

**Stockton-on-Tees Borough Council
Adults Health & Wellbeing**

Self- Assessment

May 2024

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Overview of the Borough of Stockton-on-Tees

Stockton-on-Tees Borough Council is a Unitary Authority, made up of 6 townships.



We are ranked 94th (of 309) for Population size in England and are the 5th least densely populated of the North East's 12 Local Authority areas.

Stockton-on-Tees has some areas of great affluence next to some of the most deprived in England. Stockton-On-Tees ranks 113 out of 317 local authorities in England in the Index of Multiple Deprivation.



A Fairer Stockton-on-Tees is the strategic framework for tackling inequalities in the Borough, as the impact of inequalities is significant and impacts not only on immediate quality of life, but also life chances and life expectancy. We will shape council services and work with our partners to ensure the most vulnerable individuals and families receive the help they need.



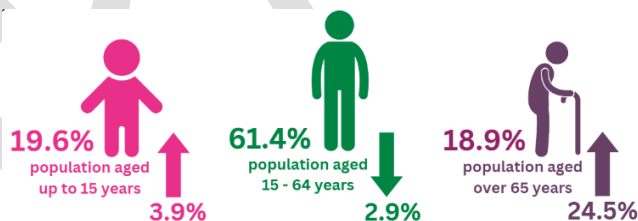
9 of 26 wards in 10% most deprived in the Country

The population of Stockton-on-Tees has increased by 2.6% from just over 191,600 to 196,600 in 2021 and has seen an increase greater than the North East (1.6%) average.



The area that saw the greatest increase, was the older (65 and over) age range.

Between 2011 and 2021, we saw an increase of 24.5% in people aged 65 years and over, a decrease of 2.9% for people aged 15-64 years and an increase of 3.9% in children aged under 15 years.



This data is telling us that there is likely to be a greater demand for support in Children's Service and an even greater demand within Adult's services, in the future. This is where our Powering Our Future programme can see us working with our partners and communities to put in place new and innovating approaches, to reshape what we do for the better and improve outcomes for our residents.

The majority of our residents say they have 'very good' health (91,479) or 'good' (65,521). Only 6.3% (12,288) of our residents say they have 'bad' or 'very bad' health.



Stockton-on-Tees has local inequality in how long people are living in good health and is below the national average for both women and men.



Stockton-on-Tees has one of the largest gaps in the country for life expectancy and healthy life expectancy between the poorest and most affluent areas.

These inequalities inform the strategic priorities of our Health and Wellbeing Board which provides an overarching framework to inform future collaborative working and local joint commissioning plans, which is reviewed through our Joint Health and Wellbeing Strategy.

4.2% of our residents are providing up to 19 hours of weekly unpaid care, which is a decrease from 6% in 2011.



However, we have seen an increase in the percentage of carers delivering between 20-49 hours (2.3%) and those delivering at least 50 hours (3.4%) of unpaid care.

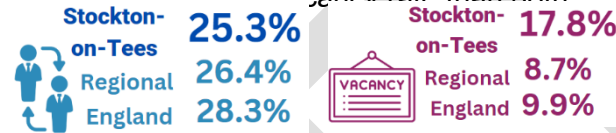
We currently support **2436** carers through our own Carers' Service.



The percentage of our population (per 100,000) in residential care is higher than the regional average for those aged 18-64, but lower for those aged over 65 years.



There are 18,500 posts in our Adult Social Care workforce, of which 1,300 are vacancies – an increase of 2% on 2021/22. While Stockton-on-Tees has a lower turnover rate than both the regional and England average, it does have a higher vacancy rate than both



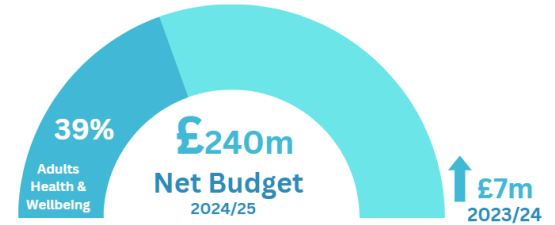
The majority of the workforce is female, with average age of 45 years. Workers under 25 years make up only 8% of workforce, whereas those aged over 55 years make up 30% - estimating there will be approximately 1,700 posts reaching retirement aged in next 10 years.



Our Transformation Managers are working across sectors on a range of initiatives to support the recruitment, retention, and quality of workforce in adult social care



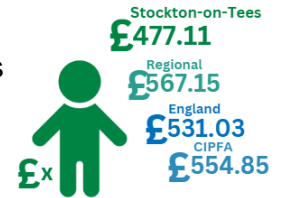
CQC Data is telling us that the number of domiciliary visits in 28 days, has increased by 31%, but is still below the regional and national averages.



The Council's net budget is £240m for 2024/25. This is a balanced budget with a savings target of £1.893m.

The Adults Health and Wellbeing budget is £95m an increase of £7m on last year's budget.

The spending on Adult Social Care varies for a wide range of reasons due to differing levels of local need. In Stockton-on-Tees the need for Adult Social Care is increasing due to an ageing population, which impacts not only on the number of older people but also an increasing number of young adults who have care needs.



Support needs from adult social care is higher in more deprived areas because more people in non-deprived areas are likely to fund their own care without funding support from the Local Authority. Stockton-on-Tees currently has 199 people per 100,000 population in residential care, and 146 people per 100,000 population supported through community based activities who are self-funded.

Our Strategic Vision and Key Priorities



[Powering our Future](#) sets a new strategic framework for the Council based around five key missions: Colleagues, Communities, Partnerships, Transformation & Regeneration. Since July, work has taken place to develop and refine the focus of the programme, to ensure it addresses the financial challenges and opportunities we have as a Borough, at the same time as improving outcomes for communities, including:

- Creation of opportunities to build brighter futures for our communities and reduce inequality, using the limited amount of money we have available.
- Carefully managing our resources, creating a new relationship with communities, while providing efficient services that are valued by our residents.

There are a number of programmes within the Transformation mission to drive the Adult Social Care and Council Plan priorities for this year including a review of access to services, supporting people to live independently, and transitions.

Work is in progress to update our Council Plan to reflect the PoF Mission definitions and success criteria to ensure this forms part of our future way of working and culture so that we continually adapt, develop, and grow. The Council Plan will also align to the new Health & Wellbeing Strategy (due for publication by Summer 2024) and the Adult Social Care strategy.

Within the Council Plan 2023-2026, the following priorities for Adult Social Care have been identified for this year:

- Support people to remain safely and independently in their own homes for as long as possible and offer help to people who are feeling lonely
- Continue to work with adult residential care and care at home providers to improve quality of care and to continue to support them as they respond to the challenges arising from Covid-19
- Engage with individuals, families, carers and communities when developing Adult Social Care support and continue to collaborate with the NHS to ensure health and care services work together
- Review out of-area placements and day options provision for adults.

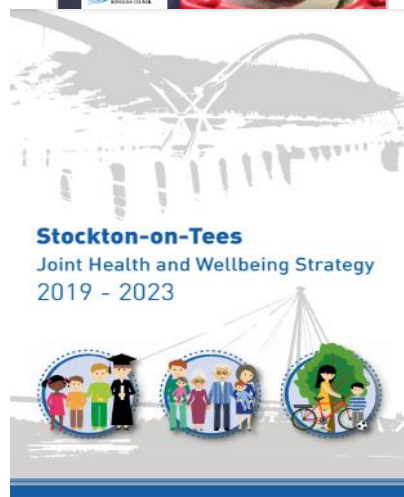


The Key Priorities in the Health & Wellbeing Strategy 2019-2203:

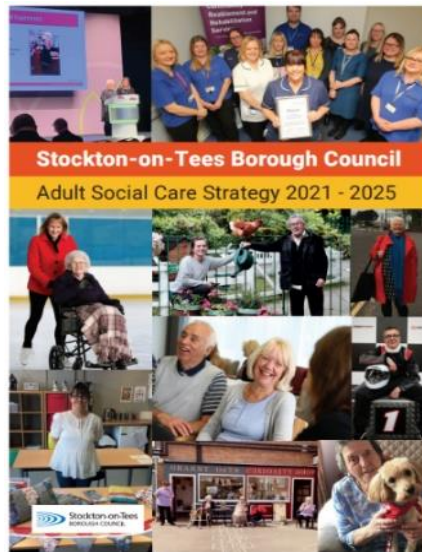
All children and families get the best start in life

All people in Stockton-on-Tees live well and live longer

All people in Stockton-on-Tees live in healthy places and sustainable communities



The Adult Social Care Strategy 2021-2025 sets out our vision to provide the right care and support at the right time, for our people, to maximise independence, supporting delivery of the Council Plan. The ASC Strategy identifies 4 key priorities.



- 
1
 To provide support to people to prevent, reduce or delay the need for ongoing support and maximise their independence
- 
2
 To ensure people can get the right level and type of support at the right time
- 
3
 To develop and support our staff and to support providers of social care services to develop and support their staff
- 
4
 To work with, and within, communities

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Working Effectively in Partnership

Co-Production

We are committed to co-production and have set off on a journey to embed this across Adult Social Care. We have appointed a Lived Experience Co-Ordinator as well as an Assurance and Co-Production Manager. In January 2024 we set up a Making it Real Board. This is a Strategic Partnership between people with lived experience and the Council to ensure that people with lived experience are central to shaping services for care and support in Stockton-on-Tees. The Board is made up of people with lived experience, working with Council Officers and our Lead Member for Adult Social Care. We are still at the start of the journey but are excited about the road ahead. This year, we will be co-producing a Local Account for SBC Adults Health & Wellbeing Directorate.

Development work is also underway to reinstate and re-energise the Learning Disabilities Partnership Board for Stockton. We are working in partnership with Inclusion North to progress this.

Integrated Care Systems

North East and North Cumbria Integrated care systems (NENC ICSs) are partnerships that bring together NHS organisations, the Council and others to take collective responsibility for planning services, improving health and reducing inequalities across Stockton on Tees. The Statutory ICSs comprise two key components: NENC integrated care board (NENC ICB) and South Integrated Care Partnerships (ICP).

Integrated Care Board

The statutory body that is responsible for planning and funding most NHS services in the area.

Integrated Care Partnership

The South ICP is the statutory committees that bring together a broad set of system partners (including 6 LAs, the voluntary, community and social enterprise sector (VCSE), Foundation Trusts, NEAS, TEWV, and others) to develop a health and care strategy for the area and provides a forum for system partners and strategic leadership for health and social care. The Tees Valley ICP is chaired by the Leader of Stockton Council. Stockton ICB place sub-committee supports local collaboration and leadership. The Place Sub-committee is chaired by the ICB.

Place Leadership Board (Team Stockton)

The Place Leadership Board (Team Stockton) was established in line with our Partnerships Mission forms part of wider governance for our Health and Care Integration work to ensure that we:

- Reduce duplication and maximise the use of our shared resource.
- Look through the lens of communities, not organisations.
- Make the case to Government to influence policy & resource allocation.
- Attract private investment.

The Board is chaired by the Chief Executive of the Council and brings together Chief Executives of partner agencies across the area.

Health & Wellbeing Board

The Stockton-on-Tees Health and Wellbeing board is chaired by the leader of the Council. Members of the board include the Integrated Care Board, Tees Esk and Wear Valley Mental Health Trust, North Tees and Hartlepool NHS Foundation Trust, Hartlepool and Stockton Health, Healthwatch, Catalyst, Police and Crime Commissioner, Councillors and Senior Offers of SBC (Director of Adult Services, Director of Childrens Services, Director of Public Health). The Board ensures strategic leadership, oversight and assurance to improve the population's health. The Joint Strategic Health and Wellbeing strategy for 2024-30 is under development and will be published in Summer 2024.

Adults and Health Wellbeing Partnership

The Adults and Health Wellbeing Partnership forms a partnership group to discuss and debate the key issues concerning the health and wellbeing of adults living in Stockton on Tees. The partnership involves a wide range of representatives from health and social care, housing, environment, and VCSE sectors. It provides a forum for meaningful discussion, identifying emerging issues and challenging status quo. It also enables the Council to engage and involve local partners to identify, understand and address the needs of the population.

Voluntary Charitable and Social Enterprise (VCSE) Sector

The VCSE sector and Stockton-on-Tees Borough council work in close partnership at many levels, and across a range of partners and organisations. The VCSE infrastructure organisation, Catalyst, represents the sector on key strategic Boards and Committees, including the Health and Well Being Board, Adults Services Partnership, Children and Young People Services Partnership and others. Catalyst has day-to-contact and dialogue with hundreds of VCSE partners and is therefore able to speak with credibility and authenticity at these meetings. The Health and Wellbeing forum hosted by Catalyst, invites VCSE organisations to raise concerns, feedback and comment on key issues raised by service users and feeds these into the Health and Wellbeing board.

There are also clear operational links between VCSE partners and SBC. The Well Being Hub (to open in Stockton town centre in June 2024) will co-locate service providers from SBC, the NHS and VCSE organisations, and will enable colleagues from the different partners to work together to plan and provide services for people with mental health needs. Referrals are routinely made from SBC to VCSE partners, and the Well-Being Hub will enable these to be extended. There are also joint training and development activities for the two sectors.

Our Adult Social Care Services - Adults Health & Wellbeing Directorate

The Adult Strategy and Transformation Team includes strategic planning, commissioning, service transformation and service design and development. The team works alongside Corporate Procurement to design, develop and commission social care for the people of Stockton on Tees. The team is responsible for effective commissioning of services, market development, service design and transformation of adults and health services across Stockton on Tees.

An overview of our services is below, and [our structure can be seen here](#).

EARLY INTERVENTION & PREVENTION

First Contact

Provides ASC information & advice, and signposting to local services; referral to operational teams/carers' service for assessment; contact point for all Adult Safeguarding concerns

Integrated Single Point of Access (iSPA)

Health & ASC Team providing support & co-ordination to people to enable the return home from hospital

Reablement Team

Supports people's return home from hospital with a focus on improving well-being through a personalised approach and delivering co-ordinated and effective services

Multidisciplinary Service (MDS)

Health & ASC team aiming to prevent avoidable hospital admissions & referral into long-term ASC; completion of wellbeing assessments and development of support plans

Falls Service

Part of the MDS service; provides education, assessment and early intervention to help prevent people from falling

Rosedale Centre

Our in-house short-term (6 weeks) residential rehabilitation & assessment centre

Occupational Therapy Team

Supporting adults to remain independent in all aspects of their lives, identifying solutions to safe and independent living

Early Intervention & Prevention Social Work Team

Responds to requests for assessments of need for adults who appear to require care and support due to a physical or mental health disability. Aims to support people to access the right level and type of support at the right time to help prevent, reduce or delay the need for on-going support & maximise independence.

Sensory Support Social Work Team

Specialist social care service for children & adults in need because of a visual and/or hearing impairment

STEPS Community Bridge Building

Supporting people with a Learning Disability and diverse needs to develop links within their local community, promoting opportunities for them to do the type of things they'd like to do.

One Call (CQC-Registered)

Our in-house assistive technology and response service to enable people to live safely and independently for longer in their own homes

ADULT SOCIAL CARE: LEARNING DISABILITIES AND MENTAL HEALTH

Adult Learning Disabilities Social Work Team

Provides support to adults where the primary support reason is a Learning Disability; Supports transitions for young people (<18) into Adult Social Care

Adult Mental Health Social Work Team

Provides support to adults where primary support reason is Mental Health; Supports transitions for young people (< 18) into Adult Social Care

Older People's Mental Health Social Work Team

Provides support to adults where primary support reason is Mental Health; Supports people detained under the Mental Health Act; Supports transitions for young people (<18) into Adult Social Care

Oak Road Residential Care Home (CQC-Registered)

Residential care home for adults with an identified Learning Disability. The home promotes independence, adopting a person-centred approach to support and enhance people's life skills.

Lanark Short Breaks Service (CQC-Registered)

Provides planned short breaks for adults with an identified Learning Disability and eligible need

Community Based Day Options

- Allensway Day Service offers support to people with complex needs, with opportunities to maintain and develop skills which can be used in everyday life.
- Halcyon Centre day service for adults and older people, including those living with dementia, providing a range of opportunities to improve quality of life in a stimulating and supportive environment.
- Livewell Dementia Hub - provides information about dementia, support and training for anyone living in Stockton-on-Tees

ADULT SOCIAL CARE: ASSESSMENT & SUPPORT PLANNING

Adult Safeguarding Team

Works with people and partner organisations to protect people's rights to live in safety, free from abuse and neglect; Manages and progresses Section 42 enquiries, underpinned by Making Safeguarding Personal; Works closely with the Teeswide Safeguarding Adults Board

Assessment & Support Planning and Review Teams

Provides support to adults (18+) where the predominant reason for support is due to a physical disability or physical frailty and where long term support needs are identified; completes assessments of need for support & re-integration into the community for people in our local prisons; completion of assessments & reviews

Adult Social Care Financial Services

Provides operational support to people with social care services with financial assessments, direct payments, and those who are not able to manage their own financial affairs; provides full service for those choosing to meet their needs with a direct payment; fulfils Appointee/Deputyship roles

DoLS Administration Team/Mental Health Office

Manages all aspects of the administrative function of the DoLS and Approved Mental Health Professional assessments under the Mental Health Act to ensure that SBC meets its statutory duties.

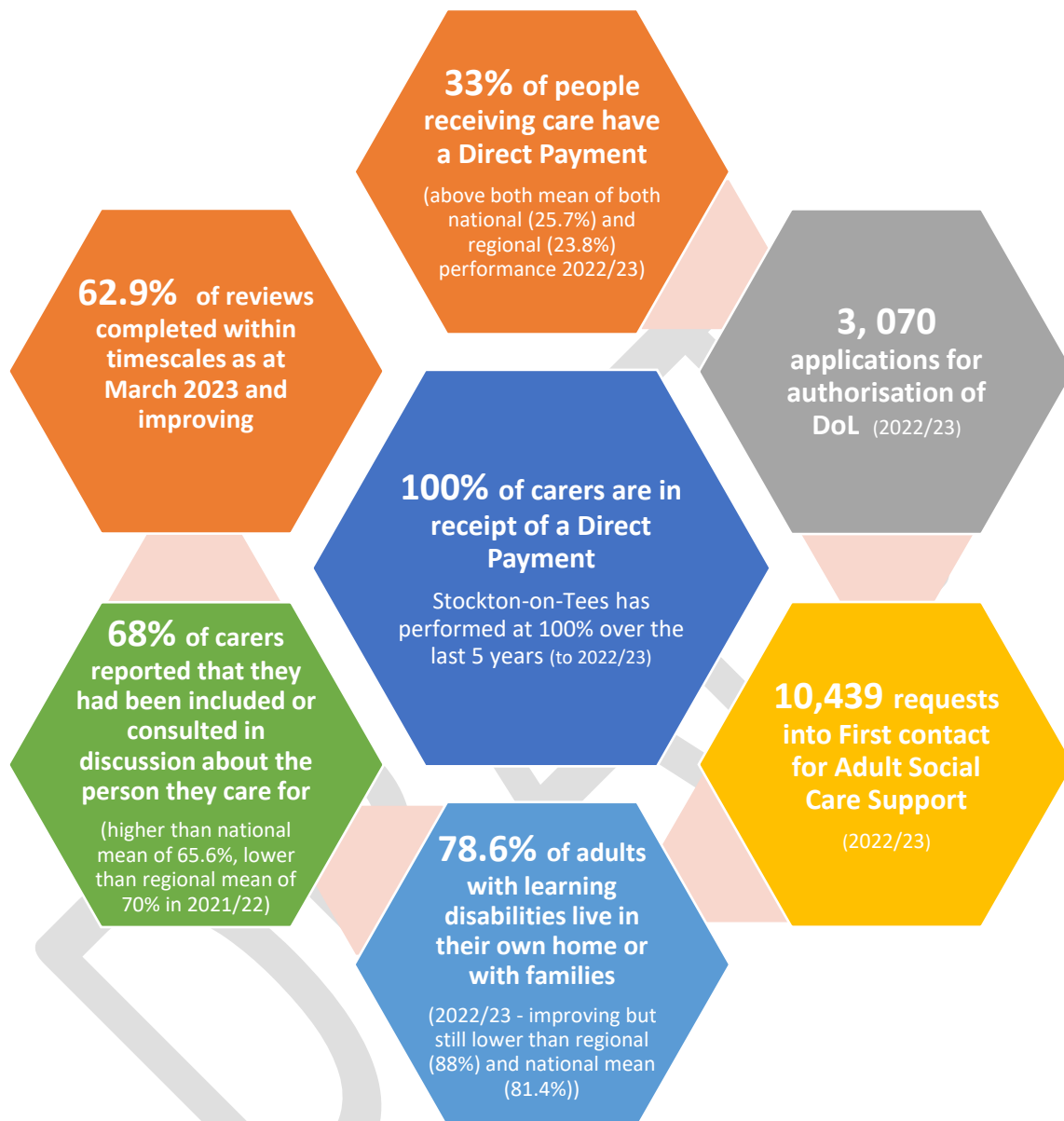
Stockton-on-Tees Shared Lives Service (CQC-Registered)

Offers adults and older adults with a physical or learning disability, frailty, or mental health need an alternative form of accommodation and support within a carer's own home and family

Carers' Support Service

Supports all adult carers in Stockton-on-Tees who care for another adult; Offers assistance to help carers identify their own needs; Support with signposting

Theme 1: Working with People Key Data



Our Strengths

- We are committed to Practice Development and working in Strengths-Based ways
- We have a strong Direct Payment Offer
- Working in partnership, with robust links across the VCSE Sector and NHS Partners
- Supporting people to return home, with a strong in-house Reablement offer
- Continued compliance with the MCA DoLS Framework and Mental Health Act

Areas for Improvement and Direction of Travel

- Reduce the number of people waiting for assessment and review, and increase the number of reviews completed within timescale
- Continue to increase the percentage of contacts resolved at the front door to ASC and continue to reduce the proportion of people who enter Long-Term care
- Build on the work completed to better engage with people who are seldom-heard

- Embed a culture of practice audit

Our Strengths

Practice Development and Strengths-Based Practice

We continue to develop our strengths-based approach across Adult Social Care, to support people to live as they want and ensuring that they remain central to the assessment process. Feedback from our peer-led review in October 2023 identified staff confidence in describing how they are working in strengths-based and person-centred ways. This is reflected in the ASCOF measure (right):



Our [Strengths Based Approach Policy for Assessment and Support Planning](#) sets out our approach in protecting and promoting people's independence, resilience, ability to make choices and their wellbeing, underpinned by the Three Conversations model. In 2023/2024 we had 315 of staff across the operational teams and direct services register for our strengths based approach training.

We introduced our interim [Adult Social Care Quality Assurance Framework](#) in April 2024. This sets out our vision and commitment to a person-centred and strengths-based approach across the system. To support recording of strengths-based working and embedding this in practice, we set up a working group to review Care Act and support planning documentation to focus conversations on the strengths and assets-based approaches. We piloted the revised Care Act documentation in December 2023 and will launch the new documentation, following an evaluation of the pilot, in June 2024.

Individual Care and Support Plans are co-produced with people across the Social Care Teams. Our case-file audit tool makes clear reference to evidence of the strength-based approach, to people's independence and choice being promoted and their full involvement in decision-making. We also seek direct feedback from the person and/or their carer about their experience during the case file audit process. We have also updated our supervision documents to include assurance around strengths-based practice.

Our workforce is highly skilled, and we have a strong and proven commitment to workforce development so that the workforce is equipped with the knowledge, skills and confidence to deliver person-centred, high-quality care in line with the Care Act. We are linked with NE ADASS Workforce Development group and our Quality Assurance and Workforce Development Manager is involved in research with Sunderland University to evaluate the Social Work Apprenticeship Programme.

We have clear CPD requirements and offer a range of in-house and commissioned training and development opportunities to staff. A Quality Assurance and Workforce Development Team was established in late 2023 with significant work completed alongside operational managers to review training compliance and needs, to ensure that training is available to meet mandatory requirements and identify specific training needs across our services. Work has recently been completed to map out the available training to the Skills for Care core training. This has resulted in SBC sourcing some additional training courses from Skills for Care. We have a clear progression framework, set out in our Social Work Progression Standard Operating Procedure. This is incorporated in the Adult Social Care recruitment/induction process

We have established links with universities for staff to undertake professional, role specific CPD including Practice Educator, Adult Safeguarding (within the AYSE programme), DoLS Best Interests Assessor (BIA) initial and refresher training (Northumbria University), Approved Mental Health Professional (AMHP) initial and refresher training (Teesside University) and the Social Work Apprenticeship Programme (Sunderland University)

“Stockton Council shows great commitment to effectively undertaking its statutory duties in respect of the Mental Health Act 1983 and the Mental Capacity Act 2005 through its continual investment in the specialist post qualifying education of its workforce. Lead staff communicate very effectively with the University about workforce needs, and ensure that staff who are sponsored to undertake specialist post-qualifying education receive a high standard of support and excellent practice learning opportunities” Feedback from Northumbria University, **Partner Feedback Survey May 2024**

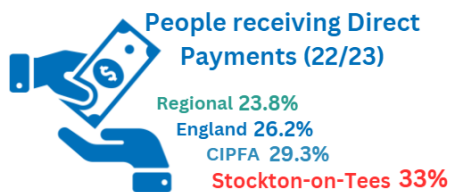
Staff are supported to complete their professional registration and leadership qualifications in order to meet the progression requirements. We also facilitate and support student placement opportunities, including for Student Nurses. This promotes development opportunities for staff, as well as recruitment and retention of good-quality students.

Approved Mental Health Professionals and DoLS Best Interests Assessors are based in the operational teams. This supports completion of assessments and embeds learning and shadowing opportunities across the workforce. Specialist assessments are also completed by the Occupational Therapy and Sensory Support Teams.

Our new Adult Social Care workforce development strategy is currently in development with implementation expected in Summer 2024.

Direct Payments

Everyone assessed as having eligible needs is offered an indicative personal budget. People then have the choice and control to decide if they want to receive a Direct Payment, and if so, the support to decide how they might use this to meet their needs. Our dedicated team in Adult Social Care and Financial Services provides a comprehensive service, offering support with job adverts, recruitment of Personal Assistants, employment contracts, Disclosure and Barring Service Checks and a payroll service.



We have updated our recording to show where a Direct Payment is offered but not taken, as well as when it is. This means that we can evidence our strengths-based approach of “Direct Payment by default”.

Working in Partnership

Prevention and Early Intervention

Public Health services within the Council’s public health function support prevention and early intervention particularly services around domestic abuse, substance misuse and mental health, as well as services such as stopping smoking, weight management, physical activity, sexual health and NHS health checks. Public health is working closely with the wider system such as the NHS and VCSE organisations to offer services and interventions that will improve the health of the population and reduce health inequalities and provides grant funding to 17 local VCSE organisations as well as a wide range of NHS providers.

We have resilient and established partnerships, supporting people to live independently and reduce the dependence on long term care in line with our Council Plan and Adult Social Care Strategy. We have invested in low level preventative services in partnership with key stakeholders (NHS and local Voluntary, Community and Social Enterprise (VCSE) organisations) to ensure a joined up and sustained approach to prevention.

Key services include:

- The Multidisciplinary Service (MDS)

- Integrated Single Point of Access (iSPA)
- Intermediate Care, adaptations and equipment
- The Livewell Dementia Hub
- Learning Disability day services
- Social Lights (a volunteering Scheme which aims to support adults in receipt of Adult Social Care to access the community)
- Community Connect (helping people to access local groups, activities and services in the community to improve their health and wellbeing)
- Community Spaces
- STEPS (a service to support people with disabilities so they can discover and explore the range of activities, facilities and organisations exist within the local community).
- The Bread and Butter Thing (a mobile food club to make life more affordable for people on low incomes, build stronger communities and reduce food waste).

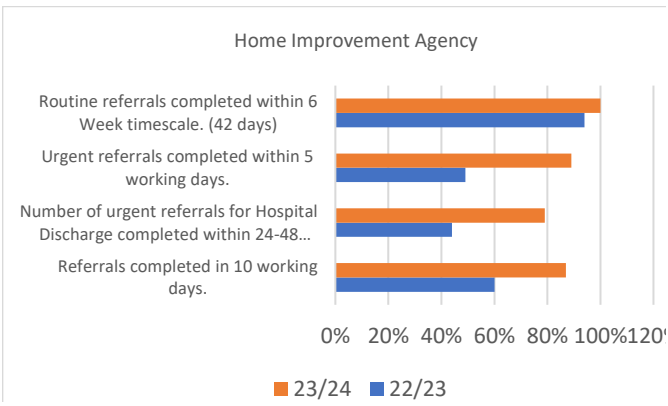
These services aim to support people in Stockton on Tees to stay in their own home and many of them are not subject to any financial assessment.

In partnership with the ICB we provide a Discharge to Assess model funded through the Better Care Fund, delivered by independent care providers under a block contract arrangement of 320 hours per week in total. The contract requires the provision of care and support, under the Care Act, on the same day.

The Council's Reablement Team provides rehabilitative care, exercises and equipment to support a person to become as independent as possible, with people accessing the service for up to 6 weeks. Our data shows us that 67.9% of people who have accessed Reablement, do not require any funded provision following completion of their support.

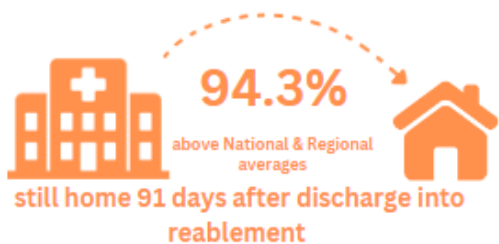
*"The offer of 6 weeks of treatment before a review was good – plans could adapt depending on my progress"
Person accessing Reablement Service February 2023*

We actively facilitate access to essential equipment and minor adaptations that allow people to remain in their home. When the Stockton Home Improvement Agency (HIA) was brought inhouse in July 2021 it was restructured to improve the flexibility of the service to meet people's needs. Performance of the HIA has improved from 2021 with an average of 79% urgent Hospital discharge referrals completed within 24-48 hours and 100% routine referrals completed within the six-week timescale.



It is recognised that the local care and health system for acute hospital discharges is one of the best performing systems in the country, providing and promoting the home first approach to ensure people's timely, safe return home, with the support they need to recover from being unwell. Relationships between care and health support a thriving environment for

good practice, innovation, and integration, all playing a key role in the continued performance in this area. We have seen the impact of the local system approach with our NHS colleagues to support people to return to/remain at home in the reduction of Pathway 2 discharges (this was 51% lower for Stockton in Dec 2023, compared to December 2022) with an improving trend toward Pathways 0 and 1 and away from Pathways 2 and 3. Whilst it is recognised that this is a journey of continuous improvement, good progress is being made.



In May 2024, 69% of ISPA referrals progressed to either pathway 0 or pathway 1, with 31% of referrals progressing to pathway 3 and 4.

“Locally, we have ... seen urgent community response and Hospital @ Home (virtual ward) provision develop in collaboration with our partner organisations with these areas often held up as exemplar service models.

It’s been great to see the Integrated coordination Centre and iSPA go from strength to strength. It’s exciting to think that there are more opportunities for improvement with these services and those that they link with... its worthy of note that the collective effort of the partnership working has delivered positive outcomes again this year. This is no mean feat given the increasingly complex needs of the people we are supporting. ..

In terms of discharge from hospital, stranded patient and super-stranded patient position remains relatively positive thanks to the outstanding work of the teams involved in supporting patient flow... this is testament to the work of the whole team and the effective collaboration this is built on.” Feedback from Care Group Director, Healthy Lives Care Group University Hospital North Tees, April 2024

We also work collaboratively with our regional local authority, the 9 prisons in the North East and Spectrum (the provider commissioned to provide social care into the prisons) to meet the needs of those people in prison with a social care need. This partnership is underpinned by a [Memorandum of Understanding](#).

We are a member of the [Northeast Local Authority and HMPPS Strategic and Development Regional Group](#) to support delivery of the North of England Prison Health Partnership Board’s key priority to support the continuing improvements for health and social care outcomes for people in prison. The group reviews the good practice across prisons to ensure a consistent approach to social care across the prison estates.

Through this group we have:

- Introduced a Prison Forum where other local authorities are invited to attend.
- Developed a “buddies” programme whereby prisoners supports other prisoners and provide advice and guidance regarding the support that can be provided.
- Introduced a “Trusted assessor” document to ensure people needs are met in a timely way.

We also share good practice through the Care & Justice Network Meeting and provide quarterly Adult Social Care training into the prisons.

As part of a community transformation programme for Mental Health, a Wellbeing Hub is opening in Stockton town Centre in June 2024. This will bring organisations across sectors together in a central location to deliver early-intervention support for Mental Health, and for people experiencing severe mental health difficulties. The hub will host wellbeing staff, a Social Worker, staff from Tees Esk & Wear Valleys NHS Foundation Trust and will receive some Public Health funding. This builds on the “virtual hub” in Stockton – an online collaborative forum where mental health and associated professionals including VCSE staff work together to support people with severe mental health problems.

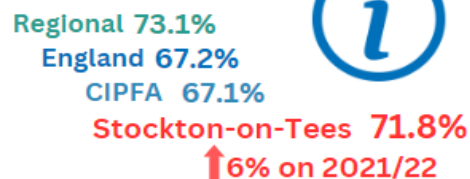
The Fairer Stockton-on-Tees Strategic Framework for tackling inequalities 2021-2031 has identified a range of support and services for people who may otherwise be unable to receive support or who may be seldom-heard. Alongside partner agencies including VCSE partners and social housing providers, the Fairer Stockton-on-Tees team has built a directory of Community spaces, including in Traveller communities. This work was featured as an example of [good practice by the Local Government Association](#).

Access to Information and Advice

Our information and advice is available online, in print (including accessible format and [co-produced information](#)) and through our community-based services. Our LAS system includes flags for individual information requirements.

The [Stockton Information Directory](#) includes information about services, advice and support for adults, children, young people and families in Stockton-on-Tees, now including all VCSE information and providing access to our [Adult Social Care - Stockton-on-Tees Borough Council](#) and [Health and Social Care - Stockton-on-Tees Borough Council](#) internet pages where people can find out about the support available and how to request an assessment (adult social care and carers' assessments can be completed online).

People who find it easy to find information about services



We also provide information and support through community-based services. The Livewell Dementia Hub provides information about dementia, support and training for anyone living in Stockton-on-Tees. The Dementia Advisor Service provides specialist information and advice about living with dementia. Working with people from the early stages of diagnosis, they ensure that people with dementia and their families have the knowledge, skills and confidence needed to help with health, care and self-management.

Community Support Workers in the Social Work teams work with people and their families/carers in implementing their Care and Support Plan, promoting and enhancing their independence to live at home and access community services.

Our Community Support Workers are brilliant about knowing what is out there – ours has made a good information pack for us. If we are looking for anything (i.e. a community support group for someone) we go to her ...she's brilliant
Feedback from staff member. April 2023

Rosedale Centre produces a [welcome newsletter](#) for people accessing the service

Through our involvement in the North East ADASS carers' network, we accessed Accelerated Reform Funding and piloted a Carers' app with known success in reaching carers from the BAME community and male carers. This follows on from our work in 2021-2022 with the "Mind the Gap" project and Catalyst, to identify carers in Refugee and Asylum Seeker communities. This work resulted in us reviewing our public information to ensure that this was more accessible.

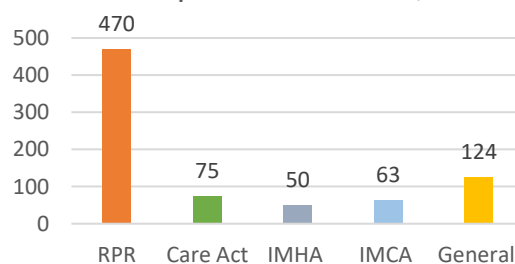
The Migrant Health Public Health project is working to engage with refugee and migrant communities and identifying steps to improve overall health equalities, including access to health and social care. The Lived Experience Co-Ordinator is supporting this work, to promote engagement with these communities and identifying opportunities to ensure that we are supporting people to have their voices heard.

Advocacy

People First, our commissioned advocacy provider, support people to have their rights and voices respected and to support people to live the life they want to. Please see [information about the services provided](#) along with the [Quarter 4 Report](#).

The Peer Advocacy Service, funded by Public Health, addresses inequalities in care and support and aims to improve health, wellbeing, and life chances for people

Stockton Advocacy Referrals to People First in 2023/24



with multiple disadvantages in Stockton-on-Tees using an asset-based approach to working with individuals.

Supporting Unpaid Carers



Supporting 12% of estimated carers population

Our Adult Carers' Support Service was brought in-house in 2018 and supports adult carers (over 18) in Stockton-on-Tees who care for another adult. We offer assistance to carers to help them identify their own needs and put plans in place to make sure they are looking after their own health and wellbeing. We also support with signposting and navigating local services.

The 2021 census reported that approximately 19,700 people in Stockton-on-Tees are unpaid carers (just under 10% of our population). We support approximately 2,436 unpaid carers (significantly more than the 103 carers registered at the point that the Carers' Service was brought in-house in 2018) and we identify around 73 new carers per month on average, through our engagement activities. 100% of carers we supported, receive direct payments (as at 31/05/2024).



Carers receiving Direct Payments (22/23)

Regional 73.9%
 England 76.8%
 CIPFA 80.2%
 Stockton-on-Tees 100% since 2017

Our support ranges from advice, support and signposting to more formal support. We offer respite and contingency arrangements for carers, including support to 93 people currently via our "time out" service (a service that offers up to 8 hour per month free of charge support to informal carers to enable them to have a break from their caring role). The Council has issued 1809 carers emergency cards to date.

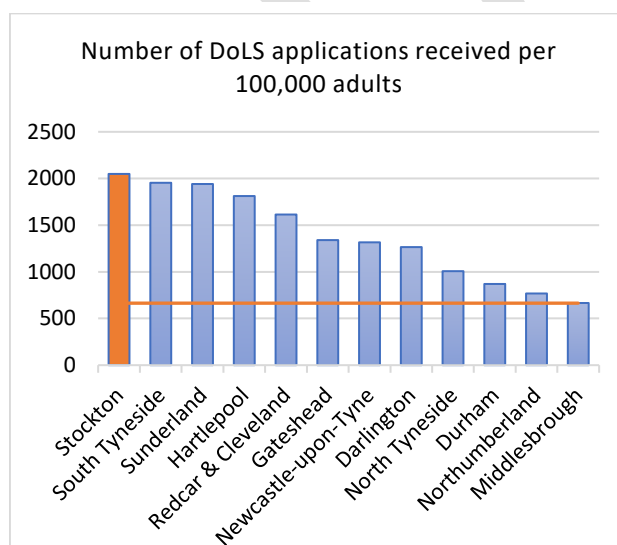
Approximately 1,900 of unpaid carers are recorded on our Liquid Logic Adults System (LAS) (those who are receiving a service following a Carers' Assessment).

The Bridges family and carer service commissioned by Public Health, offers advice and support for families and carers affected by substance misuse, across Stockton-on-Tees.

Between April 2023 and March 2024, there were 4354 visits to the Livewell Dementia Hub, and 537 referrals into the Dementia Advisor Service.

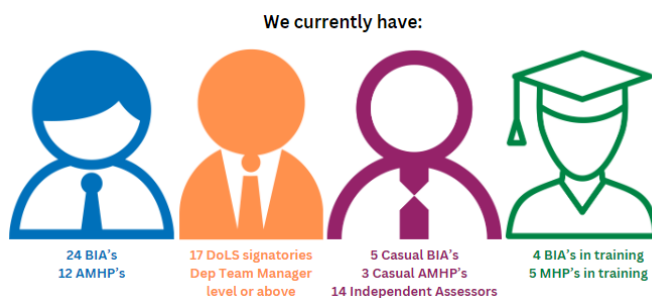
DoLS and AMHP Assessments

We are performing well in ensure that people's Human Rights are protected and that our obligations under the Mental Health Act and Mental Capacity Act Deprivation of Liberty Safeguards are met. We have no waiting list for authorisation of Deprivation of Liberty in care homes or hospitals, despite Stockton-on-Tees seeing annual increases in the number of applications and receiving the highest number of applications (per 100,000 population) in the Region and CIPFA peer group.



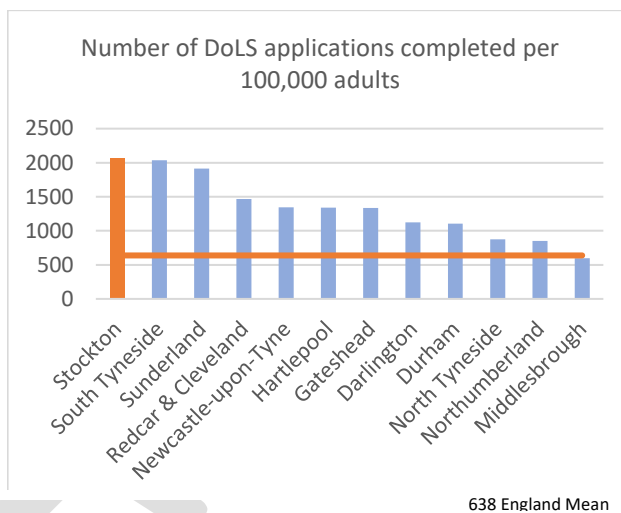
We formed a dedicated DoLS Administration Team in response to the significant increase in DoLS applications following the Cheshire West judgment in 2015. Dedicated BIA resource was also allocated with a view to address the significant number of people (c. 900) identified as meeting the acid test for deprivation of liberty. The Mental Health Office Administration Function was brought into the DoLS Administration team in January 2023.

We have continued to invest in staff development to support compliance. Completion of the BIA or AMHP qualification is a requirement of the progression framework, with the expectation that once qualified, staff will be added to a rota to complete assessments. Qualified BIAs and AMHPs are also required to attend the required refresher training.



DoLS

We have a strong performance record for DoLS, with no waiting list since December 2016. All applications and authorisations are completed within the statutory timescales, including requests for further Standard Authorisation. We are in the top 25% nationally for the number of applications received AND completed per 100,000 population and we have the highest number of applications received and completed per 100k population regionally. [Official statistics](#) for DoLS in 2023/2024 tell us that we perform very well for the time taken to complete authorisations (mean time between referral and completion was [11 days](#), against a national mean average of 156 days).



Source DoLS Official Statistics 22/23, NHS England

In 2023/2024 37 section 21a challenges were progressed, and 31 reviews completed. Between May 2023 and April 2024, there were 19 referrals for 39a IMCA for a DoLS assessment 470 referrals for independent Relevant Person's Representative.

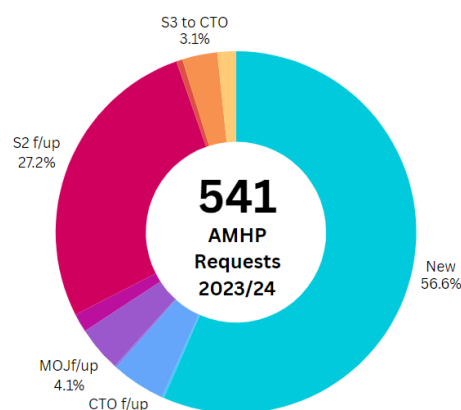
Approved Mental Health Professional (AMHP) assessments

Our policies, procedures and systems ensure a timely and co-ordinated response to requests for new assessment requests and planned work under the Mental Health Act. There are no waiting lists for AMHP assessments.

To support staff in their role we:

- Hold peer reflection forums every two months or sooner if required
- Have a Senior AMHP on duty daily to offer a staff debrief if required
- Have a Senior manager on duty after 5pm during the working week to offer out-of-hours support for the Duty AMHP and Back-Up

Between May 2023 and April 2024, there were 50 referrals for IMHA support.



Our Areas for Improvement and Direction of Travel

People waiting for assessment and review

Our Performance Surgery Dataset for April 2024 evidences:



Care Act Assessments - April 2024
763 undertaken
90.6% were completed within timescales (28 days)
Average time for assessment is 22.9 days
164 people are waiting for a CAA



Care Act Reviews - April 2024
236 reviews completed
77.9% were completed within timescales (80 days)
456 clients who have not had an annual review completed within 12 months - 22%

We have seen an improvement in the number of people waiting for reviews – this was 733 in April 2023, reducing to 456 in April 2024.

People waiting for assessment has increased to 138 days at the end of May 2024 compared to 91 days at the end of 2023/24. The operational teams had worked hard to decrease the numbers of people waiting for assessment from a high of 195 in June 2023, and had seen a downward trend over the latter half of 2023/24. However the beginning of 2024/2025 has seen an increased number of people waiting.

There had been some changes made to the way contacts were recorded on LAS, effective from February 2024, with the operational teams ensuring that contacts for existing clients were also entered onto the system when additional requests for support were made. This has contributed to an increase in the reported number of people waiting. We set out in the Managing Risk section below the steps we are taking to address the challenge of people waiting for assessment and review.

We have identified that the monthly dataset has not provided waits across the operational teams and this will be built into reporting for the remainder of 2024/2025.

Managing risk when people are waiting for assessments

We have reviewed our systems to ensure that we have a clear, universal understanding of when waiting starts, with robust governance arrangements in place to ensure that risks are identified and managed while people are waiting. A Referral for Adult Social Care Triaging Risk Assessment is in place to manage any holding lists. Cases are triaged and priority-rated, a risk assessment is completed, and this is recorded on LAS. We send a holding letter to the person (which is also attached to their LAS record), explaining the process, and based on the priority rating, the person is contacted weekly, fortnightly, or monthly. We are also focusing on people's experience of being on a waiting list, what "keeping in touch" means and how we might improve this.

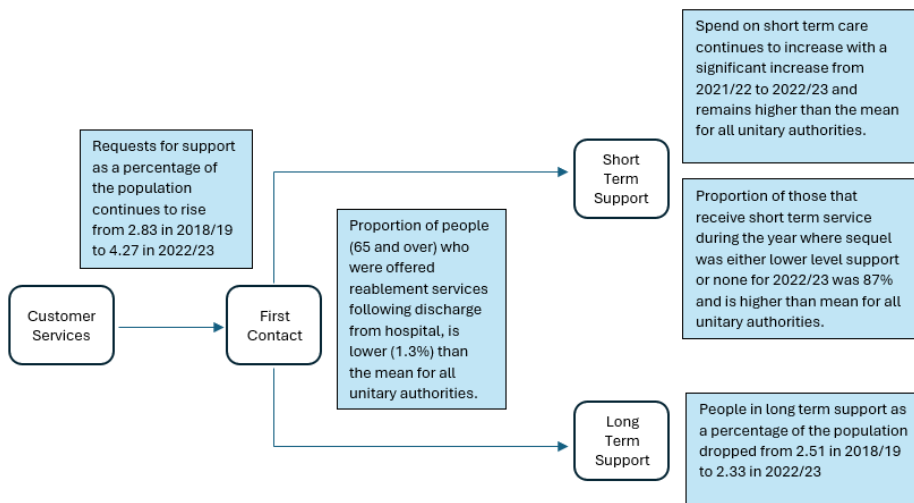
Operational Performance Clinics have been introduced for both operational teams and our direct services, taking place every 4 weeks. These clinics ensure that Service and Team Managers and operational staff are now more focused on caseloads and the impact of high caseloads on waiting lists and times.

The numbers of people waiting for assessment and waiting times are recorded at each Performance Clinic, with team managers required to present a plan on how the waiting list/wait times will be reduced. A plan to reduce and address waiting lists is agreed at the Performance Clinic and waiting list times are monitored. While waiting lists were previously managed within individual teams, the Performance Clinic supports a whole-service approach, with peripatetic Social Work resource being used to alleviate acute pressures in operational teams, as well as resource within teams being deployed to other teams as necessary. This has been used to address pressures in the Adult Learning Disabilities and First Contact teams.

Additionally, any delays to the start of packages of care are escalated weekly to Senior Managers and a weekly review meeting takes place with Team and Service Managers, the Brokerage Team and the Assistant Director for Adult Social Care to identify and address and unblock any issues contributing to the person's wait.

Contacts resolved at the front door to ASC

Source: LAS and LG Inform.



The figure above shows the challenge the Council is addressing as part of its 2024/25 business plan and within the Council wide Powering our Future Programme (PoF) to improve earlier support for people and improve their longer-term outcomes.

We effectively divert 27.8% of people who contact the Council to self-support and other services at Customer Services. It should be noted that 2022/2023 data for reablement accounts only for our Reablement Service and does not include data from Rapid Response or Discharge to Assess and therefore reporting changes have been made for future collections to accurately reflect activity. For the 6,675 people who came through to First Contact in 2022/23 the highest proportion of people went on to low level support (proportion of those that received short-term service during the year where sequel was either no ongoing support or support of a lower level).

People who received short term service where sequel was lower level support or none

Regional 82.3%
 England 77.5%
 CIPFA 78.2%

Stockton-on-Tees 87%
 improving last 3 years

We recognise that we could be more effective in preventing the need for long term support and are building on the positive work already in place. Through the Powering our Futures Programme, we are reviewing the Intermediate Care Service, in partnership with stakeholders, and evaluating national good practice to shape and deliver a more inclusive service to support current and future step up and step-down provision.

We are making positive progress in implementing enabling technology (falls sensors, teleassist, activity monitoring solutions, virtual house) but we have ambitions to develop opportunities with key partners and stakeholders to develop enabling technologies further and build a wider base of support for local communities and people. We are working closely with the NE ADASS technology innovation group to develop local offers and secure funding to scale up technology enabling opportunities.

Information and Advice

While we provide information and advice in a range of ways, we know that we need to have a better understanding of the people, communities and localities that do not, or choose not to access support,

and to improve our engagement across Adult Social Care. We know that we need to ensure that we reach out to those people and communities who are seldom heard, across services.

There are opportunities to link in with the positive work underway in other areas of the Council, and in Adults Health and Wellbeing that could be better explored and joined up, to ensure that we are engaging with all of our communities across adult social care. This includes the work through a Fairer Stockton-on-Tees and the Migrant Health Public Health project.

While we recognise that the Making it Real Board will take time to grow and establish itself, a priority is to ensure more diversity in our membership, with opportunities for the Making it Real Board to engage with our communities. This will be an area of focus over the coming year.

We also recognise that we need a more co-ordinated approach in hearing from people about their experience of their care and support. We have received feedback from people that they have found it difficult to find their worker's contact details (this is reflected in the volume of calls to Customer Services requesting to be put through to the worker). In response to this, we will be introducing "contact cards" to be shared by the worker when visiting the person. This will include key contact details and a QR code to link to a feedback survey, with the aim of providing more "real-time" feedback.

Practice Audit

There are well-established audit processes and systems in our Direct (regulated) services, and we are now working to embed an audit culture across all of Adult Social Care. While audits are completed in informal and formal ways across teams and services, we need to ensure a more co-ordinated approach that looks at the person's journey and their experience of accessing our services as a whole so we can evidence the quality of our assessments and reviews, aligned to our Quality Assurance Framework. We are in the early stages of exploring and implementing a database for our direct services and exploring how that can support our data collection and reporting processed in monitoring these services to provide real-time data which can drive continuous improvement.

Work is underway to draft an audit framework and audit tool for case file audits. This incorporates a tiered approach to audits, from quantitative audits (Tier 1) to qualitative analysis by manager of Social Work and Occupational Therapy Teams (Tier 2) and specialist audits at Tier 3 (DoLS and AMHP assessments for example). Review of audits will be addressed in supervision with managers and will be a standing item at performance management meetings. This work will feed into the broader direction of travel in our commitment to improve our performance monitoring across ASC.

Theme 2: Providing Support

Key Data



Our Strengths

- Our strategic planning processes in our market shaping support vibrancy and sustainability in the market
- Effective commissioning and provider management support Quality of our commissioned services
- Effective Care Provider and Stakeholder engagement, and partnership working

Areas for Improvement and Direction of Travel

- We need to better-understand the size and diversity of the self-funding market
- We need to work more consistently with people with lived experience and actively engage them in our commissioning process
- Develop our micro-commissioning and Community Led support approaches
- Expand our accommodation options so that more people can live independently
- We need to increase the number of Adults with a Learning Disability in paid employment

- Work with partners and providers to promote recruitment and support staff retention across the care sector for a more sustainable market.

Our Strengths

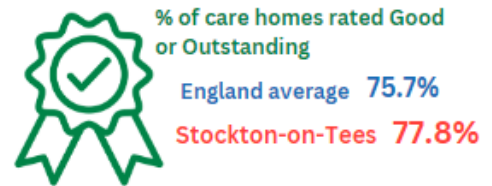
Market shaping

Our approach to market shaping is effective in spite of a challenging environment. We have established strategic planning processes that ensure the market for health and care is vibrant and sustainable. This includes the current Adult Strategy 2021/2025, the Health and Wellbeing Strategy 2019-23 (currently being updated and will be republished in August 2024) and the Market Position Statement 2023-26 which was refreshed in Q4 2023/24.

More recently, in line with expectations around “*People at the heart of our care*” we have engaged with the market and completed both our assessment of the Fair Cost of Care and our Market Sufficiency Plan. Both documents will inform future market engagement and business planning from 2023 onwards reflecting the Council Plan and priorities.

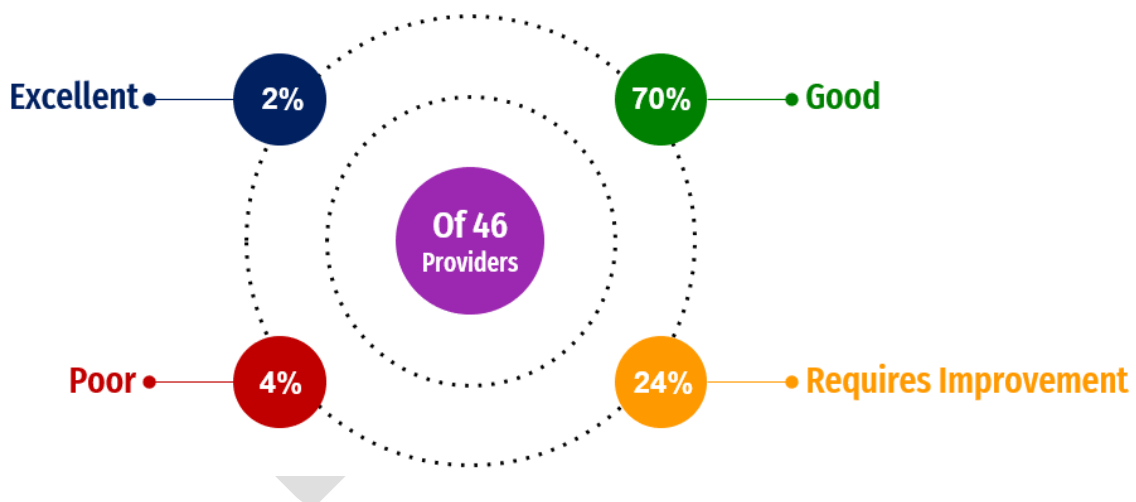
Quality of our Commissioned Services

Through effective commissioning and provider management and support we have a market that provides a good standard of care and support relative to the national picture



Across all regulated services that have been through a PAMMS assessment, 72% are currently assessed as good or outstanding. The plan for 2024/25 is for all older people’s residential care homes to have a full PAMMS assessment and for other providers to be assessed on a risk basis.

PAMMs Assessments 2023/24



In addition to commissioned services, the Council has several in-house regulated services (discharge support, reablement, OneCall, care homes for people with complex needs and Shared Lives). All of these services are assessed as Good by CQC.

Overall, the market for regulated services in Stockton on Tees (all providers, not restricted to our commissioned services) is performing well, although we do have a relatively high proportion of care at home providers who are new and do not yet have a current CQC inspection result.

Regulated Provider Market in Stockton-on-Tees

Source LGInform @ May 24



Care provider and stakeholder engagement.

We have established several groups for working with care providers as part of our Care Act responsibilities and efforts to ensure a sustainable market and positive experience for people accessing care and support.

In the past 12 months we have:

- Worked with the older people care homes and Care at home providers to redesign and re commission the key contracts for delivery of these services.
- Worked in collaboration with NENC ICB and the other 4 Tees Valley LA (as part of the Tees Local Implementation Group) to re design and commission a Tees Complex Care and support framework and engage with potential new residential and accommodation providers across Tees.
- Established an effective leadership and peer support network which continues to share good practice and supports partnership working across providers.

What people say.

- *“Care providers see themselves as partners to ASC. This is directly related to the efforts ASC has gone to in supporting providers (e.g., Well Led programme)—and this has resulted in some impressive improvements in the quality of the care market.”*
Peer Inspection Oct 2023)

We also have governance structures, strategies, processes, and business plans in place to involve key stakeholders including the VCSE and the NHS in joint commissioning, decision making and collaborative working as well as service delivery. These include:

- The Better Care Fund (BCF) which demonstrates how we work collaboratively with local partners to agree and align priorities and responsibilities, and identifies, understands and addresses the needs of their people accessing services. The BCF planning requirements, Discharge to Access workstream and the Hospital Discharge Fund have demonstrated that a pooled budget is being used to deliver joint objectives and plans to support hospital discharge and people living in the community.
- Partnership arrangements within the Integrated Single Point of Access (iSPA), the integrated Urgent Care Centres, Health and Wellbeing Board, Adult’s Health and Wellbeing Partnership, Care Sector Provider Forums, the Teeswide Safeguarding Adults Board (TSAB) and Mental Health Transformation.
- Tees Community Equipment Services (TCES) is a formal partnership between the 4 Tees LA and North East and North Cumbria ICB (overseen by an Integrated Community Equipment Services (ICES) Board with each LA and the ICB having voting rights) to manage and develop this service across Tees. The ICES Board is currently chaired by Stockton Council and has

instigated a review and revision of a 5-year plan to ensure the service is delivering what people need for the future.

- The Council working collaboratively with partners in delivering several services through integrated teams. Through the peer inspection in October 2023, the NHS reported good partnership working with the Council, citing examples of successful outcomes delivered by partnership working including the virtual frailty ward (which has saved an estimated 300 days in admission avoidance), the transformation of community mental health services and support and hospital discharge (the Trust is the Region's best performer for hospital discharge). Community Integrated Intermediate Care (CIIC) is an integrated service with health and social care. It works closely with internal and external partners to deliver high-quality, responsive intermediate care and reablement services to enable people to return to their optimal independence.

What people say.
"NHS partners rely on ASC –and appreciate the support they receive, especially with regards to hospital discharge and supporting people with MH issues to move out of long stay hospitals." (Peer Inspection October 2023)

Tees Valley and North East "place"

The local geography of Tees Valley provides a solid basis for wider "place based" collaboration with other neighboring Local Authorities. Over the past 12 months we have collaborated on developing, agreeing, and commissioning two regional frameworks (Complex Care and Support and Advocacy – both now in place) that build on good practice and ensure effective use of resources and commonality of approach and monitoring across the 5 Local Authorities.

We also collaborate with other Tees Valley and North East Local Authorities through formal and informal networks to respond to commissioning needs and opportunities. For example, we are part of the Tees Local implementation Group (LIG), sharing information and opportunities for joint working. The LIG has undertaken several engagement events with local providers to begin to stimulate the market to future local demand. We are also involved in a number of the various specialist groups through NE ADASS (these include including a commissioning group and a technology group) which share intelligence, opportunities and collaborate on joint bids and projects to benefit from scale and shared expertise.

Partnership working with the VCSE Sector

The Council, as with most local authorities, commissions most of the care and support the local market requires from the independent or VCSE sector. Ensuring continuity of care and sufficiency of provision is essential so our approach to commissioning is centred on the person and collaborating with partners and stakeholders to ensure services are effective. Recent examples of this in practice:

- Engagement with people accessing services and partners to review extra care for older people and develop / redesign services during 2023/24. This included meetings with residents, care providers, and registered social landlords to understand how the service could be improved in the future.
- Engaging with families of people accessing Ware Street Day Service (for people with autism and learning disabilities) to identify how we could improve the service when it requires re-commissioning. Feedback was considered and the specification updated and shared back with families. One proposal was for families to be involved in the evaluation of the new provider for the service which was undertaken in Summer 2023.
- As we develop our approach to co-production, we have engaged more consistently with existing and emerging fora that provide an opportunity for the voice of the person to be front and centre. This includes the Over 50s Forum (which is now run via Catalyst) and the VCSE Mental Health forum.
- Within contracts, we ensure arrangements for quality assurance and support are effective and partners work well together. Within our quality assurance approach, the Council Quality Assurance and Contract Officers undertake annual quality assurance checks through the

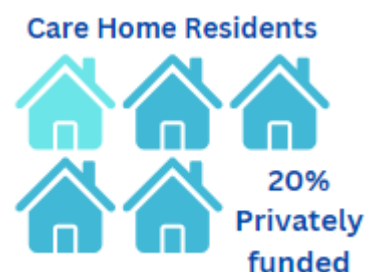
PAMMS system with colleagues from community pharmacy to assess medication management.

- Development of a revised service review model (agreed across Public Health and Adult Services) that reinforces the need to consider good practice both locally, nationally and internationally to inform future service design.
- The Council has worked with partners to develop Fairer Stockton-on-Tees - a strategic framework for tackling inequalities in the borough. The framework delivers targeted support and help to those currently living in poverty to improve their outcomes, including around health inequalities and emotional health and wellbeing. It is co-ordinated by Catalyst. A wide range of activities, groups and services delivered by non-profit organisations.
- Public Health: The Council's Public Health Team works closely with a range of local, regional, and national partners to deliver this, through the Health and Wellbeing Board and delivery against the Joint Health and Wellbeing Strategy.

Our areas for development

Self-funding market

The work on Fair Cost of Care highlighted gaps in our intelligence as to the size and diversity of the self-funding and private market. We know from CQC data that, as of April 2024, our 54 care homes had 1201 publicly funded and 311 private placements. The Council has engaged with the market through its re-commissioning of Care at Home and Older People's residential contracts to ensure this information is shared more. This is an area where the Council needs to establish reliable and regular flows of information to both 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 effective decision making. This will be progressed throughout 2024/25.



Voice of the person

We are committed to developing our approaches to engagement and co-production as an essential element of our market-management responsibilities. We have engaged with people and stakeholders as part of the review of Care at Home and Residential Care contracts for older people, learning disabilities and mental health, but recognise that this could happen in a more consistent and meaningful way that aligns with our ASC Quality Assurance Framework. We acknowledge that we are at an early stage of working in a co-productive way and we know it may take time. This will be considered within our Making it Real and Making it Professional Boards during 2024/2025.

Micro-commissioning and community-led support

Commissioning at an individual level, usually through an assessment and support planning process can only be successful where the approach to strategic (macro) commissioning aligns to the person-centred approaches used within individual casework and commissioning for individuals. Building upon the expertise, knowledge and skills of people with lived experience can help to improve the service, rather than simply addressing a need which must be met.

The Council will need to ensure that there is a robust market / infrastructure in place to support micro commissioning by people with personal budgets or those who have a direct payment.

Sustainability of commissioned services and improving the market

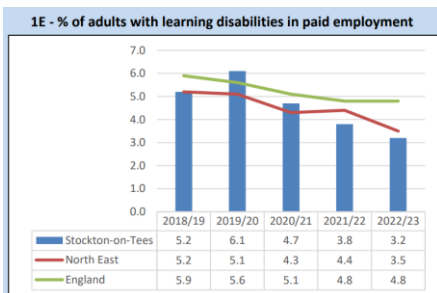
Through regular market engagement and assessment, the Council has identified several issues with the market over the past 12 months, specifically:

- Retention of carers across the care at home contract.
- Capacity for nursing provision for older people.
- Challenges in sourcing accommodation for people with complex care and support needs.

In response to these issues, and reflecting our strategic priorities:

1. We undertook a full review of the current contract and framework with key stakeholders to identify and agree what changes we could make to the contract to address some of the root causes of the staffing issues for care at home providers. In addition to the significant additional investment in the contract and commitment that funding went directly to the carers themselves, the new contract was developed in partnership with providers and included additional clauses including a guarantee and opportunity for sub-contracting and commitment to ISF which would provide greater assurance and stability to the providers and care staff from October 2024.
2. With respect to nursing, we engaged with the ICB and under our obligations under the Section 75 agreement lead a review of why providers are unable/unwilling to offer nursing and complex nursing provision. This work is still in progress and we will report back to corporate management team in July 2024.
3. During 2022/23 we worked in partnership with the Council's Housing team and the Housing LIN (commissioned to lead this project) to evaluate and develop a Strategic Housing Needs Assessment from which we have established multi agency project groups to ensure the findings are owned by all stakeholders, prioritised and implemented. A priority for 2024/25 is to ensure we progress accommodation options for people to support their move to independence.

Supporting people with a Learning Disability into paid employment



Our performance against the ASCOF indicator for the percentage of adults in paid employment is not as good as we would like and we have seen a decrease of 47.54% since 2019/2020. It has been noted locally through our STEPS service that workplace opportunities for people with a Learning Disability have become more limited (for example technological advances resulting in the loss of single-skill roles which would have been suitable for people with a Learning Disability, and an increase in workplaces requiring multiple skills for the role).

This challenge is being addressed at a Senior Management level with work being led by the STEPS service. Options are being identified currently, including a Stockton system group to co-ordinate the approach to employment opportunities for people with a Learning Disability, sharing information and developing an employment strategy. A full options appraisal will be presented to our Corporate Management Team in July 2024.

Through this work it has been identified that our performance information has not included all people who should be considered within the ASCOF measure (for example where there is no case active to an Social Work team on our LAS system). Work is now underway with our Performance team and through the LAS Strategic Group to ensure that our data are correct and inclusive of all of those people who meet the criteria for this measure. While we are aware that this ASCOF measure will not be included within the future national data set, we will continue to monitor our performance in this area throughout 2024/25.

Staff recruitment and retention:

The current market for care remains challenging. Latest figures, from Skills for Care (February 2024) identifies that there are a relatively high proportion of unfilled posts and that the number of care staff who are working with “zero hours” is higher than the North East (17%) and the national average (22.4%).



Workers employed on zero hours contracts
England 22%
Regional 17%
Stockton-on-Tees 27%

The Council, along with partners, is actively working with providers to find sustainable solutions to make the market and opportunities in care more attractive and support staff retention. In the past 12 months, we have:

- Continued to roll out a Care Academy with sector-based work academies and links to the North Tees Training Alliance to develop skills and competence have been key in ensuring some stability in what continues to be a challenging and fragile market. More recently, an identified issue with medication has led to the Council working with ICS to introduce level 2 and 3 medication training to the whole residential care workforce to support them in delivering good quality care.
- Our Transformation Team (established in 2019 with a commitment to transform the care market, beyond the contractual and Care Act obligations) has continued to work in partnership with regulators, VCSE, providers, people accessing support and the NHS to develop the market and services to ensure we make best use of the skills and expertise of all agencies and partners. Over the past 12 months this team has delivered a further cohort of the Well-Led leadership programme for care managers (the Team was MJ finalist for innovative workforce improvement in 2021 and APSE in 2023), continued to deliver one of the highest national participation rates in the National Institute for Health and Care Research (NIHR) Enabling Research in Care Homes (ENRICH) programme, the development of a Care Academy and implementation of digital opportunities including Teleassist and acoustic falls sensors.

The Transformation team is working really well. They have created a lot of opportunity for us to work together as providers –they broke down our barriers towards each other and we are now at a place where we are working with other care providers in generating ideas and learning from each other. We would never have got there on our own”. (Provider, Partners feedback survey March 2023).

Theme 3: Ensuring Safety within the System

Key Data



Our Strengths

- An effective Safeguarding Team and High Risk Adults Panel
- A strong Safeguarding Adults Board and focus on Strengths-Based Practice and best practice in Safeguarding and strong partnership working to ensure safety across the system
- An established track record of compliance with the Deprivation of Liberty Safeguards Framework

Areas for Development and Direction of Travel

- Review the first point of contact for any safeguarding concerns to reduce hand-offs and streamline our processes
- Implement and monitor the process for Community DoL to increase our performance in this area
- We need to ensure that we hear from people about their experience/journey and involving people to ensure we are working co-productively

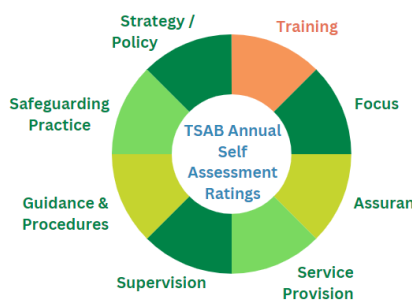
Our Strengths

Safeguarding

We are one of four local authority members of the Teeswide Safeguarding Adults Board (TSAB). The Board has an independent chair and promotes a multi-agency and multi-system approach: alongside the six statutory members are 23 non-statutory partners. TSAB ensures each council's active involvement in wider, cross-boundary work through key partnership arrangements. These include involvement in audits, learning events and learning from and responding to findings from Safeguarding Adults Reviews.



A multi-agency audit programme is agreed throughout the year, based on learning through the TSAB. Last year's themes included S117 aftercare (following the K SAR), The Team Around the Individual, and incidents between residents in care settings. Professional challenge and professional curiosity are also reviewed in the audits, as these have been identified as a common theme within SARs. Collaborative, multi-agency themed discussions take place in the TSAB Operational Leads Steering Group meetings. This is an opportunity to share learning and good practice.



A key assurance process for the TSAB is a Quality Assurance Framework which considers Safeguarding as a whole and seeks assurance against several standards. We complete a self-assessment tool through TSAB, annually, which is ratified by the Board. We were rated green in 7 out of 8 areas in 2022/2023 and

Amber in 1 area (this related to the availability of training compliance data).

TSAB has robust performance reporting, data collection and review systems, resulting in a clear understanding of the key issues in our area. This is supported by Power BI system which was introduced recently and is monitored through the TSAB Operational Leads Group. Power BI has improved data analysis reporting capabilities, enabling TSAB to focus messaging and campaigns in specific areas. Five Key Performance Indicators are reported to the Board seven times a year. These are now reported out against the individual Local Authorities, as well as for Tees, resulting in increased accountability.

The [TSAB Annual report](#) sets out its key achievements and priorities for the coming year. These priorities are detailed in the [TSAB Strategic Plan, 2022-2025](#).

High Risk Adults Panel (HRAP)

Formerly the *Team Around the Individual*, HRAP (an escalation process working in collaboration with a core group of multi-agency professionals, bringing skills and knowledge to share ideas and views how best support the adult, their family and wider community from abuse and/or neglect as far as possible) was agreed and introduced through TSAB. This is supported by a Terms of Reference, agreed documentation and good practice examples.

Staff Development

There is a strong training offer for staff through TSAB. The "Me Learning" platform is commissioned in partnership with the Tees Children's Safeguarding Boards, and is available to a wide range of professionals. There is also in-person training including Legal Literacy, Trauma Training (following the Molly SAR), Making Safeguarding Personal, S42 Enquiries, Criminal and Sexual exploitation and Modern Slavery. TSAB also hosts workbooks across a number of topics for professionals without access to computers. Our Workforce Development Team are members of the TSAB Safeguarding Training Development sub-group.



and

Safeguarding Duties under the Care Act – Adult Safeguarding Team

We have a dedicated Adult Safeguarding Team which manages and progresses Section 42 enquiries, working directly with people to keep them safe.

The First Contact Team is the contact point for all safeguarding concerns, supporting the management of the work that is passed through to the Safeguarding Team at the initial enquiry stage.

As at Q3 2023/2024 there were many more safeguarding concerns referred into First Contact, than in 2022/23 due to changes in how concerns were recorded (these were only being recorded once they were progressed to the Adult Safeguarding Team). From this year, we have been capturing all safeguarding concerns at First Contact and now captured and recorded activity now accurately reflects the significant work that the First Contact Team does to manage the workload, and the importance that is attached to the messaging through the TSAB and SBC ASC that Safeguarding is Everyone's Business.



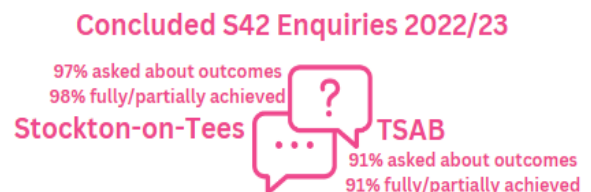
An Adult Safeguarding Lead post was introduced in 2021 to lead on safeguarding at a strategic level across the Council and to maximise resource in the operational team. The Adult Safeguarding Lead represents the Council at TSAB and is a member of a number of its sub-groups. Within the SAR sub-group, the Adult Safeguarding Lead was the independent author for the **JJ SAR** (this will be presented at July's Board for approval).

There is a robust approach to Section 42 enquiries, in line with the TSAB Inter-Agency Safeguarding Adults Procedure (including Decision Support Guidance, updated on March 2024). This sets out timescales for making a referral and undertaking an enquiry. There are no waiting lists for Section 42 enquiries.

The Adult Safeguarding Team contributes to the numerous Safeguarding forums/ meetings, such as MAPPA, MARAC, MATAC, Channel Panel (PREVENT), and Cleveland Anti-slavery Network.

Making Safeguarding Personal

Making Safeguarding Personal is central to our practice, *working with*, not *doing to people*, in partnership rather than safeguarding being process-led and staff across ASC understand the importance of this. Within the MSP principles we strive to ensure people are able to participate as much or as little as they would like, promoting a positive risk-taking approach so that the person (or their advocate) can identify and achieve their desired outcome. This aims to improve people's outcomes. We support the person to understand safeguarding information through a range of information and this is shared with them in relation to their needs.



To embed MSP into practice, there is an expectation of staff to record within case notes how safeguarding has been centred around the person, and this is picked up in supervision and audit. On conclusion of a Section 42 enquiry, the Adult Safeguarding Team sends a survey to the person. Currently there is an average return rate of 10%, which, although low, has provided some powerful feedback on the impact that Safeguarding involvement has had on the person. Additionally, TSAB completes an audit of each Local Authority encompassing the six safeguarding principles underpinning MSP, and four principles underpinning co-production.

The Adult Safeguarding is being nominated for the SBC ASC Team of the year for the Social Work Awards 2024 in recognition of its focus on MSP, partnership working and the positive outcomes for the people the team has worked with.

Safeguarding Performance Measures

Data submitted for the 2023/2024 SAC return shows there were 3021 Safeguarding Concerns into SBC First Contact Team, 518 of which progressed to a Section 42 enquiry. This is a notable increase already in the number of safeguarding concerns compared to 2022/2023 (1692 concerns) because of changes to the way concerns are now being recorded. These were previously recorded by the Adult Safeguarding Team at the initial enquiry stage, but are now captured by First Contact.

The largest proportion of concerns this year relate to neglect and acts of omission, domestic abuse, and financial abuse, noticeable increase in organisational abuse (RASC process). Most abuse continues to happen in the person's own home, followed by care homes, in line with the national picture.



Conversion rate S42 Enq = 23.5%
Cases of repeat S42 Enq = 26%
Slightly below target set by TSAB of 25%
end of Q3 2023/24

Safety in the System

Alongside the day-to-day activity in the Safeguarding Team, the Adult Safeguarding Team Manager and Safeguarding Lead work to raise the profile of Adult Safeguarding, promoting Safeguarding awareness within ASC, across the organisation and partnerships, including through attendance at team meetings, provider forums, involvement in SBC planned activities throughout the year, and focused activities during National Safeguarding Week.

Staff are aware of our local services, which can and should be accessed when an adult is at risk, such as Safe Place Scheme, or Ask for ANI (Action Needed Immediately).

Our Safeguarding Team also contribute to multi-agency working to address emerging issues, working in partnership to keep the people of Stockton-on-Tees safe. The team has strong, established and positive working relationships with statutory services, care providers and our wider partners to ensure that people's needs are addressed holistically. Working with, and across the wider system, in partnership is also evidenced through:

- A daily huddle meeting with the Safeguarding Team Manager, Police and other agencies to share information about safeguarding concerns for adults in Stockton-on-Tees.
- A daily Stockton "PitStop" multi-agency meeting with Children's Services, Police and the voluntary sector. The agenda is sent each morning outlining concerns for individuals, relationships and professional involvements. The Public Protection Notice (PPN) is shared with the Adult Safeguarding Lead where ASC Safeguarding involvement is confirmed. Cases are cross-referenced against the LAS system and the Safeguarding Lead/Team Manager provides an update at the meeting. The PPN is shared with the allocated worker.
- Monthly Tees-wide Multi-Disciplinary "Dip-Sampling" Panel meeting with the Police for MARAC referrals that had been rejected by the Police. This is attended by the Adult Safeguarding Lead. Cases are reviewed at the Panel for agreement on the initial decision, whether additional work is required, or whether the MARAC decision should be overturned. In April 2024, 2 initial decisions were overturned by the Panel and were progressed to MARAC.
- Multi-agency 6-weekly meetings with CQC, Safeguarding, Quality Assurance and Compliance Contract Officers, and NHS colleagues. These meetings are an opportunity for partners to share information about any issues or concerns and were introduced as a way of triangulating information across our systems.

“Stockton Safeguarding team is extremely well led and managed which provides my team with a clear understanding of the structure and processes. The current triage and allocation system has greatly improved how concerns raised are processed and allocated. The team provide prompt responses to any concern raised, which provide a clear rationale for any actions taken. This enables our clinical teams to understand why actions have been taken, and what additional actions are required by themselves. This in turn enables timely intervention and support, to prevent further harm or potential harm. The position of a suitably skilled social worker to lead on care home concerns is an excellent innovation. This provides significant oversight and consistency, where any emerging themes can be rapidly identified and any learning shared as a preventative measure. There is excellent communication between our teams which is vital to underpin and support multiagency working. This provides us with confidence that we can challenge each other decisions professionally and effectively”. Feedback from Named Nurse, Adult Safeguarding, North Tees & Hartlepool NHS Foundation Trust, May 2023

Domestic Abuse



In 2022/23 Stockton-on-Tees had the highest percentage of concluded S42 enquiries attributed to Domestic Abuse, in the region. This was a reduction from 19.26% in 2021/22.

The Adult Safeguarding Team took an active role in contributing towards Stockton-on-Tees [Domestic Abuse Strategy 2022-2028](#), where agencies from across the sector came together to

set key priorities when it comes to tackling domestic abuse. This strategy goes beyond the duty of a local authority to provide a safe accommodation strategy Strategic oversight of the Domestic Abuse Strategy is provided by the Director of Public Health, who is the strategic, corporate lead for domestic abuse. The DPH chairs the multi-agency domestic abuse steering group on behalf of the Health & Wellbeing Board

The Strategy aims to ensure that:

- Everyone - children, young people and adults - at risk of, experiencing or affected by domestic abuse is listened to, supported, and protected to live their life free from abuse.
- All victims of domestic abuse have access to inclusive, quality, affordable and appropriate safe accommodation and support.
- Perpetrators of domestic abuse are held to account and supported to change their behaviour.

To deliver against these aims SBC works with system partners to provide workforce development, community awareness and programmes and services to prevent, reduce and promote recovery from domestic abuse. We commission Harbour to provide services for victim-survivors of domestic abuse (adults & children) including safe accommodation; and to provide a perpetrator service (26 week programme promoting behaviour change). We also:

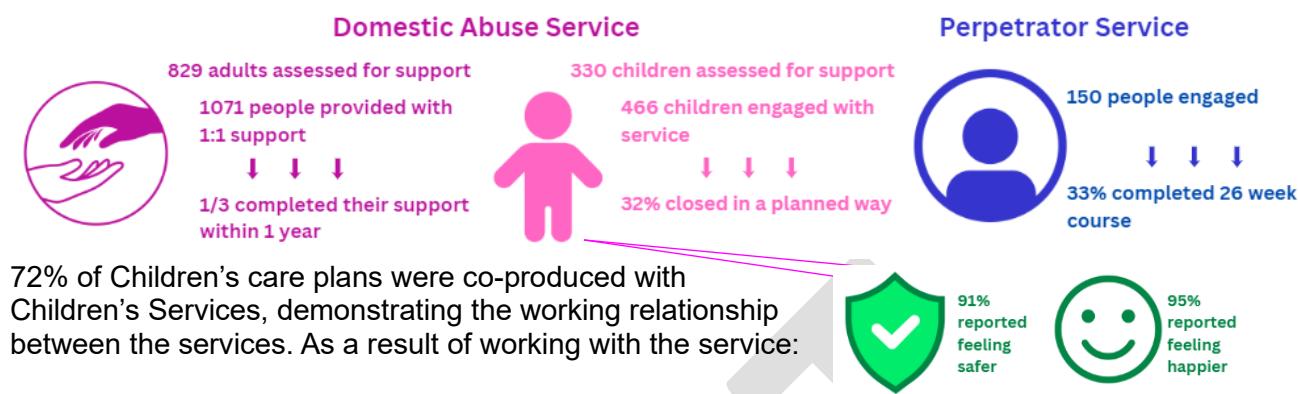
- work closely with the Office of the Police & Crime Commissioner and are now developing a Tees Strategy to prevent, reduce & tackle perpetration of domestic abuse
- have a Single Point of Contact within our homelessness team for anyone presenting homeless with experience of DA
- are mobilising a service with Recovery Connections (peer advocacy) which will work with people experiencing multiple disadvantage (including DA)
- are working with system partners to deliver Stockton’s domestic abuse strategy
- are developing a lived experience charter for people who have experience of DA
- are reviewing our Safe at Home (sanctuary) service to identify improvements to the service.

Improved practice examples, resulting from implementing the strategy, include:

- Introducing a flagging system whereby the police inform the homelessness team if a perpetrator becomes homeless as a result of a domestic abuse protection order. This prevents them from being accommodated with vulnerable people.
- Consensus on awareness raising (e.g. what is domestic abuse?) and the development of a community awareness raising plan with partners including licensing, Thirteen and CAB.

- Strengthened work with primary care through the introduction of a GP Link Worker.
- Workforce development plan to improve consistency of messages and approaches by frontline staff with victims and with perpetrators.

In 2023/24:



"Since the role of Hospital IDVA was introduced, I have had the pleasure of working with your team on a regular basis, often around really complex patients that are difficult to engage and are high risk of domestic abuse and misadventure.

Numerous times, your team have made themselves available for last minute joint visits, which has had positive outcomes for the client/patient. Over the past 2 years I feel I have been able to build a strong, professional relationship built on trust, shared goals, and regular communication. The team are always professional, adaptable, and open to suggestions when responding to domestic abuse victims/survivors and safety planning".
 Feedback from Hospital IDVA, University Hospital North Tees May 2024

Safe Systems and Pathways

Professionals are skilled and confident in completing Mental Capacity Act (MCA) assessments and Best Interests Decisions, with a clear focus on protecting people's human rights, promoting their independence, and working to their strengths. Updates to our assessment and support-planning documentation will support our commitment to this being evidenced in our practice.

There is a sound understanding of the MCA and DoLS across the operational teams and at Senior Management Level. This has been supported by the commitment to investing in staffs' professional development and progression framework. Successful completion of the BIA qualification is required within the adults' progression criteria. There are also four qualified BIAs in the Children's teams.

BIAs within the adult teams regularly complete DoLS assessments, and staff from Deputy Manager to Assistant Director level are DoLS Signatories (with the majority of Signatories also being qualified BIAs).

There is also specialist knowledge of the Mental Health Act across the teams. Qualified AMHPS are based in the Safeguarding, Assessment & Support Planning, Adult Learning Disabilities, Adult Mental Health Team as well as the Emergency Duty Team.

Transitions

In the context of exploitation and Looked After Children who become care leavers at the age of 18, there have been recent developments through TSAB to work with Children's Services to support smooth transition for those young people with no eligible adult social care needs. Work is underway to create a Young Person's monthly Exploitation Panel which will discuss cases and review whether the threshold is met for Adult Safeguarding. This is expected to be implemented by Summer 2024/25.

A Transitional Operational Group supports the commissioning arrangements to ensure that there are appropriate arrangements in place for Young People aged 14-18 for successful transition. This is working well for the young people known to the Complex Needs Team but work is needed to ensure that this is the case across all of the Children's operational teams. We are currently developing performance reporting in this area.

The Powering our Futures Transformation Programme Transitions project is addressing the challenges identified in supporting children with disabilities and those with SEND as they become adults. This project is sponsored by the Assistant Director for Adult Social Care. Also, under the PoF Programme, a separate SEND project is focused on our offer for young people with low-level needs and provision of opportunities for community engagement and routes into employment.

Our ASC CHC Lead works in partnership with the ICB to support the process where people are, or may be eligible for CHC funding, and to make this as seamless as possible for people. This role also supports the wider Social Care Teams, ensuring that there are the appropriate skills in the workforce in identifying eligible health needs. There is a draft disputes resolution policy in use.

The partnership arrangements in place with the ICB for joint-funded packages of care support continuity of care, limiting the potential for disputed care packages. For people in receipt of Section 117 aftercare, an arrangement is in place to jointly-fund care packages. ASC and the ICB attend weekly placement panels to ensure the proposed placements/packages are appropriate to meet the person's health and social care needs.

A Transfer of Care Document, to support continuity of care for people who become fully CHC-funded, is being co-produced with the ICB. This document will move with the person and convey key information including information the person's care, key involvements and any legal frameworks around them. This is expected to be finalised in 2024.

Provider Assurance

There are established systems in place for monitoring of provider services with the Provider Assessment and Market Management Solution (PAMMS) being overseen by the Quality Assurance and Compliance Team, linking closely with the operational teams. PAMMS assessments are completed for commissioned services annually. Processes are in place to safeguard residents in the event of provider failure. The Responding to and Addressing Serious Concerns (RASC) policy sets out the framework for dealing with serious concerns through a multi-agency approach, with a focus on those at risk of, or experiencing abuse or neglect. There are 3 care homes currently within RASC.



"I am very satisfied with the way safeguarding team worked with our two services when we were in RASC. Your team shared all the details and explained the process clearly and assisted in implementing action plans. The regular review meetings and visits by safeguarding officer and compliance team were extremely helpful. This process ensured my team members were fully supported and reassured. I will classify this as a perfect example of working in partnership.

I am very thankful to all of you providing support in this process. S [Social Worker] training/discussion session in relation to MCA was widely appreciated by all our managers including myself. That session helped us to understand the MCA, it's principles and how to implement it into day-to-day care delivery. The fact that S is always available to clarify doubts is reassuring". **Feedback from Operations Director, Gradestone Limited, May 2023**

Our Areas for Development

We are reviewing our pathways and processes for receiving Safeguarding concerns into ASC within the Powering our Futures Transformation programme. Currently referrals are received by First Contact, triaged and then passed to the Adult Safeguarding Team for initial enquiry. This has impacted on capacity within First Contact, placing pressure on the system with increased waiting times and too many handoffs between our front door services. An options appraisal will be developed with the aim of streamlining our system to include consideration of Adult Safeguarding being the single point of contact, reducing hand-offs between teams and delivering more positive outcomes for people. The programme aims to deliver a “roadmap” for the front door to Adult Social Care by August 2024, with an implementation date to be confirmed.

Community DoL

While we have a long-standing strong performance record for DoLS, we recognise that we have progress to make to ensure that applications to the Court of Protection are made for people who are deprived of their liberty in the community. In 2023/2024 we made 10 applications to the CoP for authorisation of DoL, and 10 authorisations were agreed in that period. While a process and guidance for progressing Community DoL cases had been agreed, this has not been implemented effectively to date with applications to the CoP remaining low for new cases and re-applications.

To address this, and to raise awareness of and confidence in applying the framework to community DoL, two Community DoL training sessions for staff have been delivered by Legal Services and Workforce Development recently (in November 2023 and January 2024). It has been agreed that further training will be delivered throughout 2024 for staff. The sessions cover our statutory duty for Deprivation of Liberty, and support for staff to complete the process.

An action plan will be developed and implemented during 2024/25 to progress identified cases and this will be monitored through 1:1 supervisions, management meetings and the performance clinic meetings. Guidance will also be reviewed as necessary to ensure that there are clear process and expectations in place to record cases and ensure that this information is kept up-to-date.

The person's voice

There are some good feedback mechanisms in place across ASC, but we recognise we could be better at supporting people to tell us about their experience and journey across services, for example people who have been through the DoLS process. There are opportunities to consider feedback mechanisms in a co-productive way, and to involve advocacy in supporting people to have their voices heard about their experience.

This is work that may be considered in the Making it Real Board.

Theme 4: Leadership

Key Data



Our Strengths

- Strong, stable leadership across the Council, with robust financial management and resilience.
- The breadth of our Directorate ensures a well-being focus, with established and effective partnerships across the wider health and social care system.
- Our commitment to learning, improvement and innovation
- We have been recognised as a Supportive Employer

Areas for Improvement and Direction of Travel

- Continue to develop the Performance Management Frameworks and performance reporting tools to ensure informed decision making
- Increase the use of digital technology
- Embedding Making it Real with a clear framework for co-production, ensuring a commitment across all services
- Capacity in the workforce to deliver assessment and support planning in expected timescales.

Our Strengths

Budget Management and oversight

We have strong corporate financial management, with a balanced budget for 2024/2025 and a savings target of £1.893m for the Council, primarily through the PoF programme. We have robust systems in place for budget oversight. Budget holders have a link Finance Officer and receive monthly “budget pack” updates, and Adults Health & Wellbeing Senior Management Team (SMT) receive a monthly finance update.

The Adults Health and Wellbeing Directorate has a strong management team and due to the breadth of the Directorate, there is a strong focus on community wellbeing. The DASS has overall responsibility for Adult Social Care, Housing, Community Safety and Public Health. For Adult Social Care, the DASS is supported by the AD for Adult Social Care/Principal Social Worker, and the AD for Strategy and Transformation. The DASS is also supported by the AD of Procurement and Governance (sitting in the Corporate Services Directorate, with responsibility for the procurement and performance management of all commissioned Adult Social Care services).

The SMT meets weekly to ensure that work across the Directorate areas is integrated. A monthly Operational Managers’ Meeting ([OMM](#)) brings managers from all frontline services together to share updates, learning and good practice.

The DASS is a member of the Corporate Management Team (CMT). CMT receives regular reports on areas of risk and good practice. Papers are discussed in the weekly Adults Health & wellbeing Senior Management Team (SMT) meetings before submission to CMT.

The multi-agency Health and Wellbeing Partnership includes membership from statutory, non-statutory and VCSE organisations. This is a forum where key issues regarding health and well-being are discussed to identify opportunities for further partnership working.

Supporting and Valuing our Staff

There is visible Leadership across the Council at all levels. The Chief Executive visits frontline services and provides routine updates and an opportunity to hear and respond to staff questions through “Meet Mike Live” sessions. The DASS is visible and approachable for all levels of staff in Adults, Health and Wellbeing and since coming into post in Summer 2023, has formed a monthly [Leadership Forum](#) for Managers across the Directorate to raise awareness the work happening across the Directorate, and the opportunities for partnership working.



A “Making it Professional” Group has also been established which brings together officers of all levels and from across the Directorate to work directly with the DASS in the shaping the plans for Adults, Health & Wellbeing. The DASS also spends time with frontline staff and invites staff to shadow her.

The Principal Social Worker operates an “open door policy” and is committed to remaining visible and approachable to staff. This involves regular visits to teams and attending visits with frontline staff. This has been very popular with staff and a regular programme of further visits is being planned. The annual PSW plan and priorities have been developed through conversations with staff.

National and Regional Involvement and Leadership Roles

- The DASS is the national Lead for workforce within ADASS and also chairs the North East ADASS group for Lived Experience.

- The PSW is an active member of the Regional PSW network, and ADASS Heads of Service and Safeguarding meetings
- The Quality Assurance and Workforce Development Manager represents SBC at the regional ADASS Recruitment & Retention & Workforce Development Leads Group and presented at Social Work England's online event during Social Work 2023 on [SBC's approach to CPD](#)
- The Manager of Lanark Short Breaks is an active member of the LeDER network
- The Council is an active member of the NEADASS Regional Market Shaping and Commissioning Network that supports market sustainability and development across the North East Region.
- Managers are also active members of regional networks across a number of areas including AMHP and DoLS.

System Leadership – Place Level

- The Stockton Place Board is chaired by the Chief Executive
- The *Coalition of the Willing* meeting brings together the DASS and other senior managers from our partner agencies, with the aim of promoting integration.
- The Health & Wellbeing Board is chaired by the Leader of the Council

Inclusion and Diversity

The Council support inclusion and diversity for Staff through the following: Disability, Race Equality, LGBTQ, Young Staff, Carers, Domestic Abuse, Health, Sports and Leisure and Social networks.

Commitment to Staff Development and Wellbeing and celebrating success

We have a strong record in supporting and investing in Continuing Professional Development across the workforce and at all levels. This was recognised when we were awarded the Supportive Social Work Employer Award in 2023. We also came 6th nationally for the Social Work Health Check for promoting the standards of Social Work in 2023 and our colleagues have celebrated a number of successes in previous years.

In 2021 we hosted Lynn Romeo, Chief Social Worker, who acknowledged the positive work being done in Stockton ASC. Her [message to us is here](#).

We recognise the shared opportunities for staff development and include colleagues from across our Directorate and from Children's Services in events and training. We celebrate annual events and deliver sessions and events including:

- Staff Wellbeing Week (sessions have included menopause awareness and men's health)
- Professional care workers week
- Social Work Week
- Learning Disabilities Week

Since 2021 we have held a Festival of Learning as an opportunity to bring staff together for a series of events and sessions to learn from each other and to celebrate the work that we do. This [year's theme](#) was Co-Production, with a co-produced session delivered by Making it Real Board members.

We are committed to staff development throughout all areas including peer reflection sessions, ASYE and Practice Education Forums, BIA and AMHP Forums, and Peer Support sessions across services.

We have a Dementia Friends Ambassador among our staff and across ASC we have committed to Dementia Friends training, with more than 300 staff having completed this in 2023/2024. We held a Dementia Friends Awards ceremony in May 2024 to recognise the achievements of our staff, and show the importance that we attach to increased dementia awareness.



The Dementia friends session was so insightful and very interesting; it briefly touched upon potential reasons behind some behaviours. It shared analogies such as the "book case" which really put things into perspective to be mindful of when caring for people with Dementia. It was brilliant and the trainer was very knowledgeable. Overall, a very engaging session" feedback from staff member attending the Dementia Friends Session, November 2023

Learning, Improvement, and Innovation

We are actively involved in development and research with our universities, including programme-management monitoring developmental work with Northumbria University, a research programme into the Social Work Apprenticeship programme at Sunderland University, and research with Cumbria University into Social Worker supervision.

We also:

- Support Student Nurses, Occupational Therapy and Social Work students.
- Deliver training at colleges.
- Deliver training at Prisons about the rights of prisoners, eligibility, and delivery of duties under Care Act.

We understand and value the important role of our VCSE partners, and the importance of continuing to embrace and strengthen partnership working in new ways. We have successfully partnered with VCSE partner organisations including the Moses Project, Eastern Ravens and the Thumhara Centre for Social Work apprentice placement opportunities.

Representatives from Stockton Council are always actively involved with the programme management, monitoring and developmental work undertaken at Northumbria University. Workforce development staff pro-actively seek to understand how they can provide better support to any of their staff who do not meet academic requirements at their first attempt. All staff that I deal with are receptive to learning, improving, and continually developing processes and practice

**Feedback from Northumbria University, Partner
Feedback Survey May 2024**

Our peripatetic team of two Social Workers and a Social Care Officer supports resilience and addressed workforce pressures across Adult Social Care. This team also supports learning and evaluation across the operational teams through identifying what is working well and not so well, good practice and workforce culture, and sharing learning.

Since 2019, our Transformation Manager has been a champion for care homes participating in health and social care research, working closely with National Institute for Health and Research (NIHR) and our local Applied Research Collaborative (ARC) in engaging with research opportunities.

- 61% of our care homes are registered as 'research ready' through the Enabling Research in Care Homes (ENRICH) portal, and work is ongoing to engage Care at Home providers to start engaging with research opportunities (to date, 8 of our providers have attended online discussions with the Transformation Manager and Lead Community Research Nurse). See an overview of [involvement in research](#)
- Residents are involved in discussions, meeting and regularly critique posters, research proposals and resources from Researchers, via the Stockton Patient and Public Involvement (PPI) group
- A [Stockton care home resident](#) and [Deputy Manager have blog posts](#) on the NIHR website, encouraging other homes and residents to engage with research
- A small group of care home residents, staff, Stockton's Transformation Manager, researchers and PPI leads put together a '[Top 10 Tips](#)' PDF to encourage more of the sector to be involved in research. See an [overview of PPI involvement](#)

We have developed a networking group, with focus on good practice and development, specifically for anyone involved in activities with those accessing care and support. Working with our partners we delivered a successful [Stockton Legends](#) event.

Through our [Well-Led Programme](#) we work with care homes to support care home managers, senior leaders and aspiring leaders to explore and develop their leadership styles with the aim of improving and sustaining good quality care in care homes across Stockton-on-Tees.

This all links into the Colleagues mission within Powering our Future aims to empower our colleagues to do the best they can for communities. This is sponsored by the AD for Adult Social Care, and includes the following areas (among others):

- Attract and Retain
- Happy and Healthy Workforce
- Workforce Planning
- Workforce Development



In planning for a sustainable workforce and succession planning, the Quality Assurance and Workforce Development Manager is completing work in line with the Government guidance to ensure that our recruitment in ASC is aligned to the knowledge, skills and behaviours linked to Skills for Care and Think Local Act Personal. Scoping work is underway with operational managers to map frontline staffing structures and training.

Working in Innovative Ways

The Occupational Therapy Team introduced a new way of working with people using evidence-based approaches to complete analytical, functional assessments for proportionate care and support. This has led to improved outcomes for people, with reduced packages of care and increased independence. It has also increased capacity and resilience in the OT team.

When Mr X came to PPL, he required 4 doubles up calls a day, with the use of a rotostand/sara steady, the OT team worked alongside this gentleman and was very responsive to the concerns of the staff. This gentleman has now gone from requiring two carers and 4 calls with manual handling transfer equipment, to 2 calls which are a 30-minute morning call and a 15minute bed call with one staff member and no transfer equipment. This gentleman on discharge from hospital was told that he would probably never walk again and 18months on is walking independently with a Zimmer frame.

Feedback from Care at Home Provider, 2024

Learning from when things go wrong

The number of complaints received is outweighed by the number of compliments. The majority of complaints are concluded at early resolution without progressing to a formal complaint. Six formal complaints were received across Adults Health and Wellbeing in 2023/2024, three of which were for ASC. We always learn from complaints.

Adults Mental Health

A discharge plan for Mr H to be discharged from hospital to a residential care home, was discussed and agreed at a case review. The family were informed that due to complexity SBC would be responsible for the short stay placement. The SW meant that the placement was to be monitored by SBC and that Mr H would be subject to a financial assessment, and charges following the assessment, but the family thought she meant SBC would be funding the short stay placement. It was acknowledged that this was misleading and the care fees for this time have been removed from the CFS invoice.

Our areas for Development

Performance Management

We have introduced performance a [Performance Framework](#) to ensure more robust oversight and to drive continuous improvement across our services. This builds in formal governance through performance clinics at operational level (with focused, discrete performance clinics for the operational teams and our direct services to) where issues can be raised and discussed, with performance information and any issues escalated to the Strategic Performance Group before being reported to the DASS and Chief Executive. Significant work has been undertaken to ensure robust reporting at the strategic level.

We acknowledge that while progress has been made with the operational and direct service teams' performance dashboard, these are still developing and work is ongoing to ensure that these meet needs across the teams and services, and to include the relevant data. It is intended that audits will also feed into the Performance Dashboards to support embedding audit culture into our work, with the focus on evidencing impact of services and feeding into a culture continuous improvement, rather than the act of audit in isolation.

Use of Digital Technology

The Council recognises the opportunity offered by technology to enable effective social care and support the challenges faced by the sector. Whilst we are actively working to introduce new technology in 2024/25 (for example Digital Social Care Records, acoustic falls sensors, activity monitoring software, virtual house) we see the potential to achieve more. We will continue to work alongside the NEADASS digital group and our own digital lead in the Council to maximise the opportunities offered.

Embedding Making it Real in Stockton

We know that there are good examples of co-production across ASC but that we have a long way to go to embed this in practice across all areas and that this will take time. We are ambitious and committed to Making it Real in Stockton and working in true partnership. We recognise that we need to set out what co-production looks like for Stockton at an individual, team, service and organisational level. Through The Making it Real Board we will develop a framework for co-production, aligning with the Adult Social Care Quality Assurance Framework.

A key priority in the shorter term is to agree a reward policy to show the value that we attach to people giving their time and expertise to Making it Real in Stockton-on-Tees.

Addressing Workforce Pressures

The Council has introduced new team capacity/performance dashboards and performance meetings to provide the evidence and forum to better manage capacity and workflow across all adult social care operational teams. There have been four performance meetings for Adult Social Care to date (as at 12th June) and these have begun to support the improved management and understanding of capacity and flow of work from ISPA / First Contact through to the long-term and specialist social care teams.

This process will continue throughout 2024/25 and will be monitored as part of the quarterly business planning process and regular reports to the Strategic Performance Group.

Feedback from People

“I received once a day care – to help with washing and dressing and morning, with chair help and support. After the first week they were able to just be present in case I needed help or assistance. All the care and support workers were so professional, helpful and friendly. The service is invaluable in helping people regain their independence and providing additional information about aids, adaptations and benefits available.

The service was efficiently run and I had regular calls / input from [named colleague] so that at the end of three weeks I was fully independent and confident, I no longer needed their help. [Named colleague] and her care and support colleagues [named] deserve a big thank you and are a credit to the service.”

Feedback from a person receiving support from the Reablement Service, April 2024

The OT has always been professional, polite and friendly. She understood my needs and more importantly listens to my views. After leaving hospital having broken my leg I was sent home. The OT ensured that I had a hoist and slings necessary to remain home. Following further conversations with the OT and a visit by the company operative three weeks later a ceiling track hoist was installed. Everything was explained to me”

“Everything was arranged for me efficiently and in a short space of time. As usual, a quality service was provided and I would like to thank the OT for their continuing support over the years”

Feedback from a person drawing on OT services [date]

“Hello [named colleague]

Just an update on today’s visit. It did go very well. It was everything you said it would be. Mam and I were a bit overwhelmed by everything that was on offer, the staff, the space and the support. She would very much like to have visits included in her care plan. It would do her the absolute world of good and I think will help lift her depression and help massively with her mental health.

[Name] the taxi driver turned up on time. Really nice chap. He had Mam laughing and made the journey an easy one (no tears on the journey).

[Name] can I say a massive thanks to you, to [name] who showed us around and your staff. When I say a massive thanks – I do mean – a MASSIVE thank you!!

[Name] was lovely and put my Mam at ease, every staff member we met was so genuinely welcoming – we were really touched. The place was absolutely spotless and just perfect. Thank you again.

Feedback from the Carer of a Person attending the Halcyon Centre [date]

“Hello Lovely Ladies

I would like to thank you all for the love and care you gave to [named person] and myself while he was with you. I felt it every day when I walked through your doors and it meant so much to me, because I knew he was in safe hands and that I could then just breathe for those few hours I had to myself and I thank you so much for that.

I was really sad when it came to an end, but I did know it wouldn’t have been long, especially for [named person] because for all he couldn’t express himself fully he was always happy to see you all and his face lit up and I know you caught his sense of humour too.

Take care everyone and love to you all and thank you. You do an amazing job”

Thank You Letter received by Rosedale Centre, January 2024