Care Quality Commission

Suffolk County Council assessment

How we assess local authorities

Assessment start date: 2 June 2023

Assessment published: 17 November 2023

Assessing how local authorities meet their duties under Part 1 of the Care Act (2014) is a new responsibility for CQC. We have been piloting our approach to these new assessments in 5 local authorities who volunteered to participate. Our assessment of Suffolk County Council was part of the pilots. We will be incorporating any learning from the pilots and evaluation into our formal assessment approach.

About Suffolk County Council

Demographics

Suffolk spans both rural, coastal and urban areas, with the population comprising 60.9% urban and 39.1% rural. The local authority teams are aligned to 3 areas within the county, Ipswich and East Suffolk, West Suffolk, and Waveney. There are 2 two integrated care systems, Suffolk and North-East Essex, and Norfolk and Waveney. Suffolk consists of 5 District and Borough Councils: East Suffolk, West Suffolk, Babergh, Mid Suffolk and Ipswich. These range from high income areas to high deprivation areas. In the 2019 indices of multiple deprivation, Suffolk was ranked 53 out of 151 authorities. Twenty-two small areas in Suffolk were in the 10% most deprived areas of England.

The total population is 760,688, with 50.7% women and 49.3% men. At the time of the 2021 census, 87.3% of Suffolk's population were White English, Welsh, Scottish, Northern Irish or British. The population of Suffolk is growing older. Currently 1 in 5 people are aged over 65 and by 2040 this will be 1 in 3 people.

Suffolk County Council is a Conservative led Council.

Financial facts

- The local authority estimated that in 2022/23, its total budget would be £875,000,000. Its actual spend for that year was £932,879,000, which was £57,879,000 more than estimated.
- The local authority estimated that it would spend £297,756,000 of its total budget on adult social care in 2022/23 Its actual spend was £313,467,000, which is £15,671,000 more than estimated.
- In 2022/2023, 34% of the budget was spent on adult social care.
- The local authority has raised the full adult social care precept for 2022/23 and 2023/24. Please note that the amount raised through adult social care precept varies from local authority to local authority.

- Approximately 12,220 people were accessing long-term adult social care support, and approximately 8,540 people were accessing short-term adult social care support in 2022/23. 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 indicative rating

Good: Evidence shows a good standard

Summary of strengths, areas for development and next steps

Overall feedback from people was positive in relation to the approach of front-line staff, and the care and support provided. Staff focused on providing the best care and support for people.

Staff were overwhelmingly positive about working for the local authority including the leadership and culture. Support with staff well-being, learning and development, and career progression was good.

Locality teams worked in integrated teams with health partners in 2 of the 3 areas. In Waveney, some teams were co-located with health partners. All teams knew their communities well and understood the needs of people using services.

Integrated working with health partners strategically was particularly positive with mature, valued partnerships. There was a clear focus on prevention and public health. Data was gathered and used to inform the strategic approach, focusing on areas for improvement and to drive action.

Systems and governance were in place to enable the local authority to assess and understand how well it was performing as an organisation and act on it. A culture of learning and improving from incidents was embedded.

The local authority digital care partnership was a strength. Technology such as sensors and falls prevention equipment were used in people's own homes to help them live independently and provide reassurance to carers. There were plans to develop further digital solutions to continue to support people in creative ways such as plans to use virtual reality technology for people living with dementia.

Mental health services in Suffolk had previously been provided within a health trust. In 2022 this agreement ended, and staff moved across to work for the local authority. Staff were exceptionally positive about this move, and the benefits for them and felt this enabled them to provide an improved more holistic service for people.

People, staff and partners who used Customer First, the initial point of contact when contacting the local authority, reported delays in getting through and for some assessments. Mental Capacity assessments had been identified as an area for improvement and training had taken place to improve staff knowledge. Personalisation and Deprivation of Liberty Safeguards (DoLS) assessments were two other areas where improvements were underway.

The transitions of young people from children to adult services were referenced by managers and staff as an area where the current system was not effective, so changes were being implemented. Feedback from people using services and a Healthwatch report in relation to transitions, confirmed improvements were required.

Challenges were reported with ensuring suitable accommodation was available for people. Gaps in provision were identified, for example in dementia care, nursing care and services for people with complex needs.

Staff showed some understanding of working with people from seldom heard and ethnic minority groups, and the local authority had recognised this as an area for improvement and started to take steps towards this, however further work was required. The use of data had been identified as being one way to drive this forward and to create services suitable for all people living in Suffolk.

Voluntary sector and care partners told us improvements could be made in better partnership working, communication, and how systems joined up together. This would improve information sharing, learning, and give a better understanding of people's needs in local communities.

Summary of people's experiences

People told us about delays in getting through to the contact centre, Customer First, and in reviewing their care, and the impact of this. Relationships with front line staff were reported as positive and people gave us some good examples of when they or their carer were supported well with flexible care which was suitable for their needs.

The care records we reviewed included assessments of capacity and identified people's wishes. We saw some clear and detailed processes documented for people, for example, from admission to hospital, to permanent placement in a care home. People told us assessments were holistic and looked at health needs as well as the social aspects of their lives.

A people-led advocacy organisation in Suffolk, that included people with learning disability and autistic people, told us about their positive involvement in developing the learning disability strategy with the local authority, and how proud they were of this achievement.

Theme 1: How the local authority 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

Indicative score:

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

Delays were reported by people, staff and partners in relation to people waiting to speak with the Customer First contact centre when they first needed support, and some delays later with assessments. For example, one person told us this felt like a 'clearing house' where they were funnelled in a certain direction which may or may not be the right one. They told us they had to chase up to get an assessment for their relative and then chase up again afterwards for follow up action.

Contact could be made by telephone, email, or live web chat. Staff told us calls were triaged for urgency during the day but not out of office hours, when it was on a 'first come, first served' basis. People waiting were triaged in relation to risk. For higher risk this was 2 to 3 minutes, however for lower risk, this could be 40 minutes plus.

Staff told us they felt supported by senior staff in this area. Senior staff were aware of the issues with delays and a plan of action was in place to try to reduce the waiting times. This included better use of digital routes, for people to complete some assessment information themselves, better signposting for people with advice, and improved use of the independence and well-being service. A pilot was planned to trial more senior staff working in Customer First to support and manage the demand for services.

Waiting lists in other areas included the review of people's care, financial assessments, and occupational therapy assessments. These assessments were all triaged in terms of urgency. At the time of our fieldwork visit, for occupational therapy assessments there were just over 500 people waiting, including for small pieces of equipment. In addition, 400 people were waiting for a financial assessment - some for 3 to 4 months. The impact of this could mean when someone was eventually assessed they had a large bill to pay. A dashboard helped staff to understand more about where the pressure areas were, so these could be better addressed by the local authority.

Some improvements had taken place in relation to waiting lists, for example by using a peripatetic team to carry out reviews. This had reduced waiting lists from 1,297 in December 2021 for reviews overdue more than a year, to 287 in December 2022. Using agency staff was an additional support and a workflow steering group had been set up to continue to oversee a recovery and sustainability plan in this area.

Front-line staff working out of hours were trained to support both children's and adult's services. Staff told us these duty social workers were very experienced with the ethos that people came first, and work was person-centred. The out of hours staff were able to put support in place for people quickly, which prevented them being admitted into other services.

People we spoke with were happy overall with their care and told us about the positive relationships they had with front-line staff. One person said they were happy with their care and felt listened to by their social worker who was in regular contact with them and the care home they lived in. Another person said it was easy to approach social workers, and you could phone with any concerns or queries, and these would be addressed. One person told us how they positively and flexibly used a direct payment to support both them and their family member with their needs. For example, paying for a sitting service enabled the carer to have a break. Another person advised they were happy with the process moving from the hospital to a care home and were happy there were staff able to communicate with them in their own language.

The care records we viewed were detailed and centred around the health and social care needs of the person. They included assessment of the person's capacity to make decisions and their wishes. People gave us some positive examples of the support they had received from the local authority, including helping someone move into more suitable accommodation, and the positive experience of another person when coming out of hospital.

Occupational therapists (OTs) are integrated into the 3 locality teams and this was working well. Senior staff were discussing how to better use OTs in the future, for example in areas such as mental health. Creation of a Principal OT role was also being considered with the aim of giving OTs a stronger voice and influence.

Mental health services moving back into the local authority in 2022 from the NHS mental health trust, was seen to be very positive by staff. Staff told us they could now better consider people's holistic needs, not just their health needs. However, one of the biggest challenges related to provision of mental health 24-hour care resources in Suffolk. This lack of resource could affect decisions of professionals who were more cautious about detaining or requesting beds for people as they knew provision was not available within the area. Partners told us there was a lack of provision of care to meet the needs of people with long term mental health conditions and their carer's.

Senior staff told us mental health staff were now more embedded into the local authority. They explained in the first 12 months of staff moving across they had focused on safety and risk, but now it was more about quality of the work in supporting people better. Staff were aligned across to locality teams currently. However a future aspiration was to move to one team where practitioners worked more closely together.

Changes were being made to the way the learning disability team supported people. It was planned that staff would no longer hold individual cases so people wanting or needing a review of their care would come through the contact centre. Staff told us they had some concerns this could reduce the personalised service they provided currently through knowing their clients well and this had been fed back.

People with sight or hearing loss and their carers were supported by the Sensing Change team which is one of the frontline staff teams. They carried out assessments of people's needs, and staff told us there were no waiting lists for this service.

Carers assessments were carried out by staff members working with the person being cared for. Carers who did not already have a member of staff providing this support to their family member, were assessed by a partner agency on behalf of the local authority. Information for carers was available through the partner agency's web page and this included information about support, finances, young people, assessments, and respite. A telephone information line was also available. The partner agency supporting carers was commissioned to carry out 1500 carer assessments a year. Additionally, they worked with the local authority to better identify more carers and worked with some other voluntary sector agencies to support carers further.

Data relating to support for carers in Suffolk was positive with 63.54% of carers finding it easy to access information and advice against 57.83% nationally and 90.53% of carers finding information and advice helpful against 84.47% nationally.

Supporting people to lead healthier lives

Indicative score:

3 - Evidence shows a good standard

What people expect:

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

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

The local authority commitment:

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

Key findings for this quality statement

Public health was integrated within adult social care in Suffolk and senior staff talked passionately about this. Their focus was particularly in relation to people's wellbeing. Staff told us their approach was that they wanted to walk alongside people – not be doing 'to' them. This linked to their approach of working to people's strengths and capabilities.

'Feel Good Suffolk' was one initiative the local authority had developed alongside district councils. It focused on better health behaviours for people, for example support to stop smoking, manage a healthy weight and to be more active. The aim was to try to reach people who were not currently accessing services, promoting their health and wellbeing, and delaying or preventing the need for formal services in the future.

Staff had focused on the use of data from SODA (Suffolk Office of Data Analytics) to enable them to do more targeted preventative work alongside the district councils, police, and other agencies. Staff told us their positive relationships with district councils meant they were able to have more detailed information at 'place' level about community needs. Then, by sharing this with the locality teams, this helped them understand their communities better. One partner agency spoke positively about working with the local authority and explained they were working on how to connect better with data sharing to inform this work more.

Personalised care was a current focus for the local authority as the use of direct payments was identified as being low. The local authority's ambition was to increase this to enable people to have further choice and control in relation to their care and support. A project team had been set up to increase staff confidence and practice in promoting direct payments.

Preventative services closely linked to occupational therapy in Suffolk where they were using more creative, preventative measures, for example digital equipment to reduce care and increase independence and wellbeing. The integration of occupational therapists (OTs) into areas meant it was easier to get assessments completed, and get advice and equipment to support people to retain their independence. One example given was in relation to a piece of equipment provided for a carer to use when supporting their relative in the bath. This had reduced the time it took for them to get ready in the morning by about an hour, making this a far less stressful experience for them both.

A homecare reablement short-term service, 'Home First,' worked using 'strength-based' practice to promote people's independence by focusing on their own qualities and resources. Senior staff told us 80% of people did not require ongoing care following this service.

The local authority was developing some new reablement and short-term services in conjunction with health partners, to prevent admission to hospital. These were for people with a learning disability and autistic people, and people with mental health needs. This was a result of some people being discharged from hospital without adequate support in the past. One service was delivered in the community with the aim of helping to prevent, reduce, and delay the need for care and support, also providing emergency support if needed. Alongside this was an accommodation service that could offer support for up to 4 people who were at risk of their care and support breaking down in a crisis, which could result in a hospital admission.

A number of community-based early intervention services supported people at home and helped avoid people being admitted into hospital unnecessarily. These used a multi-agency approach with health and social care staff working together. One REACT service covered Ipswich and East Suffolk and a similar early intervention service was based in West Suffolk. The 'West Suffolk Anticipatory Care Project' sat within the local authority locality teams and aimed to support people who had been identified as very high risk of hospital admission. For example, some people aged over 65 with long-term conditions who lived in some more deprived areas.

Advocacy partners were working to increase awareness for local authority staff of when to make referrals for advocacy support. They told us they felt communication between themselves and the local authority could be better at times, for example with some discharges from hospital, and they could not always get to speak with staff in a timely way. However, another partner agency told us they had a good relationship with the local authority and felt the local authority had a good sense of what wellbeing meant and of the infrastructure needed to support the wellbeing of people in communities.

Equity in experience and outcomes

Indicative score:

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

Staff showed some understanding of working with people from seldom heard and ethnic minority groups. However, staff and partners identified this as an area where more work was needed to better reach people and communities.

Suffolk predominantly had a large White British population, but there were diverse communities throughout, such as a travelling community in Ipswich and some areas had higher levels of poverty and deprivation, such as Ipswich West. There were non-English speaking communities, as well as a smaller number of people originally from Eastern European countries. In the past, the focus in Suffolk had been more around older people but now the local authority was interacting with a wider range of communities, for example Gypsy and Traveller communities. Staff told us people from minority groups sometimes declined support from the local authority and they were aware there was more for them to do to engage with people better.

Staff working in the Waveney locality team gave very positive feedback about knowing their communities well and felt they tailored their work for the people there, working hard at building and maintaining relationships. For example, Lowestoft was one of the most deprived areas in the country, and staff recognised the impact this had on people.

Staff equality networks at the local authority had undertaken some work with staff around equality, diversity and inclusion, but felt they were behind in terms of how they worked with people in their communities. Each team had a lead member of staff and champion who worked alongside other staff to focus on learning and development, and a variety of equality training was provided to educate teams. Alongside this, webinars were held on relevant topics and an annual equality and inclusion week focused on promoting practices and celebrating cultures.

Work around race standards had also taken place to increase staff awareness. Policies had been reviewed and updated to give clearer guidance to managers about how to better support staff, for example when they faced discrimination themselves. Social work forms had been amended to include people's identity and culture, so staff could better understand the individual needs of people using services.

Staff were able to work with people supported by a range of internal services. A translation and interpretation service offered face-to-face, telephone and video interpreting including British Sign Language, as well as written translation services.

Collecting better data was a key area of focus to drive improvements and create services that were accessible and catered for the needs of people in Suffolk. Senior staff were continuing work to improve the collection of equality, diversity and inclusion data, to be better able to target under-represented groups and raise awareness of the support and services available. The local authority race equality action plan included a priority action to collect quantitative data identifying which people and groups were accessing services, which were under-represented and qualitative data on experiences of these people.

Staff told us there was much more of a system approach taken with partners working together in relation to health inequalities, but they did not feel they did this particularly well yet and this was still evolving. Partners told us there were overall good links between the local authority and the voluntary sector. However, they did not think the local authority reached out specifically to diverse groups.

Partners told us about a large amount of unmet need in the Waveney area where for example, community transport links from rural and coastal areas made it difficult to access some acute services such as the hospital. Challenges included areas of poverty, a lack of infrastructure in some places, and a resistance from people to engage with services at times. Voluntary services such as the 'Rural Coffee Caravan' worked well with the local authority and aimed to address social isolation by providing information in rural communities.

Some community work was taking place with people from ethnic minority groups in Ipswich. Other partners confirmed that the local authority worked with them to find out about 'seldom heard' communities or individuals, and they were asked to try to get people involved in co-production activities with the local authority, although the take-up of this was not always high. The local authority identified co-production with people as an area to develop. By doing this, it would help them to better understand the diverse communities in Suffolk and their needs, engage better with them and for this to influence service design.

Health partners told us about positive relationships with the local authority and how they were aware of the differences between communities in Suffolk. They told us there was not a huge focus on equalities and 'hard to reach' groups, but they were jointly thinking about resources and how they could be better used to hear from these groups. Priorities were around coastal communities and people's health in urban areas, including people from ethnic minority groups. They told us all relevant agencies were involved in these conversations and there was a positive culture and a shared purpose to do this better.

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

Indicative score:

3 - Evidence shows a good standard

What people expect:

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

The local authority commitment:

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

Key findings for this quality statement

Staff locality teams worked across 3 areas of the county that were aligned to the previous clinical commissioning group areas. Improvements had been made in sourcing care for people across areas by using a brokerage team. This team had worked successfully in reducing homecare waiting lists for teams and in supporting people coming out of hospital. This was in part due to the use of a care 'bridging service' for people to then transfer to a permanent care provider when one was available. Senior staff told us waiting lists had been very large following the COVID-19 pandemic but were now reduced and they were proud of this achievement. People who funded their own care were also supported with advice and information by the brokerage team to enable them to access the full range of options available.

To offer people more personalised care, there was an aspiration to increase the us of direct payments from 14% currently to 70%. Direct payments allow people to receive money instead of care services, which can give them more flexibility and control over the care support they use. A direct payment project team had been formed to lead this work and staff explained they had met with some other local authorities who did this well, to learn more from them. Increasing the confidence of staff in relation to direct payments was one area identified as being needed. Linked to this, a 'Community Catalysts' project worked with the local authority to try to increase the local care options for people and increase the opportunities for those who might take up a direct payment.

Staff wanted to get the best opportunities for the care providers they worked with and for people using services. There was a planned approach to develop relationships with care providers and help develop services. For example, in September work was planned with providers focusing on how individual budgets might work best for people.

Ratings of care services in Suffolk were higher than the national average, particularly for services rated as outstanding. The number of services rated as good was similar to the national average and services rated as requires improvement was lower. Local authority staff told us they worked closely with care providers in relation to quality assurance, but felt engagement with them could still be further improved.

Recruitment and retention of care staff remained an issue for both the local authority and care providers. Staff told us about innovative approaches to attract care staff, including a £750 payment made by the local authority for new carers after being in post for 12 weeks. To date, 246 people had received this and there was a 90% retention rate for staff remaining in post after 3 months. Support for care staff with the use of e-bikes and driving lessons had also been used to enable staff to provide care in the community, as transport links in rural areas were particularly challenging.

Gaps were identified in relation to several areas of care provision by staff and partners. Nursing care could be difficult to find, particularly in the Waveney area, and homecare was difficult in some rural areas. A learning disability needs assessment completed in 2022 identified a lack of good quality care providers for this type of complex need. There were gaps in services for younger people with dementia and neurological conditions. A lack of care provision could result in people being placed out of the county, making it more difficult for family and friends to visit. In May 2023, 298 people were placed out of county in residential or nursing care. The local authority told us it felt it had a good understanding around the availability of services and gaps, in part due to some work that had been co-produced with some local voluntary partners.

The 2023 Healthwatch report of people's experience of dementia in Suffolk contained themes such as a lack of continuity of care and people feeling like they needed someone to explain the options to them more clearly. The local authority was using this research to develop its dementia strategy alongside Healthwatch. Healthwatch is the consumer champion for health and care and exists to ensure the voices of people who use services are listened and responded to, leading to improvements in service provision and commissioning.

A redesign of supported housing was planned as this was found to be less suitable for people with a learning disability and autistic people, as they grew older. The majority of this was multi-person housing supporting 3 or 4 people, which did not always meet people's needs currently. There was also an increasing number of young people with complex needs moving across into adult's services. The local authority was gathering feedback to help design these plans and further work was being carried out with the district and borough councils to look at the links between housing and social care needs. Challenges included the need for 1,000 extra care housing units as well as smaller accommodation units for people. Senior staff told us these challenges could mean having difficult conversations in the future.

Partnerships and communities

Indicative score:

3 - Evidence shows a good standard

What people expect:

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

The local authority commitment:

We understand 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

The local authority aligned its locality teams to 3 areas within the county: Ipswich and East Suffolk, West Suffolk, and Waveney. There were 2 integrated care systems, Suffolk and North-East Essex, and Norfolk and Waveney. Although there were close partnerships across these areas, this added an additional complexity of also working for the local authority.

People gave us positive feedback about staff working in partnership to co-ordinate care. One person said the care and support for their family member was completely co-ordinated with them as a carer and they appreciated this. Another person told us it was clear their social worker had liaised with housing and the care provider to ensure they had a plan of care they were satisfied with.

The local authority's 'People at the Heart of Care' strategy had 'building strong partnerships' as one of its ongoing ambitions. Staff and health partners told us about mature valued partnerships between them, which were embedded well across the 2 integrated care system areas in Suffolk. Some joint appointed health and social care senior posts sat within the local authority.

Locality teams worked in an integrated way with health colleagues as the teams were co-located in Ipswich East, West Suffolk and in one of the Waveney teams. Staff told us this locality model was a good way of working to be able to respond to the needs of people in the individual areas. Although the different areas in Suffolk had different populations and needs, the approach of staff was to focus on issues on a neighbourhood basis and they all took this same approach. Relationships in teams were developing further with staff returning more to working in the office after the COVID-19 pandemic.

In Waveney, staff told us they were not in integrated teams, but were positive about the collaboration with health colleagues and other colleagues such as housing and police. They explained there was a large focus on cross-team working, which resulted in positive outcomes for people. Although they were geographically separate and more isolated, staff knew their communities well and the demographic of people living there.

Senior staff told us the locality model of working was a deliberate restructure around 4 or 5 years ago, to align the geography of Suffolk to the health systems and to develop relationships across the area. This had led to evolving the practice of teams and relationships, with the outcomes for people being broadly consistent across areas now.

Health partners gave positive feedback about their relationships with the local authority where they said there was good integrated working operationally across all 3 areas strategically, and a positive 'can do' attitude with an ambition to ignore operational boundaries and drive forward operational needs. They explained there was broad joint working across, and recognition of, each other's issues, but they all worked positively together to improve services for people. These relationships were well-established with a shared transparency and trust. Areas for development were identified as sharing systems, data and preventative work, and they were working with the local authority to improve these, with shared goals and strategies.

Partnerships with district councils were strong where joint working with the local authority and health meant they were able to formulate a wider district strategy where areas worked more closely and with common goals. Partners described a positive relationship where there was engagement and challenge, with colleagues working in an open and business-like way. Public health data was used to jointly drive decision making around allocation of resources and strategy.

We received some mixed feedback from voluntary sector partners in relation to partnership working. They told us frontline staff worked well in partnership, but that there was a lack of joined-up working with health and social care at a more strategic level. In addition, further clarity was needed in relation to who was leading on preventative work and their role. One partner said they felt integration was predominantly health-led. However, some other voluntary partners spoke more positively about relationships and partnership working, including one who said they had recently met the adult social care leader at the local authority and felt optimistic relationships could be positively built and changes made.

Staff told us how working with the voluntary sector was key. They worked with some agencies using a 'warm handover' model, which was a way of enabling people's contact information to be passed on quickly, easily and in a targeted way to an organisation, which could better provide support to the person.

Co-production and partnership working had been the basis of several of the local authority strategies. For example, the Family Carer Partnership Board was an inclusive, co-production forum involving family carers, which had developed the All-Age Carers Strategy with the local authority. Another example was the Dementia Action Partnership which held partners to account, including the local authority, for agreed workstreams.

Theme 3: How the local authority ensures safety within the system

This theme includes these quality statements:

- Safe systems, pathways and transitions
- Safeguarding

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

Safe systems, pathways and transitions

Indicative score:

2 - Evidence shows some shortfalls

What people expect:

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

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

The local authority commitment:

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

Key findings for this quality statement

Staff, people and partners told us improvements were needed in the transitions of young people to adult services. Transitions is when a young person under 18 who has received support from Children's and Young People's services, or has additional needs, nears adulthood. For example, one person's family member told us that they had driven the transitions process and there was no handover between the children's and adult's services, which meant it took more time to establish these relationships.

In the past, transitions work had been shared across specialist and locality teams, but this had led to some inconsistencies in working practices. Staff explained there were several challenges currently with transitions, including a gap in the current criteria, for example if the young person was not formally diagnosed with a learning disability or had physical difficulties. Transition services had not always commenced early enough in the past, which had an impact on recognising where there were gaps in skills, or where these needed to be developed, to help young people to move into adulthood. Supporting with housing could be challenging too, especially if people's needs were high as there was a lack of provision available.

Healthwatch published a report in July 2022 on feedback about the experiences of young people's transitions to adult health and care services in Suffolk. The responses they received were mostly negative. Themes included a lack of information, lack of effective communication and no cohesion between the agencies involved. Some people said they received little or no support. Insufficient information was available about preparation and the process, including financial implications. Two people experienced difficulties finding appropriate support for specific health needs. People described a lack of cohesive working between children's and adult's services.

Plans were underway to address some of these issues. Transitions staff had been moved across into the adult's teams, additional staff were going to be supporting the transitions work and a new manager was being recruited. Although this work was planned, staff told us they were not clear of timescales of plans currently.

One senior member of staff told us this area was a priority for improvement for them and longer-term aspirations were that all young people moving into adult services would have a consistent service with a seamless transition overseen by a single team of subject matter experts, managed within Adult Care Services.

Feedback from staff was that improvements were required in relation to discharge from hospital in some areas, including cross-county. For example, there was a lack of integration and close working with some hospital discharge teams and there could be a disparity at times between care assessed in hospital and the care people required. People were being fully assessed once home with a package of care. By contrast in other areas, staff felt there was more integrated working, sharing of information and working between the hospital and communities, with a real focus on 'admission avoidance' where people were really at the centre of all decisions.

There was clear guidance for staff in the event of a care provider failure (such as an urgent care home closure) in relation to moving people from a service. One partner told us if a care provider was failing, the local authority provider support team were 'very quick' in ensuring that people's needs were re-assessed as part of planning, for example if they had to move to another service. There was also clear guidance for staff when placing people out of county in relation to managing risks and ensuring good quality care was provided.

Staff and partners identified some challenges when working in partnership with health, including the use of different IT systems for recording information and sharing data. The 'Health Information Exchange' was a shared digital platform under development so that health and local authority staff could see records on their systems. This was hoped to save time by not duplicating resources and enabling staff to access the full information about people when making decisions. Health and social care workers currently had some shared access to each other's systems, but this was often on a limited basis, which meant people may have to provide their details on several occasions to the same teams.

Safeguarding

Indicative score:

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

Data for Suffolk was positive with 71.33% of people reporting feeling safe against the national average of 69.20%, and 81.02% of carers feeling safe against 80.51% nationally.

There were systems to manage safeguarding referrals to teams. A multi-agency safeguarding hub (MASH) triaged referrals coming into the local authority. Staff were clear about the difference between safeguarding and quality of care concerns. An advice line was offered for internal and external professionals to call for advice. More complex safeguarding concerns were managed by the central safeguarding and locality teams. Referrals were coded based on levels of risk with timelines for work to take place with people.

Staff were passionate about their work and the difference it made for people using services, and told us about a good camaraderie in their teams. Staff worked closely and effectively with police and health in MASH and explained they understood each other's remit and language, which led to some creative work happening to keep people safe. For example, one person with complex needs self-neglected, so staff co-worked with fire, health and police services to co-ordinate a plan to support them, which resulted in a good outcome for this person.

Staff worked to support people creatively, including those without traditional care and support needs. For example, several organisations had concerns about one person relating to modern slavery and exploitation. Staff worked closely with housing and, by taking a flexible approach, were able to identify abuse and find somewhere safe for them to live. Another person released from prison on compassionate grounds was given support to find suitable accommodation, with staff working alongside probation and housing services.

Although staff reported their workloads to be high, they were experienced and supported each other well. Staff told us it felt safe for them to raise concerns with managers, or if they remained concerned they could raise these with the Principal Social Worker.

A preventative approach was taken where, if staff were worried about any cases, they were entered onto a risk register and this was then reviewed by a risk panel. This additional oversight supported staff in decisions in relation to any difficult cases.

Senior safeguarding staff oversaw quality in teams, which included reviews of data and could include a range of measures from thematic audits of work to staff supervision. They told us one of their greatest challenges was making safeguarding 'everyone's business' and there was much more ownership taking place in the locality teams now to reflect this. Staff had a better understanding of their responsibilities, which meant people got the same consistent support in each area. Drop-in sessions were held to complement staff safeguarding training alongside a network of 'champions'. The aim was to ensure practice was embedded and part of the culture of the local authority.

Due to a large backlog of Deprivation of Liberty Safeguards (DoLS) assessments, a 'recovery plan' was being developed to address these. This was described as a staggered, multi-pronged approach over the next 3 years. Senior staff told us this was an area of concern for them, so the plan needed to be sustainable and one they could iterate when needed. The plan involved recruiting independent best interest assessors, increasing numbers in the permanent DoLS team and using agency staff to complete assessments. Locality teams were also tasked with completing some assessments. Twenty local authority staff were enrolled on best interest assessor training from September to help teams achieve this. A tool was used to assess risk and urgency of DoLS assessments, which staff used to triage. If the safeguarding team received any referrals about someone who was waiting for a DoLS assessment, this person would then be immediately prioritised.

The local authority had identified that it needed to continue to improve compliance with the Mental Capacity Act 2005 with staff to better raise their understanding. This recognition came from data, audits and staff feedback highlighting this area for improvement. Teams had nominated 21 staff for training in September. Senior staff told us the last audit completed in relation to this showed a 70% score, which was positive. However, it was felt to be important for the local authority to keep this as an area for ongoing improvement.

Service development and contracts staff fed into the safeguarding system to identify where concerns might be escalating in relation to a care provider, and they worked closely together if concerns were raised in relation to organisational abuse.

Learning from events and incidents was a core part of the approach at the local authority. The Safeguarding Adults Review panel ensured any learning outcomes were shared in a variety of ways including webinars and events. Staff told us they continually considered how to improve practice and learn from incidents, trying different ways of working and to iterate processes, for continuous improvement.

Safeguarding partners told us about a positive overarching culture in the local authority, an open learning approach with senior leaders, and enthusiasm from the locality teams. Briefings from safeguarding adult's reviews were accessible and were shared widely with local authority staff, district councils and in briefings.

Self-neglect and hoarding had been identified as an issue in Waveney. Policies in relation to these areas were kept under review and a forum linked to work was held every month with housing and other system partners to enable partners to work closely together.

Some partners told us there could be a lack of feedback and consistency at times relating to safeguarding. However, other partners said they were kept informed of outcomes of section 42 safeguarding enquiries. A section 42 enquiry is a legal requirement under the Care Act 2014 for local authorities to make enquiries, or have others do so, if an adult may be at risk of abuse or neglect. On occasion, care providers were asked to investigate safeguarding concerns while the safeguarding team continued to have oversight of these. Feedback from one partner agency reflected on the safeguarding framework, which they felt was clear in relation to what was a safeguarding concern, against a quality of care issue.

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

Indicative score:

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

'People at the Heart of Care' was the social care strategy, which comprised 4 outcomes: people's voices, quality, independence and sustainability. This strategy set out how the local authority wanted to work to support people to live fulfilling and independent lives in Suffolk. The programmes linked to this included transforming the Customer First contact centre to improve the way demand and waiting lists were managed.

Staff talked confidently about the 'We Aspire Values', which linked to their model of practice. These were wellbeing, equality, achieve, support, pride, innovate, respect and empower. Underpinning this was the local authority practice approach, a 'signs of safety' model where the focus was on strengths and solutions for people. Staff were described as proactive, knowledgeable and motivated, with person-centred values.

There was a culture of collaboration and good engagement with staff. Staff were involved in the transformation and changes taking place at the local authority. For example, roadshows had been held in relation to the People at the Heart of Care strategy where staff focus groups had informed this work. Senior management updates were given regularly so staff were aware of any changes taking place and the local authority corporate staff survey scored highly at 79-86% for how leadership messages were received.

Staff described leadership as strong and visionary. Staff spoke highly of the management team, describing them as visible and approachable, thinking practically about what would work on the front line and what would not. There was a positive, supportive culture where people were open and honest with each other. Staff told us there was excellent support for wellbeing and in relation to areas such as diversity and inclusion, where staff were supported by the leaders and the equality networks. Staff vacancies had reduced from 13% to 5.6%, and the staff survey overall results were good.

Systems for governance and accountability were robust, including management of performance and risks. There were good structures within the local authority through to frontline teams, where leaders worked together to identify issues, gaps and solutions. A risk forum had been introduced to manage 'unmitigated' risk. This was chaired by senior staff and enabled workers to talk through risks to review actions taken and this supported workers. This approach had been widened across the county following its success and was reported to have developed staff confidence in changing perceptions around risk.

Oversight was provided by local authority members and the scrutiny committee. Regular meetings were held with senior social care leaders where they were able to share information in relation to performance data and risk and provide opportunities to discuss any emerging issues or answer questions. Feedback was that senior social care leaders were approachable, personable and knowledgeable.

Embedding consistency of approach across localities at a strategic level was one of the roles of the Quality, Engagement and Practice Board at the local authority. Learning from compliments and complaints was used to review and develop policy and guidance. Staff told us they would still like to develop this work further.

Partners told us they felt communication between them, and the local authority could further improve, and they could feel like the local authority was 'firefighting' at times to support people well. They told us individual local authority staff could be good, but there was less of a strategic approach to gather information in relation to understanding community issues.

Learning, improvement and innovation

Indicative score:

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

Feedback from staff was positive without exception in relation to learning, development and opportunities for career progression. Staff told us the local authority was a positive place to work, supportive and with plenty of training opportunities. They received good supervision and there was time to undertake continuing professional development for those who were registered practitioners. Staff were encouraged to develop in their roles.

Training packages included apprenticeships through to leadership training, alongside a good framework of support including coaching and mentoring. Senior staff told us they felt oversight and monitoring of training could be improved further with better systems, and at times it could be a challenge to get the balance right between staff learning alongside operational delivery.

There were good links with local universities. An 'Integrated Care Academy' at the University of Suffolk provided training for staff who worked across integrated care systems with a range of programmes covering 6 subjects. A graduate programme to increase the number of social workers to move into the mental health service, the 'Think Ahead' project, had enabled an increase in numbers of staff moving into mental health teams.

A philosophy of learning was in place at the local authority, which aimed to understand how well it was doing, with mechanisms used to act on this. Systems were used to learn from people's experience, as well as experience of service delivery. For example, feedback from carers and provider services informed future practice. Other learning was from areas such as staff exit interviews, learning from the Local Government Association health check and the Local Government and Social Care Ombudsman complaints. Engagement of staff in quality improvement and in sharing learning worked well, and there was a strong awareness of sharing practice.

Activity such as audits assessed the outcomes of improvements. For example, following one safeguarding adult's review, several recommendations were actioned, including in relation to mental capacity training and competencies, looking at trauma informed care and working in partnership with housing.

The use of digital technology was embraced to support people's independence and to prevent the need for services. Staff talked proudly about the local authority digital care project and the positive impact this had had for people. The project was a care technology service designed to help people live happy, independent and connected lives, to complement face-to-face care. For example, it had been used to reduce risks for one person in relation to housing and fire safety. The next stage of this project was planned, enabling health monitoring such as blood pressure checks.

Work was being developed using technology, such as a virtual reality project called 'Suffolk Stories'. This was aimed at people living with dementia who could hear and see stories about the local area and be immersed into these digital environments, with reported benefits to people in recalling memories and of reducing stress.

Plans were underway to further digitalise the Customer First contact area, with plans to improve data collection. A carers self-assessment was due to be trialled in the next few weeks to help improve access for carers.

Some voluntary sector partners talked positively about co-production being a genuine 'golden thread' in the approach of the local authority and influencing strategies. People who used services were involved in leading some pieces of work alongside staff. One example was some work to improve accessibility for people for a learning disability, which led to improvements in information and transport links in one area.

People with a learning disability and autistic people had co-produced the local authority's learning disability strategy. Another partner told us about co-production work they had led in relation to carers, which was 'excellent', leading to an all-age carer's strategy being developed. However, one partner felt co-production could be done better, and that the local authority was missing out sometimes in finding out about the impact for people locally and gathering their views.

Senior staff told us co-production remained one area they were working to further improve. There were systems to gather the views of people to inform service development, but they needed to continue to embed this across their strategic work. For example, there were plans to incorporate people's views in relation to improving care and support plans.

Overall, there was good partnership working in relation to learning. Some partners told us there was shared learning and they solved problems together with the local authority. However, other partners felt this could be a more 'reactive' approach and there was not always a culture of learning from the past. Voluntary sector partners, particularly smaller organisations, felt they would benefit from having a formal way to give feedback to the local authority as they had information about people's local needs which they felt could benefit them further.

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