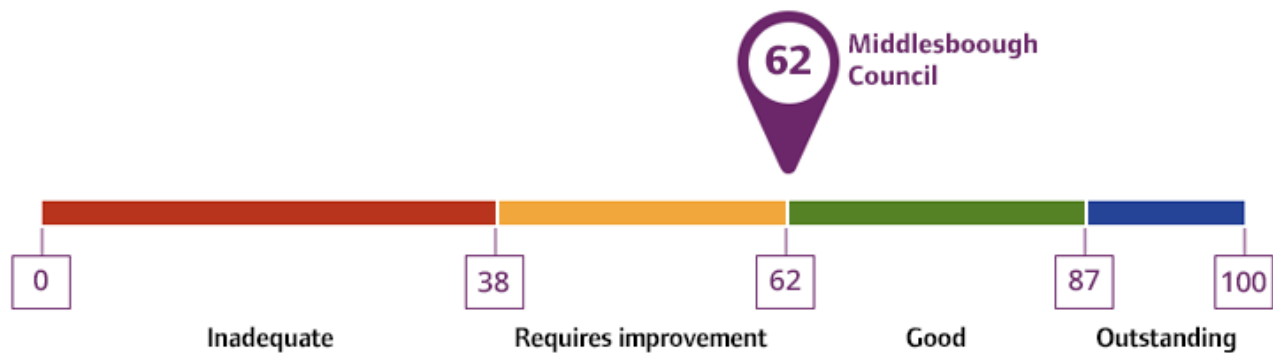


# Overall summary

## Local authority rating and score

### Middlesbrough Council

Requires improvement



## Quality statement scores

### Assessing needs

Score: 2

### Supporting people to lead healthier lives

Score: 3

### Equity in experience and outcomes

Score: 2

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## Care provision, integration and continuity

Score: 2

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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: 3

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## Governance, management and sustainability

Score: 2

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## Learning, improvement and innovation

Score: 2

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# Summary of people's experiences

Overall people were satisfied with their experiences of receiving support from the local authority. People were able to get information and advice to support them with decisions about their care and support needs. People's care and support was coordinated and teams within the local authority and their partner organisations collaborated with people to achieve positive outcomes.

Most people told us they received support which meant they could remain in their own home for as long as possible. They found the assessment and provision of equipment was good and supported their independence.

Most people experienced a positive journey when they moved between services, including those transitioning from children to adult services. Staff throughout the local authority had worked well together to make the arrangements seamless and supportive.

People felt safe with the services they received, and they were supported to manage and understand the risks they faced. Data from the Adult Social Care Survey dated October 2024, showed 75.6% of people using services in Middlesbrough felt safe, and 85.3% of carers felt safe.

Not all feedback was positive. Several people experienced long waiting times whilst attempting to make contact with the local authority in the first place and then for certain services. They told us this had impacted on their health and wellbeing. Some people reported poor communication between specific teams.

Overall unpaid carers spoke of a negative experience. Some carers said they had not been provided with information they could access or understand and felt their options had not been explained properly to them and their responsibilities had not been considered. Data from the Survey of Adult Carers in England dated June 2024, showed that only 44.8% of carers were satisfied with social services in Middlesbrough. However, 72.5% felt involved or consulted as much as they wanted to be.

## Summary of strengths, areas for development and next steps

Middlesbrough local authority knew itself and the people of Middlesbrough well. There was positivity amongst staff, they felt valued and motivated. The teams were well established, with lots of long serving staff. Staff felt supported in their roles. They were positive about training and opportunities to progress their careers. There was an emphasis on staff wellbeing.

Feedback from staff was that the leadership from the Director of Adult Social Care was visible and the approachable leadership style was a strength. There was a clear understanding of social work practices, and its challenges, staff said they were listened to, and the local authority was aware of where the gaps were and what improvements needed to be made.

The approach and commitment to transformation was ambitious. Leaders, managers, and staff demonstrated investment in strength-based approaches. There were examples of this throughout our assessment despite the new 3 conversations approach being paused.

The local authority was focused on prevention of future needs and reducing reliance on services. Staff were focused on achieving positive outcomes for people. Individual examples of promoting independence and reducing dependencies were shared, such as providing people with non-evasive equipment to help them continue to live safely at home.

People felt safe and there was robust policies and procedures in place to support safe care and support. Staff had a good understanding of the challenges in Middlesbrough. The shared Teesside Safeguarding Board was working well across the region.

Overall, there was a good approach to transitions. There was recognition of the issues faced by children approaching the use of adult social care services. Staff were passionate about this area of work developing for the future.

Operationally, there was a partnership approach and positive links with public health focusing on health inequalities. There were examples regarding the hospital discharge process of successful partnership working. Staff had access to shared data about people who used services, which was also a positive step.

Middlesbrough were part of the Teeswide Safeguarding Adults Board partnership with 3 neighbouring local authorities. They worked together to provide services across the South Tees area, and corporately shared learning and best practice.

Community hubs had been set up to bring health and social care services together, and they were a good opportunity for staff to reach out to people. This will be improved with further development of a neighbourhood model, once approved, and rolled out.

There were mixed responses about waiting lists. We heard of some significant waiting times that were impacting on people's outcomes, including those waiting for a planned review. Staff explained how they managed the waiting lists, used a triage process, an escalation policy, prioritised people, and risk-assessed cases. Senior leaders had listened to staff concerns and had invested in additional resources such as agency staff and moving staff between teams to support people waiting.

There was recognition of unpaid carers, but gaps in areas such as communication were highlighted. Staff recognised the offer to unpaid carer's needed improvement. More staff and resources were required to manage the large waiting lists, and this was being addressed by the senior leaders.

There was acknowledgement of diversity, deprivation, and levels of crime in Middlesbrough. Staff recognised it was an area of improvement. There was recognition that more housing provision was required in the area, especially for people presenting as homeless who were likely to be exploited or have alcohol/drug issues. More housing stock was also needed for people who required accessible/adapted accommodation.

Equality, diversity, and inclusion was not embedded at a strategic level. There was a recognised need for better focus from staff. The self-assessment tool 'diverse by design' was planned to improve this, but it was not started yet. There was an awareness of diversity by leaders but not a clear strategy of how they were assured the local authority was engaged with all communities' and those communities were accessing services in a culturally sensitive way.

There was no defined plan around coproduction. There was no clear strategy in place, but elements of coproduction were highlighted at times by staff and partners. Staff shared ideas but felt being understaffed and a lack of resources in general restrained opportunities to do more. Providers did not feel involved in co-production but hoped they would be in the future.

Middlesbrough has had its fair share of challenges with the recent political changes, the financial situation and the recent focus on children's services overshadowing the needs of adult social care. The Chief Executive Officer (CEO) was temporary and had been brought in to focus on the local authority's recovery plan. However, this had led to a lack of assurances in relation to Care Act responsibilities and safeguarding at that higher level. The CEO was heavily reliant on the Director of Adult Social Care to do the right thing.

Corporately there was a lack of recognition for ownership of adult social care, but there were signs of this changing with new political structure. The new mayor had a good understanding of adult social care and clear ideas on how to improve. Together with the new mayor, a new permanent Chief Executive Officer and with the commitment and passion from the well-established and respected Director of Adult Social Care, this did have the potential to grow. It was just not there yet.

The scrutiny of ASC was also starting to improve with new structure. Staff and leaders told us increased scrutiny was needed. There were improvements with data, but it was in early stages of development, with the need to create a process to share data with frontline staff, not just managers. Leaders were aware of gaps in data, including the need to make it easier for staff to understand and information they can take ownership of such as specific team waiting lists.