

# Telford and Wrekin Council: local authority assessment

[How we assess local authorities](#)

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## About Telford and Wrekin Council

### Demographics

Telford and Wrekin is a place of contrasts: Originally designed as a commuter 'new' town for some of the bigger cities in the Midlands, the town has a mix of urban and rural areas and now sees itself as a 'young' town. The 2021 census shows the rapid expansion of housing in the area has led to an influx of working-age people attracted by the local economy and facilities. In addition, longer-term residents are ageing, with a 51.8% increase in people aged 70 - 74 in the last 10 years and 20.5% of the local population identify as living with a disability. The total population in 2022 was 188,870 people, an 11.4% increase over 10 years, and continues to grow above national rates.

Telford and Wrekin has areas of relative affluence, as well as areas of significant deprivation, with 24.9% of the population living in the 20% most deprived areas nationally. On the Index of Multiple Deprivation, Telford and Wrekin has a score of 6 (with 10 being the highest and most deprived).

Life expectancy in Telford and Wrekin is lower than the national average, with men expected to live 78.0 years (England average 79.3 years) and women expected to live 82.1 years (England average 83.1 years). However, this varies significantly between the most and least deprived areas, with women having an inequality in life expectancy of 6.4 years and men 8.8 years.

Ethnicity data shows 88.19% of the population is White British or White other, with 5.43% Asian and 2.88% Black, Caribbean, or African. However, the non-British population in the area has increased by 10.5% in the last 10 years and is becoming increasingly more diverse.

Telford and Wrekin is part of the Shropshire, Telford and Wrekin Integrated Care System (ICS) which is the smallest in England. The local authority has a strong borough-based partnership with other key stakeholders, as well as Shropshire local authority which makes up the remainder of the ICS.

Telford and Wrekin has a stable, Labour-led administration, winning a further majority in May 2023.

## Financial facts

- The local authority estimated in 2022-2023, its total budget would be **£310,398,000**. Its actual spend for the year was **£326,774,000**, which was **£16,376,000** more than estimated.
- The local authority estimated it would spend **£62,026,000** of its total budget on Adult Social Care in 2022-2023. Its actual spend was **£71,349,000**, which was **£9,323,000** more than estimated.
- In 2022-2023, **22%** of the budget was spent on Adult Social Care.
- The Local Authority has raised the full Adult Social Care precept for 2023-2024, with a value of **2%**. Please note the amount raised through Adult Social Care precept varies from Local Authority to Local Authority.

- Approximately **2,475** people were accessing long-term Adult Social Care support, and approximately **1,360** people were accessing short-term Adult Social Care support in 2022-2023. Local authorities spend money on a range of Adult Social Care services, including supporting individuals. No two care packages are the same and vary significantly in their intensity, duration, and cost.

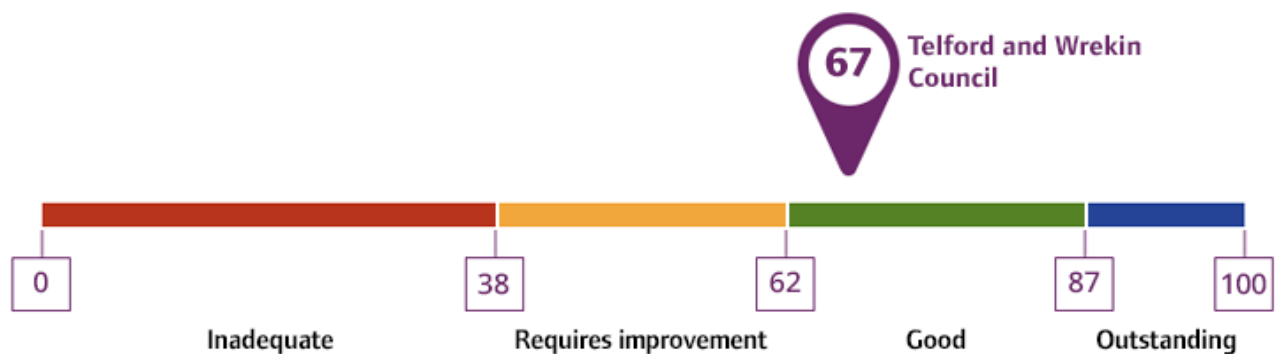
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# Overall Summary

## Local authority rating and score

Telford and Wrekin Council

Good



## Quality statement scores

Assessing needs

Score: 2

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## Supporting people to lead healthier lives

Score: 2

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## Equity in experience and outcomes

Score: 3

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## Care provision, integration and continuity

Score: 3

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## Partnerships and communities

Score: 3

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## Safe pathways, systems and transitions

Score: 3

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## Safeguarding

Score: 2

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## Governance, management and sustainability

Score: 3

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## Learning, improvement and innovation

Score: 3

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# Summary of people's experiences

People's experience of Adult Social Care in Telford and Wrekin were mostly positive.

People told us Care Act 2014 assessments were conducted professionally, using strength-based approaches and focused on whole-family support to ensure people could live at home for longer (through the local authority's 'Home-First' strategy).

Whilst people told us there were some delays in assessments and reviews, these were managed for risk and included signposting to alternative support options to meet non-eligible needs. We heard from unpaid carers who struggled to access respite services and found communication with the local authority a challenge at times due to increased demand for services and staffing levels. However, overall people felt positive about the support for unpaid carers in the area.

People told us senior leaders worked closely with housing, Public Health, and health partners to identify health inequalities. There were several strategic initiatives to prevent, reduce, and delay the need for intensive care and support, both in the community and in structured support services. Frontline teams worked with partners and stakeholders to improve outcomes for people around hospital discharge and reablement, as well as providing adaptations and equipment to promote recovery and independence.

Difficulties in processes around direct payments, and Disability Related Expenses (DRE) meant people found it hard to understand how to maximize their care choices, but positive community links and clear pathways for engagement meant these concerns were raised, listened to, and had started to be acted on by the local authority. However, these changes would take time to embed.

Most people reported positive experiences of transitions between children and adult services, although there were some examples of inconsistent staff approaches to communication and consultation, despite clear processes in place.

People shared examples of the local authority engaging effectively with communities to understand the needs of all groups, and then working co-productively with people with lived experience, staff champions, and the authority's partners and stakeholders to address those needs and concerns. Changes were implemented through both reactive and proactive strategies to ensure people felt safe in their communities, were in control of their lives, and had access to services which met their individual needs.

# Summary of strengths, areas for development and next steps

At the time of this assessment the local authority was realigning its 2 locality teams to short term and long-term borough wide teams to address the impact of some of the more significant health inequalities in the area. Rapid increases in demand for Adult Social Care services, combined with local areas of deprivation, had seen senior leaders and established cabinet members working cohesively and collaboratively with partners to pool resources to tackle current and future care and support needs.

We heard from partners and people using services how innovative approaches to coproduction, engagement, and inclusion, were embedded in local authority processes. These were supported by the strategic board structures and staff culture. Co-production is when people are involved as an equal partner in designing the support and services they receive.

Links with housing had recently been strengthened to provide improved outcomes in supported accommodation, and enabled bespoke solutions for people maintaining independent living, delaying entry into statutory services through the use of assistive technologies. In particular, changes in Extra Care and Supported Living Services aimed to meet future demand and offer opportunities for people living outside of the area to return to Telford and Wrekin had begun, with the first of a number of new supported accommodation sites opening early 2024.

The local authority was investing directly in the delivery of housing solutions through their 'Housing Intervention Fund', using their wholly owned housing company and provider services, in addition to working with housing providers, and ensuring where they used Section 106 agreements (S106) to deliver affordable housing, it was meeting need. S106 is a legal agreement between a local planning authority and a developer or landowner. It's a mechanism that ensures a development is acceptable in planning terms and makes a positive contribution to the local area.

National data for Telford and Wrekin showed people receiving Adult Social Care services, including unpaid carers, felt safe, most trends were in line with national averages and improving over time. For example, in the 2023 Adult Social Care survey (ASCS) which measures how well care and support services achieve the outcomes which matter most to people, 68.98% of people using services said they felt safe (compared to the England average of 69.69%). Further data provided by the local authority suggested this satisfaction rate had improved in 2024.

Feedback from partner organisations was positive, with particular focus given to good practice in continuous learning, partnership working and shaping the local care market to meet people's needs. However, concerns about consistent approaches to direct payments, deprivation of liberty safeguards (DoLs) and accessible information standards meant partners felt there were areas of improvement around safe processes and in equity of experience for people receiving care and support services.

Staff and leaders told us of strong leadership and a culture of transparency and learning. Staff gave us good examples of care provision arrangements and quality assurance processes to keep people safe. Both staff and leaders told us they were proud of the equality and coproduction ethos embedded in the structure of the local authority but felt staff shortages and increased demand for care was impacting on assessment waiting lists. Leaders explained how they were addressing these concerns and provided updated data to show improvements.

Staff identified a lack of understanding of the financial assessment process leading to a lack of clarity around direct payments as barriers to effective assessments. However, staff felt advocacy provision to support people who lacked capacity to make financial decisions was strong. Whilst updated data provided by the local authority for 2023-2024 (yet unpublished) showed improvement in direct payment uptake, figures were still below national averages.

Whilst communication in general was good, and senior leaders were visible, staff told us recent structural changes had yet to fully embed. This, combined with concerns about the difficulties health partners were currently facing, had led to inconsistencies in the approach of frontline teams.

We saw clear processes for engagement and coproduction, with the Making it Real Board representing the voice of people with lived experience across the local authority structure. Recent changes to safeguarding processes throughout frontline teams showed improvements in outcomes for people, and culturally competent staff recruitment plans were in place to address staff shortages.

The realignment of locality team functions and responsibilities, as well as innovative use of frontline teams were improving waiting lists, and strong partnership working with health partners was improving discharge and readmission outcomes for people. Public Health strategies were aligned to support a focus on prevention services, with a particular focus on 'starting well' in life, as well as reduce/delay strategies around obesity, smoking cessation, and healthy lifestyles.

# Theme 1: How Telford and Wrekin works with people

This theme includes these quality statements:

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

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



# Assessing needs

## Score: 2

2 - Evidence shows some shortfalls

## What people expect

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

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

## The local authority commitment

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

## Key findings for this quality statement

### Assessment, care planning and review arrangements

People told us they could easily access the local authority's care and support services through multiple channels, including online and self-assessment options. The main point of contact was through the Family Connect team who received and triaged referrals, checking details and consent to share information before ensuring people were directed to the most appropriate team.

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Most Care Act 2014 assessments were strengths-based, focused on people's right to choice, their abilities, and the support already available to them, and ensured the least restrictive support options to promote independence. However, people gave us examples of inconsistent communication and lack of engagement meaning the social work practice framework was not always embedded in front line staff practice. The Principal Social Worker (PSW) was seen to be visible, approachable and supportive by front line staff interviewed. Whilst the PSW role has been in place at the local authority for many years, the current PSW was relatively new in post and needed time to fully integrate to ensure the post was at its most effective.

The local authority's strategic approaches to identifying needs included 'making every contact count' initiatives to embed a culture of preventing, reducing, and delaying the need for more complex support. For example, use of community-led support and Early Intervention support, as well as links to Public Health teams, to signpost people to advice and information about healthier lifestyles. The Home First strategy meant people could live at home for longer and received support to ensure they remained an active part of their local community. For example, 80% of people supported by Occupational Therapy did not have any other involvement from Adult Social Care during the initial intervention.

Assessments also reflected what people wanted to achieve in receiving support, and how they wished to live their lives. ASCS national data (2023) showed 78.07% of people felt they had control of their daily lives (statistically comparable to the average for England at 77.21%), and 41.18% of people reported they had as much social contact as they desired (again comparable to the average for England of 44.38%). As part of the assessment process the local authority shared data which suggested further improvements in both these areas in the last 12 months.

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People's experiences of care and support was positive, with most people telling us care planning ensured their human rights were respected and protected, they were involved throughout the assessment process in making informed decisions, and their protected characteristics under the Equality Act 2010 were understood and incorporated into care planning and review arrangements. However, some people experienced less favourable arrangements, with examples of poor communication, lack of control over decision making, and inconsistency of approach from individual frontline staff. Where these concerns were raised with the local authority, people felt listened to by the local authority and happy with the outcome of their complaints. Senior leaders told us there had been some team re-alignment to address areas of inconsistency, leading to a positive improvement in communication and strengths-based approaches, evidenced by a reduction in complaints and an increase in compliments received in this area.

Staff and leaders were competent to complete assessments, with clear workforce development processes in place. However, feedback from staff, partners and people receiving support indicated further training around Mental Capacity Act 2005 (MCA) assessments, DoLs assessments, and direct payments (including interpreting the current policy and process) would benefit all parties and improve outcomes for people receiving support. The Mental Capacity Act 2005 provides a legal framework for making decisions on behalf of people who may lack the mental ability to do so for themselves.

For more complex, specialist assessments, a joint approach with partners was taken to ensure people's support was planned and co-ordinated across different agencies and services. Recent changes to staffing structures and roles had improved this process and allowed more transparent approaches to joint assessments. For example, the main role of the new Hybrid team, made up of unqualified social workers and occupational therapists, was to assess less-complex cases and provide equipment in a timely manner, which had allowed other frontline teams to focus on complex cases, reducing waiting times for both.

## Timeliness of assessments, care planning and reviews

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Assessment and care planning arrangements were not always timely or up to date, with significant waiting lists for assessments. Figures provided by the local authority showed only 25% of Care Act 2014 assessments were completed within the authority's target timescale of 28 days, with the longest wait at the time data was submitted to CQC (March 2024) being 294 days (from the date of submission) and 178 people awaiting an assessment. As of July 2024, this had significantly reduced to a maximum 60 day wait, and 80 people awaiting an assessment. Reasons for the length of waiting times included assessment of more complex support needs, unplanned priority work, and capacity within frontline teams. Further data provided by the local authority following the development of hybrid workers (Adult Practitioner/Occupational Therapy Assistant roles) showed this had recently improved, with the average waiting time reduced to 80 days at the time of writing. These changes, combined with staff recruitment plans were expected to continue improving waiting times for assessments.

Annual reviews of care and support had also benefited from the local authority's recent changes in structure and process, with the number of overdue 12-month reviews reduced from over 500 people in March 2024 to 35 people in July 2024. Again, the introduction of Adult Practitioner/Occupational Therapy Assistants had improved waiting times, with workforce plans in place to ensure caseloads were sustainable in the future.

The local authority had clear processes to reduce any risks to people's wellbeing, while they were waiting for an assessment. Risk assessments, weekly case review meetings, interim support arrangements and partnership working meant urgent needs were met in a timely manner and cases could be escalated if people's needs changed.

In addition to the Hybrid team, frontline community social work and occupational therapy teams were structured to target more complex assessments and reviews. For example, specialist teams focusing on people with learning disabilities, autistic people, and mental health needs. Whilst there was no specific Early Intervention team in the local authority, this function was covered by a number of social work teams, including the Rapid Response team and the Discharge and Reablement team, both of which were jointly funded with health partners.

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People's experience of timely assessments and reviews was mixed, with examples of difficulties in communication of progress and outcomes, and partner organisations telling us of long waits for annual reviews of care. The local authority had recently implemented clear processes to address thematic concerns. For example, the further embedding of the 'keeping in touch' process, introduced following feedback from people using services, ensured people were contacted regularly with updates on the progress of their assessments and reviews.

Out-of-borough placements were reviewed and monitored by individual social workers and Care Provider Quality Monitoring Officers, who liaised with provider services, families, and commissioners from other local authorities. Families could request unscheduled reviews if there were concerns or changes in need impacting on placements, and annual reviews took place in a timely manner. At the time of the assessment activity there was no waiting list for out-of-borough reviews.

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

The needs of unpaid carers were recognised as distinct from the person with care needs; assessments, support plans and reviews for unpaid carers were undertaken separately and unpaid carers could access their own support services.

The local authority frontline teams completed carers assessments and had seen a 26.7% increase in unpaid carers supported in the last 12 months. However, changes to teams and processes had led to a 98% satisfaction rate in a recent local authority carers survey carried out by the Making it Real Board. For example, a Family Carer Occupational Therapist role within the Occupational Therapy Team undertook assessments and provided support on moving and handling techniques. There was also a new dedicated carers post preparing young people for adulthood. Carer's assessments were undertaken at the point young people were referred into Adult Services. These posts had strong links with the Hybrid Team and helped to inform a new All-Age Carers strategy developed and delivered by the Carers Centre.

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Data provided by the local authority showed these changes to processes, as well as fortnightly peer reviews of carers assessments, had also led to improvements in waiting lists, with the longest wait for a carers assessment as of March 2024 standing at 290 days, reducing to 56 days by July 2024. Again, staff and leaders monitored waiting lists, and would put interim support in place, such as up to 25 hours respite care to mitigate risk and alleviate the impact the caring role was having on the unpaid carer.

Unpaid carers told us about difficulties accessing respite and navigating digital information systems, as well as confusion around direct payments. However, overall carers experience in Telford and Wrekin was positive, with national data from the 2024 Survey of Adult Carers in England (SACE) broadly in line with the average England figures. For example, 39.47% of carers were satisfied with social services, compared to an average 36.83% for England.

When a young carer was identified within the family unit, they were referred into the Carers Centre. Assessments involved multi-agency interactions with schools and health partners to provide wrap around support for the family and young carer. Support for young adult carers aged 18-24 with education, employment and next steps including age-appropriate training sessions and one to one support was also in place.

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

The local authority ensured people were given help, advice, and information about how to access services, facilities, and other agencies for help with non-eligible care and support needs through clear strategic approaches to partnership working.

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The Health and Wellbeing (HWB) strategy (2023-2027) focused partner collaboration on ensuring people enjoyed “healthier, happier, and more fulfilling lives”, adopting a life course approach across 3 areas: Start Well; Live Well; Age Well. The Telford and Wrekin Integrated Place Partnership (TWIPP) strategic plan (2022-2025) mirrored the HWB strategy framework, aiming to improve outcomes for all residents and reduce inequalities, regardless of the individual’s care and support needs.

As part of the assessment process, people whose needs did not meet the eligibility criteria for formal support were signposted to information and advice to support their needs and prevent, reduce, or delay the risk of requiring further specialised support. In Telford and Wrekin this information and advice was available online as well as through the local Independent Living Centre. This was a joint venture between the local authority and community partners, including Telford & Wrekin Council for Voluntary Service, which was joint led, providing unbiased advice and guidance on how people could stay safe and independent in their own homes, including through the use of equipment and assistive technologies.

In addition to the Independent Living Centre, the local authority promoted community engagement through links with the citizens advice bureau, community hubs, awareness events and workshops, and through the Making it Real Board. We also saw multiple examples of joint health and social care funded clubs and activity groups for people of different ages, needs, cultures, and faiths. For example, the local veterans support group ‘Armed Forces Network’ ran extensive outreach services, with weekly veteran’s cafes, monthly drop-in sessions at community centres, cooking classes, football, and other community interest groups to support mental health needs and tackle social isolation.

## Eligibility decisions for care and support

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The Care Act 2014 sets a minimum national eligibility criteria threshold for adult care and support needs and carer support needs. All local authorities comply with this national threshold. The local authority's framework for eligibility for care and support was transparent, clear, and consistently applied. Decisions and outcomes were timely and transparent.

Telford and Wrekin did not operate a separate appeals process; however, people with care and support needs, their family and carers were able to appeal using the Adult Social Care complaints process. As part of this process referrals to the Ombudsman was also signposted. This process met the local authority's duties under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and the Care Act 2014.

National data from ASCS (2022) showed 60.96% of people did not buy any additional care or support privately or pay more to 'top up' their care and support. This was below the average for England at 64.63% and meant a higher-than-average number of people were paying to meet their care and support needs. Data provided by the local authority showed there were 5 appeals the first quarter of 2024-2025 relating to eligibility decisions for care and support. Of these, 1 was upheld. The Local Government and Social Care Ombudsman (LGSCO) website did not show any eligibility appeals referred to the LGSCO in the previous 12 months.

Occupational Therapy assessments did not apply the eligibility outcomes of the Care Act 2014 for equipment provision. Senior leaders told us if the equipment enabled someone to complete their daily living activities, then it had 'prevented, reduced, or delayed' the need for care, and this mitigated any extra bureaucratic complexities.

## Financial assessment and charging policy for care and support

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Telford and Wrekin's Adult Social Care Charging policy included a framework to notify people what financial thresholds would mean fully funded care provision, as well as the thresholds requiring self-funded support.

Data provided by the local authority showed there were 2 appeals in the first quarter of 2024-2025 relating to financial assessment decisions for care and support; neither of these were upheld.

The local authority supplied data which showed, on average, financial assessments were completed within their policy target of 35 days. At the time of the data submission there were 263 financial assessments pending decisions. Some of the lengthiest delays not caused by the local authority and were due to waits for information linked to Court of Protection cases (CoP) cases (which were linked to the Community DoLs legal process).

## Provision of independent advocacy

The local authority commissioned 2 separate external providers to deliver advocacy services. People and partners had previously expressed concerns about a lack of advocacy knowledge by frontline teams when completing carers assessments, including their responsibility to undertake MCA assessments, and duties under the Care Act 2014. However, the local authority had arranged awareness sessions for staff and carers with the Safeguarding Adults Board (SAB).

At the time of the assessment staff and leaders told us they were confident in the advocacy referral process and timely support was made available to anyone who needed independent support.

Data provided by the local authority showed advocacy service uptake had recently increased from an average 23 referrals per quarter (3 months) in 2022-2023, to 40 people receiving Care Act 2014 advocacy and a further 32 people receiving Independent Mental Capacity Advocacy (IMCA) support at the time of writing.

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# Supporting people to lead healthier lives

## Score: 2

2 - Evidence shows some shortfalls

## What people expect

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

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

## The local authority commitment

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

## Key findings for this quality statement

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

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Telford and Wrekin's 'Borough Vision 2032' saw the local authority working closely with internal and external partners to collate population data and to engage the local community in identifying health inequalities and future needs. This information was used to plan the availability of a range of services, facilities, and resources to promote independence, and to prevent, delay and reduce the need for more complex care and support.

The local Health and Wellbeing Board and TWIPP, along with Public Health strategies set out a framework of support for people throughout their lives, reinforced by 'all-age' strategies for people with mental health needs, people with learning disabilities, and autistic people. Emerging trends were identified in the local authority's Joint Strategic Needs Assessment (JSNA 2024) and the local authority collaborated closely with neighbouring authorities and the ICS Population Management team, using a prevalence tool and NHS data to help identify unmet needs.

Public Health services worked closely with Adult Social Care leaders and teams to identify and target national, regional, and local health priorities. For example, the main causes for average life expectancy being below national average were cancer and cardiovascular conditions combined with the impact of deprivation in the area. Public Health worked with the Integrated Care Board (ICB) on primary prevention work linking improvements in cardiovascular conditions and mental health needs with the benefits of smoking cessation.

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The local authority used community based 'Live Well' hubs and projects to connect people to community resources and practical help, supported by health champions. Telford and Wrekin had coproduced and implemented a number of strategies, jointly funded with health partners, to provide information, advice and support around a range of universal health needs. For example, obesity, physical activity, sexual health, falls prevention, vaccinations, and blood pressure. These prevention services were targeted towards communities where engagement required further work, for example, immunisation and blood pressure awareness events supported by faith groups within the local Ghanian and Windrush communities, leisure centre links to tackle obesity, and calm cafes to support mental health needs, funded by Public Health grants and the ICB with a grant agreement in place with providers for delivery.

The local authority's 'making every contact count' initiative was used to ensure every opportunity was taken to identify opportunities for health promotion, and to embed preventative strategies in the everyday working of frontline teams. People and partners told us this approach not only supported people to live independently for longer but increased assessment referral rates in communities with protected characteristics. For example, referrals to the armed forces network supporting veterans (a characteristic the local authority had chosen to class as protected under the Equality Act 2010) had increased by 50% following awareness sessions within the community.

Staff and leaders told us early help and prevention functions within all frontline teams helped embed the making every contact count initiative in practice. People spoke highly of the amount of prevention and early intervention services available, how easy these services were to access, and how much they had benefitted from their support. For example, we heard about family relationships improving due to the holistic approaches taken by frontline teams to include whole families in assessments of need and how, by giving people the opportunity to support themselves, services only needed to be provided on a short-term basis. ASCS data (2023) showed 74.83% of people who had received short term support no longer require support (England average 66.26%). Further data provided by the local authority suggested this rate had improved in 2024.

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The Making it Real Board had designed a directory of support services, available online and in multiple printed and audio formats. The directory promoted advice, support services, and awareness events such as Disability Awareness month and LGBTQ+ Pride events. These events were used as opportunities to engage with seldom heard groups, with healthy lifestyle advisors, occupational therapists and mental health services on hand to offer advice, and to break down barriers preventing communities accessing support. For example, mental health services had recently been focusing on people from ethnic minority groups, who were less likely to engage with preventative services.

Specific consideration was given to unpaid carers, with the local Carers Centre producing a wellbeing guide, and the newly coproduced All-Age Carers strategy ensuring unpaid carers needs were considered as part of every assessment process. Support offered to unpaid carers included wellbeing checks, up to 25 hours respite per year, planning for emergencies, and employment, education, and training opportunities. SACE data (2024) showed 62.50% of carers found it easy to access information and advice (England average 59.06%).

The local authority had taken steps to identify people with unmet care and support needs, with work currently being undertaken to upskill unpaid carers, and encouraging whole-family smoking cessation, as well as providing bespoke healthy-lifestyle training in a joint prevent and reduce initiative using Public Health grant monies. Future targeted approaches to help prevent, reduce, delay more complex support included supporting older people with mental health needs, learning disabilities and autistic populations by promoting healthy lifestyles to tackle obesity, support smoking cessation, and offer drugs and alcohol support. The local authority Supported & Specialist Housing Strategy identified specific housing need to promote people's independence and was developed with all services.

## Provision and impact of intermediate care and reablement services

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Telford and Wrekin worked with neighbouring authorities, voluntary and community partners, the ICS, and other health partners (including Severn Hospice Telford and Wrekin), to deliver intermediate care and reablement services, and to support people to return to their optimal independence.

The local ICS footprint covered both Telford and Wrekin and neighbouring Shropshire, with 3 hospitals, and 5 community hospitals as well as mental health services run by the Midland's Partnership University NHS Foundation Trust. Governance arrangements, through the ICB and the Integrated Partnership Board (ICP), ensured strategic commissioning linked with the health and wellbeing and TWIPP strategic plans to effectively use the Better Care Fund (BCF) to improve hospital discharge, safety and readmission rates, as well as improving access to GP surgeries.

Hospital discharge pathways were supported by the Telford Integrated Community Assessment Team (TICAT), with the jointly funded integrated Discharge and Reablement team, providing enablement intervention and intermediate care for up to 6 weeks after discharge. These teams included nurses, physiotherapists, and occupational therapists who could implement strength-based assessments and support, including equipment, assistive technology, and Family Unpaid Carer Support programmes to improve recovery rates and reduce over-reliance on support. Urgent Community Response teams also provided up to 72 hours admission avoidance support in conjunction with the Rapid Response team and Virtual Wards programme where necessary.

The local authority Hybrid and Community Specialist teams then worked closely with the voluntary and community sector, as well as commissioned care providers, such as the innovative Planned Overnight Care team, to support longer-term needs or signpost people to further support through the Independent Living Centre. Whilst the preference was to support people to remain at home, staff and leaders told us there were suitable step-down arrangements for intermediate care beds commissioned within the independent sector to meet demand. In addition to this, additional intermediate care beds with daily therapy had been commissioned in June 2024 and a pilot programme to use extra care units for enablement was about to commence.

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National Adult Social Care Outcomes Framework (ASCOF) data, which shows how well care and support services achieve the outcomes which matter most to people, showed in 2023 3.92% of people 65+ received reablement/rehabilitation services after discharge from hospital. This is slightly above the England average of 2.91%. However, only 70.00% of people 65+ were still at home 91 days after discharge from the hospital into reablement/rehab, significantly below the England average of 82.18%. Further data provided by the local authority suggested this rate had improved in 2024.

There was a system reliance on bed-based care, with partners telling us of over-prescription of support upon discharge from hospital leading to reduced opportunities for independence promotion and increase risk of longer-term support needs. This indicated community provision to support people to independence and multi-agency working still needed strengthening. Health partners told us they were working closely with the local authority and the Urgent and Emergency Care and Delivery Board to review avoidable admissions, and figures for the latest reporting year (currently unpublished but provided by the local authority) suggested readmission rates had improved to become more in line with national averages. A Care Transfer Hub, developed through integrated working with the previous Integrated Discharge Team, was being developed with implementation planned for October 2024. The Housing commissioning function within the local authority also delivered bespoke solutions to reduce reliance on bed-based care post hospital discharge.

Health partners told us the local authority were working closely with the ICP to meet increased demand in complex hospital discharges (20% increase in 2022-2023 compared to the previous year) with the Shropshire, Telford & Wrekin Integrated Care System Urgent Care Transformation programme aiming to increase the percentages of complex discharges home from 50% to 70%.

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People's experiences of hospital discharge and the support received was positive, with people telling us of services helping them to remain at home and effective communication and advocacy supporting decisions in the best interest of the person receiving support. Data provided by the local authority showed less than 1% of discharges during the first quarter of 2024-2025 were delayed due to lack of social care service capacity; none of these delays resulted in delays of more than 72 hours.

## Access to equipment and home adaptations

The local authority ensured people could access equipment, assistive technologies, and home adaptations to maintain their independence and continue living in their own homes. The provision of equipment was jointly commissioned with a neighbouring local authority and Shropshire, Telford and Wrekin ICB, and allowed for rapid assessment and provision of 'low-level' basic equipment (for example, through the Hybrid Team) as well as provision of more complex home adaptations.

The local authority's Independent Living Centre was a 'one-stop-shop' for all support, information and advice around equipment, assessments, adaptations, and assistive technologies, with a 'Virtual House' programme available to help people see and understand how technology worked. The Virtual House was an online interactive tour showing examples of occupational therapy, assistive technology and sensory aids, equipment and solutions which could be helpful to residents and/or their families to support independence at home.

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Increase demand for occupational therapy assessments as well as staffing shortages meant there were significant waiting lists particularly for more complex assessments, with 39.3% of assessments completed within the local authority's target of 28 days. Whilst updated data shared by the local authority showed waiting times for assessments for sensory needs had slightly improved, the number of people waiting for assessments overall had increased by 34.7%. Staff and leaders told us of staff recruitment plans included the increased use of Adult Practitioner/Occupational Therapy Assistants or 'Hybrid' Workers to tackle waiting lists, and risk profiles were closely monitored to prioritise assessments based on need.

People told us the equipment and adaptations they received had been helpful, particularly following discharge from hospital and follow-up reviews and support were available when needed. Most people felt listened to by occupational therapists and assistive technologies helped to maintain their independence, however, people found out of hours commissioned support when equipment broke down was not always timely. The local authority was working with the equipment provider to address these concerns and improve the out of hours service provision.

Staff told us of overly complex processes when applying for Disabled Facilities Grants which delayed processes and often restricted the availability of finances for more intense adaptations such as wet rooms, doorway access or adaptations to kitchens and bedrooms. The local authority told us they had initiated a review of the process across Housing, Adult Social Care, and Children's services.

## Provision of accessible information and advice

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People told us they could easily access information and advice on their rights under the Care Act 2014, and ways to meet their care and support needs. This included unpaid carers and people who funded or arranged their own care and support. National data showed 63.06% of people who used services (ASCS 2023), found it easy to find information about support (compared to an average of 66.26% for England). Further data provided by the local authority (but not yet published) suggested this had improved for 2024.

Staff and leaders told us the local authority had accessible information standards processes, as well as translation services enabling people to access advice, information, and support in multiple languages, writing and audio formats, large-print and easy-to-read versions.

The Making it Real Board, as well as staff champions within the local authority, were consulted on all new strategies and marketing plans to ensure accessibility. For example, the Making it Real Board had recently been involved in codesigning the 'knowing where to go' document, which was a guide to support services. Members of the board supported the production of the guide in multiple formats, including a video featuring board members themselves.

Staff and leaders told us of multiple locations and opportunities for accessing information and advice. For example, the Family Connect team (the main point of access for all referrals and concerns) could be contacted via telephone, email, and the local authority's website. Other frontline teams and senior leaders made themselves, and information, accessible through community hubs, newsletters, leaflets, and magazines.

However, despite this, people told us of some inconsistencies and poor experiences in communication, feedback, and an over-reliance on families translating for people who did not speak English as their first language. We also heard of people with sensory impairments who had mixed experiences of support from frontline teams, for example with emails and letters sent in normal font sizes despite prior knowledge of the persons' sensory needs.

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## Direct payments

Staff and leaders told us there was low uptake of direct payments, partially due to staff training, awareness, and resources. Short and Long-Term data returns and ASCOF data for 2023 show only 1.79% of unpaid carers received direct payments (significantly below the national average) and 20.10% of people receiving services used direct payments, significantly below the average of 26.22% in England. Whilst updated data provided by the local authority for 2023-2024 (yet unpublished) showed improvement in direct payment uptake, figures were still below national averages.

The time taken to set up the direct payment once an individual budget had been agreed was dependent on all relevant information (such as bank details) being present and an agreed Personal Assistant with availability to meet the support plan needs identified. The person, or their advocate, were supported through the process by the local authority. Delays were uncommon but could be met through commissioned support to bridge the gap until direct payments began if the person had an assessed eligible need.

People told us there was 'confusion' amongst frontline staff about direct payments processes and advice given was often incorrect. The local authority had responded to these concerns by introducing a new direct payments board, as well as increasing the size of the direct payments team and providing training for all frontline staff. They had also commissioned a voluntary and community organisation to raise awareness of direct payments amongst unpaid carers. Staff told us since the introduction of the direct payments team the support available for frontline staff had improved, including drop-in sessions and fact sheets, but needed time to embed before they could say it was being consistently used. Updated data provided by the local authority showed the number of people using direct payments since the introduction of the new processes had increased by 37.8%.

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The new board had also introduced weekly drop-ins, videos, and advice for people thinking of using direct payments. Despite the lack of understanding and poor uptake of direct payments, where they were used, people told us of positive outcomes and improved control of their care and support needs. For example, people had used payments for yoga sessions, fridge freezers and tumble dryers to improve independence, confidence, and health.

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## Equity in experience and outcomes

### Score: 3

3 - Evidence shows a good standard

### What people expect

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

### The local authority commitment

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

### Key findings for this quality statement

## Understanding and reducing barriers to care and support and reducing inequalities

Telford and Wrekin had clear structures and processes in place for engaging with communities and analysing data on local demographics to improve health and reduce health inequalities to understand the care and support needs of the whole population. The local authority worked closely with internal and external partners, including housing, Public Health, Children's services, health partners, the voluntary and community sector, commissioned providers, and people with lived experiences, to understand current and future service demand in the area.

The borough had an ageing population, with 34% of the population over 65 years old, living on average 22-25 years in poor health in their lifetime. 20.5% of people in the area were living with a disability. In the most deprived areas these health inequalities were impacted further by unemployment, sickness, poor housing, and caring responsibilities. The borough was becoming increasingly diverse, with the proportion of people from non-white British backgrounds increasing to 17% in the 2021 census (from 11% in 2011).

The local authority's Equality, Diversity, and Inclusion strategy (2022-2026) set out the objectives and approaches to promoting equality, both within the workforce and within the borough, setting clear targets for health, accessibility, engagement, and inclusion. This strategy was informed by data within the JSNA 2024 and strengthened by the joint Health and Wellbeing strategy. The strategy aimed to reduce barriers to support and enabled the local authority to target resources toward those who felt socially excluded. This included people with protected characteristics under the Equality Act 2010. The local authority had also signed up to the armed forces covenant and recognised veterans as having the same protection as those characteristics identified in the Act.

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Staff told us consultation and equality officers collated data from people accessing services through joint working with frontline teams (including equality data gathering through case records), recruitment boards, voluntary and community organisations, consultation forums, feedback via complaints, and safeguarding concerns. Adult Social Care teams were also developing links with the 'safer, stronger communities' department to collect data on hate crimes and domestic violence. For example, partners told us they had been commissioned to work with autistic women who had experienced abuse and other safety issues.

Telford and Wrekin's main focus was on supporting people from ethnic minority group backgrounds and people with protected characteristics. This included service personnel and veterans; Gypsy, Roma, Traveller communities; people living with physical disabilities, learning disabilities and autistic people; people living with mental health needs; the LGBTQ+ community; looked after children and care leavers; asylum seekers and refugees; unpaid carers; and those affected by drugs, alcohol and domestic abuse.

Staff and leaders told us community engagement opportunities included access to community hubs, the Independent Living Centre, and awareness events (such as disability pride and LGBTQ+ events, where local authority staff set up pop-up tents to offer advice, information, and signposting to support services. In addition to their Calm Cafés programme (which tackled social isolation for people living with mental health needs), Mental Health teams had also recently arranged a number of Black History Month events, focusing on raising awareness of preventative services in communities who were less likely to engage with support at an early stage.

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Although some partner organisations gave examples of areas they felt the local authority could improve (for example improving representation of all communities on the Making it Real Board), most people and partners told us the local authority genuinely wanted to improve inequalities for people. Senior leaders were seen to be actively engaged in equality activities, attending awareness events and listening to feedback from people with lived experience. The Making it Real Board had recently invited leaders to discussions about concerns regarding the disability living fund and DRE processes. Workshops had led to coproduced information leaflets, videos, and online signposting to support others in the community.

The local authority had regard to its Public Sector Equality Duty (Equality Act 2010) in the way it delivered its Care Act 2014 functions. There were equality objectives, and coproduced, adequately resourced strategies to reduce inequalities. Data gathered was used to improve the experiences and outcomes for people who were more likely to receive poor care.

The local authority further met its Public Sector Equality Duty, with impact assessments completed for all strategic plans, and staff involved in performing Care Act 2014 duties had a good understanding of cultural diversity within the area and how to engage appropriately. As part of the local authority's drive to support culturally competent recruitment and retention of staff, leaders told us they had introduced new equality data-gathering technology and designed an equal opportunities charter, supported by staff champions, which set out their employment equality promise. Staff told us there were regular opportunities for learning, with staff champions and experts by experience (a person who has personal, lived experience of a type of health or care service, or who cares for somebody receiving a service) sharing their knowledge. For example, during disability awareness month a British Sign Language (BSL) charity ran sessions on deaf awareness and how to engage effectively with people.

## Inclusion and accessibility arrangements

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Overall, the local authority ensured there were appropriate inclusion and accessibility arrangements in place so people could engage with the local authority in ways which worked for them. As with other areas of equality and inclusion, Telford and Wrekin took a coproductive approach to inclusion and accessibility arrangements. The Making it Real Board worked closely with information officers, frontline teams, and marketing and media teams to ensure information, advice and documentation was accessible, relatable, and easy to use. For example, the local authority's new Adult Social Care Portal had people with lived experience of services involved in the planning of web pages and the language-style of information being shared.

People told us the local authority were working to reduce barriers to engagement. For example, a digital inclusion project, delivered with a range of partner organisations, supported people to become familiar with technology, using drop-in sessions to support people to complete online forms, practice their skills and even borrow equipment.

The local authority worked closely with public health and voluntary organisations to engage with seldom heard and emerging communities to raise awareness of health inequalities. For example, the African Caribbean and Community Initiative (ACCI) looked at bridging the gap in services by providing culturally appropriate, community-based support and advice, to provide a safe space for communities to meet, and to build awareness of mental health services in Telford and Wrekin.

Providers told us of examples of the local authority facilitating links between residential and supported living services and local temples and places of worship to support peoples emotional and pastoral needs as well as allowing communication and advice for services looking to provide culturally appropriate activities, food, and celebrations.

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National ASCS (2023) data showed Telford and Wrekin were comparable to national averages for people who use services who were satisfied with adult social care, with 58.78% of people stating were satisfied, compared to national average of 61.21%. Further data provided by the local authority suggested this rate had improved in 2024. 39.22% of carers felt they could access support groups and talk to someone in confidence, which was above the regional average of 29.04% and in line with the national average of 32.98% (SACE 2024).

The Independent Living Centre was seen as a great resource for all communities, though some people felt it was not marketed well and had its own accessibility issues for those with mobility issues. People told us they had made senior leaders aware of these accessibility concerns, which were being reviewed as part of the wider borough accessibility agenda.

Staff and leaders told us accessibility arrangements were integral when planning engagement events. Translators, BSL interpreters, public transport, venue locations, hearing loops, and assistance dogs were all factored in. Documents were available in multiple languages, including most recently Ghanian and Chinese translations, and audio and visual/easy to read versions were also available on request.

Accessibility and Inclusion groups, led by staff and community champions met every 4-6 weeks to help plan thematic awareness events, for example a poetry competition for LGBTQ+ pride history month, and webpages had text to speech, translation, and question/answer functions. However, partners told us there was a lack of representation within the Making it Real Board from people with LGBTQ+ backgrounds and people from ethnic backgrounds.

Voluntary and community organisations supporting inclusion and accessibility included Forum 50+ who promoted opportunities for the over 50s to have their voice heard with regards to local services, planning and facilities; Telford and Wrekin interfaith council who provided shared spaces for activities and workshops; and calm cafes, delivered by Telford MIND to tackle social isolation.

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Partner organisations told us of an overreliance on families translating for people who did not speak English as their first language during the assessment and review processes. Some partners highlighted areas where the local authority could improve accessibility, such as targeting unpaid carers and seldom heard groups who may struggle to attend awareness events.

Others told us of inclusive local authority practices, supporting people's needs and wishes as well as their cultural and ethnic needs. For example, access to culturally appropriate food, bathing facilities, prayer rooms, targeted mental health support, inventive use of direct payments, transgender support, and vaccination outreach programmes (Betty the Bus).

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## Theme 2: Providing support

This theme includes these quality statements:

- Care provision, integration and continuity
- Partnerships and communities

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

### Care provision, integration and continuity

Score: 3

3 - Evidence shows a good standard

# What people expect

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

## The local authority commitment

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

## Key findings for this quality statement

### Understanding local needs for care and support

Telford and Wrekin took a coproductive approach to data collection and community engagement, using multiple sources of data, including census data, Public Health information, data from the JSNA 2024, drop-in sessions, awareness events, complaints and concerns, and frontline teams. Health, voluntary and community sector, and internal local authority partners worked jointly to plan strategies, shape services, and meet current and future service demand.

Population growth, ageing populations, increased need for specialist service, meant demand for several services areas had begun to outstrip capacity. Partners, staff and leaders told us there were enough services to meet domiciliary and residential support needs but there was a need to increase the number of available placements for supporting more complex dementia and nursing needs, as well as more community-based services to meet the needs of people living with learning disabilities, autistic people, and people with mental health needs.

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People told us some ethnic communities found it hard to engage with the local authority. For example, people from the Chinese community who did not speak English told us they often felt isolated and disconnected.

Staff and leaders also told us there were smaller, targeted support needs to address. For example, bariatric support and services for people with neurological conditions such as Motor Neurone, Fibromyalgia, and multiple sclerosis. Data for each area of Telford and Wrekin accessed through a 'Middle Layer Super Output Area' dashboard allowed data to be analysed at community level.

We saw how the JSNA 2024 broke down the data on people's needs into 3 key areas: Start Well (Children's services); Live Well (people of working age); and Age Well (65+). These broad categories were used to 'track' peoples' support needs through their lives and target prevent, reduce, delay services where they would be most effective. For example, Public Health services worked with Children's services to implement healthy-living initiatives to address concerns around childhood obesity where rates were worse than the England average.

## Market shaping and commissioning to meet local needs

Telford and Wrekin's market position statement 2021-2025 focused on a 'home-first' strengths-based approach, with the person's skills, family, and community support at the heart of all assessments of need to ensure services met people's needs, improved outcomes and offered value for money. Care and support services were delivered by a range of organisations and providers including the local authority itself, individual personal assistants, independent and community providers, and unpaid carers.

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People had access to a diverse range of local support options, with goals set in the market position statement having already been achieved. For example, an increase in domiciliary care services for rural areas, more flexible approaches to night care and an increased uptake in digital solutions. This allowed people more variety of choice when looking for provider services to meet their needs. National ASCS data for 2023 showed 71.26% of people who used services felt they had choice over which service provided their care and support. This was comparable to the average for England of 69.81%.

The current local authority market sustainability plan (2023-2024), as well as the Supported and Specialist Housing Strategy identified how the local authority and its partners expected to improve current service provision and meet future demand. It estimated 70% of residents in care homes (65+) were funded by the local authority, with 30% self-funding their care and support needs in 2023. In domiciliary care services, supporting people in their own home, this split was 35% council funded, 60% part-funded and 5% self-funded. The local authority's aim was to increase the number of people accessing council-funded support in their own home. The 'Homes for All Supplementary Planning Document' which formed part of the local authority's Strategic Development Plan embedded the housing needs identified in the Supported & Specialist Housing Strategy into planning requirements.

The local authority ensured commissioning strategies and market shaping activities aligned with the strategic objectives of partner agencies through ICP and TWIPP Boards, with funding streams and joint strategies agreed both with the ICS, ICB and neighbouring Shropshire local authority. However, there was still a need to pull together the existing commissioning documents into an overarching cohesive commissioning strategy.

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People told us there was a lack of respite choice for unpaid carers, however national SACE data for 2024 showed the number of carers accessing support or services allowing them to take a break was in line with the average for England. 13.46% of carers felt respite services allowed them to take a break from caring at short notice or in an emergency. This suggested whilst potentially limited in choice, the provision of respite for unpaid carers was in line with the national average of 12.08%. Senior leaders told us the provision of care for short breaks and unplanned situations for unpaid carers was currently being reviewed, with specific groups of people with lived experience being spoken to. Staff leading the consultation on carers services went out to 50 different community events to gain feedback as well as engaging people on the phone and by letter.

Staff and leaders told us the local authority had a variety of commissioned services, including block-contracts for services where ongoing specialist training and support was required (for example reablement services), and spot-purchase contracts for more bespoke, preventative services. There were Section 75 agreements with health partners for integrated community services, including voluntary and community organisations. Section 75 agreements are between local authorities and NHS bodies which can include arrangements for pooling resources and delegating certain NHS and local authority health-related functions to the other partners.

Partners told us the local authority worked closely with housing, Children's services, health partners and other local authorities to identify future service needs, and commissioning strategies included the provision of suitable, local housing to meet those needs.

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Staff and leaders told us the local authority commissioned models of care and support in line with recognised best practice. Telford and Wrekin used a Dynamic Purchasing System (DPS) for care and support services. This DPS aligned to a range of national government policies and initiatives and ensured providers were focussed on a whole family approach. Service provision was commissioned based on outcomes and the range of internal and external providers in the borough and neighbouring local authorities allowed flexibility to deliver services in the way which met people's preferences and allowed for timely, safe transitions between services. For example, partners told us residential beds had recently been decommissioned and replaced with more nursing provision; the local authority worked with providers to upskill staff and ensure the quality-of-service provision was maintained through these changes.

People and partners told us the local authority supported new and innovative approaches to care provision to improve outcomes for people receiving care and support. For example, following a decrease in demand for day care services for older people, commissioners had supported the recruitment of more personal assistants to provide bespoke, individual support in the community. Staff told us how the 'planned overnight care' team had allowed more personalised support at night whilst reducing service costs. The local authority also had its own in-house service provider ('My Options') supporting over 300 people in a full range of services, including a shared lives (adult placements) provision, rated outstanding by CQC.

## Ensuring sufficient capacity in local services to meet demand

The local authority ensured there was sufficient care and support available to meet demand, and people could access it when, where and how they needed it. However, out of borough placements, particularly with neighbouring local authorities, were sometimes required for specialist needs. Staff told us there was significant demand for mental health placements locally and out of borough placements were required for people needing support with acquired brain injuries.

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Updated data provided by the local authority as part of the assessment showed there were 143 people supported in out of borough placements. The majority of these were in the neighbouring local authority of Shropshire, partially due to the joint provider framework with Shropshire for learning disabilities and mental health provision. Other reasons for these placements including personal choice, specialist placements, forensic risks, and emergency placements where services within Telford and Wrekin were full (local authority capacity trackers regularly reflect residential and nursing homes being 90-95% full).

Data provided by the local authority showed the maximum waiting time for discharge from hospital to a new care home placement was 10 days, with the waiting list for discharge home much lower at 24 hours. Further data shared by the local authority in July 2024 showed in April to June 2024, 16 discharges out of 538, were not completed within 48 hours due to a lack of adult social care service capacity in the residential and nursing care market. The majority of the 16 were completed within 72 hours of the transfer of care being received from the hospital teams. Reasons for these delays included the complexity of the needs of the person; the availability of suitable beds at the point of discharge; and negotiations with providers due to people's complex needs.

At any one time there was an average of 1000 people accessing domiciliary care services, 490 people supported in nursing and residential homes, and a further 150 people in supported living services.

Senior leaders told us one of the main priorities for the local authority was improving supported accommodation in the borough to meet current and future demand for people with learning disabilities, people with mental health needs, and people living with complex needs such as dementia. This included offering opportunities for out-of-borough re-patriation, and improving opportunities for people to remain in the communities they grew up in. Data showed 50 people had moved back into Telford and Wrekin from out of borough placements in the last 3 years.

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Partners, staff, and leaders told us the local authority worked closely with Children's services and housing services (including the local authority's own 'wholly owned' company delivering private rented accommodation, Nuplace). The local authority was using this, and the local authority's service provider, to deliver accommodation suited to people's needs.

Strategic plans included an increase in supported accommodation of 446 'units' (self-contained flats) by 2025; this included: 45 units supporting people with a learning disability and autistic people; 32 units supporting people with mental health needs; 275 extra care units for older people (including 14 units supporting people living with dementia and complex health needs, and units supporting bariatric needs); 74 'retirement' units. Of the 446 planned units 106 were already complete and had opened in early 2024. The local authority was further shaping the wider development market directly through their 'Homes for All' Supplementary Planning Document.

Staff told us people with lived experience, frontline occupational therapy teams, and housing teams worked closely to support the design and planning of new supported accommodation to ensure compliance with the needs of the people using services. Senior leaders told us a new commissioning strategy was soon to be consulted upon, taking the provision of supported accommodation in the borough forward from 2025.

Partners told us they had good relationships with commissioners and found them very responsive. They told us they had been looking at developing forensic supported accommodation and felt commissioners had been very receptive to their view of a local resource for this being needed. They told us commissioning teams were very proactive and met them regularly, forecasting transitions for young people coming through from Children's services with specialist needs.

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Mental health services had seen joint working initiatives with the voluntary and community sector, with jointly run calm cafes open daily (and into the evenings) cited as “partnership working at its best.” In contrast to older people’s day services, provision for learning disability and autism day services had seen an increase in demand, with requests for services to be open longer, as part of a more wraparound care option to enable parents and unpaid carers to work and access social activities.

People gave us mixed feedback on services supporting unpaid carers, with people stating there was a lack of choice in respite provision and a lack of communication about choice when trying to access replacement care. Other people told us of positive experiences accessing carer support services via the Carers Centre, including culturally competent services for African and Caribbean communities and coproductive opportunities for parent carers of adults with learning disabilities. Carers services also offered training on single-handed moving & handling techniques as well as end of life support.

Data provided by the BCF board (joint health and social care funding arrangements overseen by TWIPP) showed integrated care services were improving outcomes for people around hospital discharge and readmission rates. Data for January 2024 showed improved or sustained rates for avoidable admissions, falls admissions, permanent admissions to care homes and reablement outcomes for 2023-2024. Senior leaders told us an agreement had been reached with the ICB to fund additional Occupational Therapists to improve enablement outcomes and length of stay.

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Data also showed a significant increase in domiciliary care use (200% in the last 5 years) with plans to increase the use of Virtual Wards seen as one way to mitigate the impact. Most schemes were performing at, or just below expectation, however, reablement services were commissioned for 27 beds, but were using 100+, with spot purchases needed regularly. Partners told us the local authority worked with providers to ensure staff were trained and competent in providing reablement support, with staff and leaders sharing plans to improve market provision in this area by 2025. Senior leaders told us the local authority had commissioned an additional 13 beds from 1st July 2024 to give additional block capacity, as well as commissioning 2 Extra Care beds as a 'Test of Change' to reduce bed utilisation.

## Ensuring quality of local services

Telford and Wrekin had clear arrangements to monitor the quality and impact of the care and support services commissioned for people, and supported improvements where needed. The local authority had designed its own provider quality assurance framework, based on questions drawn from their provider contracts and commissioning processes, as well as acting as an 'improvement partner' for services facing staffing or quality issues.

Quality monitoring was based on risk, with safeguarding concerns, complaints and feedback from partners used to measure safety, as well as proactive and reactive on-site visits, 'desktop' data and joint visits to assess the safe administration of medicines and infection prevention and control practices. Statistics were used in conjunction with evidence to provide a picture of practice and its impact on individuals. Feedback from practitioners and people with experience of care were also used as indicators of quality.

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The local authority allocated a Provider Quality Rating (PQR) to providers on the completion of any quality assurance activities. A poor PQR may be recorded because a provider was in breach of their contract agreement, which could on its own lead to contract actions, suspension, or termination of work. The local authority's Suspension Policy & Process provided guidance and documentation to support actions taken. Staff told us 1 nursing home had been subject to a suspension in the last 12 months, with action taken to improve safety, and measures implemented to ensure quality service provision before lifting the suspension.

At the time of writing the local authority commissioned 84 Telford and Wrekin based care and support providers: 41 residential and nursing care services, and 43 home care service (including supported living, extra care, and domiciliary care services) registered with the Care Quality Commission (CQC). 57% of nursing homes were rated as good by CQC, with 35% rated requires improvement. 65% of residential homes were rated good, with 30% rated as requires improvement or inadequate. In addition, the local authority had commissioning arrangements with 67 out of borough care homes.

Senior leaders told us they met with providers in January 2024 to look at quality assurance themes and trends and to agree improvement actions, including processes for monitoring and feedback. All services rated requires improvement or below by CQC had been reviewed in the last 12 months and had seen a marked improvement in the safety and quality of care. Staff told us they supported providers to improve by meeting with them regularly to work on identified areas of focus, setting up of action plans, providing training and advice, and monitoring progress through repeated on-site assessments of care and support in addition to monthly safeguarding meetings.

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For out of borough providers, staff completed desk top reviews and linked in with quality assurance teams within the borough providing support. Concerns were shared with commissioning and brokerage teams to inform spot purchasing and tendering decisions, and the local authority met regularly with care regulators to update shared information and agree actions. Brokerage teams provided advice and information about adult social care services available in the local authority area. The 'broker' found service providers who could meet the person's needs and choices. They provided information about different types of support available and could arrange service provision to meet people's needs.

People told us of coproductive approaches to quality monitoring, this was handled on a one-to-one basis, supported by people with lived experience. Voluntary and community organisations felt there was scope for joint working on engagement projects but the local authority currently did not make use of their experience in this area.

Providers told us the local authority undertook regular quality checks and worked collaboratively to enable improved outcomes for people receiving services. For example, feedback given as part of quality monitoring processes was timely, constructive, and highlighted good practice as well as areas for development. Providers also told us the local authority worked with them to ensure appropriate working conditions and asked providers to share how much they paid staff, including travel time pay between care calls for domiciliary care services.

## Ensuring local services are sustainable

Telford and Wrekin's Adult Social Care workforce position statement (January 2024) set out the local authority's responsibilities under the Care Act 2014. As part of the local authority's contracts, tenders and procurement process, commissioners assessed financial and business plans, sustainability of staff recruitment, provider's approach to training, and contingency planning arrangements. This applied to all people who had care funded by the local authority and those who paid for their own care (self-funders).

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Telford and Wrekin's market sustainability plan (March 2023) identified current and future market conditions, including risks to support services. For example, the local authority had identified risks to care home provision in the borough relating to the quality of care, undersupply of nursing care, and the fair cost of care, including a projected 30% increase in self-funders requesting support from the local authority.

Staff and leaders told us how the local authority worked with health partners to offer financial assistance for digital technology improvements (with 91% of providers signed up) as well as support with recruitment and health and social care training. Provider business continuity plans were checked by the local authority as part of their quality audit system. Providers told us the local authority paid them fairly and on time.

Although they did not directly ask staff about their working conditions, there were monitoring visits, safeguarding, and complaints processes in place where staff could raise concerns. The local authority had taken a proactive approach to international recruitment concerns and worked closely with providers to reduce risks of modern slavery.

Multiple providers and a mixture of block contracts and spot purchasing meant risks of provider failure impacting the local market were reduced. Use of small, local providers and good working relationships between commissioners and providers allowed for transparent discussions, business support advice and early warnings of potential service disruptions.

People told us of a lack of choice when it came to some types of care provision, with preferred providers often used ahead of people being offered diverse support services. This was especially evident in the support available for unpaid carers and included some rural areas where providers could be difficult to source. The current local authority market sustainability plan (2023-2024) identified this as an area for development and senior leaders told us of plans to address gaps in provision through joint working with other local authorities.

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The local authority had a range of long-term and framework arrangements in place which supported strong relationships with providers and supported continuity of care. Contracting arrangements were efficient, provided stability for providers, and allowed them to plan ahead. The local authority was working closely with partners reviewing the commissioning strategy when the current one ended in 2025. At the time of the assessment this was at the design and planning stage, with formal consultation due to begin in September 2024.

Partners told us the local authority offered business audits in addition to quality monitoring support, which helped them work more effectively and reduced the risk of financial concerns. For example, in the previous 12 months 1 domiciliary service, 1 residential home and 2 supported living services had support to change their business model to meet changing local market needs and avoid these providers leaving the local market.

The local authority also collaborated with Partners in Care Shropshire, Telford & Wrekin to offer support, guidance, and training to the local workforce including supporting personal assistants. The local authority's 'job box' team provided key skills training and worked alongside Telford Jobcentre Plus to support providers with recruitment. Data provided by Skills for Care (2022-2023) show 57.87% of Adult Social Care staff in Telford and Wrekin had either completed or partially completed the Care Certificate, compared to the average for England of 49.65%. The Care Certificate is an agreed set of standards which define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards which should form part of a robust induction programme.

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According to Skills for Care, in 2022-2023 the total number of care worker posts in Telford & Wrekin was around 6,700. This included a just under 10% vacancy rate. The total number of posts had increased by 325 (5%), the number of filled posts has increased by 200 (3%) and the number of vacancies had increased by 125 (22%) from the previous year. In the social care workforce across the borough (all sectors), turnover and vacancy rates were higher than those seen nationally, with vacancies at 11.4% (national 9.6%) and turnover 29.8% (national 28.1%).

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# Partnerships and communities

Score: 3

3 - Evidence shows a good standard

## What people expect

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

## The local authority commitment

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

## Key findings for this quality statement



## Partnership working to deliver shared local and national objectives

Telford and Wrekin had strong partnership working links with health partners, neighbouring authorities, the voluntary and community sector, and regional organisations to ensure strategic and operational plans met national and local objectives. Senior leaders told us how national and regional objectives, concerns, and areas of best practice were shared through membership and joint working with multiple cross-boundary boards and committees. These included the Association of Directors of Adult Social Services (ADASS), the West Midlands ADASS Executive Council, learning from the lives and deaths of people with a learning disability and autistic people (LeDeR), and a number of sector specialist forums and professional associations.

Partnership-working priorities and funding arrangements were agreed through the Strategic Commissioning Board and TWIPP, with oversight from the ICS board and the Health and Wellbeing Board, to ensure strategies aligned across partners, with clear lines of accountability and arrangements for oversight. Staff and leaders told us of good working relationships with health and community partners to ensure the best outcomes for people using services.

The local authority had a number of shared partnership boards with key priorities and strategic focus. For example, the jointly funded Autism Partnership Board had recently been looking at leisure facilities to improve accessibility, and the Learning Disability Partnership Board had been looking at access to paid employment opportunities. People told us how paid employment opportunities were limited at present, with voluntary employment through local cafes being supported by the voluntary and community sector.

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Staff told us working relationships between health partners and the local authority had not always been effective across the board. Public concerns with the hospitals and disputes about budgets had been detrimental to the prevention agenda, which meant primary care services were overwhelmed. Governance arrangements and improved engagement in partnership boards had started to address this, improving people's experiences of hospital discharge.

Feedback from partners was positive; they told us of close working arrangements, genuine representation on multiple partnership boards, and the inclusion of people with lived experience in decision making. We saw multiple examples of sharing information and data to monitor shared priorities in areas such as hospital discharge and admission avoidance. Staff told us of safeguarding links between the local authority, health, police, and housing to support effective hospital discharges, with multi-agency discharge events looking at delayed discharges and reviewing the barriers to these. The local authority had integrated its care and support functions with health partners to support preventative services in primary care and reduce the need for inappropriate accident and emergency visits, for example, through improving access to GP surgeries.

People told us partnership working had positive impacts from them. For example, jointly commissioned mental health 'crisis crash pads' where people could take themselves to, or be supported to go to by the police, avoided more formal support under the Mental Health Act 1983. They also told us of mental health social workers who worked outside of office hours in the calm café to support people to make management plans and consider how to support themselves, ensuring a person-centred approach to managing their own care needs.

Hospital discharge pathways were supported by TICAT and included Adult Social Care staff based in hospitals to support service provision upon discharge. People's experiences of joint hospital discharge pathways were positive and showed good levels of multi-disciplinary working to promote outcomes for people.

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Health partners stated good working relationship helped to support operational challenges during occasions of peak demand. All partners showed a real willingness to engage and to ensure integration around Adult Social Care and the voluntary and community sector. Discharge pathways had been streamlined, and an accelerated neighbourhood approach using community resources to support admission avoidance and proactive care, were having clear positive impacts on local health services.

Partners told us there was a strong joint support offer for unpaid carers. This included the carers champion scheme within GP surgeries, information on notice boards in GP surgeries, coproduction of carer friendly employer offers, the new All-Age Carers strategy, and Carers Network, as well as engagement in the Modern-day Partnership Board.

## Arrangements to support effective partnership working

The local authority ensured there were clear arrangements for quality assurance monitoring, information sharing, and accountability through effective use of the partnership board governance arrangements. The ICS, ICB and ICP linked into the Strategic Commissioning Board and TWIPP to enable oversight and scrutiny of all joint strategic decisions. The Health and Wellbeing Board, and the TWSP Board provided data to enable informed choices and the Focused Partnership Boards ensured strategic implementation. Whilst there is no official ICS Director of Place, the role was split with a Director of Strategy and a Director of Operations. Both roles worked jointly with the local authority via TWIPP to support a place-based approach to service provision.

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The TWIPP strategic plan (2022-2025) identified 5 key priorities: Population health; prevention and early intervention; integrated response to inequalities; working together stronger; primary care integration. The plan set out how these priorities would be achieved and identified clear roles and responsibilities across partners. For example, the Wellbeing and Independence Partnership was a collaboration with voluntary and community organisations providing a first point of contact for Adult Social Care enquiries, giving information and advice to people who were not known to statutory services. Shropshire, Telford, and Wrekin partners in care represented independent care and support providers, giving them a voice on partnership boards and across the integrated care system.

The local authority used opportunities to pool budgets and jointly fund services with partners to achieve better outcomes. BCF contributions through Section 75 agreements were used to build community resilience by supporting unpaid carers, providing independent advocacy services, and recruiting volunteers and befrienders. The need for more complex support was reduced through the provision of equipment, assistive technologies and sensory aids. Care Navigators (based within GP surgeries), unpaid carers support (available through hospital drop-in sessions), and the provision of healthy lifestyle advisors and social prescribers were employed to work with local community services such as community centres, libraries, and leisure centres.

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BCF contributions were used to support urgent care needs: TICAT supported discharge planning; enablement therapists supported frontline social work teams; and discharge pathway 1 supported personal care needs. Occupational therapy supported the Planned Overnight Care team, and Rapid Response teams supported admission avoidance. However, data provided by the BCF Board (which reported to the Health and Wellbeing Board via TWIPP) showed demand for these services was outstripping expected use, leading to strained budgets and gaps in funding. Plans to address these funding shortfalls included a review of complex discharge pathways and promotion of pathway 0 and 1 (less-complex cases and 'home-first' approaches), as well as the introduction of an Accelerated Discharge programme and improved use of Virtual Wards (using smart hubs and a device called 'Ethel'). This work was part of the ICS's 'Urgent Care Programme' to improve discharge performance.

## Impact of partnership working

Partnership working was monitored and evaluated by the local authority and partners to identify areas of positive impact and inform ongoing development and continuous improvement opportunities. People with lived experience, as well as independent board members, formed part of the monitoring and scrutiny process, and boards reported data and insight to TWIPP, giving feedback on the outcomes and the experience of people using services. For example, feedback from the Telford and Wrekin Safeguarding Partnership (TWSP) Board had led to training for accident and emergency staff in identifying self-neglect linked to mental health and dementia, enabling earlier intervention and improved outcomes for people affected by hoarding.

Partners, staff, and leaders told us about the rollout of digitalised care monitoring systems (devices and systems using technology to monitor people's needs and risks to support their independence), funded by NHS England, to support the transition from paper-based to digitalised records and care plans across the borough and neighbouring local authorities. The initiative was aimed at reducing waste and improving the security and accuracy of personal information records. Telford and Wrekin have a 91% compliance rate, compared to the target of 80% nationally by the end of 2025.

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Mental health partners spoke about the local authority being supportive and easy to work with and people told us least restrictive options were always explored. For example, people described staggered discharges back into the community, supported by multi-disciplinary agencies, enabling people to return home successfully. Partners described how changes to local autism services diagnostic pathways meant people could be assessed more locally, reducing cancellations, and ensuring people got the right support and access to services.

Health partners told us about a jointly funded hydration and nutrition project, working with service providers to raise awareness of the signs of poor nutrition and hydration, and the importance of safe, effective support in this area. This work had reduced people going into hospital with urinary-tract infections. Other partners told us of joint working with the police and probation services to create a Domestic Abuse Local Partnership Board supporting survivors of domestic abuse and looking at ways to reduce the prevalence and impact.

People described how improved links with housing, the voluntary and community sector, and Public Health was improving outcomes for autistic people at risk of homelessness. Awareness sessions with links into the learning disability community team, physiotherapists, and speech and language therapists, were giving services more confidence in recognising people in need. Other people told us how the local authority was tackling the impacts of deprivation and cost of living by providing essential kitchen equipment, food, and clothing.

## Working with voluntary and charity sector groups

Telford and Wrekin worked collaboratively with voluntary and community organisations to understand and meet local social care needs. The local authority provided funding, and other support opportunities, to encourage growth and innovation. The local authority used a joint population health management approach, working across the borough, NHS Shropshire, Telford, and Wrekin, to identify areas of support need by comprehensive community engagement, coproduction, and use of local, regional, and national data.

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Staff and leaders told us one of the strongest areas of joint working with voluntary and community organisations was within mental health support; alliance agreements brought partners together to discuss cases of complex mental health needs. This ensured the voluntary sector were not left holding the risk and support was shared equally across all services to get the best outcomes for the person. Calm Cafés were delivered in partnership between Telford Mind and Telford & Wrekin's mental health social work team. A specific Calm Café had also been set up for Armed Forces Personnel and veterans. People told us the cafés had become very well regarded in the local area and recognised as being a notable example of place-based preventative support, with up to 300 people attending each month.

Whilst some voluntary and community organisations highlighted improvements needed around sharing of personal information, feedback was mostly positive, with clear examples of genuine coproductive working arrangements, communication and interaction with senior leaders, and opportunities for people with lived experience to influence service changes. For example, faith groups worked closely with Ghanian, Afghan and Syrian communities.

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## Theme 3: How Telford and Wrekin ensures safety within the system

This theme includes these quality statements:

- Safe pathways, systems and transitions
- Safeguarding

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

# Safe pathways, systems and transitions

Score: 3

3 - Evidence shows a good standard

## What people expect

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

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

## The local authority commitment

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

## Key findings for this quality statement

Safety management

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The local authority understood local, regional, and national risks to people receiving care and support. Risks were identified and managed through proactive risk management, overview and scrutiny.

Safety was a priority for everyone, supported by a culture of openness and learning. People's care journeys were coproduced with people using services, partners, staff, and communities to ensure continuity of care, choice and control, and the least restrictive options were used to promote independence. Funding decisions were agreed in a timely way to mitigate delays in provision of care.

The corporate risk register held oversight of Adult Social Care concerns and actions taken to mitigate strategic and operational risks, and was subject to scrutiny by senior leaders, cabinet members and independent partners. Risks to Adult Social Care service delivery were managed at a departmental level through quality assurance and governance processes, including the recording of mitigating actions and the use of prioritisation tools to analyse and triage concerns.

Data and insight of risk was collated through community engagement. Feedback from safeguarding enquiries, complaints and concerns supported the experiences of frontline teams, partners, and users of services. Identified risks were then analysed for likelihood and impact on financial, physical, reputational, environmental, and service areas.

Policies and processes aligned with partners and enabled shared learning to drive improvement. Information sharing protocols supported safe, secure, and timely sharing of personal information between agencies in ways which protected people's rights and privacy.

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The Adult Social Care risk register identified increased service demand, ongoing concerns around waiting lists for assessments, staffing levels, the growing number of complex cases, and capacity in the market to meet demand as areas to prioritise resources and support. Actions taken to mitigate risks were agreed at monthly Quality Assurance and Governance Board meetings, and progress reviewed through weekly senior leader resource meetings, and practitioner forums.

Multi-agency partnerships, use of partnership board structures, assurance and governance arrangements, coproduction, strategic use of finances, and improved workforce development, as well as use of JSNA 2024 data to predict future demand, were all cited as ways to manage risk. For example, in response to waiting lists and increased demand for DoLs assessments the local authority had adopted the ADASS prioritisation tool to identify which applications should be prioritised to proceed to full assessment and authorisation. Staff recruitment, including the role of DoLs operational lead, training of Trusted Assessors, and the refreshed legal gateway panel (to screen more complex applications and reduce the risk of delays), as well as weekly and monthly reviews (including escalation processes) were cited as further mitigation of risk.

## Safety during transitions

Care and support pathways were planned and organised with people, together with partners and communities in ways which improved safety across care journeys and ensured continuity in care. There were processes and pathways in place for all major transitions including children to adult services, hospital discharge and reablement, moving out of area, moving between services, and changing from self-funded to funded care. These processes were all linked to best practice guidance's and local authority policies. Process maps were easy to follow and gave good direction for staff and people using services.

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Staff told us all referrals for support came through the frontline Family Connect service, who gathered information, triaged cases, and directed them to the appropriate team. This included conversations about the needs of unpaid carers, family members and dependants, as well as the person requesting support. Assessments identified current and future needs and included financial appraisals, contingency planning, and referrals to relevant partner organisations.

Transitions from children to adult services used a 'Preparing for Adulthood' policy which referenced relevant legislation and best practice. Frontline Adult Social Care teams work with Children's services to identify children likely to require ongoing support as adults support to transition to adult services from the age of 14 years old, work with the Special Educational Needs and Disabilities team to establish networks of communication and support. This support included identification of housing, education, training, and employment needs. Named workers to support the person transitioning into adult services, and referrals to relevant frontline teams and partners ensured a multi-disciplinary approach, signposting those who were not eligible for support from Adult Social Care. The Preparing for Adulthood policy outlined the importance of early intervention and a person-centred approach to transitions.

Most people told us of positive experiences of transitioning into adult services, with proactive approaches and appropriate sharing of information between organisations. However, despite the clear processes in place, people also shared poor experiences of transitions, with delays, poor communication, and short-notice housing decisions impacting support. People told us where the young person had a personal assistant in place this was easier to transfer to direct payments as the young person reached 18 than if a personal budget application was a new preferred option to receiving care for the first time.

Partners told us of memorandums of understanding between the local authority and health partners detailing how funding, including CHC funding, was agreed to reduce the risk of delayed transitions.

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Safe hospital discharge pathways had been the focus of considerable work, with the ICS highlighting safe discharges and reduced readmissions as a key priority in improving outcomes for people accessing hospital services. Multiple pathways had been agreed, depending on the location of discharge. Pathways were supported by joint working from integrated discharge teams and reablement. Weekly multi-disciplinary team meetings reviewed progress, ensured effective coordination of support, and reviewed long-term needs (including assistive technology options). The Hybrid team then completed a post-reablement review to identify further support needs, with Community Specialist teams overseeing longer-term case management.

Most discharges from hospital were supported by TICAT during people's enablement period. If individuals had long term needs after this period, those were identified by the TICAT team and people would be transferred to the community teams overseeing longer-term care management. Complex needs identified prior to discharge were led by community team case workers who supported the discharge and subsequent enablement support.

People's experiences of hospital discharge and the support received was positive, and whilst discharges to residential and nursing care services took longer, these were managed well and based on outcomes rather than budgets. Long-term placements were only considered after the initial enablement period and following a Care Act assessment identifying long-term needs (in line with hospital discharge pathways).

Autism, learning disability and Mental Health teams, including approved mental health professionals (AMHPs) were part of the Transforming Care Partnership and met with the ICB, NHS England and wider multidisciplinary teams to support people with managing risk of admission and planning timely discharge from hospital. AMHPs (Social Workers who have undertaken further specialised training to become Approved Mental Health Professional) are professionals who assess whether there are grounds to detain people assessed as requiring admission to hospital or mental health secure setting under the mental health act. This applies to people who need urgent treatment for their mental health needs and are at risk of harm to themselves or others.

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Mental Health teams worked closely with the psychiatric intensive care units and wider health colleagues to support hospital discharges. Specialist commissioners attended and planned services and any housing need as part of the discharge planning process. On discharge the social work team coordinated community support as part of ongoing monitoring and review. If a person has a period of section 17 leave (if they are high risk and have complex needs, detained on sec 3 of the mental health act) prior to being discharged from a mental health ward, this is monitored, and support is put in place on discharge using a combination of sec 117 after care and Care Act funding to prevent a mental health relapse and readmission to hospital.

## Contingency planning

Telford and Wrekin undertook contingency planning to ensure preparedness for potential interruptions in the provision of care and support. The local authority knew how it would respond to different scenarios with plans, including business failures, temporary disruptions in service provision, and planning for emergency evacuation of services. Information sharing arrangements were set up in advance to minimise the risks to people's safety and wellbeing.

The local authority collaborated closely with providers to meet changing demand for services, improve service quality where ratings showed areas of concern, and provided training and information on business viability, including workshops and forums on financial stability to reduce the risk of provider failures. Services were monitored to ensure they were safe, effective, and financially viable. This was done by commissioning and quality monitoring teams who supported early interventions for providers identified as requiring support, worked with providers to resolve service interruptions, and informed senior leaders and relevant partner organisations of progress and actions taken.

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In the event of provider failure, the local authority had a duty to meet care and support needs for people and unpaid carers, where the commissioned provider was unable to continue. The duty was temporary and triggered when Telford & Wrekin became aware the provider could no longer execute its support activities. Despite increased demand for Adult Social Care services, senior leaders felt confident there was enough flexibility in the provider market to cover emergency service provision needs and had funding arrangements in place which would avoid delays in the provision of care and support.

Providers told us the local authority's Provider Business Failure and Contingency policy outlined expectations in relation to provider failure, when they should be notified, timescales for action to be taken to maintain service continuity, details of service quality monitoring, and what legislation governed this. People told us emergency provision for unpaid carers was discussed as part of carers assessments and up to 25 hours emergency respite could be accessed per year. Staff told us commissioning arrangements enabled unplanned respite provision for unpaid carers both at home and in residential services.

Staff and leaders told us contingency planning formed an integral part of the commissioning and quality assurance process, with policies detailing full timescales and priorities for how services should operate should there be major disruption. The safeguarding team conducted impact assessments and risk ratings, including detailing how impactful disruption would be to people receiving services. Providers were expected to mirror this process in their own documentation and planning. Service evacuation plans included step by step guides on what to do if a service needed to be evacuated for any reason, and included details needed to be shared with emergency services, as well as detailing places of safety for people to be evacuated to.

Staff and leaders told us there was a civil contingency plan in place (last used during severe flooding in 2020) to allow staff, working with partner agencies, to respond effectively to different scenarios. The local authority's pre-planning and clear lines of joint responsibility allowed staff to quickly coordinate placements and reduce the risk to people.

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# Safeguarding

## Score: 2

2 - Evidence shows some shortfalls

## What people expect

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

## The local authority commitment

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

## Key findings for this quality statement

Safeguarding systems, processes and practices

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The Care Act 2014 sets out a clear legal framework for how local authorities, and other parts of the system, should protect adults at risk of abuse or neglect. One of the key priorities in Telford and Wrekin's strategic plan (2024-2025) was to 'support people with care and support needs to live a life free from abuse'. Key performance measures identified in the strategic plan included data from ASCS, the percentage of Section 42 safeguarding enquiries undertaken where risks were removed or reduced at closure, and the number of completed DoLs applications. A Section 42 enquiry is the action taken by a local authority in response to concerns a person with care and support needs may be at risk of or experiencing abuse or neglect.

Overall, there were effective systems, processes, and practices to make sure people were protected from abuse, neglect, and exploitation through the TWSP. TWSP coordinated thematic and locality working to ensure effective delivery of joint safety priorities. For example, the Safer Telford and Wrekin strategy identified the 3 localities experiencing the highest harm from crime and antisocial behaviour. Other areas of focus included child exploitation and domestic abuse. TWSP allocated resources to the Building Safer Stronger Communities Board to support community projects and developments in these areas.

The TWSP Board had an independent chair and worked closely with TWIPP and the Health and Wellbeing Board to deliver a coordinated approach to safeguarding adults in the borough. The safeguarding board ensured there was a multi-agency safeguarding partnership, including West Mercia Police, the Shropshire, Telford and Wrekin ICS, and other internal and external local authority partners. Roles and responsibilities for identifying and responding to concerns at a strategic level were clear and information sharing arrangements were in place, so concerns were raised quickly and investigated without delay.

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Governance arrangements ensured the TWSP Board had overview and scrutiny of safeguarding sub-groups, including domestic abuse, adult exploitation, the Safeguarding Adults Review (SAR) panel, and the adult review, learning and training sub-group. There were community hub safeguarding drop-in sessions to increase the accessibility of the safeguarding team and plans to add a separate safeguarding lived experience group following feedback. However, people told us coproduction in this area was not as strong as in other Adult Social Care partnership boards.

Senior leaders told us the local authority had identified improving co-production and engagement in safeguarding as a theme in their Safeguarding Strategy, with a member of the Making it Real Board sitting on the SAB as an active member and voice. In addition, the refreshed terms of reference and membership of TWIPP included a member from the Making it Real Board.

National data (ASCS 2023) showed 83.16% of people using services said those services made them feel safe. This was statistically comparable to the average for England (87.12%). Further data provided by the local authority suggested this rate had improved in 2024. National data (SACE 2024) showed 76.92% of unpaid carers said they felt safe, tending towards below the average for England of 80.93%.

Concerns could be sent from any source and were initially received by the frontline, Family Connect team. Concerns were triaged using a safeguarding threshold matrix and care quality concerns thresholds to identify risks of abuse or neglect. These tools were also used to ascertain whether the person identified as a potential victim was a person who may be made vulnerable. Teams then recorded cases using the local authority's case recording system to ensure security and confidentiality.

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Policies allowed for people with concerns which did not meet the threshold for safeguarding to be signposted to information, advice, and other services such as the police or citizens advice bureau. Out of hours concerns indicating risks of abuse or neglect were handled by the emergency duty team who would hold the 'case' and implement any necessary urgent action to keep people safe until they could be passed on to the Family Connect team to help manage risk and prevent potential safeguarding concerns from escalating.

Concerns meeting the criteria for safeguarding were then shared with the frontline safeguarding team who would determine if Section 42 (S42) enquiries were required. There was a dedicated team dealing with safeguarding. If the person at risk or subject to abuse was allocated to a social worker in another team the safeguarding social worker would undertake the S42 enquiry and work in collaboration with the allocated worker.

Frontline teams worked closely with the quality monitoring team when concerns were raised about a provider. The local authority safeguarding team were responsible for oversight of all safeguarding concerns. Where a decision had been made to delegate part or all the investigation to a partner agency, management responsibility remained with the local authority, including decisions on outcomes and actions.

However, partners and staff told us safeguarding policies and procedures were not fully embedded and staff did not always respond quickly enough to concerns. 54% of concerns raised with the local authority were progressed to S42 enquiries (September 2024).

Senior leaders told us the local authority recognised there were areas of development within safeguarding processes, and they were reviewing these for assurances around the application and recording of the threshold for S42 enquiries. As part of their performance reporting approach, they identified details to target and work with providers, referrers, and the care market on key emerging themes. For example, a staff training platform had been created to monitor and improve completion rates.

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## Responding to local safeguarding risks and issues

There was an understanding of the safeguarding risks and issues across the borough. The local authority insight team produced a safeguarding adult dashboard to give an overview of safeguarding activity. The dashboard contained safeguarding data which covered a breakdown of types of abuse, demographics, outcomes achieved, and identified where risks remained. Senior Leaders used the dashboard to manage workloads, capacity, demand and risk. Staff and leaders told us about emerging themes, including forced marriages, domestic abuse, pressure ulcers, emotional abuse, neglect (including self-neglect), and modern slavery.

In addition to this, the local authority had identified some partner organisations were submitting referrals which did not hold enough data to be easily processed. The TWSP Board collaborated with partners to raise awareness, reduce risks and to prevent abuse and neglect from occurring, and provided toolkits (including '7-minute briefings') for providers and other agencies to use when identifying concerns.

Further partnership working included a focused seminar on pressure ulcers, use of a 'Tricky Friends' animation, new quality framework and standards, a new Domestic Abuse strategy, and a citizen group for those with lived experience of the safeguarding process, to directly feed into the work of the partnership. The TWSP Board had changed the way training was coordinated to allow for a holistic and all-encompassing approach and to ensure learning was brought together across adult and children safeguarding boards. Training included pressure ulcers, the importance of robust recording within casework, SAR awareness, self-neglect, and domestic abuse awareness.

The local authority conducted case reviews, through an adult review learning and training sub-group, to check agreed actions set out in safeguarding plans had been achieved. Where there was ongoing risk of abuse the safeguarding plan could be reviewed within the adult safeguarding framework. Staff and leaders told us processes were in place to ensure lessons were learned when people had experienced serious abuse or neglect.

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The TWSP Board had a SAR panel sub-group who were tasked with using learning from case reviews to drive improvements in practice. In 2022 and 2023 Telford & Wrekin Council had not completed any SARs, however the local authority had had 5 SARs in 2024. Partners, staff, and leaders described how learning was shared from SARs nationally, and from neighbouring local authority areas and the ICS, via monthly newsletters, information leaflets, and engagement with regional and national networks. One of the themes from SARs in 2024 had led to an updated strategic SAB priority around self-neglect.

The local authority told us safeguarding concerns in out of borough placements were responded to by the local authority where the concerns were raised (using an out of area protocol), with similar arrangements in place for mental health services and hospitals within the ICS. Partnership working, and quality assurance processes were in place to ensure communication and oversight.

## Responding to concerns and undertaking Section 42 enquiries

The local authority set out clear guidance on what constituted an S42 safeguarding concern in their Safeguarding Threshold for Access to Safeguarding Services Matrix (2024). This was under review at the time of the assessment and used in conjunction with the West Midlands multi-agency safeguarding policies and procedures. This process included clear guidance on how to manage cases which did not meet the threshold to progress to an S42 enquiry as well as identifying the standards and quality assurance arrangements in place for completing enquiries.

Safeguarding plans and actions to reduce future risks for individual people were in place and were acted on where outcomes had been identified. Data provided by the local authority showed in a recent survey 96% of people who had identified desired outcomes felt they had been partially or fully achieved through the safeguarding process.

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Local authority data showed 450 safeguarding concerns were received in 2022-2023 with 28.8% progressed to an S42 enquiry. In 2023-2024 this increased to 494 concerns received with 47.9% progressing to S42 enquiries. Staff and leaders told us improvements in referral processes and increased staff and provider awareness had contributed to the increase in S42 enquiries in the last 12 months. The introduction of regular drop-in sessions where teams could discuss any case issues or seek advice had supported quality and consistency. This was in response to the local authority recognising their progression rates were significantly lower than neighbouring authorities.

Senior leaders told us relevant agencies were kept informed of the outcomes of safeguarding enquiries when it was necessary to the ongoing safety of the person concerned. Staff told us there were clear communication pathways for the safeguarding concerns, and there was open communication and updates as cases progressed. However, partners we spoke to said this was not always the case, giving examples of requesting updates on multiple occasions before receiving a response on case progression and outcomes. The local authority had recently introduced a new feedback process to address these inconsistencies, but this process needed time to embed fully to show improved outcomes for people.

The local authority had also identified a need to improve waiting times for reviews of DoLs applications. Data provided by the local authority showed there were 319 DoLs (with a maximum waiting time of 26 months) and 105 CoPs awaiting assessment in 2022-2023; updated data provided for 2023-2024 showed the waiting times for DoLs had improved, with 233 cases waiting for assessment and a maximum waiting time of 15 months. The number of DoLs referrals received in 2023-2024 was 1,003. CoP means court of protection and is required legal process for all community DoLs.

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Partners confirmed there were delays with DoLS applications, explaining the local authority was using a prioritisation tool (provided by ADASS) to respond to higher risk cases but lower-level assessments were often waiting for many months. Partners had similar concerns around CoP assessments, citing inconsistencies in understanding of MCA 2005 assessments and a lack of understanding of the application process. For example, partners told us of occasions where people's rights were inappropriately restricted due to a lack of understanding of the MCA Act 2005 by the frontline social work teams.

Whilst the local authority had policies and procedures about upholding people's rights and making sure people's needs were respected and met, these were not fully understood or consistently followed. Feedback from people, staff, and partners consistently identified concerns with DoLS applications. They gave examples of some frontline staff's understanding of people's rights under the MCA Act 2005 impacting on people's independence, and identified frontline staff did not always involve people fully in investigations.

The local authority told us awareness sessions had been organised, with a refreshed legal gateway panel for more complex cases, improved tracking systems on the case management system, staff drop-in sessions, and the inclusion of DoLS in monthly safeguarding data. Senior leaders told us this had improved staff competencies and reduced waiting times. There were also competency-based training programmes in place to increase the number of Best Interest Assessors (BIAs). BIAs are social workers who have undertaken a further qualification of Best Interest Assessor who assess and determine the best interests of individuals who lack the mental capacity to make specific decisions for themselves.

Staff and leaders told us safeguarding processes were quality assured through audits of practice. Learning from enquiries, including themes and trends were shared with staff via reflective staff forums and training. This included LeDeR learning.

## Making safeguarding personal

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Staff and leaders told us safeguarding enquiries were conducted sensitively, keeping the wishes and best interests of the person concerned at the centre. People confirmed they had the information they needed to understand safeguarding, what being safe meant for them, and how to raise concerns when they did not feel safe or had concerns about the safety of other people. However, not everyone felt included in the safeguarding process when they raised concerns.

National data from the Safeguarding Adult's Collection showed the number of people lacking capacity who were supported by an advocate, family member, or friend was above the average for England in 2023 (100% compared to 83.12%). However, due to the poor uptake of MCA 2005 staff training across Adult Social Care in the borough it is unclear people's capacity was always assessed correctly. National data shared by the Adult Social Care Workforce Estimates (2023) showed 20.48% of the local Adult Social Care workforce had completed MCA and DoLs training, compared to 37.48% nationally.

Overall, people were supported to understand their rights, including their human rights, rights under the MCA 2005 and their rights under the Equality Act 2010. They were supported to make choices which balanced risks with positive choice and control in their lives. However, feedback from people and partner organisations showed frontline teams were inconsistent in their approach and understanding of people's rights, leading to confusion and an increased risk of restrictive practices being agreed. Providers gave us examples of challenging restrictions within DoLs and CoP's where they felt the local authority had not taken decisions fully in the person's best interest, including least restrictive practices.

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## Theme 4: Leadership

This theme includes these quality statements:

- Governance, management and sustainability

- Learning, improvement and innovation

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

# Governance, management and sustainability

Score: 3

3 - Evidence shows a good standard

## The local authority commitment

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

## Key findings for this quality statement

Governance, accountability and risk management

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Telford and Wrekin's demographic changes and changes in adult social care need as a borough were mirrored by structural and strategic changes within the local authority. Supported by the cooperative and commercial focus of the local authority, staff, leaders, and cabinet members had worked closely with partner organisations to make difficult strategic decisions on resources. Resources across the Council were reviewed to meet changing needs and increased demand for Adult Social Care services. This had led to reviews of all partnership boards, workforce structures and processes, and a strengthening of focus on community-based services to ensure the local authority met its Care Act 2014 duties and closed the gaps in health inequalities across the borough.

Whilst governance and accountability remained strong at all levels within the local authority, the changes ways of working, combined with challenges in recruitment of staff in particular areas, meant there were inconsistent practices impacting on people receiving services. People told us of mixed experiences when engaging with the local authority frontline teams; most people said they found staff to be skilled, knowledgeable, and compassionate but others gave examples of poor communication of outcomes, a lack of engagement, and variable understanding of people's rights. This was in keeping with the reasons given by senior leaders for the new ways of working to address inconsistent work practices.

There were a number of strategies in development or recently completed. The recent review of the leadership structure had not had time to embed. Senior leaders told us they understood the priorities for adult social care and were putting the infrastructure in place to address these. However, these changes would take time to embed and at the time of the assessment it was too soon to comment on the sustainable impact of these changes.

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Staff, leaders, and partners highlighted increased waiting times for assessments, particularly occupational therapy and DoLs assessments, and confusion around direct payments, as areas of learning and development. Senior leaders told us changes to processes and team structures had improved waiting times following feedback from people raised through the various local authority feedback opportunities and through the Making it Real Board, as well as the local authority's complaints procedures. Data provided as part of the assessment (yet unpublished) indicated a reduction in waiting times in April to June 2024. However, it was too soon to confirm if these improvements were sustainable, and the local authority were monitoring progress through partnership boards.

Staff and partners told us of strong, visible leadership from senior managers who had a good understanding of the challenges faced by the local authority due to effective coproduction, engagement and use of data and insight. We saw a culture of learning, transparency and accountability embedded throughout the local authority, driven by leaders and cabinet members with a clear vision of how the council needed to realign to meet future service demands.

Telford and Wrekin had strong working links with place-based partners ensuring priorities and funding arrangements were agreed through the strategic commissioning boards to reduce the risk of delays in service provision. The local authority's Adult Social Care vision was "working together with people, key partners and communities to enable people to live well and independently in Telford and Wrekin." This was brought to life through a preventative, person-centred, strengths-based and community asset-based approach.

The Adult Social Care governance arrangements for delivering Care Act 2014 duties saw frontline teams working with service delivery managers with specific roles and responsibilities covering all aspects of Adult Social Care. Partnership boards and forums provided clear, effective overview and scrutiny, as well as quality assurance and review processes through regular meetings, updates, data analysis and reviews to inform learning and development.

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Leaders, cabinet members, partners, staff, and people with lived experience worked together to monitor performance and improve the quality-of-service provision across the borough. The local authority understood local, regional, and national needs and risks to meeting their Care Act 2014 duties. They managed these through corporate and departmental registers, enabling actions to be taken to mitigate concerns and escalation processes for more immediate risks.

Feedback from staff, leaders, people using services, and partners unanimously highlighted coproduction and engagement as a strength of the local authority. Underpinned by the Making it Real Board, people with lived experiences were represented throughout all local authority process and structures. People's care and support experiences influenced strategic decision making and people told us they felt they had a genuine impact on service delivery.

## Strategic planning

The local authority used information about risk, performance, inequalities, and outcomes, to allocate resources and inform strategic planning. This enabled them to deliver the actions needed to improve care and support outcomes for people and local communities.

Feedback from people, partners, staff, and regional/national data sources was used as a driver for implementing change. Strategic improvement plans had clear lines of accountability, actions, and resource allocation, as well as reviews and updated actions where relevant. Staff told us leaders were visible and "led from the front," with senior leaders and cabinet members regularly engaging with community events and staff forums to ensure strategic decisions were based on people's needs, experiences and outcomes.

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The local authority's priorities include the Home First strategy (community-based approach to services including working closely with the voluntary and community sector), promoting independence, and improving access to services. Staff surveys, completed by the local authority in 2023 suggested 93% of Adult Social Care staff understood the council's priorities and their roles in achieving this.

The local authority had established a 'Housing Task Force' and an 'Adult Social Care Accommodation Oversight Board' which included senior commissioners and Managers from across Adult Social Care and Housing. The Directors of Adult Social Care, Housing and Finance attended to ensure oversight and scrutiny in the identification and prioritisation of housing investments as delivered against people's need, including supported accommodation and more bespoke solutions.

Telford and Wrekin's Adult Social Care Workforce strategy was in development at the time of the assessment, however the workforce position statement (Jan 2024) recognised ongoing investment in staff, unpaid carers, personal assistants, and community-based volunteer organisations, was an essential priority in meeting the increased local demands for care and support services. This included a commitment to ensure pay rates were sustainable for care provision and uplifts reached staff. The new, 3-year, workforce strategy aimed to ensure fee-modelling considered inflationary pressures on wages, demand pressures, travel time, and training, to encourage people to live and work in the borough and attract the skills and experience needed to deliver quality Adult Social Care services.

In addition to the recent review of the All-Age Carer's strategy, at the time of the assessment the local authority was developing a new Adult Social Care Prevention strategy, an All-Age Mental Health strategy, and a new place-based strategy to improve supported accommodation options in the borough past the current 2025 targets.

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Staff and leaders told us how ongoing changes to processes had improved performance and helped deliver better outcomes for people using services and unpaid carers. For example, culturally competent staff recruitment and training programmes, along with changes to oversight and monitoring structures, had begun improved uptake of direct payments and reduced waiting lists for Care Act 2014 and carers assessments, with progress around DoLs and equipment assessments as well. Learning from concerns around consistent approaches, shared by people with lived experience, had begun to improve communication of safeguarding outcomes and new processes for keeping people involved in their case progression. Training programmes around MCA 2005 assessments, DoLs, and safeguarding, as well as improved scrutiny and support had enabled staff to start to address concerns around restrictive practices.

Ongoing engagement with community groups to understand local priorities for health and wellbeing, in conjunction with data and insight sources and partner organisations, aimed to improve the diversity of people's voice within the local authority and to help address new and emerging health inequalities. For example, the Making it Real Board were working closely with the Independent Living Centre to provide accessible information, assistive technology, and adaptations to a range of community groups, including people with multiple health conditions. Staff inclusion champions were collaborating with local authority and provider recruitment teams to ensure representative workforces who could meet the cultural and ethnic needs of growing local communities such as Ghanaian, Afghan, and Ukrainian groups.

People told us the work the Making it Real board were doing on improving accessible information standards was having real, positive impacts for people's lives. For example, senior leaders had updated the principles for identifying communication needs and how this should be recorded during Care Act assessments, as well as providing tools to support staff with the process.

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Identification of new and emerging groups with communities had impacted on workforce development strategies. Senior leaders told us how equalities data was being used to identify gaps in provision and to enable meaningful, culturally appropriate staff recruitment to continue to reflect the community champions identified to work with coproduction groups. For example, the local authorities Adult Social Care Charter had been co-produced to identify the principles and approaches expected from all staff teams. This included always promoting independence, listening with empathy, and respecting people's decisions.

## Information security

The local authority had arrangements to maintain the security, availability, integrity and confidentiality of data, records, and data management systems. Online information and advice were available on cyber-security, and a statement of compliance explained how personal data was collected, stored, used, and destroyed.

Information sharing protocols were agreed by the local authority data protection officers and supported secure sharing of personal information in ways which protected people's rights and privacy. Partners told us this needed further work to include voluntary and community organisations.

Staff had data protection training, and the local authority had an information governance team and Caldicot Guardian with oversight of this. A Caldicott Guardian is the senior person responsible for protecting the confidentiality of people's health and care information.

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# Learning, improvement and innovation

# Score 3

3 - Evidence shows a good standard

## The local authority commitment

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

## Key findings for this quality statement

### Continuous learning, improvement and professional development

As part of the ongoing changes to structures and processes the local authority had identified, where workforce improvements could offer positive impacts to the delivery of Care Act 2014 duties, including outcomes for people receiving care and support services.

Staff said they enjoyed working in Telford and Wrekin and there was a culture of support and openness which started at the 'top' of the organisation and worked its way throughout. Following the local authority staff survey (2023) staff felt senior leaders and cabinet members had made themselves even more accessible, attending regular engagement meetings and staff forums as well as providing information, training, and support to promote staff wellbeing and resilience. Staff told us managers were supportive and considered personal circumstances, flexible working, wellbeing, protected characteristics, and unpaid caring needs.

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Frontline social work teams told us of effective communication between teams, with good use of technology and regular meetings. The PSW and Principal Occupational Therapist (POT) facilitated regular supervisions, peer reviews, audits, and shared learning opportunities. The POT role had recently been introduced to take a professional leadership role across the organisation, and act as a bridge for better communication and understanding between senior leaders and frontline staff. The both roles oversaw quality assurance and improvement of social work practice, advising the Director of Adult Social Services (DASS) and wider council in complex or controversial cases, and on law relating to social work practice. However, feedback from people we spoke to, and the local authority's analysis of complaints showed these roles still needed time to embed fully.

Senior leaders told us how the local authority was realigning its 2 locality teams to short term and long -term borough wide teams. The social work practice framework was under review at the time of the assessment to ensure clear lines of accountability and understanding of roles and responsibilities. Staff confirmed they had been included in the team changes and felt valued and listened to by leaders.

Staff, leaders, and partners told us there was an inclusive and positive culture of continuous learning and improvement, with annual personal performance and development discussions, sharing of casework with colleagues for support, learning and critical advice, and opportunities to attend events such as International Social Work Day. Learning opportunities focused on not only national areas but were identified through quality assurance processes, including internal and external audits. Corporate Management and Leadership programmes were in place to provide opportunities for leaders and managers to develop, and training days given to ensure staff had time to update professional qualifications and registrations. There was also an online learning platform ('Ollie') supporting induction and refresher training as well as allowing access to awareness training such as the Oliver McGowan mandatory training for staff working with people with learning disabilities and autistic people.

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Professional development opportunities included trainee social work and occupational therapist apprenticeship schemes with local universities, specialist assessment service coordinators supporting newly qualified social workers, and Practice Educator training to support student social workers. There was a particularly strong emphasis on continuous improvement. The views of people using the service were at the core of quality monitoring and assurance arrangements. Innovation was celebrated and shared.

Staff and leaders engaged with external work, including research, and embedded evidence-based practice in the local authority. For example, the PSW annual report highlighted ways in which the local authority kept up to date with changes in practice and learning, as well as sharing good practice through regional and national work. This included involvement in the West Midlands ADASS PSW and POTs networks, representing PSWs and POTs on the national ADASS workforce, continued involvement with the West Midlands teaching partnership, and implementation of ADASS research posts within Adult Social Care. In addition to this, other senior leaders participated in regional and national committees. For example, the DASS was a member of the West Midlands ADASS, and a member of ADASS executive council, as well as being a member of the West Mercia Strategic Management Board and the ADASS policy lead for learning disabilities and autism.

The local authority actively participated in peer review and sector-led improvement activity. The local authority drew on external support to improve when necessary. For example, Telford and Wrekin had previously invited external challenge from the Local Government Association (LGA), ADASS peer reviews, and the department of health and social care, as well as being part of the Society for Innovation Technology and Modernisation (Socitm) advisory community of practice, which helped support information and advice service improvements. Staff told us they participated in regional best practice sharing forums such as family carers, supporting the local authority's staff champions programme, and were actively involved in the Regional International Recruitment programme, supporting 14 councils to adopt best practice in relation to ethical recruitment.

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The local authority collaborated with people and partners to actively promote and support innovative and new ways of working which improved people's social care experiences and outcomes. For example, the implementation of integrated care records across the ICS, a new eBrokerage web-platform to support people looking for support providers, and the development of an on-line and self-assessment service option as part of the 'Live Well Telford' social care Portal. Hospital discharges were supported through a virtual care smart hub and an 'Oyster' scheme supported fully mobile assistive technology enabled people to contact carers when needed during the night to support hospital admission avoidance (including the Planned Overnight Care team).

The Independent Living Centre enabled members of the public to access advice, information and support on how to stay safe and access preventative services. The centre acted as a link to the Virtual House Tour, showing examples of assistive technology, sensory aids, and OT equipment to promote independence. This formed part of a presentation to the LGA's conference innovation zone in July 2023. More recently, the local authority worked alongside Co-Fund and Collaborate to Innovate in developing an app to support people with learning disabilities to prepare for and maintain employment.

Coproduction was embedded throughout the local authority's work. Staff and leaders told us how partnership working with people with lived experience to develop Adult Social Care services was an essential part of strategic and operational practice at every level of the authority. Leaders developed, discussed, promoted and implemented innovative ways of involving people in developing services which exceeded best practice.

In addition to multiple staff champions supporting equality, diversity, and inclusion within the organisation, the Making it Real Board was set up in January 2018, made up of people who use adult services or who were interested in the development of Adult Social Care in Telford and Wrekin. Members of the board received training and support and attended all local authority and partnership forums, in addition to regional and national coproduction groups, to represent seldom heard people's voice and ensure best practice.

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Telford and Wrekin's coproduction framework (2023-2025) set out the local authority's approach to coproduction and engagement, citing national best practice examples, such as 'Think Local Act Personal' and the National Coproduction Advisory Group.

Staff and leaders told us there was a large coproductive presence in the development of new services. There was rigorous and constructive challenge from people who used services, the public and stakeholders, which was seen as a vital way of holding services to account. For example, the new online self-service Portal, allowing people to self-refer for needs assessments, was strongly influenced by members of the Making it Real Board who provided advice on accessibility and ease of use. Reviews and changes to existing services also included 'experts by experience' who gave feedback on how effective services were. For example, feedback on direct payment processes had led to a restructure of the team and the introduction of new quality assurance processes.

People told us the local authority's coproductive approach made a genuine difference to Adult Social Care services. People gave examples of carers wellbeing guides, the All-Age Learning Disability strategy, and the All-Age Autism strategy, as examples of coproduction having a positive impact on local authority approaches to meeting people's needs. Examples of effective changes to accessible information included guides to direct payments and DRE, information on assessments and people's rights, production of support plans and other support documents in formats meeting people's communication needs, and a 'know where to go' document signposting people to Adult Social Care services throughout the borough.

Recently the Making it Real Board had recognised there were gaps in their representation of all communities within the borough, for example, from some ethnic communities and from older people using Adult Social Care services, and were working with frontline teams, as well as using social media and attending awareness events to recruit a more diverse representation of Telford and Wrekin. The addition of unpaid carers and parent carers of people with learning disabilities had supported coproduction in these areas, for example in identifying supported accommodation needs.

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People and partners told us coproduction extended into community inclusion projects and joint working with the voluntary and community sector. For example, a community café supporting people with learning disabilities to gain work experience, and digital drop-in sessions based in community hubs and the Independent Living Centre, supporting people to use technology to promote independence and access services. Partners told us how they attended the Making it Real Board, along with senior council leaders and cabinet members to listen to people's concerns and how the board held people to account for safe, effective provision of services.

## Learning from feedback

The local authority learned from people's feedback about their experiences of care and support, and feedback from staff and partners. This informed strategy, improvement activity and decision making at all levels. There were processes to ensure learning happened when things went wrong, and from examples of good practice. Leaders encouraged reflection and collective problem-solving.

Staff and leaders told us opportunities for learning were taken from multiple sources, including complaints and compliments, safeguarding concerns (including SARs), and public engagement forums such as community hubs. The local authority also invited feedback from staff and partners and arranged external audits with neighbouring local authorities to ensure impartial scrutiny and objective criticism.

Senior leaders shared their vision of a culture of openness and transparency, ensuring they were visible and accessible to staff and the local community. As part of the assessment, we received multiple examples of leaders engaging effectively with staff, partners and people using services. People told us of genuine cooperative approaches which made them feel listened to. Staff told us of multiple ways to share concerns and learning opportunities, including staff forums, supervisions, awareness sessions, and audits, as well as access to formal policies such as whistleblowing and speaking up.

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There was clear evidence learning from concerns and incidents was a key contributor to continuous improvement. Data provided by the local authority showed there had been 40 complaints raised about Adult Social Care services in 2023-2024, with 28 concerns upheld, leading to actions and improvements. The most common themes were concerns around assessment waiting lists, and communication (totalling 61% of concerns).

Examples of learning and actions following feedback on joint working with health partners included the introduction of new and innovative ways to support hospital discharge processes. This included changes to discharge pathways to improve the ratio of complex discharges home as well as the 'Getting it Right First-time' programme looking at rates of 'unsafe' discharges. Improvements to reduce hospital readmissions included Virtual Wards and the Planned Overnight Care team. Recent changes to engagement during assessments and safeguarding enquiries included a refreshed 'keeping in touch' process designed following concerns frontline teams did not always keep people and providers updated on progress and outcomes.