



# **Stockton Borough Council Adult Safeguarding Report**

## **North East Regional Peer Challenge Programme**

February 2014  
Final

# Report

## Introduction

1. Stockton-on-Tees Borough Council (SBC) wanted a Regional Adult Social Care Peer Challenge as part of sector led improvement within the North East ADASS Region and the LGA was asked to deliver it. The Peer Challenge was based on the LGA/ADASS Adult Safeguarding Standards and other recent ADASS guidance. The priorities SBC identified for the team to focus upon within this framework were:

Scope:

- To give an informed opinion on Stockton's Adult Safeguarding structures and activity
  - To complete a Case File Audit to consider frontline practice
2. Regional Peer Challenge is not an inspection. Instead it offers a supportive approach, undertaken by friends – albeit 'critical friends'. It is designed to help an authority and its partners assess current achievements and areas for development, within the agreed scope of the review. It aims to help an organisation identify its current strengths, as much as where it needs to improve. But it should also provide it with a basis for further improvement in a way that is proportionate to the remit of the challenge. All information was collected on the basis that no comment or view from any individual or group is attributed to any recommendation or finding. This encourages participants to be open and honest with the team. The Peer Challenge Team would like to thank councillors, staff, people who use services, health colleagues, the voluntary sector and other partners for their open and constructive responses during the challenge process. The team was made very welcome.
  3. The basis for this review is the LGA Standards for Adult Safeguarding (Appendix 1). A range of guidance, tools and other materials has been produced by national and local government, the NHS, police and justice system in recent years. The LGA Standards reflect this. The headline themes are:
    - Outcomes for and experiences of people who use services
    - Leadership
    - Strategy and commissioning
    - Service delivery and effective practice
    - Performance and resource management
    - Working together – the Safeguarding Adults Board
  4. The members of this North East Regional Adult Safeguarding Peer Challenge Team were:
    - **Martin Farran**, Director of Adults and Communities, Barnsley Council
    - **Councillor Alan Kerr**, Deputy Leader of South Tyneside Metropolitan Borough
    - **Ian Winter CBE**, Associate LGA
    - **Ruth Allen**, Director of Social Work, South West London & St George's Mental Health NHS Trust

- **Maria Gray**, Detective Constable, Protection of Vulnerable Adults, Metropolitan Police
  - **Marcus Coulson**, Challenge Manager, Local Government Association.
5. The team were on-site from 3<sup>rd</sup> – 6<sup>th</sup> February 2014. The programme for the on-site phase included activities designed to enable members of the team to meet and talk to a range of internal and external stakeholders. These activities included:
    - interviews and discussions with councillors, officers and partners
    - focus groups with managers, practitioners, frontline staff and people using services and carers
    - the reading of documents provided by the council, including a self-assessment of progress, strengths and areas for improvement against key areas of business.
  6. The recommendations in this report are based on the presentation delivered to the Council on 6<sup>th</sup> February 2014 and are based on a triangulation of what the team have read, heard and seen. This report covers those areas most pertinent to the remit of the challenge.
  7. The Peer Review Team would like to thank staff, people using services, carers and councillors for their open and constructive responses during the review process. The team was made welcome and would in particular like to thank the Jane Humphreys, Corporate Director of Children, Education and Social Care and her team, which includes both Liz Hanley and Paul Green for their invaluable assistance in planning and undertaking the challenge.
  8. Our feedback to the Council on the last day of the review gave an overview of the key messages. This report builds on the initial findings and gives a detailed account of the review. The report is structured around the main areas of the Standards for Adult Safeguarding listed above.
  9. ‘No Secrets’ (DoH 2000) provides the statutory framework and guidance for adult safeguarding. This defines ‘a vulnerable adult’ as ‘a person who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation’. The previous Government published a review of No Secrets with the following key messages for safeguarding:
    - safeguarding must be empowering (listening to the victim’s voice)
    - everyone must help empower individuals so they can retain control and make their choices
    - safeguarding adults is not like child protection – vulnerable adults need to be able to make informed choices
    - participation / representation of people who lack capacity and the use of the Mental Capacity Act are important.

The draft Care Bill currently going through Parliament proposes to put safeguarding adults on a statutory footing. Safeguarding remains a complex area of work and case law continues to test the basis on which it is undertaken.

# Vision, Strategy and Leadership

## Strengths

- Political leaders clearly understand the importance of adult safeguarding and the part it plays in whole Council working
- The Chief Executive is sighted on key safeguarding issues and appreciates how it contributes to the present and future of the Council
- The DASS provides leadership for the adult safeguarding agenda both within the Council and in key partnerships
- There is strong reciprocal leadership in adult safeguarding with statutory partners
- Training is identified and delivered across the Council and with partners at all levels
- History of effective fiscal management and confidence that future challenges will be met
- Staff are positive about working for Stockton, work hard and deliver good services
- There is a commitment across partners to a Tees Valley approach
- There are positive relationship with CQC who are confident in SBC

## Areas for consideration

- Keep a weather eye on the future funding challenges and the potential need to solve these through adoption of a more radical approach
- Create a shared risk sharing/assessment process around finances with the Clinical Commissioning Group (CCG) and hospitals
- Consider further how the Stockton pound is used and benefits all
- There is an opportunity to provide further leadership to develop regional capacity
- Reflect on local practice in how to develop partnerships

10. The political leadership at Stockton Borough Council very clearly understand the importance of adult safeguarding both for the people of the Borough and the role it plays in whole Council working that includes the responsibilities and opportunities for all elected members.
11. The Chief Executive of the Council is sighted on key adult safeguarding issues and appreciates how the subject and its effective delivery contributes to the present and future of the Council.

12. Jane Humphreys the Corporate Director of Children, Education and Social Care and DASS at Stockton Borough Council provides clear and effective leadership for the adult safeguarding agenda both within the Council and in key partnerships. She understands the strategic and operational issues present in the process and gives clear direction to appropriate activities.
13. There is strong reciprocal leadership in adult safeguarding with statutory partners. This is real strength as it seeks to ensure that both strategic and operational activity is coherent across different organisations and that the experience of users and carers is safeguarded.
14. It was clear to the Peer Challenge Team that training in adult safeguarding is identified as a need where necessary and then delivered to a variety of different audiences including members, managers and frontline staff across the Council and with partners at all levels.
15. Whilst many councils in England have been asked to make significant and sometimes very challenging savings over recent years, there is a history of effective fiscal management during this time at Stockton Borough Council and a resulting confidence amongst senior members and officers that the necessary future challenges will be met through the well advanced plans in place to make those required savings.
16. The Peer Challenge Team had the opportunity to meet with a wide variety of staff at the Council who are very positive about working for Stockton Borough Council, it is evidenced that they work hard and deliver good services.
17. The Peer Challenge Team heard about a commitment across the partners in a number of settings to a Tees-wide Board to be the statutory Adult Safeguarding Board and clearly would add value. The Tees-wide approach is an example of cross boundary working to deliver a better service for local people, and seemed a very positive and proactive approach, which makes sense for this locality - good practice. However, some care should be exercised in being clear about the respective roles of the Tees-wide board, the Stockton Board and the interface between the two to avoid confusion or duplication. (See also paragraph 62).
18. During the onsite work we heard that the Care Quality Commission (CQC) have a positive relationship with Stockton Borough Council and have confidence in the adult safeguarding work. This is a good position to be in.
19. As previously mentioned senior members and officers are confident of meeting the financial challenges of the future. With this in mind we suggest the organisation keep itself assured that of these future funding challenges and that there is the potential need to meet these through consideration of more radical approaches than the ones which has served so well.
20. The Peer Challenge Team recommend the creation of a shared risk sharing/assessment process around finances with the Clinical Commissioning Group (CCG) and hospitals, and consideration of a "virtual pool / aligned budget" for health and social care.
21. There is an opportunity for the adult social care department and the whole Council to share their good practice and provide leadership and thereby develop community capacity by considering further how the Stockton pound is used across all partners to

realise potential benefits for all. For example, instead of separate Personal Budgets for social care and health, with separate infrastructure, there is the opportunity to create a truly joint approach with one Personal Budget and a shared infrastructure.

22. We suggest the Council reflect on local practice in how to develop partnerships. Building on the skills, experience and stability of the Council it would be beneficial to explore partnership work more proactively with key partners including the CCG, Health Trusts and where appropriate, providers, thus building a wider base for the challenges that lie ahead.

## Outcomes for individuals

### Strengths

- Safeguarding Team has a very strong sense of purpose and is focused on outcomes for service users
- Positive feedback from service users in the safeguarding survey
- Strong link between adult safeguarding and on-going social work and care management services
- Safeguarding information leaflets are prominently displayed
- The local Safeguarding Vulnerable Adults Committee is supported by robust management information
- Focus on primary protection planning and actions for safety

### Areas for consideration

- As you recognise service users and carers should be more effectively involved in setting their own outcomes and being involved in all areas of the safeguarding process
- Ensure that the SVAC has an effective quality assurance role including analysis of outcomes

23. The Stockton Borough Council Safeguarding Team has a very strong sense of purpose and is focused on outcomes for service users.

24. There is positive feedback from service users in the adult safeguarding surveys which have been completed.

25. There is a strong link between adult safeguarding and on-going social work and care management services. This was evidenced by both discussions with front line staff and the Adult Safeguarding Team and through the cross referencing between safeguarding files and other case file material.

26. Adult safeguarding information leaflets are prominently displayed in a number of Council and health settings.

27. The local Safeguarding Vulnerable Adults Committee (SVAC) is supported by robust management information. This ensures that the Committee is well aware of activity including changes in volume and category of referrals. The Committee was referred to as a valuable meeting to gather up information and make informed decisions within short timescales. However it was not clear to the Peer Challenge Team the extent to which the Committee had a driving agenda for safeguarding across the primary agencies.

28. A development aim for the safeguarding business is to focus on primary protection planning and actions for safety. This would look to respond to emerging patterns and trends using the information to develop future safeguarding planning.
29. As you already recognise, service users and carers should be more effectively involved in setting their own outcomes and being involved in all areas of the safeguarding process including peer monitoring. An example of this could include the engagement of informal carers or advocates during the safeguarding process and in some circumstances a clearer outline of the risk factors in any ongoing situation.
30. Alongside its strong emphasis on management information ensure the SVAC analyses outcomes. In so doing it could build a stronger relationship with managers and practitioners throughout the safeguarding system.



# People's experience of safeguarding

## Strengths – Case File Audit

- The process and practice of safeguarding adults is well led
- The adult safeguarding process supports consistent decision-making
- The quality of case recording is of a consistently high standard
- Actions agreed at strategy meetings and subsequent reviews are well explained and recorded
- There is good use of Mental Capacity Act, understanding capacity and referrals to IMCAs
- There is evidence of a clear understanding of what constitutes a safeguarding alert and there is improved screening
- Cases demonstrate the risk management of multiple alerts re single perpetrators in a care setting
- Records in the safeguarding file are well maintained
- In many instances individuals are supported and contribute to the process

## Areas for consideration

- Seek to be more precise about the key actions that need to take place, by whom and when, this will enable improved understanding when reviewing
- Work with CPS to consider how to address:
  - non-acceptance of non-psychiatrist assessors for MCA
  - attitude to those with LD
- Review the use of the terms 'substantiated' and 'unsubstantiated' in screening process
- Build on the engagement of individuals it would be helpful if staff were supported to be less risk averse in giving information and encouraging engagement

A key aspect of the scope for this peer challenge was to complete a case file audit to consider frontline practice. Twenty seven files were assessed which is twice what would typically be considered in an LGA run peer challenge. The following assessments arise from this audit.

31. The processes and practice of safeguarding adults is well led.

32. The adult safeguarding process supports consistent decision-making.

33. The quality of case recording is of a consistently high standard.

34. Actions agreed at strategy meetings and subsequent reviews are well explained and recorded.
35. There is good and appropriate use of the Mental Capacity Act and the understanding of capacity and appropriate referrals to the Independent Mental Capacity Advocates (IMCAs).
36. There is evidence of a clear understanding of what constitutes a safeguarding alert and there is improved screening. The ADASS guidance matrix is used consistently, and in the cases studied, provided a good base line of decision making.
37. Cases demonstrate the effective risk management of multiple alerts related to the issue of single perpetrators in a care setting.
38. Records in the safeguarding file are well maintained.
39. In many instances individuals are supported and contribute to the process.
40. The Peer Team recommend that in future case file work staff are more precise about the key actions that need to take place, by whom and in what timescales following strategy meetings. This will ensure improved case management when reviewing.
41. The Peer Team recommend that the Council work with the Crown Prosecution Service to consider how to address the apparent non-acceptance by them of non-psychiatrist assessors for Mental Capacity Act cases and secondly address their questionable attitude to those with Learning Difficulties, specifically as witnesses.
42. Review the use of the terms 'substantiated' and 'unsubstantiated' in the screening process as they are terms that should better be reserved for the outcome of an investigation. Presently it has the potential to cause confusion with the subsequent use of the terms at strategy meetings.
43. Build on the engagement of individuals with frontline staff. Using existing staff skills and building on the stable workforce it would be helpful if staff were supported in being less risk averse in some circumstances including in giving information to individuals. This would include those who may be at risk, their informal carers and potential perpetrators and thus encouraging engagement.

## **Service Delivery and Effective Practice**

### **Strengths**

- Adult Safeguarding training is provided to Members, staff and all partners
- Dedicated Safeguarding team
- Close links between safeguarding team and social workers
- Frontline police are clear on identifying vulnerable adults
- Flu jabs work extended to cover heart checks & alcohol use
- Strong links between EDT and Day Services
- Safe Place initiative and consequent funding
- LD service users use of drama
- Provider Trusts & CCG Adult Safeguarding Leads engaged and proactive

### **Areas for Consideration**

- Contacting staff for assessments
- Safe Place initiative needs expanding
- Possibly rotate staff from/to Safeguarding Team to ensure development
- Training evaluation form should focus on outcomes and impact
- Information exchange with health (faxing)
- Rationalise forms from teams for IMCA
- Develop alternatives to hospital admissions, including MH
- Availability of district nurses for assessment
- Ensure the Disability Action Plan is inclusive
- Police website could reflect current safeguarding signposting information

44. In line with the expectations that safeguarding is everybody's business and should be owned by all, adult safeguarding training is provided to Members, staff and all partners.

45. Stockton Borough Council has a dedicated adult safeguarding team who understand their business and are seen by colleagues as a place to go to for expert opinion and

support. This creates close links between the adult safeguarding team and social workers.

46. As a key partner the Police on the frontline of practice are clear on identifying vulnerable adults in their work and there is an obvious appreciation of the adult safeguarding process and the importance of embedding this in practice.
47. The programme that has included basic heart checks and alcohol use questions during the winter flu jab campaign and thereby assisted early diagnosis was seen by the Peer Challenge Team as an excellent initiative.
48. There are strong links between the Emergency Duty Team (EDT) and Day Services which ensures that appropriate care can be given. The systems of communication were effective and management was well linked into day services.
49. The recent implementation of the Safe Place initiative is seen as a success by all those involved. This demonstrates significant innovation.
50. There is a Learning Disability group who promote the message of 'mate crime' through service users acting in a drama. The aim is to increase confidence in reporting abuse, threats and assault and the activity itself enables those acting to develop new skills.
51. It was clear to the Peer Challenge Team that the NHS Provider Trusts & Clinical Commissioning Group (CCG) Adult Safeguarding Leads are engaged in, and proactive through, the processes of adult safeguarding.
52. The team heard a number of times of the difficulty in contacting District Nurses and IMCA's to carry out capability assessments which could delay action being taken, in some cases for days. There were related concerns regarding the lack of answers to messages left on an automatic system. The Council in partnership with health colleagues should consider how the present system could be re-designed to deliver more effectively.
53. There is a recognition in the Council (and from some of those interviewed) that having a dedicated Adult Safeguarding Team could create the potential for some frontline staff to see safeguarding as being owned by others and in turn they may feel de-skilled. Those responsible should assure themselves that actions are in place to address this situation using perhaps rotation of staff from and to the adult safeguarding team or other forms of cross fertilisation and professional development.
54. The training evaluation forms used at events could be improved by ensuring they focus on outcomes and impact of the events.
55. A number of staff commented that the rather rudimentary information exchange with health colleagues regarding adult safeguarding incidents through the use of faxing material was sometimes inconsistent with consequent concerns about timeliness and confidentiality. This should be looked at and addressed.
56. Peer team members were told that referral forms for IMCAs were different in parts of the department. This has the potential to be confusing and inconsistent and should be rationalised as soon as possible.

57. Develop alternatives to hospital admissions, including Mental Health. The Council may wish to consider alternatives to psychiatric admissions such as 'crisis houses' and other ways to keep people safe in whilst they are experiencing a crisis in their lives.
58. The Peer Team heard that frontline social workers have difficulty obtaining the services of district nurses to complete assessments. This is due to a new system where they contact a duty officer who takes messages to allocate work, the outcome is that this has reduced the availability of these staff. We would suggest this should be reviewed and looked at again.
59. Ensure the various plans (Disability, Mental Health, Learning Disability etc.) have a read across and alignment so that colleagues and the public can see that there is a broad Disability Action Plan and where necessary can be signposted to more detailed information.
60. The Cleveland Police website could be updated to reflect current safeguarding signposting information for users and cares. The service may wish to consider outlining adult safeguarding and mental health signposting separately and identify community publications that raise awareness of these issues to thereby increase opportunities for equal access to justice for adults at risk.

# Working Together, partnerships

## Strengths

- Safeguarding Team
  - Positive relationships
  - Welcomed as a point of expert advice and guidance
- Tees-wide Board seen as a positive
- Xentrall
- Forums - VEMT & ASB
- Intermediate Care financial investment
- Safer Stockton Partnership
  - 3 year planning schedule, 6 priorities, ASB, DV etc.
- Street Triage in MH is an example of positive partnership working

## Areas for Consideration

- Safer Stockton Partnership could consider 'vulnerable people' as a priority
- Build on existing strong partnership arrangements to support inclusion of GPs, Ambulance and CPS
- Build on awareness amongst partners of the difference between 'keeping people safe' and 'safeguarding' and how to identify and respond
- SVAC should promote approaches to strengthen links between domestic abuse and safeguarding adults and then monitor delivery
- Healthwatch engagement
- Ensure multi-agency safeguarding information sharing agreements are effective

61. The Adult Safeguarding Team in adult social care is defined by positive relationships with colleagues and is welcomed as a point of expert advice and guidance by those in the Council and also by partner agencies. There was a very broad span of knowledge, skill and experience evidenced in both management and practice in the team.

62. The Tees-wide Adult Safeguarding Board is seen as a positive by all those with whom we spoke and the Peer Challenge Team view this as good practice. It is very likely that it will promote a consistency of practice across the region and should give stability and support to other colleagues across the region. Over time as it develops it should be

possible to take pressure off other Council services thereby creating capacity. (See also paragraph 17)

63. There is a history of good service delivery through Xentrall in the public sector partnership between Stockton-on-Tees Borough Council and Darlington Borough Council to deliver key back office transactional services.
64. There are some positive forums in place offering support such as the Vulnerable, Exploited, Missing Trafficked Group (VEMT) and the work on Anti-Social Behaviour.
65. There has been financial investment in intermediate care from both the CCG and Acute Trust which is relatively unusual, which demonstrates the commitment to partnership working locally.
66. The strength of the relationships in the Safer Stockton Partnership are positive as it has created a three year planning schedule with six priorities including anti-social behaviour and domestic violence.
67. The Peer Challenge Team heard about the Street Triage initiative in Mental Health which is a good practice example of positive partnership working.
68. The Safer Stockton Partnership may want to consider 'vulnerable people' as a priority to compliment the others already identified.
69. The Council could consider building on the existing strong partnership arrangements that exist to also support inclusion of General Practitioners (GPs), the Ambulance Service and the Crown Prosecution Service which could realise further benefits to your adult safeguarding work.
70. The team saw some good evidence of preventative work in adult safeguarding and thought there was the opportunity to build on awareness amongst partners of the difference between 'keeping people safe' and 'safeguarding' and how to identify and respond most effectively.
71. SVAC should promote approaches to strengthen links between the work of domestic violence services and the safeguarding of adults and then monitor delivery to ensure the impact of the activity is recorded.
72. Healthwatch as an organisation is still fairly formative in many places across the country and would appear to be the same in Stockton as it makes arrangements to act as part of the wider public engagement. The opportunity here would be to generate further engagement with them to provide the consumer voice for the adult safeguarding service which could then be used to improve services further.
73. The Peer Challenge Team recommend that the Council suggest that you assure yourselves that the multi-agency safeguarding information sharing agreements are effective and accurately reflect changing legislation. The Peer Challenge Team were not able to form a complete picture of this and expect you have the time and capacity to do so.

# Commissioning

## Strengths

- Emerging focus on prevention and early intervention e.g. Safe Place Scheme
- Health
  - Social prescribing
  - COPD screening
  - CQUIN to promote quality in residential nursing care
  - Dementia, initial diagnosis 60%
- Good commissioning processes e.g. QA systems, investment in training
- Potential new hospital build is an opportunity to disinvest in beds and promote culture shift

## Areas for Consideration

- Personal Budgets in social care, Personal Health Budgets
  - Inward investment, Maximise the Stockton £, Prevent duplication, Deliver national target
- Direct Payments
  - Have realistic target, Action plan to support development
- Market management/development
  - Consider the impact of over capacity, Low occupancy, Sustainability, Inward migration
- Quantify future pressures/challenges e.g. transitions
- Opportunities/3<sup>rd</sup> sector development
- Universal information and advice
  - Join up approach, Public engagement and understanding

74. As a general comment the Peer Challenge Team's view is that there is much to be admired here. In particular the increasing amount of work to increase the focus on prevention and early intervention, a good example previously mentioned is the Safe Place Scheme.



75. There were some impressive conversations that the team had about the work on social prescribing that is widening the scope of engagement between GPs and patients, the screening on Chronic Obstructive Pulmonary Disease (COPD) is producing positive outcomes through identification of issues earlier and thereby reducing costs. The Commissioning for Quality and Innovation (CQUINs) payments framework is promoting quality in residential nursing care as well as the work on the initial diagnosis of dementia that is already achieving the target of 60% which is very good and the Peer Team are confident you have aspirations to improve upon this.
76. There are good commissioning processes overall such as the quality assurance systems and the on-going related investment in training. The good processes, systems and training will result in excellent care for the patient, maintain high standards and ensure value for money.
77. There is a proposal to build a new local hospital and whilst it is only in the planning stage at present, it is an opportunity in the future to disinvest in beds and promote a culture shift in terms of prevention across the health and social care system.
78. There is an opportunity to join up the work on social care Personal Budgets with that of Personal Health Budgets. This initially would be to prevent an individual in the wider system having one of each and thereby reducing the bureaucracy and ensuring best use of all resources. It is worth ensuring that there is inward investment to maximise the spending power of all those who contribute to the Stockton pound and prevent duplication in order to deliver on national targets.
79. There is an acknowledgement that the take up of direct payments could be improved. We recommend that a realistic target is set that reflects what people want. This may be driven by the emerging understanding in this area that many older people do not want a direct payment, therefore any target needs to take this into account in the overall figures. Once this is agreed ensure there is an action plan to support development.
80. The issue of market management and development is one that you have already identified as an area for development. Within this it would be prudent to consider the impact of over capacity, particularly in the residential sector, and how the low occupancy of some services could impact upon quality delivery. There is also the issue of sustainability and the related risks for health colleagues of inward migration, plus the likely changes in the Care Bill.
81. We recommend that you quantify future pressures and challenges that are likely to arise particularly around the transitions of those with significant needs, and therefore costs, into the responsibility of adult social care. This is a national issue.
82. There are opportunities through the market development work to use the third sector capacity, such as for example, residential nursing and how this features in your intermediate care model. Consideration should be given to what messages are going to the third sector and the role that they could play in this future market.
83. Evidence received by the Peer Team indicated that a number of agencies had separate one-stop shops or 'front doors' to their services. A more joined up approach with one access point to universal information and advice would be easier to manage in terms of public engagement and understanding.

## Next Steps

84. After due consideration of the issues and recommendations in this report the Peer Challenge Team assume you will take forward aspects of this report in your future plans. We suggest you disseminate the key messages to staff and partners and seek to publish the report.
85. In due course the North East Regional ADASS group and the LGA will evaluate the progress of this work in line with the wider regional sector led improvement work.

## Contact details

For more information about the North East Regional Adult Safeguarding Peer Challenge at Stockton-on-Tees Borough Council please contact:

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For more information on how this peer challenge was delivered and the management of LGA National and Regional Peer Challenges contact:

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