

Preparation for Assurance Peer Challenge Report

Stockton on Tees Borough Council

August 2024

Final Report



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Background

Stockton on Tees Borough Council asked the Local Government Association (LGA) to undertake an Adult Social Care Preparation for Assurance Peer Challenge at the Council, and with partners.

Carolyn Nice – Director for Adult Social Services commissioned an independent peer review to assess the ability of the adult social care service to deliver good services to people, as well as preparedness of the adult social service for a Care Quality Commission (CQC) assessment. The focus was on an independent perspective on how prepared adult social services are for a Care Quality Commission (CQC) inspection and how well the organisation is delivering adult social care services for its residents.

The purpose of a peer challenge is to help an authority and its partners assess current achievements, areas for development, and capacity to change. Peer challenges are improvement focused and are not an inspection.

The peer team used their experience and knowledge of local government and adult social care (ASC) to reflect on the information presented to them by people they met, and material that they read.

Prior to being onsite the LGA Peer Challenge team undertook a case file audit, lived experience interviews, a review of data, and held 1-1 calls with people with lived experience of the services provided by Stockton on Tees Borough Council Adult Social Care. The peer team were then onsite for three days holding interviews, focus groups, and discussions to fully understand the adult social care department to develop feedback and recommendations through triangulating the evidence presented.

All information collected was non-attributable to promote an open and honest dialogue.

The members of the peer challenge team were:

- **Stephanie Butterworth** – Director Adult Social Services, Tameside Metropolitan Borough Council
- **Jon Goodwin** – Peer Challenge Manager, LGA and Interim Assistant Director, Kent County Council
- **Councillor Joanne Harding** – Lead Member for Finance, Change and Governance, Trafford Metropolitan Borough Council
- **Nick Pryke** – Deputy Director of Community Health and Adult Social Care Operations, Norfolk County Council
- **Alexandra Pitcher** – Assurance and Workforce Manager, Cheshire West and Chester Borough Council
- **John Allen** – Principal Social Worker, North East Lincolnshire Council
- **Russell Henderson** – Strategy and Transformation Commissioning Lead, Kingston upon Thames London Borough Council.

The team were on-site at Stockton on Tees Borough Council for three days from 9th July 2024. In arriving at their findings, the peer team:

- Held 36 interviews and discussions with over 150 different people including Councillors, officers, senior leaders, partners, people with lived experience, and carers.
- Read a range of relevant documents provided by Stockton on Tees Borough Council, including a self-assessment.
- Completed 8 case file audits with 22 conversations with people with lived experience.
- Had a combined social care experience amounting to over 216 years.

The peer challenge team spent approximately 184 hours with Stockton on Tees Borough Council; the equivalent of 24.5 working days. Invariably, this is still a snapshot of the organisation rather than being totally comprehensive.

Specifically, the peer team's work focused on the Care Quality Commission (CQC)

framework four assurance themes for the up-coming adult social care assurance process. They are:

Care Quality Commission Assurance themes

<p>Theme 1: Working with people. This theme covers:</p>	<p>Theme 2: Providing support. This theme covers:</p>
<ul style="list-style-type: none"> • Assessing Need • Supporting People to Live Healthier Lives • Equity in Experiences and Outcomes 	<ul style="list-style-type: none"> • Care Provision, Integration, and Continuity • Partnerships and Communities
<p>Theme 3: How the local authority ensures safety within the system. This theme covers:</p>	<p>Theme 4: Leadership. This theme covers:</p>
<ul style="list-style-type: none"> • Safe Pathways, Systems, and Transitions • Safeguarding 	<ul style="list-style-type: none"> • Governance, Management, and Sustainability • Learning Improvement and Innovation

The peer challenge team would like to thank Councillors, staff, people with a lived experience, carers, partners, and providers for their open and constructive responses during the challenge process. All information was collected on a non-attributable basis.

Initial feedback was presented to the Council on the last day of the peer challenge and gave an overview of the key messages. This report builds on the presentation and gives a more detailed account of the findings of the peer team.

Key Messages – Strengths

There are observations and suggestions within the main section of the report linked to each of the CQC themes and quality statements. The following are the peer team's key summary highlights:

- Dedicated workforce supported by strong and visible leadership “*I work for the best Teesside Council*”.
- Continuing theme of very positive and engaged wider workforce – a credit to Stockton on Tees!
- The philosophy of advocacy and person-centred working is strong across the organisation and with external partners.
- Efforts to include the voice of people are underway with the Making it Real board.
- Making safeguarding personal is evidenced at all stages with high numbers of people reporting feeling safe (ASCOF).

Key Messages – Areas for Consideration

- People state having to tell their story more than once and the front door having multiple hand off points, which is a frustration and limits the person's sense of being listened to.
- Improve integrated working across the system for those people that need a higher level of support.
- Strategic leadership across the area of transitions needs strengthening, including stronger forecast of the financial implications.
- Planning for workforce sustainability – lots of long service employees and competition in the locality for some work (care staff).
- Develop a single story from the data - be clear about “unmonitored waiting times”.

Case File Audit

As part of the Peer Challenge, a case file audit was carried out on 8 cases. Of the 8 cases, the Peer Team were able to speak to 22 people in receipt of the service (or their family/advocate) to understand their lived experience.

Strengths

- Strong person-centred narrative & recording.
- The voice of the person and the carer was apparent throughout.
- Good evidence of professionalism and values through the case record.
- Rights-based practice is consistent.
- Documentation of person's needs written with clarity and sensitivity, clearly capturing care and support needs using their words.
- Sound evidence of working with the persons wishes, feelings and what's important to them.
- Care Act eligibility and decision making is clearly documented with the person at the centre.
- Good evidence of the recording of multi-disciplinary working and decision making within assessments and case notes.
- Consistent joined up work with Social Workers and Occupational Therapist with good synergy to the assessment work.
- Financial discussions, in respect of potential charging, are clearly evident in every assessment.
- Key principles of the Mental Capacity Act 2005 identified within assessments and best interest decision making recordings.
- CHC considerations are timely and consistent.

Considerations

- Evidence of strengths-based practice is limited throughout. A strong use of statutory services, but with limited reference to the individual strengths or VCSE/ community / network support. Recording is sometimes deficit focused.
- There is good engagement with carers, but a limited reference to offer of carers assessment or other carers support services. Often carers are not recorded formally, despite being evident in notes.
- MCA recording could be clearer to show practitioner thinking and how decisions have been arrived at.
- Forms and recording templates could better give space for personalised recording to capture the voice of the person and enhance the evidence of professional decision making. Changes here could support a more strengths-based practice approach.

Lived Experience Feedback

Strengths

- People said they had confidence in support from social workers and therapy services and felt listened to.
- Staff were described as supportive, understanding and wanted to work together with people and carers.
- Once working with the team, people felt they could pick up the phone and get support when they needed it.

Considerations

- People described finding information to start with about who to contact and how, quite difficult.
- People described a lack of 'joined up' working between health services, and that they weren't advised of the support available from adult social care by health services.
- People stated that there were some long waits at the beginning of requesting support, with little information about time scales or what would happen next.

Theme 1: Working with People

This relates to assessing needs, planning and reviewing care, arrangements for direct payments and charging, supporting people to live healthier lives, prevention, wellbeing, information and advice, understanding and removing inequalities in care and support, and people's experiences and outcomes from care.

CQC Quality Statement 1 – Assessing Needs

Strengths

- The philosophy of advocacy and person-centred working is strong across the organisation and with external partners.
- The Making it Real board is increasing the voice, and valuing the expertise, of experts by experience in the organisation.
- Where people are waiting for assessment, there is good understanding of risk and some understanding of 'waiting well'.
- Staff value the visibility of the Principal Social Worker in the system and the provision of reflective learning practice sessions.
- Carers support service has good uptake and provides meaningful, person centred intervention for carers that they have a voice in.

Considerations

- People state having to tell their story multiple times, and the front door having multiple hand off points is a frustration and limits their sense of being listened to.
- A consistent approach is needed around rights-based practice and legal literacy across the workforce to ensure parity for people and their outcomes.
- Having a consistent approach to waiting well will help to reduce frustrations

and keep people informed.

- Stronger development and embedding the practice approach is needed to fully realise strengths-based practice and 'bring to life' the ambitions of the practice framework.
- Inconsistency of approach, availability and inequity in the care market limits the choice and control for people.
- The Making it Real board provides a solid foundation to move co-production from the table to the real world. The organisation needs to ensure all of this great work is embedded.

Quality Statement One: Assessing needs.

Assessment, Care Planning and Review Arrangements

It is clear from what was observed, read and heard by the Peer Team, that there is a strong and well understood strategic framework that underpins all the key areas of work across the Council. The '*Powering Our Future Programme*' is based around five key missions: Colleagues, Communities, Partnerships, Transformation and Regeneration. Since July 2023, there has been refined focus on the programme to ensure it addresses the financial challenges and opportunities, as a Borough, whilst improving outcomes for communities, including '*opportunities to build brighter futures for the communities of Stockton on Tees and reduce inequality*'. In addition to this, an acknowledgment of '*carefully managing the council's resources, creating a new relationship with communities, while providing efficient services that are valued by customers.*'

The Adult Social Care Strategy 2021 -2025 identifies 4 key priorities:

1. *To provide support to people 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.*

The peer team observed that these priorities were ‘*present and understood*’ in the staff we met across the service at most levels. Staff talked passionately about the need for timeliness and responsiveness in their approaches and expressed a high level of pride in working for the Council in Stockton on Tees. There was a tangible sense of a ‘*Team Stockton*’ philosophy and value base that was demonstrated by statements, “*I’m proud of the difference we make!*” and “*the services here would be definitely good for my family when or if the time comes*”. Staff talked openly about their pride in being able to promote independence with a focus on reducing traditional forms of care and support. Recorded information within the case files observed a strong sense of the person and what was important to them. There were high levels of sensitivity and empathy demonstrated throughout with some excellent narrative clearly capturing care and support needs using the person’s words as strong references to what mattered to them at the time.

There was also a good understanding of the Care Act (2014) and in particular the ‘Wellbeing’ principle. A clear understanding of rights-based practice was observed across all files seen of the legal framework of the Mental Capacity Act (2005) and how ‘best interest’ decision making is being taken. It should also be noted that both within case file recording observed and in discussions with the teams, staff spoke passionately about the advantages of multi-disciplinary working and close working relationships both within and across other organisations in finding good outcomes for the public.

Staff interviewed were keen to tell us how their legal literacy underpinned the work they were carrying out with the public, in terms of rights based social care, and using these frameworks to support people with choice and control, which included keeping people safe. This was triangulated from the case audits carried out, that showed understanding of legally defensible decision making and upholding people's rights, particularly from the mental capacity assessments and best interest records seen. However, the peer team felt that mental capacity recording could be clearer to show practitioner thinking and how decisions have been arrived at.

Advocacy and the voice of the resident

Stockton on Tees Council commission People First as its Advocacy Provider with the majority of referrals to this service (470 in 2023/24) for Relevant Person's Representative in relation to deprivation of liberty. The peer team observed both from the case file audit and talking to experts by experience that the voice of the person and the carer was apparent throughout and there was sound evidence of working with the persons wishes, feelings and what's important to them. Our meetings with Safeguarding Practitioners, Approved Mental Health Professionals and Best Interest Assessors was made clear to us that the role of independent advocacy, as outlined in legislation (IMCA's, IMHA's etc) was central to practice and 'business as usual'. This professional group sited good availability of Advocates in the system and a clear promotion of the role of advocacy. In addition to this the peer team observed and heard clear evidence of advocacy within the day service visit. The voice of the service user was evident in the range of sessions/activities that are organised, with regular newsletters stating what service users felt about attending the service.

The Peer Team also observed strong advocacy principles in the meetings with housing colleagues. Messages came across as "*never giving up*" on people despite struggling to maintain accommodation options or failing accommodation attempts.

The Council was described by advocacy providers and partners as "*forward thinking*", "*want to do well*" and "*really interested compared to other local authorities*". Advocacy

is seen as part of the solution. They cited good relationships between the advocacy agency and the council and that there was good professional dialogue. However, the Peer Team did hear that there was felt to be a disconnect between advocacy providers and the Making it Real board. They had not been invited to be part of the board and felt they could make a positive contribution. Finally, the peer team were also impressed by the new Care Act pilot and the restructured Care Act assessment form. The use of “I” statements and placing the service user voice at the centre of the assessment process is a strong indication of Stockton On Tees Borough Council’s commitment to ensure advocacy is strong here.

Timeliness of assessments, care planning & reviews

The latest performance information was provided on day one for the peer view visit, and it was clear from the information provided that overall waiting times for assessment were very low across all of the services within Adult Social Care. (90.6% of assessments are completed within 28 days). The largest delays were within the ‘front door’ service with 42 people waiting for transfer to other teams and 26 people waiting for Mental Health services. All of these delays were within a 28-day timescale and staff were able to demonstrate their approach to managing risk using a RAG based risk system of contacting every resident each week to establish if circumstances have changed. There was a good approach to ‘*waiting well*’ principles, but the Peer Team felt that further understanding of this would enhance the outcomes for residents, particularly within the weekly contact checks made to people.

Most impressively were the very short timescales for Deprivation of Liberty Safeguards with all formal applications and authorisations completed within statutory timescales and the organisation performing in the top quartile 25% nationally. (11 days compared to the average of 156 days across the country). In addition, minor aids and adaptations in the home, such as stair lifts, shower pods and ramps operate to timescales within ten weeks from point of contact to installation, demonstrating a real tangible positive impact on people’s promotion of their independence and least use of more traditional

forms of care and support.

Care and Support Pathways

The peer team were able to interview staff from safeguarding teams, locality teams, learning disabilities teams, hospital teams, Multi-disciplinary Service, Reablement, transitions and Community Occupational Therapists, and felt there are impressive integrated pathways out of hospital which achieve good outcomes for people resulting in few delays.

The peer team did observe that there were numerous small teams under the banner of Early Intervention and Prevention services and felt that there were areas of crossover and some duplication of task and function. This was particularly observed in talking to staff who were often describing very similar functions of early intervention and reablement. In talking with users of the service, it was clear that people described a difficulty in finding information about Adult Social Care in the first instance and then upon making contact with the service having to tell their story multiple times with a number of hand-off points cited as a frustration and limiting their sense of being listened to.

Redeveloping the Early Intervention and Prevention element of the service should be seen as a priority in order to promote the vision and principles of the council and the Adult Social Care Strategy key principles.

The peer team did identify some delays for transfers of care from within the in-house reablement team for people who had received support and who were waiting for care and support to commence at their home. Some of these delays were reported to be as high as 6 weeks beyond the support and therefore the peer team are of the opinion that it is very important that senior leadership and managers are totally clear of all delays in the system and can articulate this well within the self-assessment.

Quality Assurance

The peer team observed a well-established role and function of the Principal Social Worker (PSW). The post holder demonstrated a passion for good quality person-

centred care and support and staff described how they valued the visibility and strong day-to-day connections that was available to them as practitioners and managers. The PSW has been a key facilitator for co-producing the Adult Social Care Workforce Development Plan 2024-26, which staff referred to and talked about and also how they valued the PSW taking time to meet all new starters, having a strong focus on their continuing professional development.

There is strong focus on quality with the newly developed Adult Social Care Practice Framework, which is a good start, but the peer team felt there was limited evidence of strengths-based practice throughout case recording with some of the case file recording observed as deficit focused. Whilst there was a strong use of statutory services, there was limited reference to the individual strengths or the Voluntary Community and Social Enterprise Sector (VCSE) / community / network support.

The peer team would recommend that the ambitions of the Practice Framework need to set out a much more clearly defined set of principles of strengths-based working and how this is nuanced and different from 'person-centred' support. Referencing the work of 'Think Local Act Personal' (TLAP) and Making it Real 'I' and 'We' statements will bring about specific principles that should underpin and help to benchmark practice, along with examples of what good looks like and how this is seen in practice. This should be followed with some clearer defined strengths-based practice development opportunities that encapsulate the true definition of strengths-based practice and support staff in understanding the difference.

It was noted by the peer team that the joint reflective peer practice forums have been well received by staff across the organisation. Staff and other key stakeholders have equally been very complimentary about the internal quality assurance processes by the PSW and Lead Occupational Therapist (LOT)), and staff interviewed were very positive about learning and development opportunities across the workforce.

A Quality and Workforce Development team were set up in 2023 focusing on training compliance and needs and to ensure mandatory compliance is met for staff in key

areas of knowledge such as Safeguarding and legal literacy.

Workforce of Adult Social Care

The workforce of operational adult social care is delivered across 21 teams, offering a range of support and specialist intervention, including community-based day options and a dedicated short breaks service for adults with an identified learning disability. This workforce totals approximately 482 staff including commissioners as well as managers and leaders, made up as 87.3% female and 12.6% male staff. The current workforce over 55 years old is 30% and under 25 years old is just 8%. Currently, vacancies are very low across all areas of the service.

Whilst the peer team could see the newly developed workforce strategy 2024–26, and could see the ‘golden thread’ of the vision of the council and its operational strategies, the team felt more is needed about the tangible actions that will support a ‘shift’ of the age profile of the workforce. “*Stockton is somewhere where we come and stay!*” was a typical level of narrative heard by the peer team in meeting many of the staff and this is seen by levels of long service for many. Whilst this is cause for celebration and clear demonstration of the value that staff feel about working for the council, consideration should be given as to how new recruitment will be formed strategically via innovative approaches to recruitment and specific targeting of key positions that are often difficult to recruit to such as Occupational Therapists and Social Workers. Building an articulate career progression pathway in partnership with key stakeholders across the local NHS, Independent Care and Voluntary sector will support this.

Quality Statement Two: Supporting people to live healthier lives.

Wellbeing Principle

As read within the Self-Assessment, Stockton on Tees has one of the largest gaps in England for life expectancy and healthy life expectancy between the poorest and most affluent areas. It ranks 113 out of 317 local authorities in England in the Index of Multiple Deprivation.

The current Health and Wellbeing Strategy 2019-2023 is being refreshed and co-produced by partners and key stakeholders. Its key messages have a strong well-being principle throughout:

- *All children and families have the best start in life*
- *Everyone has a healthy standard of living*
- *Everyone lives in healthy and sustainable places and communities*
- *Everyone lives long and healthy lives*

The peer team observed strong messages of 'wellbeing' and the wellbeing principle within the council and adult social care, and it was clear from what was heard from most of the people met over the 3 days that the peer team were on site that the 'Wellbeing' principle and 'good health' is at the heart of what all practitioners are saying and carrying out in their daily practice, fundamentally demonstrating a real commitment to the principle of 'wellbeing as set out within the Care Act (2014).

Carers

As referenced within the Self-Assessment the 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. At the point of this transfer there were 103 carers registered with the service. In 2024, this is now recorded at 2436 which is seen as an estimated support to 12% of the unpaid carer's population in the Borough. 100% of carers receiving a service have a direct payment compared to the England average of 76.8%. Whilst support can vary from advice, support and signposting, there are others who have a range of practical levels of support such as the 'Time Out' service which offers up to 8 hours of support per month free of charge for carers to have a break from their caring role. The peer team were very impressed by the range and quality of these services and agreed with a staff member of the carers team – *"what we do is real early intervention!"*.

Quality Statement Three: Equity in Experiences and Outcomes.

Diversity and Equity

The peer team felt that the messages and images contained with the Vision for Adult Social care were not reflective of the increasing diverse population of Stockton on Tees and the council's commitment to equality of experience not as explicit as it could have been. 'In 2021, 4.6% of Stockton on Tees residents identified their ethnic group within the "Asian, Asian British or Asian Welsh" category, up from 3.5% in 2011. The 1.1 percentage-point change was the largest increase among high-level ethnic groups in this area.' (ONS (2024)).

Staff talked very positively about "*we are all Stockton*", and that equity for people across the community and providing services is "*good enough for my family*". The sense of collaboration and working together was inclusive and felt genuine. There was no sense of oppressive practice in any of the conversations, but also, no anti-oppressive examples that came through in the discussions. Care and support providers did talk about the disparity for people with learning disabilities in access to equity in health care provision. Providers stated that there is inequality, but this picture is improving with support from the Council and in particular the commissioning team through work done by the Enhanced Health Care Team.

The training offer to providers from Stockton on Tees Borough Council has upskilled the care workforce to enable them to advocate better for the people they support, helping to remove some of the barriers to equality in health and care provision.

From a broader perspective, the Director of Public Health spoke about the refreshed Health and Wellbeing Strategy and how multi-disadvantaged communities is a focus to ensure equity of experience and outcomes. In addition to this, The '*Coalition of the Willing*' group is chaired by Director of Adult Social Services and this is providing a clear governance for system partners to come together to tackle health inequalities, system challenges and continuous improvement across the local system, which strategically will underpin future actions.

Whilst the peer team are of the opinion that the ethos and principles of equality and diversity are embedded in the customs and practice, the peer team observed it is not easy to identify the *'golden thread'* through policy and practice, and this area therefore needs to be more explicit.

Co-Production and Engagement

The 'Making it Real' Board was established in January 2024 and the peer team consider this to be an exemplar of the best examples of co-production seen within a local authority. The peer team spent time with the 'Making it Real' board members and were impressed by the tangible difference the board is making in terms of an authentic forward-thinking foundation of co-production, rather than engagement.

The peer team heard of the excellent examples of involvement at many levels of the organisation in its design and shaping. We heard powerful messages that were impactful. *'really honest conversations', "citizens doing what citizens want to hear", "If co-production isn't messy, you're not doing it right!"*.

It was felt widely across the Peer Team that this needs to continue to develop and should be more widely shared as a model of good practice for other local authorities to follow.

Theme 2: Providing Support

This relates to market shaping, commissioning, workforce capacity and capability, integration, and partnership working.

Strengths

- Evidence of data and research being used to inform strategic transformation. e.g. Improving quality in care homes.
- Efforts to include the voice of people are underway with the Making it Real board, examples of experts by experience being involved in commissioning

new services including evaluating a tender for a day opportunity.

- There are a range of day opportunities services that enable people to live good lives at home e.g. (Wag and company) and the STEPS service connecting people to the VCSE.
- Investment in the provider workforce supports better outcomes for people.
- There is evidence of good working relationships across the system to enable good outcomes for people – e.g. Hospital discharge and the Integrated Single Point of Access (ISPA).
- Reablement outcomes are very good, with a high number of people not requiring a long-term package of care after six weeks.

Considerations

- Consideration of post hospital offer, intermediate care - is it reaching enough people, is the estate working?
- There needs to be a consistent approach to relationships with providers, including quality framework, future opportunities and some specific issues about payments.
- Increase focus on early intervention to prevent unnecessary admissions or interventions.
- There's a need to improve the housing offer and more long-term planning, based on population need.
- Improve integrated working across the system for those people that need a higher level of support.

Quality Statement Four: Care Provision, Integration, and Continuity

The peer team agreed with the findings of the Council's Self-Assessment with regards to commissioning activity and the 'golden thread' messages from *'Powering Our Future'* and supported from within the *Adult Strategy 2021-25*, the Health and Wellbeing Strategy (due for publication August 2024) and the newly refreshed *Market Position Statement 2023-26*.

It is clear from the information the peer team read and then triangulated with what we observed and heard, that these strategies were formed from feedback with partners and key stakeholders. The level of care provider and stakeholder engagement was very impressive, with a number of engagement and collaborative developments, that have served to redesign and recommission some key contracts, as well as the development of Tees Complex Care and Support framework, and the formation of a leadership and peer support network, which is enabling the sharing of good practice, leadership development and partnership working across providers.

The Council spends £55.9m per annum on its commissioned Adult Social Care services (2021 data), including its in-house services. £32.5m of this is spent on the provision for residential/nursing care for all adults and older people, including those with a learning disability and mental health, with £14.1m being spent on care and support at home services.

The peer team heard that 70% of all mental health placements were made out of the area but could not see a clear plan or proposal to address this and stimulate local market development. The peer team wanted to understand and see evidence of market development either in the VCSE preventative space or in gaps like mental health supported living issues and could not see explicit information on any work that is able to project need into the future, alongside a sufficient understanding of gaps as part of a commissioning strategy. Whilst it is fully acknowledged and understood that developing a more aligned housing and support strategy as part of *'Powering Our*

Future, we would recommend a much clearer acknowledgment of the issue within the Self-Assessment and a clear plan to be set out as part of this.

Understanding and management of the market and quality assurance

Stockton on Tees care and support provision has an above average percentage of care homes rated at 'Good' or 'Outstanding', with the England average being 75.7% and the council's overall regulated providers recorded at 77.8%. Split down, this identifies Care at Home services rated 84% at 'Good', with 3% 'Outstanding' and for Care Homes rated at 78% 'Good' with 6% 'Outstanding'. However, it was noted that whilst this is an overall higher than average rating for good or outstanding, there remains to be 16% of care homes with a rating of 'Requires Improvement' and 10% of care at home providers with a rating of 'Requires Improvement.'

Whilst acknowledging there are areas across the care market of excellent provider quality, the peer team felt the work with the provider assessment and market management solution (PAMMS) needed greater evidence of its impact as a quality framework, that would provide assurance as to the performance, legal compliance, risk and quality of providers. Some providers told us that they had not had a quality assurance visit, and that they felt strongly this would support them to be cognisant of their assurance and governance.

The peer team would therefore recommend being clearer as to how market quality and intelligence is being monitored and used across commissioning and in particular clear plans as to how the gap in quality will be reduced. This should also be reflected in the self-assessment.

In-house provider services

The following are regulated services and their most recent CQC inspection outcomes:

- Rosedale Centre – CQC Rating - Good
- Oak Road Residential Care Home – CQC Rating - Good
- Lanark Close Short Breaks Service – CQC Rating - Good
- Stockton-on-Tees Shared Lives Service – CQC Rating - Good
- One Call – CQC Rating - Good

The following are Non-Regulated Day Services:

- Halcyon Centre and Livewell Hub
- Allensway Day Options
- Community Day Options
- STEPS Community Bridge Building

The peer team were very impressed by the in-house quality of services to residents, and feedback from people with lived experience demonstrated the commitment of the Council to support good outcomes.

Making it Real and Engagement

As referenced in section 1, the role of the Making it Real board is really important for the Council's commissioning intentions. It is clear that this is an example of 'true co-production, rather than consultation or *'tokenistic engagement'*, where the voice of people with lived experience is at the heart of the design of services. Good examples were heard where experts by experience have taken part in the tendering process for a day opportunity (Ware Street Day Services.) In addition to this there were other

examples observed where ‘*experts by experience*’ have been involved in the organisation’s planning and activity models and supported to shape the programme. The recent appointments of Lived Experience Co-ordinator and Assurance and Co-Production Manager will continue to support innovation and strong involvement at all levels in the organisation and demonstrates Stockton-on-Tees’ commitment in this in area to make a real difference.

Relationships with providers and support for them to provide continuity of care.

The peer team were very impressed by the relationships that have been built and created via the regular quarterly forums in place to ensure effective communication. *“Our shared values are ‘Respect, Responsibility and Excellence’ - “All of this is down to the transformation team – they are really supportive”* Others equally cited the role of the transformation team – *“we are research led and research leading! We really are proud to be influencing strengths-based care and support. We would not be here had it not been for Stockton on Tees Borough Council – they have been real enablers and supported us in our ‘well led’ journey!”*

It was noted however, that whilst this level of excellent feedback was strong and came across particularly from many providers, some other providers felt that there was more the Council could do in terms of recognition of achieving an ‘*outstanding*’ inspection finding from the regulator. Many providers highlighted that connections across some of the locality operational services were not as strong and could be improved, with some sense of disconnection and having to ‘chase’ for urgent reviews. The peer team would recommend having some greater operational connection in to the provider forums which would create a stronger connection and support developing more planned review functions.

The peer team also noted that the implementation of ‘minute by minute’ billing had caused charging to vary for some users of the services, and providers were often left

to try to support and explain to people, which was causing some frustration. This was revoked in August 2023 following engagement with providers.

Hospital Discharge

The Self-Assessment identifies Stockton on Tees improving performance for those people remaining at home 91 days following discharge from hospital or reablement services. This is 94% and is higher than the England average at 82.4%, which is impressive.

Aligning funding from the Better Care Fund and Adult Social Care Discharge to Assess fund, is demonstrating some good outcomes to support hospital discharge and people remaining living at home in the community. The Integrated Single Point of Access was seen and observed as a well-functioning integrated space for staff to ensure the person is central to the assessment and plans of support around them. The team told us how they are *'proud that they hear the patient's voice through everything.'*

However, it was generally observed by the peer team that there could be a greater more defined *'Home First'* model that has a stronger focus on how services can be shaped to respond quickly to avoid hospital admission, coupled with clearer and more defined pathways of reablement support and clear step-down pathways to ensure people are not delayed waiting for commissioned care at home services to commence. Some staff cited delays as long as 17 weeks for care at home services to start, following reablement, in which delays in assessment were seen as a factor in this.

Staff also described how they were working with colleagues in the acute trust in very positive ways, but hugely aware that lack of integrated systems were a factor in sharing essential Multi-Disciplinary Team (MDT) information and how 'paper-based systems' hampered efficient information sharing. The peer team would highlight the importance of a refreshed model of Home First in order to fully support the key priority 1 and 2 of the Adult Social Care Strategy (provide support to prevent, reduce or delay the need

for on-going support and maximise their independence and ensuring People can get the right level of support at the right time)

Quality Statement Five: Partnerships and Community

The peer team met colleagues from housing and could see a clear demonstration of the understanding of housing and adult social care legal frameworks and service criteria across these services. It was impressive to hear that staff were flexible in their application of service criteria and service boundaries in working together to create good outcomes for residents who would be in danger of falling through the gaps in some service provision.

However, it was felt that some of the relationships on a strategic level remain immature and require further development and shaping and would benefit from a clear housing and social care strategy to ensure those people with complex mental health and learning disability could be provided with more flexible support closer to the borough.

Relationship with Voluntary, Community and Social Enterprise Sector

Continuing the strongly observed 'golden thread' of Stockton on Tees's strategic framework 'Powering Our Future' and in particular 'Partnerships', the Peer Team observed, heard and have read very strong messages about the importance of partnerships and working together in establishing good outcomes for its residents.

As seen in the Self-Assessment, there are a number of *'resilient and established partnerships to ensure a joined up and sustained approach to prevention'*,

Key services include:

- The Multidisciplinary Service
- Integrated Single Point of Access
- Intermediate Care, adaptations and equipment
- The Livewell Dementia Hub

- Learning Disability Day Services
- Social Lights
- Community Connect
- Community Spaces
- STEPS
- The Bread-and-Butter Thing

The peer team had contact with a number of these services and could see the real benefit and impact they are making in terms of prevention and were very impressed by the quality and breadth of support they were providing. Overall, there was excellent feedback provided about relationships across the council, but some services wanted to hear more about opportunities to tender for specific services and felt '*left out*' of this.

The peer team would therefore recommend a greater level of connection across the VCSE group in particular around the area of 'prevention' and strengths-based practice, where many of these services can be leaders in this space.

Theme 3: Ensuring Safety

This area relates to Section 42 safeguarding enquiries, reviews, safe systems, and continuity of care.

Strengths

- Strong Stockton focus within TSAB, willingness to address complexity and to utilise feedback to improve.
- There is trusted and effective safeguarding partnership working across SBC and the wider system.
- A broad range of Safeguarding cross boundary training and best practice forums available for staff and providers.

- Making safeguarding personal is evidenced at all stages with high numbers of people reporting feeling safe (ASCOF)
- Strong safeguarding leadership and cross team support offer
- Robust 'checks and balances' ensuring social work and OT practice is person-centred and meets required professional standards

Considerations

- Duplicated effort in s42 enquiries can cause confusion of roles and responsibilities and challenges ability to make safeguarding personal.
- Front door is currently struggling to meet demand, truly connect people to a timely prevention offer and adds additional layers to the care journey.
- Transitions into adulthood needs to be defined, proactive and safe. Current pathway is creating "poor experiences and outcomes"
- Focus on waiting times within care pathways is needed.
- Develop a data set that enables managers and teams to drive continuous improvement and give assurance of safe systems.
- Take the opportunity to learn and improve from all sources of feedback i.e. informal complaints.

Quality Statement Six: Safe systems, Pathways, and Transitions

Teesside Safeguarding Adults Board (TSAB)

Members of the peer team met members of TSAB and a range of key leaders and stakeholders. It was clear from the open discussions that relationships are very established, and priorities are closely connected across both Community Safety and Safeguarding within the Stockton on Tees borough.

Stockton on Tees is one of four local authority members within the board, which is led by an independent chair. There are six statutory members and 23 non statutory

members, continuing the strong theme of Stockton's 'golden thread' of strong partnership working and engagement at all levels. *"The voice of Stockton is strong in the joint board"* was a statement we heard.

As seen in the Self-Assessment, data from TSAB identifies 1690 Safeguarding concerns being received in 2022/23, 10% more than the previous year, with 97% of enquiries stating that *'action was taken to mitigate risk, and it was either reduced or removed'*. Overall, there was an increase of people *'feeling safe'* at 74.1% in 2022/23, an increase from 68.3% in 2021/22.

The peer team heard about the strong assurance framework in place across the board, via the multi-agency audit programme, which is based on the learning and key themes from previous years, including learning from Safeguarding Adult Reviews and looking at themes such as professional challenge and professional curiosity. The self-assessment tool, ratified by the board, currently rates Stockton on Tees safeguarding 7 out of 8 areas rated as 'Green', backed up by the data above. Other assurance measures that were seen to be well established and in place were the High-Risk Adults Panel where multi-agency partners *'bring skills and knowledge to share ideas and views of how best to support the adult their family and wider community from abuse and/or neglect'*.

The peer team also heard about the broad range of Safeguarding cross boundary training via the *'Me Learning'* platform available for staff and providers and were impressed by its relevant themes, covering legal literacy, Trauma training, Making Safeguarding Personal, S42 Enquiries, Criminal and Sexual Exploitation, and Modern Slavery.

Preparing for Adulthood

The Peer team read and noted that work is underway within the *'Powering Our Futures'* Programme, regarding the challenges identified in supporting children with disabilities and those with special education needs and disabilities as they become young adults. Our findings, from what we observed and heard, were that young people and their families were often experiencing poor outcomes due to lack of joined up and connected

pathways. “we need a whole life approach to working with young people” was a quote from a member of staff.

Whilst the peer team can see the strong intention from the council across both SEND, Children’s services and Adult Social Care, it felt that there needs to a much more clearly defined ‘*Preparing for Adulthood*’ strategy, which could take the excellent philosophy and values driven approach with Stockton on Tees of co-production and partnership working to produce this strategy and operational pathway, developed jointly across all parts of the council. This should therefore be seen as a priority and placed with the areas of consideration and development with the Self-Assessment.

Quality Statement Seven: Safeguarding

The Peer team met the Adult Safeguarding team which manages and progresses section 42 enquiries, working directly with people to keep them safe from neglect, harm or abuse. There was a clear understanding and awareness of risk across the team and this could be seen by the systems in place for addressing concerns and actions to mitigate identified risk. There are no delays present for Section 42 enquiries. However, there were some mixed views described by staff across the service about practice responsibilities undertaking section 42 enquiries and we heard that the safeguarding operational pathway is sometimes unclear with duplication of work and multiple hand-offs. Further consideration should be given to the clarity of this, particularly within the development of the ‘front door’ and how and where safeguarding should position itself in this space.

Making Safeguarding Personal

It was clear from the discussions, that the team have an excellent understanding of the principles of ‘*Making Safeguarding Personal*’ and have a robust understanding of the legal frameworks of the Care Act and the Mental Capacity Act. It was noted that the Adult Safeguarding Team have been nominated for the Stockton on Tees Adult Social Care Team of the Year Social Work Awards 2024 ‘*in recognition of its focus on Making*

Safeguarding Personal, partnership working and the positive outcomes for the people it has worked with’.

From what was observed and heard, there is a good level of safety in the system, with some excellent daily, weekly and monthly partnership meetings in place and established. The Peer Team heard from staff how proud they are to work within the team, with a particular focus around *‘the voice of the person, team working, management availability, networking across the system, culture and openness, learning, and response times’.*

Theme 4: Leadership

This relates to strategic planning, learning, improvement, innovation, governance, management, and sustainability.

Strengths

- Dedicated workforce supported by strong and visible leadership *“I work for the best Teesside Council”*
- Evidence of some excellent partnership working e.g. across Health systems, Healthwatch and Advocacy services – “progressive very forward-thinking LA”
- Increased scrutiny and forward planning being applied to the financial position
- Focus on staff development enabling progression
- Leadership committed to co-production. ‘Making it Real’ Board strong example
- ‘Powering Our Future’ setting a strong strategic vision for the area

Considerations

- Planning for workforce sustainability – lots of long service employees and competition in the locality for some work (care staff)
- Opportunities to consider charging for some services that are currently

provided free of charge

- Strategic leadership across the area of transitions needs strengthening, including stronger forecast of the financial implications
- Continue to promote Stockton ‘the place’ in a large ICB footprint.
- Develop a single system story from the data - be clear about “unmonitored waiting times”

Quality Statement Eight: Governance, Management, and Sustainability

The peer team observed there are clear and effective governance, management and accountability arrangements at all levels within the local authority. These provide visibility and assurance on:

- delivery of Care Act duties
- quality and sustainability and risks to delivery
- people’s care and support experiences and outcomes

The local authority uses information about risks, performance, inequalities and outcomes to inform its adult social care strategy and plans, how it allocates its resources, and how it delivers the actions needed to improve care and support outcomes for people and local communities.

There is an articulate, visible and highly respected senior team in place, supported by the Cabinet Member for Adult Social Care, who all understand the strategic priorities for the service and have demonstrated an impressive number of transformational developments over the previous two years. Both the Chief Executive and Director of Adult Social Services are very visible and work hard to engage and listen to staff with good connections in place. *“I live and work here”, “We are a listening organisation”, “We can get access to the ‘top management’ - we can be heard!”, “Our seniors are very supportive!” “We like the ‘Mike Live’ sessions – they are really valuable!”*

As previously referenced throughout this report, Stockton on Tees has strong

partnership working across the organisation at all levels, and this was seen both set out within the framework of the Self-Assessment and then seen and heard from many stakeholders. NHS partners were overwhelmingly positive about working with Adult Social Care and talked about how this benefits key contracts and a “*focussed effort to improve*” and discussions that were “*open minded*” as strong motivators to making change happen. Given the size and scale of the Northeast and North Cumbria Integrated Care System and the Tees Valley Integrated Care Partnership, the peer team would want to highlight the importance of continuing to promote Stockton on Tees ‘*the place*’ to ensure its voice remains present and strong for its residents within a large health and social care ‘footprint’ for the region. We were therefore impressed to see both the Director of Adult Social Services and Chief Executive chair key partnership forums (Coalition of the Willing and Team Stockton). The strong relationship with Healthwatch was also evident where there was a clear focus on collaboration and transparency with a clear joint work programme. Of particular note, the peer team observed how these partnerships have a strong connection and feedback loop with the ‘*Making It Real*’ Board indicating a real desire to hear the voice of the resident. “*The Council are not doing it because they have to - they are doing it because they want to*” (Feedback from a key stakeholder).

The peer team observed that there is strong oversight of the financial position of the service and a savings target of £1.893m for the council overall to reach a balanced budget position for 2024/25, primarily led through the work of the ‘*Powering Our Futures*’ programme. It is clear from what was observed and discussed with the leadership team that there is increased scrutiny and forward planning being applied to the financial position, but the peer team felt that there were opportunities to charge for some services that are currently provided free of charge to the public and therefore create a further income stream. In particular, the provision of carers ‘Time-Out’ service was felt to have opportunity in this area, either with a ‘standard charging model applied or ‘means tested’. This may create opportunity to broaden this for more carers going forward enabling greater sustainability of its provision and importance.

In discussions with the Performance team, it was clear that leaders and senior managers are using data well and are 'intelligence rich' in their ability to interpret the information and take management actions. However, the peer team did hear that more training was needed to develop a greater understanding and use from local Team Managers and teams in order to understand how their performance was impacting on the wider council.

We also felt there is opportunity to develop a single system story from the broader data capturing all of the service, particularly as part of a service user journey where there are currently 'unmonitored' (i.e. not within Power BI) waiting times particularly within reablement. Consideration should also be given to the synergy between performance and finance in order to tell the broader picture of the performance of the service.

Quality Statement Nine: Learning, Improvement, and Innovation.

Learning from people's feedback about their experiences of care and support, and feedback from staff and partners is embedded throughout the local authority's work which informs strategy, improvement activity and decision making at all levels. There is a strong approach to inclusion and co-production underpinned by the *Making it Real Board* in terms of shaping decision making and service development.

There is an inclusive and positive culture of continuous learning and improvement. The local authority has strong external relationships that support improvement and innovation. Staff and leaders engage with external work, including research, and embed evidence-based practice in the organisation. There are processes to ensure that learning happens when things go wrong, and from examples of good practice. Leaders encourage reflection and collective problem-solving and this approach was seen at many levels from local feedback from residents via complaints, right to through to learning from Safeguarding Adult Reviews. However, the peer team felt that more could be done around the reporting and recording of complaints whether these have been resolved through informal resolution or via the more formal complaint process.

This will enable a much richer and deeper form of feedback to the organisation that might otherwise be missed.

We saw a developing Workforce Strategy that has a good focus on staff development enabling career progression, and this was reflected in staff feedback within focus groups about development opportunities across the service. However, as highlighted previously in this report, the peer team would give question to the sustainability of the workforce over the next five years, given the significant number of staff with a long length of service, as stated in the Self-Assessment *'those staff over 55 make up 30%, estimating there will be approximately 1,700 posts reaching retirement age in the next 10 years.'* Consideration should therefore be given to the talent mapping of the future workforce and a clear understanding of what roles are likely to be needed in the future, particularly at the 'front door' and within more specialist functions. In addition to this, it should be noted that the workforce needs to reflect the wider population within its workforce. *'In 2021, 4.6% of Stockton on Tees residents identified their ethnic group within the "Asian, Asian British or Asian Welsh" category, up from 3.5% in 2011. The 1.1 percentage-point change was the largest increase among high-level ethnic groups in this area.'* (ONS (2024)) As well as targeted recruitment, further work needs to be developed to ensure the organisation and its imagery reflects the diversity of its workforce.

There are a clear set of system priorities framed well within the 'Powering Our Futures' programme that are shared by all leaders and staff across both Stockton-on-Tees Council and with their partners. People are very positive about their leaders and the support they receive. People told us that they felt valued, supported and listened to by their immediate managers. People were very positive about their experience of working in Stockton on Tees and enthusiastic about their services. There is a real and tangible sense of pride by everyone working in the organisation lead and supported by the Director of Adult Social Care and her immediate senior leadership team.

The peer team were very impressed by the positivity and enthusiasm of everyone they met within the council. and could see the tangible impact they are making on the lives of people in Stockton-On-Tess. We wish them well in their journey to becoming an “outstanding” service.

Top Tips for Assurance Preparation - for consideration

- Appoint an adult social care lead.
- Regular Political briefings.
- Secure tangible corporate support and buy-in.
- Maximise the Council's adult social care business intelligence capacity to inform the self-assessment, especially data driven evidence.
- Get health partners and integrated services leadership on board.
- Compare and learn from children's inspections.
- Gather insights from partners and providers.
- Be clear on approaches to co-production and responding to diverse needs.
- Encourage organisational self-awareness.

Lessons learned from other peer challenges.

- Councils need an authentic narrative for their adult social care service driven by data and personal experience.
- The narrative needs to be shared with those with a lived experience, carers, frontline staff, team leaders, middle managers, senior staff, corporate centre, politicians, partners in health, third sector and elsewhere.
- Ideally this story is told consistently and is supported by data and personal experience - don't hide poor services.
- This will probably take the form of:

- What are staff proud to deliver, and what outcomes can they point to?
- What needs to improve?
- What are the plans to improve services?
- In the preparation phases, consider putting it on all team agendas **asking staff what they do well**, what's not so good and to comment on the plans to improve. Collate the information from this process and add to the self-assessment. Ensure the self-assessment is a living document that is regularly updated.
- Immediately prior to CQC arriving, ask staff what they are going to tell the regulator. **How is their experience rooted in observable data** and adds to the overall departmental narrative? These stories drive the understanding of yourselves and others.
- The regulator is interested in outcomes and impact from activity. The self-assessment needs to reflect this as do other documents.
- **The conversation with the regulator is not therapy!** For those interviewed it should be a description of what they do and the impact they have had in people's lives. Case examples written in the authentic voice of those with a lived experience bring this alive.

Immediate Next Steps

We appreciate the senior political and managerial leadership will want to reflect on these findings and suggestions to determine how the organisation wishes to take things forward.

Whilst it is not mandatory for the Council to publish their report, we encourage Council's to do so in the interests of transparency and supporting improvement in the wider sector. The LGA would like to publish this Preparation for Assurance Peer Challenge Report on the Association's website but will only do so once we have been

advised that it has been put in the public domain by the Council through its own internal governance processes.

As part of the peer challenge process, there is an offer of further activity to support this. The LGA is well placed to provide additional support, advice, and guidance on several the areas for development and improvement and we would be happy to discuss this.

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In the meantime, we are keen to continue the relationship we have formed with the Council throughout the peer challenge. We will endeavour to provide signposting to examples of practice and further information and guidance about the issues we have raised in this report to help inform ongoing consideration.

Contact Details

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For more information on the programme of adults peer challenges and the work of the Local Government Association please see our website: [Adult social care peer challenges | Local Government Association](#)