Commissioning Group (ICG), which had representation from across the ICS region including senior leaders at the local authority. The local authority, as part of the ICG, oversaw work across the ICS in areas such as developing specialised care provision to respond to challenges in commissioning, such as around complex care provision. We also heard how local authority staff worked closely with health partners around local commissioning in the borough and the integrated approach to provider quality was advanced and had achieved good outcomes. Staff described how partners often came together to respond to risks related to provider quality through a protocol they were all signed up to.

The local authority used opportunities to pool budgets and jointly fund services with partners to achieve better outcomes for people. The health and wellbeing board oversaw the use of joint funding to ensure it achieved shared strategic priorities. For example, the Better Care Fund (BCF) was being used to support initiatives to prevent avoidable hospital admissions from the community and from care homes by offering 'hospital at home' and increasing reablement support and improve ongoing support in the community. The health and wellbeing board had agreed to the use of this funding stream to achieve these shared objectives, and we saw how this was having a positive impact on discharge from hospital and avoiding admissions to hospital.

Impact of partnership working

The local authority monitored and evaluated the impact of its partnership working on the costs of social care and the outcomes for people. This informed ongoing development and continuous improvement. The health and wellbeing board monitored the impacts of partnership working and staff described multiple examples of partnership working on the frontline which had achieved good outcomes for people.

Staff told us about partnership working across agencies for a person who had experienced frequent detention under the Mental Health Act but went on to access services and maintain their parenting role, through prolonged partnership working on the front line.

Working with voluntary and charity sector groups

The local authority worked collaboratively with voluntary and charity organisations to understand and meet local social care needs. The local authority provided funding and other support to encourage growth and innovation. People gave us positive feedback about the options available in the voluntary and community sector, but staff said there were sometimes limited options for people with low level mental health needs. The local authority was aware of this need, and we saw evidence of partnership working with voluntary and health partners to address this.

Most of the feedback we heard from voluntary and community partners was positive. We saw multiple examples of the local authority engaging their voluntary and community sector through partnership boards or co-production to inform strategy. Funding allocation was overseen by partnership boards and commissioners, to ensure funding decisions were aligned to strategic priority areas or gaps in provision.

Theme 3: How Gateshead 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

Safety was a priority for everyone. The local authority understood the risks to people across their care journeys; risks were identified and managed proactively; the effectiveness of these processes in keeping people safe was routinely monitored. The views of people who used services, partners and staff were listened to and considered. For example, the local authority had recently introduced a triage model for receiving safeguarding concerns and we heard from staff and partners how this had improved understanding and consistency around safeguarding. There had also been recent improvements to the use of data to understand risk. Staff and leaders told us the new IT system gave improved oversight of safety and risk around waiting lists, which had also contributed to their reduction.

The local authority's integrated strategy had identified priorities that would respond to key risks across the partnership, such as developing a strong social care workforce or ensuring smooth hospital discharge pathways. The integrated strategy drew upon data from the Joint Strategic Needs Assessment (JSNA) and aligned with the health and wellbeing board strategy . Shared priorities included plans to improve multi-agency learning opportunities and to develop a shared data set which identified themes and trends. There was a focus on prevention and ongoing work with statutory and non-statutory partners to ensure systems were robust and that they represented the people who were involved in safeguarding. This showed the local authority had an awareness of risk and knew who its key partners were to collaborate with.

Policies and processes about safety were aligned with other partners involved in people's care journey. This enabled shared learning and drove improvement. For example, the Partnership Integrated Triage Stop (PIT Stop) was set up in response to risks around people not finding the right pathways. We heard how PIT Stop had led to closer partnership working between the local authority and police, housing and health partners to keep people safe by ensuring referrals were picked up by the right agency. We also heard about multiple examples of funding being allocated to improve prevention services, in line with the strategic priorities, to reduce risks. People and partners had been involved in the development of this work through co-production which had ensured information about safety and risk was holistically captured.

Information sharing protocols supported safe, secure and timely sharing of personal information in ways that protected people's rights and privacy. We heard about information sharing in areas such as safeguarding or commissioning, so that partners could respond to risks to people in a joined-up way or address any issues or concerns in the provider market. Staff who worked alongside health colleagues in functions such as hospital discharge or mental health said they had regular opportunities to share information and could easily access timely information about people's needs or safety. We heard how staff had recently gained access to health colleagues' systems which they told us helped them have a full understanding of people's needs and risks.

Safety during transitions

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

The local authority had a defined pathway for young people who were transitioning to adulthood. There was a dedicated team who supported young people, and they started work with young people from the age of 14, to ready them for moving to adult's services when they were 18. There was a pathway from Children's services and a pathway for young people who may not have previously received support from Children's teams.

An unpaid carer told us transition had been challenging because they had found it hard to access information and found it hard to find somebody to talk to. There had also been an inspection by CQC and Ofsted of the Special Educational Needs Department (SEND) in May 2023 that had found some delay in families receiving information about transition. In 2021 the local authority introduced a new model for transition which was renewed and refreshed in 2023 in response to the issues identified.

Staff described good social work practice at transition, in which they often dealt with family dynamics and took a whole family approach to assessment. Staff said there was support throughout the pathway to adulthood, including links with education and the ability to involve the GATES employment support service where a young person may be looking to seek employment from the age of 18. There was a defined process of Care Act assessment to establish eligibility, with services in place ready to support any young people without eligible need.

The local authority had good links with partners and worked with local special education schools to involve key partners in preparing young people for adulthood. Headteachers from special education schools had visited the supported housing schemes young people could potentially move to, so they were familiar with the options for young people when they left their schools. Staff said they were able to get to know families early and build relationships with them over the time they worked with the young person and their family, which was usually from the age of 14 and sometimes continued until 25 years old.

There were defined pathways for hospital discharge that people could follow depending on their needs. Pathways included access to intermediate care such as reablement or residential rehabilitation or pathways where people required longer term options. Staff spoke positively about the 'discharge to assess' model and how it had been enhanced by increased capacity in homecare and reablement. The local authority and partners used a trusted assessor model, where trained health colleagues could carry out assessments to enable a quick discharge into intermediate care and any ongoing care needs were picked up by local authority staff. Staff said these assessments were effective and enabled people to achieve goals to develop independence. The records we reviewed where people had been discharged from hospital supported this.

Local authority data showed discharges happened smoothly with very few delays because of lack of service provision on these pathways and people's needs were reviewed to check if they had longer term care needs. The local authority also had a PRIME team, who proactively contacted people discharged from hospital and provided support where there was any unmet need. The team also sometimes supported people in crisis within the community to avoid hospital admission. Staff described multiple examples of this team becoming involved and supporting people while longer-term care was arranged.

Hospital discharge staff worked with health colleagues to enable a smooth transition from hospital. Staff told us about joint work with health colleagues like physiotherapists or nurses to ensure complex discharges were planned. Staff had access to health systems and described constructive and helpful teamwork, including in decisions around funding. There were clear links with the locality teams where people would be supported and reviewed if they had longer term care needs.

For people discharged from the mental health hospital, there were clearly defined pathways and local authority staff worked closely with their health partners to ensure people were discharged safely and had their needs met. There was not a formal agreement in place to integrate local authority and health in mental health teams, but there was strong partnership working that ensure people's needs were met safely. Staff told us about multiple examples of partnership working to commission innovatively to meet complex need and enable people to move to more independent living. Staff described using strengths-based practice alongside health interventions to deliver care in a joined-up way.

There was good communication with health colleagues to support smooth and safe mental health pathways. Local authority and health staff often learned from each other to improve pathways. For example, staff described how they had invited commissioning colleagues to multi-disciplinary team (MDT) discharge meetings to improve health colleagues understanding of commissioning. This had helped ensure bespoke commissioning models were developed based on all the available information about the person.

Specific consideration was given to protecting the safety and well-being of people who were using services which were located away from their local area, and when people moved from one local authority area to another. We heard how staff remained involved and there were frequent reviews and checks. For services commissioned outside the borough, the local authority monitored these and liaised with the host local authority if there were any concerns.

Contingency planning

The local authority undertook contingency planning to ensure preparedness for possible interruptions in the provision of care and support. The local authority knew how it would respond to different scenarios; plans and information sharing arrangements were set up in advance with partner agencies and neighbouring authorities to minimise the risks to people's safety and wellbeing.

Contingency planning included protocols for extreme weather or interruptions to service for providers or the local authority. There were plans for staff or management cover, including emergency rotas and evacuation scenarios.

There were plans to support providers to prevent cessation of service and protocols if providers were unable to continue operating. Staff described close monitoring and support mechanisms, including the use of partner agencies, to support providers where provider failure became a risk.

Safeguarding

Score: 3

3 - Evidence shows a good standard

What people expect

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

The local authority commitment

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

Key findings for this quality statement

Safeguarding systems, processes and practices

There were effective systems, processes, practices to make sure people were protected from abuse and neglect. The local authority had a clear pathway for receiving and acting upon safeguarding concerns. National data from the Adult Social Care Survey (ASCS) for 2023/24 said 73.36% of people who used services who felt safe, which was tending towards a positive statistical variation from the England average (71.06%).

Referrals came into Adult Social Care Direct which was a single point of access for the public, which could be accessed by telephone and online. The Safeguarding Triage team, co-located with the police team, ensured concerns shared by partners were routinely and consistently escalated, and people had prompt input from partners to keep them safe. There was also a multi-agency Partnership Integrated Triage Stop (PIT Stop) model which provided a route for police concerns to be triaged and checked, with referrals going to the right place if they were not safeguarding concerns.

The local authority had introduced a dedicated triage function within the safeguarding team in June 2023 in response to an increase in safeguarding concerns seen since 2020. The safeguarding team undertook triage and led on decisions about whether concerns met the threshold for section 42 enquiries. If a person had an allocated worker they usually remained their key point of contact and completed actions relating to enquiries. The safeguarding team supported them by coordinating safeguarding enquiries, planning meetings and implementing protection plans to keep people safe.

The local authority had measured the impact of the safeguarding team on practice and had noted a higher volume of concerns being completed than under the previous model. The local authority told us how between March 2019 and March 2023 they had averaged 1596 concerns completed per year. Since introducing the new processes and team, data showed that from April 2023 to February 2024 the local authority completed 3360 safeguarding concerns. The use of data to inform safeguarding practice was at an earlier stage. Staff and leaders said the new data systems did not yet provide a full overview of safeguarding performance, but we saw how data was used to understand themes, such as changes in volumes.

Local authority data showed a higher volume of concerns went on to become section 42 enquiries than had under the previous model, but this had reduced in January 2024 following introduction of the new IT systems. The local authority had investigated the reason for the reduction in numbers and found it was due to some duplication on the previous system.

Staff spoke positively about the new safeguarding team and model. They told us there was clear understanding of who was accountable, with improved collaboration between colleagues. Staff said this model supported them to maintain objectivity and helped them to effectively challenge other professionals. Staff across teams told us they had benefitted from learning about safeguarding when making referrals, seeking advice or working alongside the safeguarding team on cases. National data from the ASCS said 85.55% of people who used services said those services have made them feel safe, which was not statistically different from the England average (87.12%).

The local authority worked with the Safeguarding Adults Board (SAB) and partners to deliver a coordinated approach to safeguarding adults in the area. The SAB had three subgroups covering safeguarding adult review and complex case referrals, quality and learning, and exploitation. The SAB had been overseeing and contributed to the development of the safeguarding team, we saw evidence of data being shared and leaders described productive challenge. The actions the local authority was taking around prevention aligned with the strategic priorities of the SAB where prevention was a key issue, alongside access to information and advice.

The local authority sent quarterly updates on data to the SAB to draw out any issues or themes. The latest report showed an increase in the number of concerns about neglect or self-neglect and the local authority was looking into the cause for this and any action partners could take to reduce risks in these areas. The SAB followed up on themes and issues, for example we heard how the Safeguarding Adult Review and Complex Case Group (SARCC) subgroup raised the number and quality of referrals which was taken forward by the SAB to share learning with partners and improve volumes and quality of referrals.

Responding to local safeguarding risks and issues

There was a clear understanding of the safeguarding risks and issues in the area. The local authority worked with safeguarding partners to reduce risks and to prevent abuse and neglect from occurring. Staff said a current theme was working with people who moved between boroughs, which was a recurring issue because of the geography of the borough they told us about recent work with neighbouring authorities and health partners to keep people safe who moved across local authority areas.

Partners spoke positively about the sharing of learning between agencies and stakeholders. We heard about work with health partners to improve their understanding of safeguarding and when to refer. Provider partners gave positive feedback on the input from the local authority's safeguarding team and how accessible they were when seeking advice or proactively sharing learning with partners.

Lessons were learned when people had experienced serious abuse or neglect, and action was taken to reduce future risks and drive best practice. The SAB carried out Safeguarding Adult Reviews (SARs) in instances where a person or people die as a result of abuse or neglect, or where a person or people experience serious abuse or neglect. There was a clear process where staff, people or partners could make a referral for a case to be considered as a SAR. The SAB then considered if each referral met the criteria to be a SAR. Local authority data showed in the 12 months to March 2024 there were 6 referrals, and none had met the threshold for a SAR. There was a discretionary SAR commissioned for a case that didn't meet the criteria but there had been learning for partners.

Responding to concerns and undertaking Section 42 enquiries

There was clarity on what constitutes a Section 42 safeguarding concern and when Section 42 safeguarding enquiries are required, and this was applied consistently. There was a clear rationale and outcome from initial enquiries, including those which did not progress to a Section 42 enquiry.

Local authority data showed that in the year to March 2024 16.8% of concerns went on to section 42 enquiry. This was significantly lower than in 2022/23 when 32.3% of concerns went on to section 42 enquiry. The local authority had carried out detailed analysis and found there had been spikes in referrals between 2020 and 2022 and the introduction of the new IT system in 2024 had reduced some duplication and made data more accurate. Data was being shared with the SAB and scrutinised and there had been no evidence the drop meant safeguarding was not being acted upon when required. However, this was an ongoing area of focus at the time of our assessment.

The local authority had recently introduced a new system which meant some data about safeguarding performance was not yet easy to interrogate. Leaders told us they had plans to use the new system to understand performance in more detail, but at the time of assessment there was a lack of data around how long concerns took to be responded to or how quickly enquiries concluded. Feedback from staff and partners showed there was not a known issue with timeliness of safeguarding and despite reporting systems not capturing this it was monitored closely at team manager level. Staff described being able to triage and respond to cases promptly but did say they were noticing an increase in the volumes of concerns coming through to the safeguarding team. Local authority data enabled leaders to monitor themes such as the volumes of concerns or the proportions of section 42 enquiries.

There were systems in place to monitor the quality of safeguarding work. Leaders carried out audits and some staff described receiving feedback in supervision to inform their practice. We also heard about learning sessions based on the themes from auditing of safeguarding, such as a recent case which prompted some learning around the Mental Capacity Act and how it was applied in safeguarding.

There was not a waiting list for DoLS applications from care homes or hospitals. Where applications were made to deprive people of their liberty through a Deprivation of Liberty Safeguards (DoLS) referral, these were acted upon promptly and in a risk-based way. At the time of assessment, applications from care homes or hospitals to put restrictions in place were usually responded to within 7 days. The local authority had sustained this level of performance since DoLS were introduced and we heard how they directed resource to respond to increase in demand following an increase in applications in response to the Cheshire West judgement in 2015.

Staff described a thorough assessment of these applications, which checked restrictions were proportionate and ensured people were not subject to any unlawful restrictions or abuse. Staff described a risk-based approach and robust assessments of applications, which ensured people were kept safe and their rights were protected.

Making safeguarding personal

Safeguarding enquiries were carried out sensitively and without delay, keeping the wishes and best interests of the person concerned at the centre. Whilst local authority data did not capture how timely responses were, staff and partners feedback said interventions were timely and person-centred.

The local authority had been undertaking work to improve how staff recorded information about what was important to people in safeguarding cases. The new IT system included prompts for staff to ensure people's wishes were captured, but the most recent SAB report identified this had not always recorded correctly. The local authority was undertaking work to improve how staff recorded information about what was important to people in safeguarding cases and learning had been shared with staff.

Staff told us how they often received feedback and learning from the safeguarding team around Making Safeguarding Personal, including what information to record in referrals to ensure the wishes of people were clear throughout the process. Staff told us about examples of personalised responses to safeguarding, including positive risk-taking and people attending safeguarding meetings alongside professionals.

People could participate in the safeguarding process as much as they wanted to, and people could get support from an advocate if they wished to do so. People were supported to understand their rights, including their human rights, rights under the Mental Capacity Act 2005 and their rights under the Equality Act 2010 and they were supported to make choices that balanced risks with positive choice and control in their lives. Staff described good access to advocacy. National data from the SAC said 92.59% of individuals who lacked capacity were supported by an advocate, family or friend, which was a tending towards a positive statistical variation from the England average (83.38%).

Theme 4: Leadership

This theme includes these quality statements:

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

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

Governance, management and sustainability

Score: 3

3 - Evidence shows a good standard

The local authority commitment

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

Key findings for this quality statement

Governance, accountability and risk management

There were effective governance, management and accountability arrangements at the local authority. There had been recent improvements to data which had improved leaders' visibility of Care Act duties. However, new IT and data reporting systems had been in place for 10 months and there were areas, such as timeliness of safeguarding responses or waiting times for reviews, which were not yet routinely visible in data sets. Staff and leaders said there was a good understanding of these areas of performance at team-level and senior leaders received regular reports and updates on these areas of performance.

Staff and leaders described how the new systems had been an improvement on the previous system. Leaders and teams now had greater visibility of different areas of work and told us they felt more confident in the data the new system produced. Staff described an environment where performance expectations were understood and there was professional constructive challenge from leaders and peers. Staff consistently praised the open nature of the work environment and how they were able to learn from colleagues or receive feedback on their work.

The local authority had developed a Performance Management Framework which included expectations around auditing, quality checks, learning and supervision. There was also a Service Director Assurance Statement which set out corporate expectations in areas such as governance, reporting, training or performance. Each section sat alongside evidence for how leaders were assured each area was being met for the year.

There was an established leadership team and staff spoke consistently positively about how visible and approachable senior leaders were within the local authority. The director of adult social services (DASS) was new in post but had been an operational director in their previous role, while the Chief Executive Officer held the DASS position before them. This meant there had been a consistency in leadership and vision and staff had got to know their leaders well.

There were processes in place for elected members to be briefed on issues to enable them to understand and effectively challenge where needed. Learning and development sessions were in place to ensure that these processes were fully understood by the members.

Staff spoke positively about multiple forums and workshops that provided regular opportunities for meetings with senior leaders, where things they said had been acted upon. Staff feedback reflected a senior leadership team that was visible, capable and compassionate. For example, staff said leaders took an interest in them and would remember details about work they had going on as well as their professional or personal lives. There were routine formal forums for senior leaders to engage with staff, such as regular 'director connect and collaborate' meetings as well as workshops which were taking place as part of the NDTi transformation work. There were also regular surveys and a 'you said, we did' style of response to staff feedback. Staff told us they felt confident that feedback they gave would be responded to and acted upon where appropriate.

There were clear risk management and escalation arrangements. These included escalation internally and externally as required. The local authority monitored data to identify any issues or risks and the new IT system provided increased visibility of areas such as waiting lists or equality impacts. We saw evidence of analysis of data which was reported to leaders where there were potential issues or concerns. For example, there was recent work to analyse volumes of safeguarding concerns and enquiries, so leaders could understand any potential risks related to changes in volumes.

The local authority's senior leadership team were well informed about the potential risks facing adult social care. These were reflected in the corporate risk register and taken into account in decisions across the wider council. The corporate risk register covered all areas of the local authority's Care Act functions, with risk assessments in place for a variety of potential risks to the local authority's functions, including plans on how to mitigate them or contingency planning in the event of service failure.

Risks were routinely highlighted and plans were put in place to respond to them. For example, there had been recent work to respond to risks around vacancies and staff sickness. We saw evidence of detailed work to plan and map resources flexible to respond to areas of the service where they experienced reduced capacity. We also heard about longer-term plans to improve staff recruitment and retention to respond to this risk, as part of the local authority's workforce strategies.

Strategic planning

The local authority used information about risks, performance, inequalities and outcomes to inform its adult social care strategy and plans, allocate resources and deliver actions needed to improve outcomes for people and local communities. The current adult social care integrated strategy and the local authority's corporate Thrive agenda were driven by data and directly linked to public health priorities around health inequalities.

Examples of work we saw was tethered to the local authority's strategic priorities. For example, commissioning work and allocation of funding to preventative services correlated to the local authority's strategic priorities and public health findings around falls prevention or loneliness. The allocation of resource to create a new safeguarding team was driven by an identified need to improve performance in safeguarding and data evidenced that this had led to improvements in how this part of the service functioned. There was a coherence of strategy between the local authority and its partners.

Leaders told us how the introduction of the new IT system was key to improving performance and better understanding people's experiences. The new system had already improved leaders' oversight of performance and bettered the local authority's understanding of people's experiences of accessing services. There were areas where the new system had yet to embed and evolve, which leaders were aware of and were working to improve.

There was strategic work underway around workforce development, to respond to risks around recruitment, retention and sickness absence. There had been work around career pathways and staff wellbeing to develop a workforce for the future. This had led to the introduction of new apprenticeship schemes staff spoke positively about and there was work to look at further opportunities to develop staff as part of succession planning. There was a principal social worker in post and they were part of the senior leadership team and we heard how they had oversight of frontline social work and had used this to inform strategic priorities. The local authority were in the process of recruiting a principal occupational therapist to improve the representation of OT at a strategic level.

Information security

The local authority had arrangements to maintain the security, availability, integrity and confidentiality of data, records and data management systems. There were arrangements and protocols in place around the sharing of data with partners.

Information security and governance were areas of corporate risk which were monitored as part of ongoing auditing and governance arrangements. Staff received training in how to handle information safely.

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

There was an inclusive and positive culture of continuous learning and improvement. Local authority staff had ongoing access to learning and support so that Care Act duties were delivered safely and effectively. Staff spoke consistently positively about the local authority's approach to learning and development. There were systems in place to implement and refresh learning, such as a Training Advisory Group who looked at training needs and responded to emerging training requirements. There was a principal social worker in post who carried out audits to identified themes and share learning across teams. We heard examples of a variety of theme areas where staff had received training or awareness raising following findings from quality checks.

Staff said they had frequent supervision and leaders of all levels encouraged them to learn and develop themselves. Staff were encouraged to identify their own learning needs and leaders supported them to achieve them. We observed high numbers of staff who had worked at the local authority for a long time and they had all undertaken learning and development to become leaders or enter new specialisms.

There was an online 'learning hub' for mandatory training modules and other learning materials. The local authority held annual practice weeks with external speakers that often included people with lived experience. We also heard about events on World Social Work Day and World Occupational Therapy Day and ad-hoc learning sessions in team meetings or events for staff with particular interests or specialisms.

There was learning in response to current themes and issues, for example following Safeguarding Adult Reviews or themes from safeguarding or other Care Act functions. Staff said how they were often encouraged to write case studies of complex work, so colleagues could learn from them. Staff spoke positively about the variety of learning on offer, such as recent training around cultural awareness, intersectionality, fetal alcohol syndrome, executive disfunction and strengths-based practice.

There was support for continuous professional development. The local authority had links with universities and had developed routes for staff to achieve qualifications. Staff had access to practice educator courses, higher education and apprenticeships. The local authority had recently piloted a new apprenticeship model for social work students and staff we met who were undertaking this spoke positively about the quality of the learning and the model adopted alongside a local university. Staff who were registered professionals told us they had protected time for professional development, but said sometimes workloads impacted on this.

The local authority worked collaboratively with people and partners to actively promote and support new ways of working that improved people's social care experiences and outcomes. The local authority regularly used partnership boards and other partnership groups to engage partners and contribute to or influence strategy.

The reablement service and the PRIME team had been developed with partners to achieve shared priorities around hospital discharge. We heard how this was achieving its aim and was an area we heard positive feedback about from people and staff. The local authority told us about programmes developed with partners through the Integrated Care System, such as a ‘step into work’ programme, summer schools and the development of flexible apprenticeships for frontline health and care workers. These aligned with local authority priorities around workforce.

Coproduction was at an early stage and strategic work was underway to enhance the local authority's approach to co-production. Feedback about co-production was mixed, we heard how community partners had been involved in co-production but one partner told us this work was quite recent and had not yet progressed. Another partner said there was limited involvement of people with lived experience in the work they had been involved in. The local authority was aware of the need to improve their co-production approach and there was a draft co-production strategy being implemented. There was also ongoing strategic work with the National Development Team for Inclusion (NDTi) which was designed to utilize co-production in reviewing and developing the local authority's pathways.

In some areas, co-production was more embedded. In public health the Joint Strategic Needs Assessment (JSNA) was produced through detailed co-production work. We heard how the voluntary and community sector had been commissioned to lead on co-production work around expectations for people with a learning disability and autistic people. We also heard how people had been involved in developing new services in the local authority's commissioning function. People had been involved in choosing providers and staff for new models of care and had contributed to the development of housing and care schemes.

Staff and leaders engaged with external work, including research, and embedded evidence-based practice in the organisation. The local authority engaged externally, sharing learning and seeking feedback where possible. For example, the local authority had shared work around poverty and prevention with central Government and had its strengths-based assessment tool reviewed by Social Care Institute for Excellence (SCIE), receiving positive feedback.

The local authority actively participated in peer review and sector-led improvement activity. The local authority drew on external support to improve when necessary. The local authority had undergone a peer challenge review of its adult's services through the Local Government Association (LGA) in March 2024. Where the peer challenge review identified areas for improvement, work was already underway to address them. For example, the peer review noted potential waiting times as an issue and the local authority had reduced waiting lists by October 2024.

The peer review also identified uptake of carers assessments as an issue, which the local authority had also identified themselves. Whilst this had not yet been fully addressed, the evidence we saw showed how the new caregivers strategy was starting to improve the experiences of unpaid carers.

Learning from feedback

The local authority learned from people's feedback about their experiences of care and support, and feedback from staff and partners. This informed strategy, improvement activity and decision making at all levels.

Engagement and consultation regularly took place around commissioning priorities. Staff described recent work involving community groups and people when developing new provision. For example there was a recent focus group with young carers ahead of the caregivers strategy and there was engagement work underway with the Jewish community around developing provision that would meet their needs.

The local authority found ways to understand the lived experiences of people to inform strategy in areas of focus. In response to risks people faced linked to deprivation, the local authority supported partners to develop the 'poverty truth commission'. This involved people with lived experience of poverty and leaders told us how it was being used to inform current work around health inequalities, improving pathways and access to information and advice.

Staff were regularly asked for their feedback from surveys and we saw evidence of feedback being acted upon. Surveys took place and then actions were taken in response. For example one identified area for improvement from a recent survey was for more training for managers around recognition and this was arranged.

Staff regularly informed development of processes. We heard multiple examples from staff of work they had been encouraged to do to improve systems. One staff member showed us a strengths-based tool they had produced to support people to identify their strengths and assets which had been piloted and was now being rolled out across teams. Another staff member had developed tools around prioritisation and risk which was used in their team.

There were processes to ensure that learning happened when things went wrong, and from examples of good practice. Leaders encouraged reflection and collective problem-solving. The local authority analysed complaints and compliments. Reports looked for trends or increases in volumes in order to learn from them. An annual report for 2022/23 showed there had been 56 complaints and 363 compliments in adult social care that year. The local authority identified two key themes of complaints which were charging decisions and people or relatives wanting care home placements rather than homecare at hospital discharge. The local authority had taken action to improve information and advice about charging in response to this identified theme.

The local authority also monitored the outcome of complaints referred to the Local Government & Social Care Ombudsman (LGSCO). In the same period, 7 complaints had gone to the LGSCO, one of which was about a care provider which was upheld. In another, the local authority made a remedy payment and the matter was closed. The remaining 5 referrals to the LGSCO were closed with no further action.

© Care Quality Commission