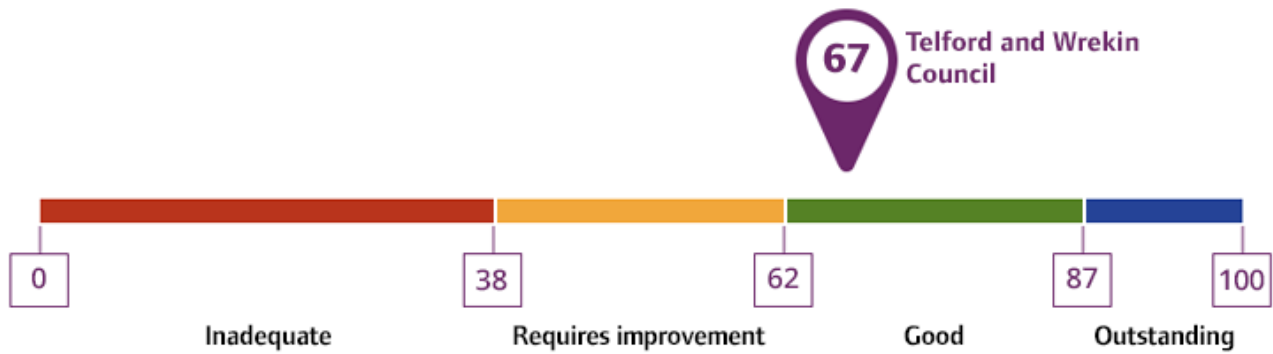


# Overall Summary

## Local authority rating and score

Telford and Wrekin Council

Good



## Quality statement scores

Assessing needs

Score: 2

Supporting people to lead healthier lives

Score: 2

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.