Stockton-on-Tees Borough Council: local authority assessment

How we assess local authorities

Assessment published: 24 October 2025

About Stockton-on-Tees Borough Council

Demographics

Stockton-on-Tees Borough Council is a unitary authority in the north-east of England. It is home to an estimated 202,415 residents (June 2023) who live across the borough's towns of Norton, Billingham, The Villages, Thornaby, Ingleby Barwick, Yarm, and Stockton. The population grew by 2.6% between 2011 and 2021 (Office for National Statistics, June 2022), with 21.78% aged 0 to 17 years, 19.42% aged 65 years, and 58.80% aged 18 to 64 years.

The majority of people in Stockton-on-Tees identified as White, making up 92.04% of the population. 1.12% were Black, Black British, Caribbean or African, 4.6% were Asian, Asian British, 1.39% identified themselves as of 'mixed or multiple' heritage, and 0.85% identified themselves under 'other' category. The borough had the third largest population of Asian or Asian British residents in the north-east.

The borough of Stockton-on-Tees had an index of multiple deprivation score of 6 (1 is the least deprived, 10 is the most deprived), placing Stockton-on-Tees 77th out of 153 local authorities for deprivation in England. The largest discrepancy in life expectancy between wards in Stockton-on-Tees was 21-year and 14-year for men and women respectively, and 9 of 27 wards in the Borough were among the 10% most deprived wards in the UK.

The local authority is Labour led, with no overall political control and 56 Councilors represent 27 wards.

Stockton-on-Tees Borough Council is part of the North East and North Cumbria Integrated Care System (ICS) together with 13 other local authorities. It worked with the NHS North East and North Cumbria Integrated Care Board (ICB), Tees Esk & Wear Valleys NHS Foundation Trust (TEWV), North Tees and Hartlepool NHS Foundation Trust, and South Tees Hospitals NHS Foundation Trust in areas such as hospital discharge and prevention.

Financial facts

The Financial facts for **Stockton-on-Tees Borough Council** are:

- The Local Authority's estimated total budget for 2023/24 was **£290,024,000**. Its actual spend for the year was **£323,155,000**, which was **£33,131,000** more than estimated.
- The local authority estimated it would spend **£63,334,000** of its total budget on Adult Social Care in 2023/24. Its actual spend was **£69,253,000**, which is **21.43%** of the total budget and **£5,919,000** more than estimated.
- The local authority has raised the full adult social care precept for 2023/24, with a value of **2%**.

- Approximately **3605** people were accessing long-term Adult Social Care support, and approximately **575** people were accessing short-term Adult Social Care support in the 2022/23 period. Local authorities spend money on a range of adult social care services, including supporting individuals. No two care packages are the same and vary significantly in their intensity, duration, and cost.

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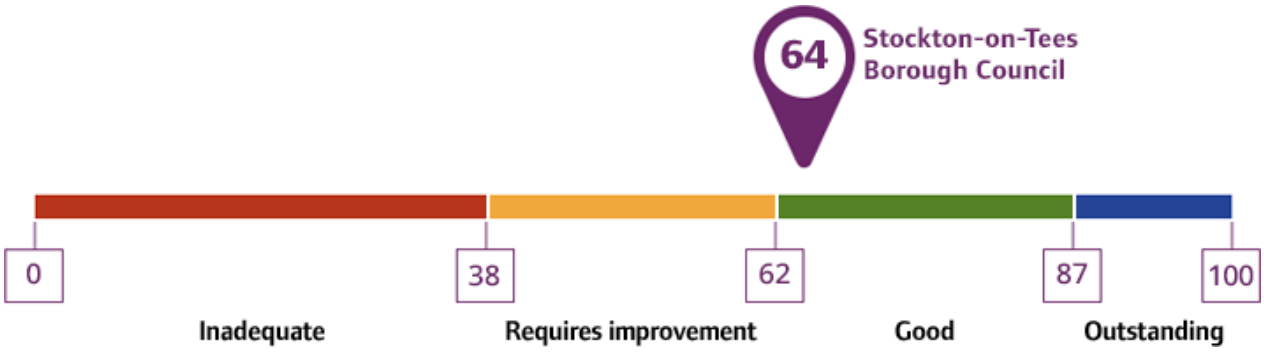
Overall summary

Local authority rating and score

Stockton-on-Tees Borough Council

Good



Quality statement scores

Assessing needs
Score: 2

Supporting people to lead healthier lives
Score: 3

Equity in experience and outcomes
Score: 2

Care provision, integration and continuity
Score: 3

Partnerships and communities
Score: 3

Safe pathways, systems and transitions
Score: 2

Safeguarding
Score: 3

Governance, management and sustainability
Score: 3

Learning, improvement and innovation
Score: 2

Summary of people's experiences

Peoples' experiences of accessing adult social care were mixed. To facilitate ease of access to social care, the local authority had established a presence in some local community settings where people could meet with social care staff and complete their care assessments if they chose to do so. Some people said they were not always clear about referral pathways or how to ask for support from the local authority. Leaders recognised this, and they were taking steps to simplify the front door arrangements and to improve referral pathways so that people got to the right agencies more quickly and without the need to repeat their story.

Advice and information were provided to people about care and support provision in the area and community support workers were in place to assist with this. Additionally, a Stockton Information Directory resource provided people with information about non-statutory support. However, people funding their own care gave mixed feedback about how easily they could access community resources.

People had access to a range of services, facilities and resources to promote independence. We were told about examples where people had been supported into education and employment, and to obtain a tenancy. People could access equipment and minor home adaptations in a timely way to maintain their independence and continue living in their own homes.

People gave examples of person-centred, strength-focused approach to their care assessments and interaction with the local authority. However, people's care act assessments and reviews were not always timely and up to date. The local authority was taking steps to reduce waiting times and to increase the number of contacts resolved at the front-door to adult social care.

The needs of unpaid carers were recognised as distinct from the needs of the person they cared for and assessment and support options were available. Carer's feedback was mixed. Some carers gave positive examples of support, for example, some said they had an allocated local authority worker they could contact. However, others said they would have found more information about the support available useful. People spoke highly of the timeout service, and said it supported them in their caring role. The local authority acknowledged that further work was needed to fully understand unpaid carers' needs and maximising support opportunities to support carers was a priority.

Support for hospital discharge was timely, although some people told us that communication with them did not always work well and this had led to a poor discharge experience.

There was a range of different care services and facilities in the area, and strategies and plans were in place to address any gaps in provision. For example, work was in train to resolve provision issues for those with complex care and support needs. These included for the re-provision of some existing underutilised care services, and investment into a service for people with a learning disability. Some strategies were set over the medium and longer term, particularly those relating to housing with care.

People had a timely response when concerns of a safeguarding nature were raised.

People with lived experience of using care services were being included in shaping current and future care and support provision, such as being members of the Making it Real Board and commissioning panels for care services. This helped the local authority to co-produce service decisions and to have a clear focus on people rather than just process. More work was being done to develop this.

Summary of strengths, areas for development and next steps

There had been leadership changes in the local authority over the previous two years, with the recruitment of a new Chief Executive, Director of Adults Health and Wellbeing, and Lead Cabinet Member for Adult Social Care.

The leadership team had good insight into its strengths and areas for improvement. They recognised the challenges presented by the changing demographics, entrenched high levels of inequality and deprivation in Stockton-on-Tees and the impact this had on people's health and well-being outcomes. There was a strong commitment to addressing these challenges. Leaders recognised they were in the early stages of their transformation journey, and areas of risk were being addressed, for example, reducing the waiting times for Care Act assessments and care reviews and improving pathways and processes for young people moving into adulthood.

This was an identified priority improvement area. Other priorities were simplifying the arrangements and pathways at the first point of access, increasing the use of community assets to meet care and support needs, and increasing the strategic commissioning capability to deliver the long-term transformation strategy.

Risk monitoring and management arrangements were in place at corporate and directorate level. There was strategic oversight of wellbeing risks, however actions to address these were not always clearly defined. Good progress had already been made on the development of data dashboards, and these were now enabling real-time oversight of performance and more timely operational responses when risks were emerging.

There was good partnership working, and some relatively new multi-agency forums to support alignment of strategies and priorities across the borough and to address inequalities, including the Coalition of the Willing, Team Stockton and a refreshed approach to the Health and Well-Being Board. The foundations for co-production were in place, for example, the Making it Real Board provided a good basis on which to build this. Leaders acknowledged the need for continued focus in these areas to maintain momentum and embed the approaches and a specific role had been created to lead the coproduction work.

Staff showed commitment to supporting the borough's most vulnerable residents and there was a strong and supportive culture. Leaders were visible and accessible.

People's experience of accessing adult social care support was described as being mixed. Leaders acknowledged that the arrangements at the first point of contact were complicated, and they had started to work on simplifying it. There was also an ambition to increase the focus on preventative support through better use of community assets and to target formal support only when there was a clearly identified need.

People had mixed experiences of accessing and receiving support for their adult social care needs, and data showed that people were waiting to have a Care Act assessment. Processes were in place to manage risks to those waiting for care act assessments but leaders acknowledged there was work to do to reduce waits for care assessments and care reviews.

Assessment and support arrangements were in place for unpaid carers, but the local authority acknowledged the need to improve this and to improve ways to identify unpaid carers, particularly younger carers. The local authority was also seeking to improve the information and advice offer for people who were funding their own care. Some work had been undertaken to reshape the front door, but this was a work in progress and the impact had not yet come to fruition. There was a lack of clarity amongst the staff we spoke with about the next steps or timescales for the work.

The local authority worked with partners to deliver enablement support and effective hospital discharge processes, including an effective reablement service. Access to equipment and low-level home adaptations was mostly timely.

Uptake of direct payments was slightly higher than the England average. Local authority leaders were aware of challenges relating to recruitment and retention of Personal Assistants (PAs) and they were taking steps to support growth in this type of support. These included promotion initiatives for the role to address recruitment issues in partnership with local carers' services.

Leaders understood there were gaps in some areas of provision leading to insufficient capacity to meet demand for some people, such as those with mental health needs, young people transitioning to adulthood and older people requiring accommodation with care options. Provision of sufficient suitable housing with care options was also limited in the borough. However, leaders told us arrangements were in place with neighbouring local authorities to provide speciality care to people that was not available in the borough. Plans were in the early stages of development, with options being explored for the re-provision of some existing underutilised care services, and for capital investment to fund new services, for example a new service for people with a learning disability.

There was an ambitious programme of commissioning activity planned for the short and medium term to address current gaps and to plan ahead to meet future needs. Leaders were seeking to develop its strategic commissioning capability to lead this programme of work.

The local authority was part of a Teeswide Safeguarding Adults Board (TSAB), at which learning was shared from Safeguarding Adults Reviews (SARs). Data showed that safeguarding responses were timely. There had been a significant increase in recorded safeguarding concerns, with a lower conversion rate of these referrals to Section 42 enquiries in comparison to previous years. Leaders told us this trend was a result of the local authority changing the way concerns were recorded.

Approaches to information governance and safety were strong and there was scrutiny processes and oversight of organisational risk. There was a strong focus on assurance of practice quality, with most teams describing a robust process of casefile audits, supervision, and oversight of practice.

The local authority promoted continuous professional development, and staff felt able to progress in the organisation. Staff spoke highly of the training and development opportunities offered by the local authority, and there were some notable areas of innovation among commissioned care providers. Further arrangements were needed to ensure learning from informal feedback and complaints was embedded into practice, but the local authority prioritised the early resolution of complaints, indicating a proactive approach to complaint management.

Theme 1: How Stockton-on-Tees Borough Council works with people

This theme includes these quality statements:

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

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

Assessing needs

Score: 2

2 - Evidence shows some shortfalls

What people expect

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

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

The local authority commitment

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

Key findings for this quality statement

Assessment, care planning and review arrangements

There was a high and increasing volume of people contacting the local authority for care and support. Initial contact was made via the local authority's 'front door' and this could be made through direct contact or through a referral from another agency made on a person's behalf. At this first point of access, there was a range of advice, information and signposting options that staff could provide to address immediate and low-level needs, as well as the option to make referrals to other agencies and for a Care Act assessment if people's care needs presented as being more significant.

Feedback from people and staff about access to services via the front-door to adult social care was mixed. Some people said they were not always clear about referral pathways or how to ask for support from the local authority. Leaders recognised this, and they were taking steps to simplify the front door arrangements and to improve referral pathways so that people got to the right agencies more quickly and without the need to repeat their story. They were also working to increase the focus on connecting people with their communities for well-being support and solutions, rather than having to access formal services when they may not be needed. There was the ambition to increase the focus on prevention and signposting at the front-door to reduce peoples' needs for ongoing services, while providing a personalised and strength-based front-door experience for people to access services that made best use of community assets. The local authority had engaged an external agency to undertake a peer review of the front door arrangements, the outcomes of which had confirmed the local authority's view. Some work had been undertaken to reshape the front door, but this was a work in progress and the impact had not yet come to fruition. There was a lack of clarity amongst staff we spoke with about the next steps or timescales for the work.

To facilitate ease of access to social care, the local authority had established a presence in some local community settings where people could meet with social care staff and complete their care assessments if they chose to do so. Additionally, local authority leaders told us an online eligibility checker was available for people to use prior to contacting Adult Social Care services, and a Carers' self-assessment could be completed online. The local authority had assessment teams who were competent to carry out Care Act assessments, including assessments for people with specific needs. For example, staff told us they used a joint, strengths-based approach to assess the care and independence goals of individuals' with learning disabilities.

Beyond peoples' experience of access to assessments people had mixed experiences of the organisation's person-centred and strengths-based offer regarding Care Act assessments and care planning. Some people told us the local authority's approach to assessment and care planning was person-centred, strength-based, and built on their strengths and reflected what they wanted to achieve. However, some people said they did not feel they had choice over how they received their care, for example, in relation to the care placement they were transferred to. This reflected national data indicating 58.6% of people were satisfied with care and support in Stockton-on-Tees, which was slightly worse than the England average of 62.72 (Adult Social Care Survey, December 2024).

Pathways and processes ensured that people's support was planned and co-ordinated across different agencies and services – social care staff worked collaboratively and drew on information from partners to minimise the need for people to have multiple separate assessments or conversations. Care providers we spoke with told us assessments by the local authority were reflective of their own evaluations of people's care and support needs, resulting in seamless care provision. However, staff gave examples of multidisciplinary assessments and joint funding decisions not always being timely, and how this impacted the provision of people's care. Staff told us the examples had been raised with senior leaders so they could be addressed at a more senior and strategic level.

Leaders told us arrangements were in place to prevent delays to peoples' care in event of funding disputes, for example, that the local authority would continue to fund a person's care without prejudice. Additionally, a disputes resolution policy was in place to address funding disputes. This suggested that while processes were in place to ensure the timely provision of care in the event of funding disputes, not all staff were aware of the resolution or escalation processes, highlighting an area of focus for the local authority.

Timeliness of assessments, care planning and reviews

In the year up to June 2024, 1819 people had received a Care Act assessment from the local authority and in June 2024 52 people were waiting for a Care Act assessment. During the previous 12 months, the maximum waiting time was 288 days, and the median waiting time was 28 days. Over this period, 52% of people waited 28 days or less for a Care Act assessment. Leaders told us waiting times for Care Act assessments could occur due to staff working with people to find convenient times for them to receive their assessment.

To address risk associated with waiting, the local authority had implemented a Referral for Adult Social Care Triaging Risk Assessment to prioritise and manage high risk cases. Additionally, waiting lists and caseloads were being monitored through Operational Performance Clinics every four weeks, with delays escalated to senior management. The local authority was taking steps to reduce the backlog of assessments and increase numbers of contacts resolved at the front-door to adult social care, however, the impact of this had not been fully realised at the time of our assessment.

Similarly, leaders were aware that increasing numbers of overdue annual Care Act reviews indicated more work was required to ensure peoples' needs were being met in a timely manner. The number of people waiting for a Care Act review had reduced by 277 people between April 2023 and April 2024, but numbers were gradually increasing again between July and November 2024, from 181 to 203 people, out of a total of 2480 reviews. This was in line with national data that indicated 74.15% of people receiving care had their support plans reviewed, which was somewhat better than the England average of 58.77% (Short and Long Term Support, October 2024). Leaders told us waits for reviews could be a result of the local authority's person-centred approach to reviewing peoples' needs, as workers were led by the choice of the individual and their carers regarding timing of reviews. Care providers' feedback with regards to timely assessments when people were transitioning between care homes was mixed.

Additionally, although people were being actively supported by social workers, formal reviews in the last 12 months were not always undertaken and recorded. We were told this was due to people not always being correctly identified as awaiting a review by the local authority's reporting system. Leaders told us this issue had been resolved at the time of the assessment and all those waiting for a review were now monitored effectively.

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

The needs of unpaid carers were recognised as distinct from the needs of the person they cared for. Staff told us carers assessments were completed alongside, but separately to Care Act assessments for the person with support needs. Carers were also referred to the Carers Hub for support specific to their own wellbeing. Staff were able to explain the processes and pathways for carers to access an assessment. They told us carers were also signposted to other support services or placed on mailing list so the local authority could maintain contact with them. However, there were some barriers to accessing support. For example, a carer said they were not always able to access support from the Community Livewell Dementia Hub (a centre providing information about dementia, support, and training for those living in Stockton-on-Tees) due to transport costs and was unaware they were able to access this support virtually.

People's feedback on the local authority's approach to carers' assessments, planning, and support was mixed. Some carers gave positive examples of support, for example, some said they had an allocated local authority worker they could contact. However, others said they would have found more information about support available useful. The local authority acknowledged that further work was needed to fully understand unpaid carers' needs and maximising support opportunities to support carers was a strategic priority. This commitment to improving carers' access to support was demonstrated through the local authority's 2024 partnership with a carer-led and designed technology platform that provided enhanced, on-demand services to anyone with caring responsibilities in the region.

Unpaid carers experienced waits for a carer's assessment from the local authority. In June 2024, 83 people were waiting for a carers assessment. There was a median wait of 23 days over the previous 12 months, with a maximum wait of 63 days. Local authority leaders told us variability in time taken to process assessments was due to accommodation of client commitments and choice. At the time of the CQC assessment, there were no outstanding reviews of carers needs.

There was a process to refer young carers to an external organisation which was understood by staff who worked with them. For example, 14 referrals were made for young carers between October 2023 and September 2024. However, leaders told us more work was needed to increase the identification of young carers to meet their specific needs.

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

The local authority had arrangements in place to support people to meet their non-eligible care and support needs, where they presented alongside any eligible needs. This was documented in the Adult Social Care Service Provisions Policy. Staff told us people who did not meet eligibility criteria, and those who funded their own care were offered guidance to assist them in arranging and managing their support needs. However, peoples' feedback regarding this was mixed. For example, one person told us they were confused when left to organise their care, which included transfer between care homes, without local authority support. Another person who was self-funding their care told us they did not know how to request discharge support when moving from residential care back to their home.

Community support workers were in place to provide support to people funding their own care to choose care services. People could be signposted to the support workers at the front door. However, self-funders and some voluntary and community sector (VCS) partners told us local authority signposting to community-based resources and support was poor for those financing their own care. As a result, self-funders lacked awareness of community resources available to them, which missed an opportunity for preventative work.

Senior leaders acknowledged this gap and said they wanted to increase their understanding and the support offer for people funding and arranging their own care. Plans to redesign the front-door to adult social care aimed to make it easier for every resident, regardless of Care Act eligibility, to access information about relevant services. The local authority was not, at the time of our assessment, monitoring numbers of people with non-eligible needs who approached them for support. However, leaders said they aimed to gather consistent, high-quality data to support self-funders and manage the wider market in 2024/2025.

Eligibility decisions for care and support

The local authority had frameworks for assessing eligibility for adult social care. People had access to information and advocacy support to help them understand this. People were given information and support to appeal if they wished to do so.

The local authority's process for appealing eligibility decisions included multiple review stages and the opportunity for independent representation. There were no eligibility appeals made in the 12 months prior to our assessment.

Financial assessment and charging policy for care and support

The local authority had a clear framework for financial assessment and a financial contribution policy for adults assessed as requiring care and support. Feedback from people indicated that processes were not always implemented sensitively. This included a person's feedback indicating their Care Act assessment was dominated by questions about how they would fund their care rather than their individual needs and goals.

The local authority told us about a complaint made in 2024 regarding financial assessment processes. The complaint was addressed and resolved and key learning from it included the need for better communication with people and their families. The feedback we received indicated that this learning had not been fully embedded.

The local authority had a target of 28 days to complete financial assessments. Leaders told us they were assured financial assessment cases were being allocated within a week and that the 28-day target was being consistently met. The local authority aimed to develop the capability to collect more granular data on financial assessments.

Provision of independent advocacy

There was independent advocacy provision commissioned by the local authority to support people to access and make decisions about their care. Demand for the service was high and waiting lists varied significantly. For example, 59 people were waiting for advocacy in April 2024, which reduced to 3 people in September 2024, and rose to 22 people in January 2025. However, the service was valued by people accessing it. One person told us their advocacy service was timely, helped them understand their care options, and gave them a voice in their care arrangements.

Leaders had oversight of the numbers of people waiting for advocacy support and waiting lists were being monitored by the Quality and Assurance Compliance Team. Leaders were keen to increase advocacy capacity and options. For example, they intended to work with voluntary and community groups to develop other options including more peer advocacy.

Local authority staff had received awareness training to support their understanding of advocacy and to promote referrals for the service.

Supporting people to live healthier lives

Score: 3

3 – Evidence shows a good standard

What people expect

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

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

The local authority commitment

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

Key findings for this quality statement

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

The local authority worked with people, partners, and local communities to provide a range of services, facilities and resources to promote independence. These included community courses to improve skills such as cooking, languages, and financial literacy to help people enhance their skills and stay independent. A befriending service was available from the community-based LiveWell Dementia Hub, and a Wellbeing Hub provided multi-agency mental health support, reducing the need for long-term intervention. People could also access a Home Improvement Agency (HIA) for minor home adaptations and equipment provision for those with additional requirements such as sensory needs. Other commissioned resources focused on preventing longer-term care and included an intermediate care facility, an in-house reablement team, multi-agency support from specialist services such as a Sensory Support team, dementia team, falls service, a community champions network, and a Short Term Enablement Programme Service (STEPS) programme which supported people with autism and learning disabilities across key areas such as employment. The local authority also worked with regional partners to support continuing improvements for social care outcomes for people in prisons. For example, workers delivered training about prisoners' rights, eligibility, and delivery of duties under the Care Act 2014.

People told us preventative resources and support improved their wellbeing and promoted their independence. For example, one person told us the local authority had provided resources that reduced their reliance on intensive support and helped them progress their educational goals to become employed. Additionally, on release from prison, staff told us a person was supported to obtain a tenancy and given a mobile phone, which helped them integrate into the community and promoted their independence. Evidence of improved outcomes as a result of preventive services was in line with national data: 91.04% of people who received short term support no longer require support (Adult Social Care Outcomes Framework, December 2024) which was much better than the England average of 79.39%. This indicated resources provided by the local authority were helping prevent, delay or reduce the need for care, and promote early intervention and prevention.

The local authority had arrangements to monitor and evaluate the impact of its prevention strategy and outcomes for individuals and communities. For example, activity monitoring equipment, which was used to keep people safe and independent at home, collected data to support evidence based, person centered decision making and best use of resources. A multi-disciplinary team also told us their funding had been extended following evidence showing their work had reduced hospital readmissions. Additionally, leaders said the evidence base for professions such as Occupational Therapy (OT) had strengthened in recent years, and they had used evidence to demonstrate the service's value and how they supported positive outcomes for people and their families within system.

Identifying people in the area who had needs for care and support that were not wholly or only partially met was a priority for the local authority, however this work was in its infancy. The prevention and early intervention strategy, as well as the Powering Our Futures change programme, outlined plans for targeted, evidence-based approaches to identify and reach groups with unmet needs, such as integrated substance misuse support for those with comorbidities. There was an ambition among leaders to make use of community partnerships to better identify and target vulnerable groups such as unidentified unpaid carers, victims and survivors of domestic abuse, and those with substance misuse issues. This indicated a joined-up approach to prevention across adult social care, the wider organisation, and partners.

Consideration was given to supporting unpaid carers and people at greatest risk of a decline in their independence and wellbeing, but more practical support and resources were required to help carers live as they wanted. For example, there was a timeout service in place which provided free short-term respite for unpaid carers and aimed to delay or reduce further need for carers' support. Carers who had accessed this service valued it highly and said it supported them in their caring role. However, there were approximately 20 people waiting for the timeout service at the time of the assessment, meaning that not everyone who could benefit from the service was able to do so.

National data from the Survey of Adult Carers in England (SACE, June 2024) showed that 90.7% of carers found information and advice from the local authority helpful. This was better than the England average of 85.22%. However, the same survey also indicated more could be done to improve the respite offer to unpaid carers; only 15.15% of carers in the borough said they were able to spend time doing things they value or enjoy – although this was in line with the England average of 15.97%. In relation to employment, 34% of carers said they could not maintain paid employment because of their caring duties, which was above the England average of 26.7% (SACE, June 2024). Further work was in train to build on the existing support offer for unpaid carers.

Provision and impact of intermediate care and reablement services

The local authority's adult social care teams worked with community partners to understand peoples' needs as early as possible, to deliver timely intermediate care and in-house reablement that enabled people to return to their optimal independence. This resource helped prevent deterioration to peoples' wellbeing and avoid unnecessary hospital admission. Staff had a strong knowledge of community groups, hubs, activities, such as person-centred employment support and a STEPS programme which supported people to build their confidence to access the community. Staff recognised the importance of linking with other preventative reablement measures outside of commissioned services to provide residents with a wider network of support.

The local authority provided information indicating almost 68% of people accessing reablement support following discharge from hospital required no further funded support after six weeks. It also supported people leaving hospital to regain their independence; 86.36% of people aged 65 years or over were still at home 91 days after they were discharged from hospital into reablement or rehabilitation services, which was in line with the England average of 83.70% (Short and Long Term Support (SALT), October 2024). The quality of reablement provision was reflected by staff winning a 'Great British Care' award in November 2024, and feedback from people receiving reablement support was positive. However, significantly fewer people aged 65 or over were accessing reablement or rehabilitation support after leaving hospital than the England average (1.46% compared with 3.00%, Adult Social Care Outcomes Framework, December 2024).

Access to equipment and home adaptations

Feedback was mainly positive relating to assessment for, and provision of, equipment. OT assessments had a waiting list of 9 people, where the median wait was 17 days (10 days higher than the local authority's target). In the last 12 months, the maximum wait was 241 days. The local authority said this was due to reduced workforce capacity during a period of high demand in 2023 and had since been resolved. The local authority's data indicated there were no waits for home adaptations and equipment for those leaving hospital, though arranging access to people's houses to set up equipment prior to discharge was sometimes delayed beyond the 48-hour target. The waiting time for urgent, minor home adaptions were a median of 4 days with 7 people waiting, and a maximum wait of 8 days over the previous 12 months where the target was 5 days. Waits for non-urgent minor home adaptations were well below the 42-day target, with 31 people waiting for work to be completed. Overall, this indicated the local authority was supporting people to remain independent through timely access to equipment and home adaptations.

Access to equipment was provided through a section 75 agreement. 95% of items ordered in the year prior to December 2024 were delivered within the 7-day target. However, waiting times could be as high as 273 days, related to the procurement of bespoke or specialist equipment. Additionally, staff said low stocks of specialist equipment such as chairs and sleep systems had resulted in waits of seven to eight weeks. However, a 24-hour urgent equipment response target time had always been met, and staff told us they usually had no issues with accessing equipment or delivery.

Similarly, people could access equipment and minor home adaptations in a timely way to maintain their independence and continue living in their own homes. Waits for adjustments by a handyperson to make peoples' homes safe (such as fitting handrails or key safes) were low, with 12 days being the longest wait recorded in the last 12 months against a 10-day target. A Sensory Support team carried out assessments and provided equipment for a variety of sensory needs without the need for a financial assessment or charge to the person. 15 people were waiting for this service, with a maximum wait over the previous 12 months of 42 days against a target of 7 days. However, staff gave recent examples of high-risk referrals made to the Sensory Support team that were swiftly acted on, indicating people who urgently needed sensory support were able to access it within a reasonable time period.

Staff said there was a strong technology offer available to support people in their homes, including the OneCall home monitoring system and telecare services, which enabled people to stay connected to support networks and befriending services. OneCall supplied sensors to monitor wellbeing in the home through detection of falls, floods, and medication alerts. Around 12,000 calls were received from 5,000 OneCall installations per month for the service's 24-hour personal care and falls pick-up service, indicating good awareness and use of the service within the area.

Provision of accessible information and advice

People could access information and advice on their rights under the Care Act and ways to meet their care and support needs. For example, people said they were impressed with the range of services provided in Stockton-on-Tees compared to neighbouring boroughs, and 75% of carers engaged with the local authority said they found it easy to access information and advice, which was significantly better than the England average of 59.06% (SACE, June 2024). Additionally, the local authority was aware of feedback from some carers who wanted better access to information and advice, and work was ongoing towards this.

Strategic work was ongoing through change programmes such as 'A Fairer-Stockton-on Tees' to improve the accessibility of information and advice about adult social care services to seldom heard and vulnerable groups. For example, some people involved in co-production work said the local authority was working towards empowering people to manage their own wellbeing, for example by supporting a 'positive living' forum initiative, where the local authority offered independent living workshops and signposted people to relevant resources and services.

The voluntary and community sector (VCS) and care providers said certain Black Asian and Minority Ethnic (BAME) communities were less able to access information and advice due to cultural and language barriers. Additionally, people who were self-funding their care told us they could have been given more information about available support. Staff and leaders agreed access to information about the preventative offer in Stockton on Tees could be improved for people who were seldom heard, and/or who were not already receiving services or engaged with the local authority in other ways.

Direct payments

The local authority had a clear approach to direct payments, providing a dedicated support function to enable people to access ongoing information and support. Staff said an in-house direct payments brokerage service worked closely with adult social care social work teams to support peoples' choice and control around how their care needs were met. A social media page had been set up by the direct payments team to establish a peer-support function and promote independence among people accessing support from the local authority.

The effectiveness of arrangements to support people to take up direct payments were reflected in national data. Uptake of direct payments across all age groups was higher than the England average, particularly for those aged between 18 and 64 (49.51% compared to 37.12% for England, Adult Social Care Outcomes Framework (ASCOF), December 2024). Local authority data indicated that 100% of identified carers had also received direct payments in the last year.

The local authority understood some of the barriers for people using direct payments and took steps to remove them. For example, the direct payment team worked closely with the carers' service to ensure they had a point of contact for support. The local authority also recognised national and local challenges around recruiting and retaining Personal Assistants (PA) and the impact of this on residents in Stockton-on-Tees wishing to employ a PA.

Promotion initiatives for the Personal Assistant role were underway to address recruitment issues in partnership with local carers' services. To further increase awareness and uptake of direct payments, staff attended job centre fairs and community-based parent/carer groups. This was positive action to increase the equity of their direct payment offer and make use of community assets to reach people. This work was ongoing, and leaders told us it evolved according to demand and available opportunities.

Equity in experience and outcomes

Score: 2

2 - Evidence shows some shortfalls

What people expect

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

The local authority commitment

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

Key findings for this quality statement

Understanding and reducing barriers to care and support and reducing inequalities

Local authority leaders understood the demographic profile of the area, and they had insight into inequalities and barriers to social care experienced by people in the borough. For example, there was a recognition of the disparity in life expectancy of people living in different neighbourhoods in the borough. There was also awareness of the issues affecting specific groups who were at risk of not having their health and social care need met at an early stage. There was a clear, ongoing, and multi-agency ambition to better understand and tackle these issues, which was set out in several strategic plans and partnerships, including the 'A Fairer Stockton-on-Tees' strategic framework for tackling inequalities 2021-2031', Team Stockton and the refreshed Health and Well-Being Strategy.

The local authority identified solutions to address inequalities in the borough based on peoples' protected characteristics as identified in the Equality Act 2010. In 2024, the local authority introduced Equality and Poverty Impact Assessments (EPIAs) to identify, understand, and mitigate barriers to accessing care and support. This tool was subsequently used across three decision making processes to ensure people with protected characteristics were supported. The introduction and rapid implementation of the EPIA highlighted the local authority's commitment to reducing inequalities in the borough.

Additionally, local authority action plans focused on inequalities faced by specific communities and groups in Stockton-on-Tees, such as Ukrainian and Afghan refugees, traveller Gypsy Roma and traveller communities, and people who identified as LGBTQ+. However, leaders told us the responsibility for actions to target these groups sat with services outside adult social care, such as Housing and Public Health, and it was the role of the Strategic Planning team to provide analysis of this area. As such, actions at an adult social care directorate level were high level and, at the time of our assessment, it was difficult to identify progress against work being done with specific groups.

Leaders told us about community initiatives that supported people facing poorer outcomes due to health inequalities, such as a 'Here to Help' Hub which provided guidance and support, and a project that enabled people to buy groceries at lower prices called 'The Bread and Butter Thing'. While the local authority was aware of how this work was benefitting the community, some partners were concerned that the local authority was duplicating work that was already ongoing in the other parts of the system such as the voluntary and community sector (VCS), including work being undertaken by the Making It Real Board (the local authority's co-production function). This suggested more work was needed to align all these initiatives into a wider, joint strategy that would efficiently target and address systemic health inequalities across the borough.

Programmes such as the local authority's 'A Fairer Stockton-on-Tees' framework, focused on the borough's most deprived neighbourhoods and outlined the local authority's intention to work closely with local communities and make use of publicly available data with evidence-based research to target its work on inequalities. The local authority was beginning to use data to inform strategic decision making to reduce inequalities in peoples' experiences and outcomes of care but there was more to do to develop this capability. For example, work had been done through the 'Fairer Stockton on Tees' framework to implement a volunteer-led transport service which was accessible to people regardless of their eligibility under the Care Act 2014 and aimed to reduce barriers people faced to accessing support and employment. However, VCS partners told us transport links and cost were an ongoing barrier to people. Staff, leaders, and partners were aware more work was needed to address inequalities, and there was an ambition to make better use of demographic data to understand if this work was having a positive impact.

Local authority staff involved in carrying out Care Act duties did not always have a strong understanding of cultural diversity within the population, with some unable to demonstrate knowledge of the community profile of the borough. For example, some staff did not recognise that there were seldom, or unheard communities in the borough. However, other staff gave examples of how they supported and effectively engaged with people taking account of protected characteristics, such as those with sensory needs when they had been supported by translation services. We were told about monthly auditing of Care Act assessments and care plans focusing on the recognition of cultural diversity and ensuring they promoted a diverse provision of care.

Internal staff equality, diversity and inclusion networks had been expanded, and staff and people involved with co-production said recruitment practices were evolving to attract a more diverse workforce to the local authority. Additionally, the local authority demonstrated a commitment towards workforce diversity by signing up to the Workforce Race Equality Standard (WRES) in October 2024.

Inclusion and accessibility arrangements

The local authority was reactive to providing accessible options for people when they were aware of their barriers to care and support.

There were inclusion and accessibility arrangements in place so people could engage with the local authority in ways that worked for them, for example British Sign Language or interpreting services. A contracted translation provider for the local authority offered in person, telephone, video, written, and braille translation services and that access to these services was timely.

Staff told us ‘easy read’ versions of resources such as guidance on direct payments were available for people, as well as information in different languages. One person we spoke with told us the local authority had accommodated their preferred methods of engagement, which had helped them to build trust and rapport and enabled them to be fully involved in decisions about their care.

Theme 2: Providing support

This theme includes these quality statements:

- Care provision, integration and continuity
- Partnerships and communities

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

Care provision, integration and continuity

Score: 3

3 - Evidence shows a good standard

What people expect

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

The local authority commitment

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

Key findings for this quality statement

Understanding local needs for care and support

Staff and leaders worked with local people and stakeholders to understand the care and support needs of residents. This was done through use of the local data, for example the Joint Strategic Needs Assessment (JSNA). At the time of our assessment, the JSNA was out of date, as it covered the period up to 2019, however, this was being refreshed with partners at the time of our assessment. Priorities outlined in the local authority's Adult Social Care strategy, Council Plan 2023-2026, and Better Care Fund indicated a high-level understanding of some of the communities in Stockton-on-Tees' long-standing care and support needs.

Other tools and data used by the local authority to understand peoples' current and future needs were under development. The local authority's performance reporting and analytic functions were brought together in 2023 so performance data could be triangulated with statutory reporting data and financial intelligence. This was starting to be used to understand the population's care and support needs to strategically plan for services, although this process was still being developed at the time of our assessment.

The local authority also heard directly from local people through surveys, partnerships and consultations, and the Powering Our Futures work. People with lived experience of using care services were being included on some commissioning panels. This helped the local authority to co-produce service decisions and to have a clear focus on people rather as well as process.

The local authority's Fair Cost of Care work identified more work was needed to understand the self-funding and non-commissioned care market. The local authority was working to establish reliable and regular flows of information to manage the wider market in Stockton-on-Tees and ensure a consistent level of quality information to support self-funders and social workers in their decision making.

Market shaping and commissioning to meet local needs

The local authority was aware people did not always have access to support options that met their care and support needs in the borough. Leaders told us they worked with neighbouring local authorities to ensure people with specialist needs could receive support. A recent retendering process for domiciliary care services had been undertaken to increase responsiveness of provision and to allow greater flexibility in service delivery for providers. The specification and terms of the contract were informed through engagement and feedback with people using home care services and from care providers. The new arrangement required providers to sub-contract to other providers if they were unable to meet demand for care within their contracted 'zone'. Providers retained responsibility for assuring the quality of the service provided by any sub-contracted provider. The new contract had been implemented in the weeks prior to on-site assessment work, but it was showing an initial positive impact, in that there were no people waiting for their home care service to start after the first three weeks. Monitoring over the longer term was needed to determine the sustainability of the new arrangements on this initial improvement trajectory.

The Adult Social Care Commissioning Service Delivery Plan 2024/25 was aligned with the strategic objectives of other partners, for example public health. Work was also in train with other local authorities in the region where there were shared priorities, for example around developing suitable housing with care options and remodelling existing housing stock for people with care needs. Providing suitable housing options for vulnerable groups was a known priority, as there were gaps in provision for people with complex support needs, older people requiring extra care, and young people moving into adulthood. Plans were in the early stages of development, with options being explored for the re-provision of some existing underutilised care services, and for capital investment to fund new services, for example a new service for people with a learning disability.

The local authority told us they were working with partners and neighbouring authorities to develop a regional approach to meeting the needs of those with complex or specialist needs, including those placed out of area and people living in geographically diverse areas of the borough.

Some market-shaping interventions identified in the Market Position Statement had been recently implemented, such as the Wellbeing Hub (providing walk-in, multi-agency mental health support) and a Housing with Care model (an initiative combining accommodation with care and support services) which had begun in 2024. Other interventions included a new complex mental health residential support service specification which was brought to market in March 2024. There was evidence of how the local authority had engaged with other agencies such as voluntary and community sector (VCS) partners on this work through events in April 2024.

The carer's service was provided in-house. Approximately 73 new carers per month were being identified at the time of the assessment. There was regard for the provision of services to meet the needs of unpaid carers. However, only 25.19% of carers said they were accessing a support group or someone to talk to in confidence, which was worse than the England average of 32.98% (SACE, June 2024). Some carers said they received no support from the local authority despite assurances from staff that they would receive help. The local authority was aware of the need to improve the offer for carers and work was ongoing working towards maximising support available to them. This included entering into a 2024 partnership with an online carer-led platform that offered carers advice, tools, and community networks to support them in their caring roles. In July 2024, the platform had provided 165 carers with support that included emails, a peer support community, and a financial toolkit to help them manage their carers' allowance.

Commissioning strategies emphasised the importance of co-production and partnership working with care providers to meet local needs and to improve the quality of care. We were told of some actions to support this, for example, people with lived experience were involved in some commissioning panels, and people's feedback was used to inform the new home care contract specification. However, leaders acknowledged that the approach to coproduction in commissioning required further work to fully embed it.

There was an ambitious programme of commissioning activity planned for the short and medium term to address current gaps and to plan ahead to meet future needs. The aim was to move away from traditional commissioning activity which focused mainly on market management to a more strategic approach where commissioning was a transformative process with a stronger focus on promoting independence and early intervention. Leaders were seeking to develop the local authority's strategic commissioning capability to lead this programme of work. There had been good progress in developing performance and information management capability so that future commissioning decisions would be based on a robust evidence base. Development work was ongoing.

Ensuring sufficient capacity in local services to meet demand

There was a diverse range of services available in the community. Leaders were aware of gaps in some areas of provision which led to insufficient capacity to meet demand for some people, for example, those with mental health needs and young people transitioning to adulthood. However, arrangements were in place with neighbouring local authorities to provide speciality care to people that was not available in the borough.

Capacity in local service provision was usually adequate to meet demand. In June 2024, out of 26 people admitted to residential or nursing care, one person waited 76 days for residential support, and another person waited for 47 days for nursing home support. At this time, out of 153 commencing a new homecare package, three people waited an average of 11 days for home care.

Staff and leaders told us work to improve provision for people with complex moving and handling needs to support them to return home from hospital was showing positive outcomes. For example, occupational therapy staff were utlising analytical, functional assessments to ensure proportionate levels of care and support were provided, which reduced peoples' required care levels and increased their independence. Additionally, training was being provided to care partners to enable them to support people requiring complex moving and handling support.

We received information describing arrangements the local authority used to manage risks to people waiting for services, which included a process to contact people to monitor their well-being weekly, fortnightly, or monthly, based on a prioritised risk rating. We were not made aware of anyone being left at risk of harm whilst waiting for a service to start and we were assured that leaders were taking steps to understand the demand and supply picture and manage risk to those waiting for services more effectively. This included making better use of performance data to monitor and track timeliness of provision and to enable them to be more responsive to fluctuations in demand.

While there was a diverse range of services available in the community, some people were using services and support from outside the local authority area. Leaders told us people receiving care and support outside the borough were often placed close to the borough's borders and within the Tees Valley. The main reasons for this were personal choice (for example, the person wanting to be closer to their home residence) or lack of suitable provision in the borough. 23 of the 47 Stockton-on-Tees residents placed out-of-area were receiving care outside the borough because of lack of available provision in-borough. 14 of these people had increased needs for which no borough provision was available, and 9 people required specialist provision that was only available outside the borough, for example, head injury services. Out of area market-shaping work had helped the local authority identify key themes associated with those placed out of area, and work was ongoing to increase service provision in these areas. Staff told us about a lack of mental health and learning disability provision in the borough and we were told about plans to develop capacity with care providers in these areas, such as through commissioning mental health support in residential settings.

There was consideration for the provision of services to meet the needs of unpaid carers. Significant investment into carers' services had been made by the local authority, and more carers in Stockton-on-Tees were satisfied with support they received than the England average (47.83% compared to 36.83%, Survey of Adult Carers in England (SACE), June 2024).

National data showed that 10.77% of carers said they were accessing support or services that enabled them to take a break from caring at short notice or in an emergency, which was in line with the England average of 12.08% (SACE, June 2024). Numbers of carers able to access support enabling them to take a break from caring for up to 24 hours were higher at 19.08%, but still low overall and below the England average of 21.73%. The local authority had plans to review capacity for contingency planning in its carers' support offering.

Ensuring quality of local services

The local authority had clear arrangements to monitor the quality and impact of the adult care and support services being commissioned in Stockton-on-Tees, including alignment with the Public Sector Equality Duty (PSED). Concerns raised about care providers were monitored for trends and raised with individual providers when improvements were needed. There was senior oversight of trends and formal quarterly review meetings.

Within the local authority, 80.65% of residential care homes, 66.67% of nursing homes, and 64.10% of homecare providers were rated as Good by CQC, with a small proportion rated Outstanding (6.45% for Residential Care, 4.76% for Nursing Care and 2.56% for Homecare). Within Nursing Care, a higher proportion of providers were rated as Requires Improvement (23.81%) than were providers of Residential Care (9.68%) or Homecare (7.69%).

A review of care provision undertaken in May 2024 indicated the quality of local services had increased slightly with limited risk identified across the market. In the event of persistent or serious quality concerns, temporary commissioning embargoes were used whilst improvements were made. The local authority worked with the providers to secure improvement as the default position. Seven of ten embargoes placed on adult social care providers between April 2023 and May 2024 had been removed by June 2024.

Ensuring local services are sustainable

The local authority had arrangements for engaging routinely with care providers, both individually and collectively on matters relating to the provision of adult social care in the area. Care providers were generally positive about their interactions with the local authority and told us they had regular opportunities for engagement on local trading conditions and that they were supported to be sustainable through support with issues such as workforce recruitment and retention.

Local authority leaders, staff, and care providers said a significant risk to delivering sustainable social care services was budgetary limitations. As such, the local authority was working to understand risks to the sustainability of adult social care services, including its current and future social care workforce needs. The local authority collaborated with the care provider market to ensure the cost of care was transparent and fair, for example, by undertaking a Fair Cost of Care assessment.

The local authority had a robust approach to supporting and upskilling the adult social care workforce in Stockton-on-Tees, increasing the sustainability of local services. An Adult Social Care Workforce Development Plan 2024-26 had been developed with partners. The local authority's social care workforce had an 8.32% adult social care job vacancy rate, which was similar to the England average of 8.06% (Skills for Care, October 2024). Several initiatives had been introduced to support the workforce, with the offer being extended to the whole social care workforce, and not only direct employees of the local authority. These included a bespoke 12-week workforce development programme and a training and employment Hub. The local authority also had links with universities and other agencies to upskill people and enhance workforce sustainability through a Sector Based Work Academy Programme (SWAP). Providers said the local authority had supported their workforce development capability by providing training tailored to emerging needs such as substance misuse issues. It promoted adult social care recruitment campaigns locally and nationally, as well as having its own apprenticeship programme to support succession planning for the workforce.

The local authority also worked with care providers and stakeholders to understand current trading conditions and how providers were coping with them. For example, an annual review to assess the sustainability of the older persons care home market was carried out. Processes were in place to safeguard residents in the event of care provider failure and other service interruptions and there were some strong relationships with voluntary and community sector (VCS) groups who could provide contingency support.

VCS partners acknowledged the limitations of funding available through the local authority and they expressed concern about sustainability risks inherent in short term funding arrangements. They told us local authority funding was sometimes limited to a year which could have a negative impact on the groups being funded and the communities the groups supported. For example, some partners experienced staff retention challenges as staff knew their jobs were not guaranteed past the end of the local authority funding, which reduced the ability of the groups to support the local community. This led some VCS partners to seek funding elsewhere or self-funding projects. However, some VCS partners told us they had received local authority funding to carry out engagement work on behalf of the local authority, and that this has been extended in some cases where positive outcomes for people could be evidenced. Further consideration of this risk was needed to ensure alignment with the local authority's strategic intention to build community capacity as part of its prevention and early support transformation programme.

Partnerships and communities

Score: 3

3 – Evidence shows a good standard

What people expect

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

The local authority commitment

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

Key findings for this quality statement

Partnership working to deliver shared local and national objectives

The local authority was committed to working in partnership with other stakeholders to achieve better outcomes for local people. This was supported by partners who told us the local authority now worked more openly and collaboratively with them. There was recognition by leaders of the need to work collaboratively to address the significant inequalities in the area and that no single agency could achieve this on its own. Collaborative relationships with partners, were facilitated through forums such as the Coalition of the Willing, a multi-agency partnership established to focus on supporting admission avoidance, and the Place Leadership Board, also known as Team Stockton, as well as co-production initiatives such as the Making It Real Board. A monthly multi-agency special educational needs and disability (SEND) development group had been introduced as part of a joint governance structure to provide strategic oversight of provision. There was also strong co-working in areas such as public health, housing, and safeguarding.

Despite being a small authority within a large Integrated Care System, the local authority had a voice at all levels. Health and adult social care leaders said partnerships such as the Coalition of the Willing group allowed space for constructive challenge and relationships at a senior level were strong. Collaborative work was being done to refresh the borough's Joint Strategic Needs Assessment (JSNA) to reflect changes in the local demographics. Staff had also collaborated to develop a Learning Disability Network based on feedback from a care provider forum. Through those forums, the local authority was working with partners to agree and align strategic priorities, plans and responsibilities for people in the area.

Relationships between local authority staff, health professionals, and the voluntary and community sector (VCS) were good, and arrangements, such as a 9-month occupational therapy rotation system with a local hospital, was strengthening links with health colleagues. Some voluntary partners told us they wanted to be included more in the local authority's decision-making discussions, whilst some acknowledging this had improved. Partners also wanted a greater voice in forums such as the Health and Wellbeing Board to more effectively influence strategy based on their community level knowledge of current and future needs. Multi-agency initiatives were ongoing, including a project to increase physical activity in the borough, and this indicated a move towards greater collaboration between the local authority and the voluntary sector.

The local authority had integrated aspects of its care and support functions with partner agencies where this was best practice and when it showed evidence of improved outcomes for people. For example, services to promote effective and timely hospital discharge and longer-term arrangements for hospital admission avoidance.

Arrangements to support effective partnership working

Where formal partnerships were in place, there were arrangements for governance, accountability, monitoring, quality assurance and information sharing, and roles and responsibilities were clear. These existed at system, place, and local authority level.

There was an intention to improve the sharing of performance and population inequalities data between agencies to ensure a share understanding of key issues and to align priorities and reduce duplication of effort. Leaders aimed to utilise partnerships such as Team Stockon to link service data effectively and visualise themes to target population needs and reduce duplication across the system.

Section 75 agreements (a legal mechanism for pooling budgets with health partners) were in place for delivery of the Better Care Fund (BCF). Robust governance and accountability processes were in place to set strategic direction and partnership arrangements for the BCF, with a particular focus on long-term care admission avoidance. Additionally, leaders were seeking opportunities for place-based funding opportunities, for example, by leading discussions around pooled budgets external to the Better Care Fund. This indicated an ambition towards joint preventative work at place.

Other joint funding arrangements were in place for falls prevention activity, community equipment, commissioning of nursing home and home care provision. Processes were in place to govern and facilitate decisions about how to use joint budgets and there was evidence of monitoring of the impact. For example, joint arrangements for falls reduction support had shown positive outcomes for people. Other specific joint initiatives with health partners such as peer inspections and a 'Hospital at Home' program had produced positive admission avoidance outcomes and strengthened inter-agency relationships. The Hospital at Home programme supported people to have their care needs met at home instead of in a hospital setting, saving an estimated 300 days in admission avoidance.

Changes in senior leadership in recent years and the introduction of new partnership forums such as the Coalition of the Willing, had driven a refresh of the functioning and strategic direction of the Health and Wellbeing Board. A new strategy for 2025-2030 had just been published and there was a clear ambition for this to drive meaningful change and a shift towards a more preventative approach to social care and health interventions. This included oversight and monitoring by the Health and Wellbeing Board to ensure a system-wide perspective was taken.

At a wider, system level, the local authority was working with partners to deliver the Stockton-on-Tees' regeneration programme, which was a long-term programme of work tackling systemic inequalities in the area.

Arrangements for partnership working with the voluntary and community sector (VCS) were mostly effective. For example, one VCS group told us about annual engagement events held in partnership with the local authority to gather feedback from people about how their social care needs were being met in Stockton-on-Tees. This helped both partners focus resources on specific areas of need in the community, for example, support for migrant populations. Despite mixed feedback about voluntary partner involvement in strategic decision-making, most partners felt valued by and had a positive relationship with the local authority.

Impact of partnership working

The local authority monitored and evaluated the impact of its partnership working on the outcomes for people and used this to inform development and continuous improvement. For example, effective partnership working between health and social care had led to timely hospital discharges for people and falls prevention activity had shown positive impact in respect of falls reduction. Community awards received by the local authority highlighted that the impact of its work across areas such as community engagement were being recognised by partners.

Delivery of the local authority's Well-Led Leadership Development programme by its nationally recognised Transformation team had led to 61% of care homes registering for National Institute for Health and Care Research (NIHR) Enabling Research in Care Homes (ENRICH) programs. Additionally, positive feedback from providers about the local authority's quarterly Learning Disability Network sessions indicated this partnership forum helped facilitate information sharing between providers. They told us the sessions were helping to raise the profile of learning disability services and promote improvement in the offer available to those in the community.

Partnerships with the Integrated Care Board and care providers enabled the local authority to have insight into local trading conditions and challenges partners and care providers were experiencing. We were told of an example when this insight had informed a decision to make contractual changes to strengthen the domiciliary care offer. There was also evidence that insights from partnerships had contributed to improvement in working arrangements between front-line practitioners. For example, staff said joint forums between health and social care staff had facilitated the sharing of skills and positive risk-taking in support of strengths-based care.

The local authority was working with housing partners to explore options to reprovision existing housing stock to provide accommodation options for those with care and support needs.

Working with voluntary and charity sector groups

The local authority worked collaboratively with voluntary and charitable organisations directly and through a voluntary and community sector (VCS) infrastructure organisation, Catalyst, to understand and meet local social care needs. Catalyst represented the voluntary sector on key strategic boards and committees and worked in partnership with the local authority to drive forward their People Power strategy, which involved co-locating voluntary sector staff, coordinating Community Champions, and supporting 'Mind the Gap' work. Mind the Gap had facilitated the redesign of communication materials to improve awareness and access for seldom heard groups and worked to include local residents on local authority care service commissioning panels). The organisation supported between 250 and 400 voluntary organisations across the borough and engaged in multidisciplinary initiatives such as the Wellbeing Hub. Feedback from voluntary sector partners was generally positive and many said the local authority was listening to them.

Partnership working with the voluntary and charity sector had led to positive outcomes, such as increased engagement with people and their families around designing services including older persons' extra care provision. However, VCS groups told us engagement by the local authority was usually consultative rather than co-produced. Leaders had recognised the need to develop and improve its coproduction approach to truly include people's voices.

Leaders told us partnership work with VCS groups had been ongoing to address key issues in the borough such as rough sleeping. We were also told by VCS partners that they were being increasingly encouraged to share case studies with the local authority to demonstrate the impact of their work, which groups said was positive.

Theme 3: How Stockton-on-Tees Borough Council ensures safety within the system

This theme includes these quality statements:

- Safe pathways, systems and transitions
- Safeguarding

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

Safe pathways, systems and transitions

Score: 2

2 – Evidence shows some shortfalls

What people expect

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

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

The local authority commitment

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

Key findings for this quality statement

Safety management

Leaders told us safety was a strategic priority for the local authority. A Council Plan 2023-26 aimed to ensure Stockton-on-Tees was a place people were healthy, safe and protected from harm. Some commissioning decisions reflected the local authority's responsiveness to risk, for example, investment into the management of Deprivation of Liberty Safeguards (DOLS). There was an aim to develop the local authority's technology offer, such as the OneCall service, to keep people safe and independent at home.

The local authority understood the risks to people across their care journeys. Community safety was prioritised, and strategies focused on improved support for vulnerable adults with safeguarding concerns. Additionally, risk management processes, for example a Holding Policy at the front-door to adult social care to manage risk to people waiting for support, were in place. However, some staff told us risks they had raised (for example, a lack of communication with some external partners) were not consistently reflected at senior level as they were not informed about actions taken in response to raising these issues. This indicated focus was needed by leaders to ensure better communication with frontline staff regarding actions taken as a result of concerns raised by staff.

Dynamic risk assessment and mitigation processes were in place on the front line. Frontline teams had robust priority matrix and triaging systems in place which ensured cases were prioritised according to risk and in many cases, people were contacted within 48 hours. For referrals of lower risk, allocation was completed within 2 weeks in some teams, with a social worker contacting the person within 24 hours. Daily multi-agency safeguarding huddles allowed effective communication of safeguarding concerns and actions.

Staff gave mixed feedback on the effectiveness of handover systems between day and out of hours teams. For example, some staff told us there was good communication between teams picking up work in the morning, while some staff were required to work over hours to finish work at the end of the day which increased pressure on staff and the service. However, several teams said waiting times were reviewed regularly by teams and service leaders and were prioritised by risk. Additionally, leaders told us a small peripatetic team of social workers provided ad-hoc support to teams experiencing high demand and helped reduce pressure within the directorate. Further work was needed to better understand staff perception of pressure within the service and communicate about resource available to support them in their roles.

Strategically, cross-agency functions such as a High-Risk Adults Panel sought to review and agree actions to keep people safe.

We saw plans to improve oversight of safety processes, for example, introducing a system to monitor authorisations of community DoLS. At senior management level, a risk register identified eight risk areas for adult social care in the first quarter of 2023/24, including 'failure to find suitable accommodation' and 'failure to establish and maintain safe systems of care for adults. A control in place to address 'failure to establish and maintain safe systems of care for adults' was stated as, 'processes and standards led by the Tees-wide Safeguarding Adults Board and Safeguarding Team'. Leaders were taking steps to mitigate and reduce risks to peoples' safety.

Safety processes were aligned with other partners involved in peoples' care journeys. This enabled shared learning and drove improvement. For example, local authority staff and care providers monitored care and staffing quality and safety using a dashboard which flagged safety issues or risks. Themes arising were discussed on a quarterly basis by the Quality Assurance and Compliance Team. Operationally, multi-agency partners worked together to review and agree actions to keep people safe in cases of high risk and complexity through the High-Risk Adults Panel.

National data indicated 66.52% of people using services felt safe, which was slightly lower than the England average of 71.06%, suggesting more work was needed to improve peoples' outcomes and experiences around safety.

Safety during transitions

Care and support were not always planned and organised with people and partners in ways that improved their safety across their care journeys and ensured care continuity.

Leaders were aware that transition arrangements for young people required greater oversight and coordination across agencies, as the current shortfalls could exacerbate existing risks to this group. While we heard some positive feedback about support for a young person transitioning from children to adult services, most partners, leaders, staff, and people we spoke to said support for young people transitioning from children's to adult services and required significant improvement.

Care and support needs were met by Children's services up until a young person's 18th birthday or 25th birthday for those with special educational needs and disabilities or who were care leavers, at which time adult social care started to provide support if the person had eligible care needs under the Care Act. Policies and feedback from some staff indicated that, although adult services met with children's services to plan for young people's support after the age of 18, adult services often did not start to work with young people at an early enough age to allow for adequate planning and preparation for adulthood.

Leaders told us processes were in place with Children's services to support the smooth transition of care to adult services for young people: for example, a Transitional Operational Group aimed to support commissioning arrangements to ensure that there were appropriate arrangements in place for Young People aged 14-18 for successful transition. However, staff said some young people remained under the care of children's services for longer than necessary due to lack of resources or planning. This indicated processes in place to support young people approaching transition were not well-understood or being followed consistently by local authority staff.

Some adult social care teams managed to provide support at short notice, but this could not always be achieved. Staff told us planning between services did not happen systematically as a person approached adulthood, leading to needs not being met when a young person reached adult services.

Staff told us young people were not being prepared for the reduced level of support they experienced when transitioning from children's to adult social care services, or equipped with wider developmental skills and support necessary for adulthood. This left young people without the support they had been accustomed to and increased their likelihood of requiring future longer-term support. Staff said support for care leavers lacked resource and continuity, resulting in particularly negative transition experiences for this group. Leaders were aware of this gap in support and work was ongoing to address the shortfalls. Leaders cited this as one of their key priorities. For example, transitions' support for young people was being reviewed at the time of the assessment by an external organisation and under the Powering Our Futures programme, with ambitions for earlier, multi-agency planning and support for young people.

People being discharged from hospital did not wait for support or services. A dedicated integrated Single Point of Access (iSPA) team facilitated hospital discharge, and a Home from Hospital Scheme supported people to return home with sufficient food, medication, and support to attend follow-up appointments. However, despite integrated arrangements being in place to support timely discharge to home from hospital and between different care settings, people's experience of transition at this process point were mixed. While some people described workers providing support after they left hospital as informative and helpful, some people described a lack of communication between care professionals and limited care coordination or continuity. This had led to key information about people being missed or not communicated to carers and families. Some people said their discharge process was rushed, while others did not receive support with their transition between care services, which affected their wellbeing and that of their family. Social care teams were not always made aware that someone was being discharged from hospital, compromising the person's safety. This indicated that whilst there were improvements in the arrangements to ensure rapid transitions, more focus was needed to understand and improve people's experience of transitioning from hospital to home.

There was consideration of the safety and well-being of people who were using services located away from the local area. Reviews for the 141 people placed in services outside of Stockton-on-Tees were completed face-to-face, and if the person did not have local family or friends, the review was completed by a social worker rather than a review officer. The local authority worked with people to ensure a smooth transition at the earliest opportunity.

Contingency planning

The local authority undertook contingency planning to ensure preparedness for possible interruptions to the provision of care and support. For example, leaders said they worked with community safety agencies and partners to plan for access to alternative support in the event of a community-wide emergency.

Leaders told us a small peripatetic team of social workers provided ad-hoc support to teams experiencing high demand or undergoing transformation that impacted day-to-day operations. Additionally, managers were on-call during evenings and weekends to provide continuity of support out-of-hours.

Some unpaid carers said staff worked with them to plan for current and future needs, with one saying they had an emergency carers card detailing a plan in the event they could not fulfil their caring role.

There were processes in place for managing potential care provider failure or other service disruptions, and borough-wide major incidents, which included pre-arranged actions set up with partner agencies to ensure information sharing and service continuity.

Safeguarding

Score: 3

2 – Evidence shows a good standard

What people expect

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

The local authority commitment

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

Key findings for this quality statement

Safeguarding systems, processes and practices

Arrangements for systems and practices which aimed to protect people from abuse and neglect were in place. Screening processes for safeguarding issues at the front-door to adult social care were timely, despite low staffing levels to screen safeguarding referrals at this process point. The local authority recognised the risk of having this low level of resource and they were looking at ways to strengthen capacity. Staff and partners said relationships and communication was good between the safeguarding team, other frontline teams and external organisations. There was strong awareness among staff groups of specific interventions to keep vulnerable people safe, such as the local authority's High Risk Adults Panel (HRAP) and the introduction of a safeguarding lead in 2021. Work was needed to improve clarity of safeguarding referral thresholds, particularly amongst out-of-area partners as there were some inappropriate referrals being made. Whilst this did not impact negatively on people, it could lead to ineffective use of resources.

The local authority partnered with three neighbouring local authorities to form a Teeswide Safeguarding Adults Board (TSAB), which met quarterly. The TSAB delivered a co-ordinated, whole-system approach to safeguarding adults locally and regionally and continuous learning through audits and Safeguarding Adults Reviews (SARs). SARs were reviewed by local authority leaders between TSAB meetings to ensure leaders and staff were aware of individual responsibilities in relation to any cases, and staff said learning was effectively cascaded through the organisation. Safeguarding champion roles had helped promote learning from the TSAB across and between organisations in the Teeswide area. Additionally, learning from another Safeguarding Adults Board in the region prompted the local authority to review and update Best Interest Assessor practices. Staff reported positive outcomes from these interventions as a means of identifying, protecting, and supporting vulnerable people.

Partners and leaders said the local authority had a strong voice within the TSAB and contributed to priorities such as protecting vulnerable people by participating in HRAP meetings. The local authority provided the TSAB with safeguarding data relating to care providers' safeguarding concerns. Leaders told us there was a process in place for safeguarding concerns and issues to be communicated to senior management and the TSAB. For example, workers would complete a Quality Assurance Multi-Agency Information and Intelligence Sharing Form to record concerns about contracted providers, which would be shared with the Quality Assurance & Compliance team for further review and action. While some frontline staff were not aware of processes to feedback safeguarding concerns or themes from providers, leaders were assured that concerns were being shared via supervisions, with supervisors escalating any identified issues. Additionally, emerging risks and safeguarding themes were analysed and reviewed monthly through the Quality Assurance Dashboard, providing further assurance that safeguarding issues were being shared and acted upon by the local authority.

It was acknowledged that strategic decisions and investment had been made to ensure no-one requiring a Deprivation of Liberty Safeguards (DoLS) authorisation waited more than 24 hours to be seen by the Local Authority, which ensured no-one experienced an unlawful deprivation of their liberty. Feedback from partners about the local authority's management of DoLS authorisations was very positive and reflected the investment that had been made in this area.

There was an effective multi-agency safeguarding partnership between the local authority and other statutory partners. Roles and responsibilities for identifying and responding to concerns were clear. Information sharing arrangements were in place so that concerns were investigated without delay. Safeguarding strategies were well-aligned with health partners and care provider feedback on access to safeguarding support from the local authority and working with the safeguarding team was mainly positive.

National data from Skills for Care (October 2024) showed that 42.38% of independent or local authority staff completed safeguarding adults training, which was slightly lower than the England average of 48.70% and indicated an area for improvement for the local authority. Leaders told us staff training and upskilling around safeguarding was a priority regularly discussed at TSAB meetings and provided through other learning and development opportunities.

Responding to local safeguarding risks and issues

Staff and leaders recognised and understood local safeguarding issues and risks the residents of Stockton-on-Tees faced, including child and domestic abuse, homelessness, substance misuse, organised crime and modern slavery. Rough sleeping and exploitation were significant risks for young people who lacked support and accommodation that met their care needs during transition. The local authority recognised a lack of wrap-around support for this group, which was exacerbated by disjointed pathways between children's and adult services. An ongoing review was taking place to address this.

The local authority worked with safeguarding partners across the system to reduce risks and prevent abuse and neglect from occurring. A 2022-2028 Domestic Abuse Strategy, developed in partnership with care providers, focused on key priorities such as ensuring comprehensive support for victims, providing safe accommodation, and holding perpetrators to account. Interventions included workforce development, awareness raising, and working with partners to develop preventive programs and initiatives such as a lived experience charter.

There were processes in place to support people who did not meet the Care Act threshold for safeguarding intervention. For example, scamming was becoming increasingly prevalent, and the local authority had forged links with community groups where people could be signposted for support.

Responding to concerns and undertaking Section 42 enquiries

There was a process in place to respond to concerns following initial safeguarding enquiries, including those which did not progress to a Section 42 enquiry. The local authority told us 99% of peoples' outcomes from completed Section 42 enquiries were either partially or fully met, which was higher than the overall 91% for the TSAB area.

The local authority reported there were no safeguarding concerns awaiting initial review; all safeguarding concerns were reviewed by the 'First Contact' Team or passed straight to the safeguarding team. No Section 42 enquiries were waiting to be allocated, and the maximum time for allocation over the previous 12 months had been 27 days. The average completion time for Section 42 enquiries between November 2023 and November 2024 was 80 days.

The local authority told us, for 97% of safeguarding referrals, action was taken to mitigate risk with the risk(s) being reduced or removed. There had been a significant increase in safeguarding concerns recorded by the local authority in 2023 compared with previous years, and far fewer of these had progressed to Section 42 enquiries (Safeguarding Adults Collection, August 2024). The average number of concerns between 2017 and 2022 was 1808, with an average of 908 progressing to Section 42 enquiries (a conversion rate of 50%). In 2023, 665 of 3020 total safeguarding concerns progressed to Section 42 enquiries, which was a conversion rate of 22%. Leaders told us this trend was a result of the local authority changing the way concerns were recorded.

There were clear standards and quality assurance arrangements in place for addressing serious concerns about local care providers or partner agencies.

Making safeguarding personal

People and partners told us the local authority's approach to safeguarding could be personalised and compassionate, but this was not always the case. Views on whether the local authority carried out safeguarding enquiries sensitively and without delay, keeping the wishes and best interests of the person concerned at the centre, were mixed. A person involved in a safeguarding concern said the local authority worker made them feel safe and supported, while another person said they did not feel supported during the process.

Information received from the local authority stated staff were expected to record how safeguarding had been centred round the person involved, and that this was monitored. The TSAB independently audited the local authority's approach to the six safeguarding principles underpinning making safeguarding personal, and they were provided with regular Making Safeguarding Personal monitoring data.

Theme 4: Leadership

This theme includes these quality statements:

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

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

Governance, management and sustainability

Score: 3

3 - Evidence shows a good standard

The local authority commitment

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

Key findings for this quality statement

Governance, accountability and risk management

There had been leadership changes in the local authority over the previous two years, with the recruitment of a new Chief Executive, Director of Adults Health and Wellbeing, and Lead Cabinet Member for Adult Social Care. Senior leaders had clear roles, responsibilities and accountabilities and they were described as being visible, capable and compassionate.

The leadership team had good insight into its strengths and areas for improvement. They recognised the challenges presented by the changing demographics, entrenched high levels of inequality and deprivation in Stockton-on-Tees and the impact this had on people's health and well-being outcomes. There was a strong commitment to addressing these challenges. There were ambitious strategies and plans in place which were supported at executive and member levels. Leaders recognised they were in the early stages of their transformation journey, and areas of risk were being addressed, for example, reducing the waiting times for Care Act assessments and care reviews, as well as tackling medium and longer term issues. Identified priority improvement areas were in young people's transition pathways, simplifying the arrangements and pathways at the first point of access, increasing the use of community assets to meet care and support needs, and increasing the strategic commissioning capability to deliver the long-term transformation strategy. Some of this work was in the early stages and more time was needed to embed new ways of working and to realise the impacts.

Good progress had already been made on the development of data dashboards, and these were now enabling real-time oversight of performance and more timely operational responses when risks were emerging. The foundations for coproduction were in place through the Making It Real Board, and some new multi-agency partnerships such as the Coalition of the Willing, were producing positive outcomes for people.

The Principal Social Worker role was combined with the role of Assistant Director of Adult Social Care, and they had a clear line of sight to the front-line practitioners. There were low vacancy and turn-over rates across in-house adult social care teams. Most of the staff we spoke with told us they were supported in managing their workloads and staying safe at work. For example, leaders said staff viewed a lone-working mobile-based application, which provided staff with an immediate response in the event of an incident, positively. Additionally, staff said managers were approachable and that they had opportunities for continued professional development. The local authority had recently won a Social Work Employer of the Year award, and data provided from a Standards for Employees Survey indicated that 81% of social work staff felt the local authority had a strong and clear social work framework.

A small number of staff told us they felt undervalued due to perceived pay and esteem differences with other social care disciplines. Leaders acknowledged that they could do more to communicate parity of esteem and value amongst professional groups.

Leaders understood some of the risks to people across their care journeys and there were clear risk management and internal and external escalation arrangements in place. For example, sustaining the quality of care provision, improving access to the front door, and transitions support for young people moving into adulthood. These were reflected in the corporate risk register and considered in decisions across the wider council. Some staff told us they did not receive feedback from leaders when they raised concerns about perceived gaps in processes, for example, limited resource to screen safeguarding referrals at the front door.

Leaders were aware of wider-reaching risks such as workforce challenges and sustainability, and the subsequent impact on care provision. There had been a 2% increase in vacancies across the social care sector in the area since 2021/2022, prompting a recruitment focus by the local authority's' transformation function. Through this work, care providers had been supported with workforce recruitment by the local authority. There had been a reduction in the numbers of vacancies within commissioned services during the last year.

There was an Adult Social Care Quality Assurance Framework in place which provided quality assurance, performance management and oversight of social care practice, delivery and outcomes at all levels within the local authority. The framework supported quality audits of practice, key performance data and analysis of feedback from people drawing on care and support. Additionally, leaders told us an Adult Social Care Practice Framework included in the Workforce Development Plan aimed to maximise skills within the workforce. These tools provided visibility and assurance on delivery of Care Act duties and management of current and future risks to delivery, quality and sustainability.

The local authority was proud of the work it had done to improve its data analytical capabilities so that data was now being used to inform operational and strategic decisions, rather than just for monitoring provision and outputs. This work was continuing to upskill staff' data literacy levels and to embed a performance culture into the organisation. Leaders said this would enable more evidence based decisions and effective use of resources.

The local authority's political and executive leaders were well informed about the current risks and challenges facing adult social care in Stockton-on-Tees. Scrutiny processes were effective and health and social care issues had parity of esteem at a political level. Relationships were strong between council members and adult social care leaders, with opportunities for open communication and challenge to support the delivery of a community-focused agenda.

Strategic planning

There was a clear vision and strategy for adult social care which sought to improve outcomes for people with care and support needs, unpaid carers and reduce inequalities of experience and outcomes for people in the local area. The strategy was based on a sound understanding of local priorities and was aligned with the strategic plans of other key agencies, for example health, public health and housing. Adult social care strategy and delivery plans were publicly available, and staff, council members and partners showed a good awareness of them. Additionally, the local authority scored highly in the category of 'Strategic Partnership', among others, in a recent Local Government Association (LGA) Annual Health Check, indicating strong strategic alignment with its partner agencies.

The local authority used information about risks, performance, and outcomes to inform its adult social care strategy and plans to allocate resources to fulfil its Care Act duties. Partners, staff, and leaders told us publicly available performance data was used to support strategic planning, saying the local authority had a strong focus on prevention and long-term strategies. Local authority strategies were aligned to the strategic plans of other agencies such as health and public health partners. Operationally, the local authority used data to manage resource and risk, for example it had invested in its Best Interest Assessor workforce to address risks arising through known delays in assessment of DoLS applications. The investment meant people were no longer waiting for DOLS assessment authorisations in the community, which protected their liberty and led to positive outcomes.

Some of the sources of data on which the locally authority based strategic decisions were in the process of being refreshed at the time of the assessment, such as the Joint Strategic Needs Assessment and Health and Wellbeing Strategy. However, strategic frameworks prioritised moving to a preventative approach, with a reduction in the use of formal support services to a greater focus on building strong and resilient communities to support its vulnerable members. For example, the Adult Social Care Strategy (2021-2025), a Fairer Stockton on Tees, and Powering Our Futures programme highlighted an ambition to engage with communities better, indicating a shared vision to reach into and listen to seldom heard groups. Some work undertaken as part of the Fairer Stockton-on-Tees programme was being monitored for impact on outcomes. For example, an action log monitored the number of people accessing the 'the Bread and Butter Thing' initiative as a marker of food poverty in the borough. This suggested the delivery of improvement work was being linked back to strategic goals and priorities by the local authority, but it was too soon to determine the long-term impact of this work on outcomes for the population.

Where there were shortfalls in delivery of Care Act duties, risk mitigations were in place, to minimise risks to people's safety. For example, leaders told us people waiting longer than 12 months for a Care Act review were actively supported by a social worker to ensure changes to their needs were identified and managed.

Outcomes from some strategic programmes to improve care and support were yet to be determined. For example, the local authority had put in place renewed plans to target issues relating to barriers to accessing the front-door to adult social care, and the lack of transition support for young people. Leaders acknowledged these plans would be challenging to deliver, against the backdrop of a growing older adult population, increased complexity, and other health inequalities.

Local authority leaders had acknowledged that more work was needed to embed true coproduction to drive strength-based, community developed strategy. They had plans to increase the extent to which strategies were coproduced with staff and people with lived experience, for example, by building on the work of the Making It Real Board. The refreshed Joint Health and Wellbeing Strategy 2025-2030, published in January 2025, also highlighted the local authority's commitment to including people's voices in strategic planning.

Information security

The local authority had arrangements to maintain the security, availability, integrity and confidentiality of data, records and data management systems. A dedicated Information Governance (IG) team supported the organisation to use and share data within and outside the local authority safely. Staff working alongside external partners were required to complete specialised training alongside organisation-wide mandatory information security training.

Learning, improvement and innovation

Score: 2

The local authority commitment

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

Key findings for this quality statement

Continuous learning, improvement and professional development

Staff feedback about the local authority's culture of continuous learning and improvement was positive. There was support for continuous professional development (CPD). Most staff said they were well-supported through supervisions and appraisals, and there was ongoing access to internal and external learning and support to ensure Care Act duties were delivered safely and effectively. For example, staff said, in response to an increased prevalence of people experiencing self-neglect, staff had received specific training to help them to understand the issue and ways to support them. Staff were encouraged to take up training and development opportunities, such as apprenticeships, Assessed and Supported Year in Employment (ASYE) courses and to use nationally recognised CPD tools to track their learning. Commissioning staff were taking part in a national commissioning skills development programme. Staff and leaders said quality auditing was embedded into their teams' practice, as well as reflective practice, peer-to-peer and leader shadowing. Leaders attributed low in-house vacancy and turnover rates to the positive, supportive culture and the learning and development options available to staff.

There was a desire to work collaboratively with people and partners to promote and support innovative and new ways of working that improved people's social care experiences and outcomes. For example, multi-agency training programmes were implemented to develop skills and competence across the adult social care workforce. The local authority recently engaged partners in “The Big Conversation” to gather feedback about their services and community needs, and an award-winning ‘Festival of Learning’, which was established in 2021 and co-produced with people with lived experience, brought people together to learn new skills. Additionally, leaders told us training had been developed and delivered by a person accessing care and support, which supported staff to deliver person-centered care.

There was a strong commitment to co-production and we saw examples of this in practice. The Anti-Poverty Strategy 2024 had been created with people from the local community and many other strategies referenced an ambition to develop this approach towards true coproduction. There was a core co-production function facilitated by the local authority and majority-run by residents called the Making It Real Board (MIRB). The local authority and MIRB was particularly proud of a recently published Local Account which set out the MIRB achievements in the local authority’s Health and Wellbeing services over the previous 12 months, as well as challenges overcome and priorities for the year ahead.

Members of the MIRB were positive about the impact of the group's work on peoples' experiences of adult social care services. For example, members told us they had helped co-produce training for taxi drivers to increase understanding and awareness of risks to vulnerable residents and help keep them safe. Beyond the Making It Real Board, partners' experiences of being involved in co-production work with the local authority were mixed. Some voluntary and community sector (VCS) groups told us they felt excluded from co-production, which reduced their strategic influence and understanding of the local authority's approach to addressing key issues such as support for people with needs who were awaiting adequate accommodation. Local authority leaders had identified the need to build on the foundations already in place to embed coproduction across all areas of design and development work, and to extend the range of people involved beyond the MIRB, to be fully reflective of the local area. A Lived Experience Co-ordinator and Assurance and Coproduction Manager post had been created to lead this work and to provide a dedicated focus.

The local authority shared learning and best practice with peers and system partners to influence and improve how care and support was provided. For example, the multi-agency change programme Powering Our Future promoted shared learning across services, such as joint safeguarding training undertaken by adult and children's services. As a result of the local authority's Well-Led Leadership Development programme, care providers were engaged with development work, including research into the use of virtual reality in care homes.

Learning from feedback

The local authority received few formal complaints; staff told us that complaints were often resolved early, thus reducing the need for people to use a formal process. Leaders told us that they wanted to continue to improve how they listened to and learned from people's feedback about their experiences of care and support, particularly around informal complaints and feedback, where the absence of formal recording may result in missed learning opportunities.

Learning briefings were produced and disseminated through the directorate following Safeguarding Adult Reviews (SARs). Following a Serious Care Review, improvements were made to direct payment processes to ensure Personal Assistants have a clear process to raise safety issues on behalf of themselves or the people they were caring for.

Learning from feedback from care providers, staff, and people was listened to and used to influence decision making and to improve practice. For example, it was evident that feedback from care providers and residents in the community were used to inform the development of the local authority's Care Academy model which promoted and supported learning and recruitment to the social care sector. The local authority had also secured funding to develop a digital application to gather feedback from people accessing care and support in real time. This demonstrated how the organisation was seeking to innovatively increase and utilise feedback about services with a view to improving peoples' experiences and outcomes.

There were multiple ways the local authority was capturing staff feedback and feeding information back to frontline practitioners, such as through "Making It Happen" groups, peer reflection sessions and Best Interest forums. Staff told us that senior leaders usually listened to them when they raised gaps in policies and provision, for example around transition support for young people, and provided them with a response to the issues raised. A recent staff survey showed a small increase in the number of staff who agreed with the phrase "My ideas are listened to" relative to the one completed in 2018.

While there was no formal process for recording compliments in place, leaders told us it was practice for staff to notify their manager when they receive a compliment. Managers recorded and acknowledged this, forwarding the evidence to senior leaders who would directly contact the worker to offer congratulations. Leaders recognised the need for a formalised process by which to share examples of good practice across the directorate and an action to develop a process to analyse this data was included in the Workforce Development Plan.