Middlesbrough Council: local authority assessment

How we assess local authorities

Assessment published: 21 February 2025

About Middlesbrough Council

Demographics

Middlesbrough is a town on the south side of the River Tees in Northeast England. It has a population of 148,285. Middlesbrough has a slightly less older persons population than the rest of England, with those aged 65 years and over making up 16.76% of the population, compared to 18.61% in the rest of England.

The 2021 Census identified the usual resident population as being 143,924 which was a 4% increase above the 2011 Census. Deprivation and poverty are present in Middlesbrough, with a significant proportion of the population living in areas of low income and unemployment. Middlesbrough was ranked the 14th most deprived area in England. In 2021, 10.48% of the population of Middlesbrough identified as Black, Asian and minority ethnic which was slightly more than the England average of 9.61%.

Middlesbrough is a partner of the Northeast and North Cumbria Integrated Care System (ICS). They are 1 of 13 local authorities who make up the largest ICS in England.

Middlesbrough is part of the Tees Valley combined authority which covers 5 council areas Darlington, Hartlepool, Middlesbrough, Redcar and Cleveland and Stockton-on-Tees. The borough of Middlesbrough is the smallest of the five areas.

Since 1996 Middlesbrough has been a unitary authority, being a district council which also performs the functions of a county council. The council is led by the directly elected Mayor of Middlesbrough. Labour has control of Middlesbrough Council with the mayor leading 22 party councillors. The mayor is also the Executive Member for Adult Social Care and Public Health. Executive members are councillors who have responsibility for one of the council's departments. They are responsible for sharing information, working closely with staff, and looking at how to deal with problems.

Financial facts

The financial facts for **Middlesbrough** are:

- The Local Authority estimated that in 2023/2024 its total budget would be **£256,608,000.** Its actual spend for that year was **£275,558,000,** which was **£18,950,000** more than estimated.
- The Local Authority estimated that it would spend **£64,062,000** of its total budget on adult social care in 2023/2024. Its actual spend was **£67,891,000**, which was **£3,829,000** more than estimated.
- In 2023/24, **24.64%** of the budget was spent on adult social care.
- The Local Authority has raised the full adult social care precept for 2023/24, with a value of **2%**. Please note that the amount raised through ASC precept varies from local authority to local authority.
- In 2022/23 approximately **3590** people were accessing long-term adult social care support, and approximately **395** people were accessing short-term adult social care support. 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.

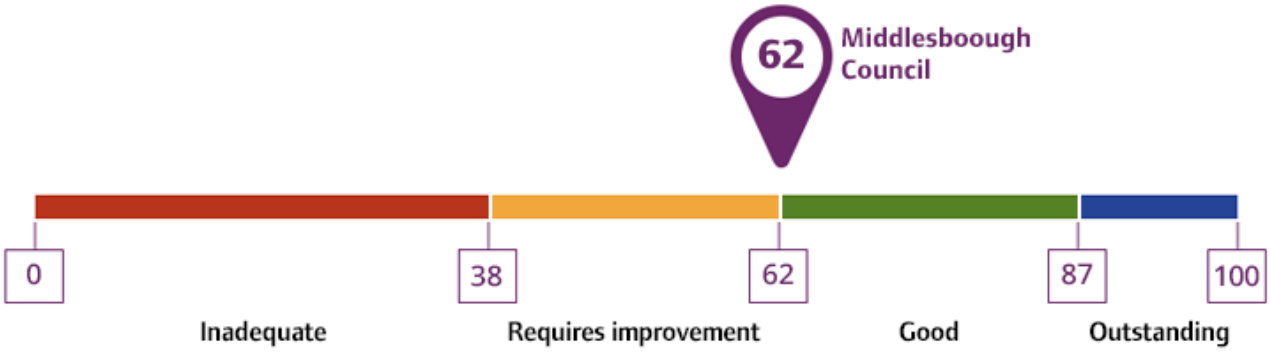
This data is reproduced at the request of the Department of Health and Social Care. It has not been factored into our assessment and is presented for information purposes only.

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

Care provision, integration and continuity
Score: 2

Partnerships and communities
Score: 3

Safe pathways, systems and transitions
Score: 3

Safeguarding
Score: 3

Governance, management and sustainability
Score: 2

Learning, improvement and innovation
Score: 2

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.

Theme 1: How Middlesbrough Council 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 maximise 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

There were multiple channels including online and self-assessment options for people to access the local authority's care and support services. However, most people we spoke with told us they did not receive a timely or accurate response.

Data from the Adult Social Care Survey dated October 2024, showed 63.6% of people were satisfied with care and support; 82.8% of people felt they had control over their daily life and 48.1% of people reported they had as much social contact as desired.

Multiple people told us of contacting the council by telephone several times and waiting an excessive amount of time. This had impacted on their health and wellbeing as well as causing their family distress. One person referred to getting to the point of crisis and attending a community hub in person after waiting 4 months for a carer's assessment.

Providers said there were inconsistencies with contacting frontline social worker staff when people's needs changed. Some providers, mainly in domiciliary care services, said they were funding increases to people's care at home packages for weeks before a review was carried out and approved. They told us they had not received back-dated funding.

The approach to assessment and care planning was person-centred and strength based. The approach reflected people's right to choice, built on their strengths and assets and reflected what they wanted to achieve and how they wished to live their lives. The assessment documentation provided staff with clear and concise guidance for managing the process in line with their Care Act 2014 responsibilities. It emphasised the need for a strength-based approach and reminded staff to engage with external partners.

At the time of our assessment, the council had very recently introduced the '3 conversations' approach to assessment and care planning, but this had been paused due to the test site team not being able to keep up with the demand and risk had escalated. Leaders listened to staff feedback and acted quickly to resolve this. There were plans to restart this approach following a period of further preparation with a different test site team.

The 3 conversations approach has three distinct conversations which are used to understand what really matters to people and families. This is a relationship-based approach where practitioners listen to people and connect them to resources to maintain safety and promote independence and where identified, provide proportionate and least restrictive services.

People's experiences of care and support had not always ensured their human rights were respected and protected, that they were involved throughout in decisions and their protected characteristics under the Equality Act 2010 were understood and incorporated into care planning. For example, some people told us they felt the assessments conducted were financially driven and did not focus on people or their needs.

Pathways and processes ensured that people's support was planned and co-ordinated across different agencies and services. Staff told us that leaders listened to them when processes were not working smoothly, and more resources had been allocated. For example, when the Continuing Healthcare fast-tracking process was causing delays, leaders arranged for a dedicated nurse to be a point of contact and drop-in sessions were organised to discuss referrals quickly.

The local authority had assessment teams who were competent to conduct assessments, including specialist assessments. Staff were qualified in their area of specialism such as Approved Mental Health Practitioners, Sensory Impairment and Occupational Therapy. Staff told us they were provided with lots of opportunities for specialist training, practice development and career development opportunities.

Timeliness of assessments, care planning and reviews

Assessment and care planning arrangements were not always timely and up to date. There were inconsistencies across the local authority in relation to waiting lists. For example, some teams told us their waiting lists were minimal or non-existent whereas other teams had significant waiting times. Data provided by the local authority in November 2024 showed the amount of people waiting for an assessment was 163. The breakdown per team was the learning disabilities team had a waiting list of 85 people, the locality team 15, the hospital team 21 and the access team had 42.

One team told us there was no system in place for completing the statutory annual reviews for people in receipt of services. The local authority relied on people making contact if their circumstances changed. This showed there was a gap in supporting people who were in receipt of long-term care as they were not being routinely contacted, and the response to supporting them was reactive rather than proactive.

The local authority was acting to manage and reduce waiting times for assessment, care planning and reviews. This included actions to reduce any risks to people's wellbeing, while they waited for an assessment. The local authority told us they had identified that difficulties in recruiting social workers had increased the need for waiting lists and these were being closely managed by team leaders.

Staff told us they were managing waiting lists with a triage process and an escalation policy. They were prioritising people, and risk-assessing cases. We heard leaders had listened to staff and had invested in additional resources such as agency staff and moving staff between teams to support the teams with longer waiting times.

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

The needs of unpaid carers were recognised as different from the person with care needs; assessments, support plans and reviews for unpaid carers were undertaken separately. Staff told us they offered and conducted statutory unpaid carers assessments and signposted people to the local authority's partnering services for initial assessments to reduce or prevent the need for support.

Overall, the experiences of the unpaid carers we spoke with was negative. For example, some unpaid carers told us they had been given no choice in the options of support they were given. Some unpaid carers said their responsibilities now and, in the future, had not been considered. Some unpaid carers said after an assessment, plans were not followed up and they did not know who to contact for a review.

Unpaid carers told us staff appeared overwhelmed by their workloads with little support which has impacted on their communication and response to people's requests for advice and support. One unpaid carer had requested a review due to a change in their needs but was specifically told they could only have one review each year which had already taken place. Another carer was told they were not allowed a copy of their assessment.

Data provided by the local authority in June 2024 showed 426 carers assessments has been completed in the preceding 12 months, which equated to 377 unpaid carers. 52% of these people had received a direct payment which exceeded the national average. Leaders told us the method used to calculate this percentage did not include active carers who had not had an assessment in the last 12 months, some of those people will have also been receiving a direct payment.

Data from the Survey of Adult Carers in England dated June 2024, showed Middlesbrough was similar to the England averages for carers accessing support groups or someone to talk to in confidence, carers accessing support or services allowing them to take a break from caring at short notice or in an emergency, carers accessing support or services allowing them to take a break from caring for greater than 24hours, and carers accessing support to keep them in employment. However, more negative for carers was their accessing training at 2.59%, compared to the England average of 4.30%. Also, more negative for carers who were not in paid employment because of caring responsibilities at 32.56%, compared to the England average of 26.70%. A positive variation in data was evident for carers who found information or advice helpful at 92.31%, compared to the England average of 85.22%.

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

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. Staff told us they signposted people to other council services, partners and external agencies for help and support for needs that were not eligible under the Care Act responsibilities. The local authority had an online directory which provided a place for people to access advice and information about support services. There were also links to external organisations such as the Citizens Advice Bureau.

A partner organisation told us they had been commissioned to provide a service called 'We care, you care' to share information and use social media to reach out to people. Staff and leaders told us the introduction of community hubs which brough health and social care services together had enabled staff to signpost people to services which would help with any non-eligible care and support needs.

Eligibility decisions for care and support

The local authority's framework for eligibility for care and support was transparent, clear, and consistently applied. Decisions and outcomes were timely and transparent. Appeals were managed through the complaints process. There had been no appeals against decisions in the past 12 months.

The local authority shared with us its 'Adult Services Practice Guidance' for staff (dated April 2024). The document provided clear guidance to staff, outlining the local authority's responsibilities under the Care Act. It described people's rights under the Act and how to proceed if eligible.

Data from the Adult Social Care Survey dated October 2024, showed 69.5% of people did not buy any additional care or support privately or paid more to 'top up' their care and support.

Financial assessment and charging policy for care and support

The local authority had policies and procedures in place for assessing and charging adults for care and support. Over the last 3 years improvements to the service had been made. This included the introduction of automated processes replacing manual ones, a code of conduct for staff being implemented and the council website being reviewed to provide full information relating to financial assessments as well as the ability to apply online.

The financial assessment team had a target of 28 days to carry out their assessment. As of November 2024, the wait time was 12.5 days for a residential financial assessment, and 9 days for a non-residential assessment, both of which were within the agreed target.

From April 2024 to date, there had been 9 appeals to financial assessment decisions. Two of which were upheld and 7 were not upheld. Themes of the appeals included, disputed property valuation, disputed decisions related to deprivation of assets, and disputed disability related expenditure. Lessons learned by the local authority included ensuring annual reviews were held to prevent delays and the use of an independent valuer in disputes.

People told us staff within the finance team were supportive and informative. They said staff provided assurances when completing financial assessments. One person told us, following a financial assessment a member of staff contacted them to explain the outcomes of the assessment before sending paperwork out, to ensure they fully understood decisions.

Provision of independent advocacy

The local authority had commissioned an independent advocacy provider to deliver all statutory advocacy services in the area. The local advocacy provider told us they felt the arrangements of advocacy provision between the local authority and them enabled them to be flexible, ensuring they could meet the needs of people needing advocacy services within Middlesbrough.

The local provider told us a piece of work had been completed in the area to identify the number of people eligible for advocacy services and the actual number of people being referred to them. This showed some gaps within the community where people had not been referred, and we were told it was felt advocacy needed to be more embedded into the infrastructure.

Local authority staff told us there was good access to independent advocacy but there could be times of slight delay with accessing advocacy support once a referral was made.

Supporting people to live healthier lives

Score: 3

3 - Evidence shows a good standard

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 maximise 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

The local authority worked with people, partners, and the local community to make available a range of services, facilities, resources, and other measures to promote independence, and to prevent, delay or reduce the need for care and support.

The local authority's draft 'Strategy and Vision for Adult Social Care in Middlesbrough' dated May 2024, highlighted their four priorities; promoting wellbeing and personal and community resilience, maximising recovery and promoting independence so people can live independently in their own communities for as long as possible, improving the quality of life for people with care and support needs, providing choice and control for people who have care and support needs.

The local authority clearly outlined how its programme of preventative interventions would be delivered through its Joint Health and Well Being Strategy. It defined what was meant by prevention, and differentiated between primary, secondary, and tertiary models. It set out how this would be achieved, using a single point of access, social prescribing, tech- enabled care, and a falls prevention service. Overarching this, the local authority stressed the '3 Conversations' approach would be fully rolled out in the future.

Leaders had good knowledge of adult social care in Middlesbrough and how this impacted on health and outcomes for people. This knowledge and understanding had led to clear ideas on how to improve the offer available to people with a more community based and integrated approach.

Staff were focused on a prevention approach within Middlesbrough to support people to maintain their independence within the community. We heard how the joint relationship with public health was embedded and working well. Staff said their joint drop-in sessions had improved relationships and enabled public health staff to link in with social workers to explore options and seek advice.

The local authority commissioned a range of external services from partners within Middlesbrough to provide facilities and resources to support people. This included partnering with charities and voluntary groups in areas such as domestic violence, homelessness and drug and alcohol misuse.

There was recognition of unpaid carers, but some gaps were highlighted by staff and leaders. We were told many people did not see themselves as carers, but the initiation of the community hubs and progress with their 'neighbourhood model' plans would help staff to meet and engage more with people to help identify hidden carers. The neighbourhood model is an approach to form 'neighbourhoods' within the local authority footprint. Each neighbourhood would be a community-centred, integrated team, working across healthcare, social care, public services, community groups and voluntary agencies, and the people it serves. These are multi-disciplinary front-line teams, which would deliver integrated person-centred services. It is intended that by working together, staff across different disciplines will experience improved communication between services, share knowledge and expertise, and co-ordinate care planning and delivery.

The local authority provided funding to a partner organisation who supported young carers with employment advice, training, budgeting advice and leisure activities. They also supported young carers to transition into the adult carers' services.

One partner told us the local authority provided funding for cost-of-living payments to be distributed directly to carers in financial difficulty. For example, one carer approached them for support to replace a washing machine, which was actioned the same day. Another partner told us the local authority's commitment to identifying and supporting unpaid carers of individuals with mental health difficulties was "truly commendable and deserved recognition."

A carer told us of a positive outcome following an assessment and support they received from one of the partner organisations funded by the local authority. They stated throughout the process they had been asked what they needed, and staff introduced themselves and pre-arranged visits when it was suitable for them. They had received practical advice, equipment, and a grant.

Delays in accessing a carers assessment had impacted negatively on some unpaid carers. For example, we were told communication was challenging and delays in responses increased people's anxiety and was detrimental to the unpaid carer's wellbeing. All the unpaid carers we spoke with shared their health conditions had worsened with the stress of being an unpaid carer.

Data from the Adult Social Care Survey dated October 2024 for Middlesbrough, was in line with England averages for people who use services who say that those services made them feel safe and secure, and people who reported they had as much social contact as they wanted with people they like. Data was positive for people who have received short term support who no longer require support with 96.31% of people in Middlesbrough, against 77.55% in England. However, the data was negative for people 65+ who received reablement or rehabilitation services after discharge from hospital with 0.64% of people in Middlesbrough compared to the England average of 2.91%.

Preventative services were having a positive impact on well-being outcomes for people. For example, the 'Staying Put' and 'Telecare' services which helped to promote people's independence had minimal waiting lists and staff told us their caseloads were manageable. For people, these services were more efficient than calling the emergency services as staff could respond quickly. We were told of an occasion where staff attended within 20 minutes of being contacted by a person which promoted their wellbeing and stopped a hospital admission.

Staff told us the 'out of hours' and rapid response services helped to reduce delays to hospital discharges and got people home with emergency home care support. They also said they were able to put telecare systems in place out of hours to prevent readmissions or reduce need for more services.

Data from the Adult Social Care Outcomes Framework dated December 2024, showed 95.6% of people who had received short term support no longer required support.

The local authority had taken steps to identify people with needs for care and support that were not being met. Staff and leaders demonstrated a good understanding of health inequalities in Middlesbrough. They provided examples of initiatives which were targeted at certain communities who may require support with their health and social care needs. There were instances where staff had visited local mosques and spoken with the Chinese community to explain what help support was available, that they may be entitled to.

The local authority had commissioned a service to share information and used social media platforms to reach out to more carers and potentially reach hidden carers. In partnership with Northeast ADASS, the local authority had also commissioned a company to provide an online carer support service.

Provision and impact of intermediate care and reablement services

The local authority and its partners were improving their response to deliver intermediate care and reablement services that enabled people to return to their optimal independence. Data from the Adult Social Care Outcomes Framework dated December 2024, showed 88.7% of people aged 65+ were still at home 91 days after being discharged from hospital into reablement or rehabilitation.

The local authority told us there was a residential rehabilitation service set up that could be provided in any care home within Middlesbrough, for up to 24 people at any given time. This was delivered and utilised by people in services aged 65+, however it could also be delivered in aged 18-64 settings.

There was a process in place for when the local authority was informed someone may be ready for discharge from hospital. Staff explained they could have care packages set up within 24 hours in a care home or in the person's home and a community team reviewed the effectiveness of these after 2 weeks.

Staff told us where people were not deemed eligible after a full assessment they spoke with people and explained why, and signposted them to other services, which included reablement services. Staff said it was rare when a person was signposted to reablement services that they came back through the system. They told us the reablement team supported people to have more independence and changed their outlook on formal support.

People told us sometimes there was poor communication between teams. For example, social workers and occupational therapists did not always communicate well with each other when working on the same case which had led to delays in appropriate care and support being provided.

Access to equipment and home adaptations

People could access equipment and minor home adaptations to maintain their independence and continue living in their own homes, however waiting times were longer than expected.

The local authority told us their median waiting time for an occupational therapy assistant assessment for minor input was 11 weeks. For an occupational therapist assessment, requiring major intervention, the median waiting time was 8 weeks. The target was 2 - 4 weeks for both services. The reasons given for the delay included staff sickness, unfilled vacancies, and an increase in demand from around 200 referrals a month in 2020 to over 300 in 2024. Leaders and staff confirmed additional resources were now in place to address these issues and they would be monitoring the impact of these actions. Leaders also told us they were assured no urgent cases were waiting. Any urgent cases were seen the same day and priority cases within 1 week.

The local authority shared their Tees Community Equipment Service performance report which showed that in April 2024 there were 423 bookings made, 788 pieces of equipment were delivered, with 98.9% of the equipment delivered within 7 days.

The local authority's 'Staying Put' service managed and issued disabled facilities grants in line with guidance and legislation. The service also delivered major and minor adaptations and a handypersons service. The aim of the service was to ensure residents remained safe and independent at home.

The 'Staying Put' service also provided housing support to ensure residents health and wellbeing was maintained by delivering preventative grants, boiler serving and repair, winter warmth and hoarding intervention services.

Staff told us equipment provision was good in Middlesbrough. The community equipment store operated an out of hours service to respond to emergencies over the weekend, evenings, and bank holidays.

People told us the assessment and provision of equipment was good and supported them to remain safe and independent at home. We heard requests for equipment had been responded to in a timely manner and delivery of equipment was prompt.

One person receiving support said their main wish was to remain in their own home for as long as possible. Their family member told us they felt the assessment reflected this and equipment had been installed to enable the person to stay within their own home. Hoists, chairs, and other adaptive equipment had been identified and installed via the occupational therapy team. Another person told us following accidents at home an assessment had been completed for the provision of equipment. This included falls sensors and grab rails, which were installed promptly.

Data provided by the local authority in November 2024 showed a total of 306 people were waiting for OT support. The breakdown included 166 people waiting for an equipment assessment, 95 people waiting for an adaptation assessment and 18 people waiting for a rehousing assessment.

Provision of accessible information and advice

People could access information and advice on their rights under the Care Act and ways to meet their care and support needs. The Adult Social Care Survey showed 95.2% of people who used services found it easy to find information about support and the Survey of Carers in England showed 65.3% of carers found it easy to access information and advice.

The local authority had multiple channels in place for people to access information, such as post, telephone, online and face-to-face. The sensory support service provided an inclusive offer of accessible information and advice. This included BSL videos, interpreters at sensory drop-in sessions, text message options for initial contact and a Braille format was available upon request.

The council website directed people to the adult social care section of the website. It was clear, well defined, and easy to navigate, with the use of pictorial guides where appropriate. The overview laid out, services available, including care and support, information, advice, advocacy, and adult safeguarding. There were links to external organisations, such as the Citizens Advice Bureau and other relevant council departments.

Partner organisations were also commissioned to provide advice and information. One partner told us they were commissioned to provide an information, advice, and support service for adult carers. The support included a specific service for parent carers, a service for supporting carers in employment, a team supporting carers with finances and welfare benefits, a psychotherapy and counselling service for carers and support to help young carers transition to adult carers services.

Providers told us the local authority were good at disseminating information to people and gave the example of the 'Middlesbrough Matters' website and their Facebook page as methods of sharing information which were effective.

The introduction of the community hubs had proven to be a successful method of communicating with people to share information and advice. Leaders told us the proposed development of the 'neighbourhood model' would improve people's outcomes further. Staff told us there were over 70 languages spoken throughout Middlesbrough. Use of local community links were utilised to build trust and communicate with people in certain wards. For example, a program called 'Health Community Champions' had assisted with building the network to ensure key health messages were delivered. Through engagement with local communities and schools, the health champions had been able to assist in rolling out the measles vaccination program in diverse communities.

However, we received mixed responses from people. We were told some of the support provided to people and their families/unpaid carers was good, however poor communication and waiting lists sometimes hindered obtaining support, advice, and information.

Direct payments

There was good uptake of direct payments, and they were being used to improve people's control about how their care and support needs were met. People had ongoing access to information, advice, and support to use direct payments.

Middlesbrough's uptake of direct payments was slightly better than the England average of 25.5%. Data provided by the Adult Social Care Outcomes Framework dated December 2024, showed 29.3% of all people using services in Middlesbrough were receiving a direct payment. 79.9% of carers in Middlesbrough were receiving a direct payment. There was no current waiting time for a direct payment to start after an individual budget had been agreed.

Staff had access to detailed guidance on the eligibility and management of direct payments. Staff told us they offered everyone eligible the option of a direct payment as part of their care planning options.

Staff said the local authority had invested in a partner organisation who supported people with managing their direct payments as well as advertising and recruiting for private carers. Staff found having this service and a direct payment monitoring team beneficial and shared that the direct payments option had been very empowering for people as they have had choice and control. For example, people and their carers accessed direct payments for activities to promote their health and wellbeing, such as gym memberships, carers breaks, equipment, horse riding, courses, and college. Others used it to pay for a domestic help. However, some carers told us they did not understand the process or whether this was an option for them.

Equity in experience and outcomes

Score: 2

2 - Evidence shows some shortfalls

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

The local authority demonstrated a good understanding of the local population and demographics. Leaders and staff had due regard for groups of people living in Middlesbrough who were more likely to experience health and social care inequalities such as ethnically diverse communities, people who sell sex, people who are homeless, people who misused substances and alcohol, older people, and people who were neurodivergent. Further work to analyse equality data on social care users to identify and reduce inequalities in people's care and support experiences and outcomes was in early development.

The local authority had started to proactively engage with the people and groups where inequalities had been identified, to understand and address the specific risks and issues experienced by them. For example, the local authority had recognised the need to develop an 'Autism' Strategy. In January 2024, they commissioned a partner organisation to conduct a 3-month consultation to find out how they could improve services for autistic and neurodivergent adults across Middlesbrough and Redcar and Cleveland. During the consultation 24 lived experience experts, 18 parents or carers and 10 professionals were consulted with. However, only 22% of those people lived in Middlesbrough. Whilst this was a small sample from the reported 20,000 autistic people living in the South Tees area, the results represented their views and experiences.

The results included 8 key themes such as, a need for more autism specific support, an increased understanding of autism, accessibility of services and better communication. It also produced several recommendations including promoting acceptance, working in co-production with autistic people, developing tailored support services and improving communication. However, the strategy was still in draft format and the action plan describing what the local authority would do next was not completed.

The local authority had awareness of its Public Sector Equality Duty (Equality Act 2010) in the way it delivered its Care Act functions. There was an equality and inclusion policy dated 2021 – 2024 in place. The policy outlined the local authority's aims and commitment to equality and inclusion as a community leader, a commissioner and provider of services and as an employer. However, equality objectives and a co-produced and adequately resourced strategy to reduce inequalities, and to improve the experiences and outcomes for people who are more likely to have poor care was in initial stages.

Leaders told us they had recognised the gap in addressing inequalities in adult social care, and in response to this, a draft strategy had been produced to tackle the issue. The strategy for 'Identifying and Reducing Inequality of Experience and Outcomes in Adult Social Care' dated April 2024, outlined targeted actions and interventions aimed at ensuring equitable experiences and outcomes for all service users.

With the strategy being in draft, the process of how the local authority was formally assuring itself they were engaged with all communities, and that those communities were accessing services in a culturally sensitive way was not fully embedded. A manager told us there was a plan in place to conduct a self-assessment tool called 'Diverse by Design' developed by the Local Government Association to measure where Middlesbrough were in terms of equality, diversity, and inclusion.

There was recognition of diversity within the local authority. The local authority held information regarding the changing nature of their communities from census and survey data. A range of approaches were in place across service areas to engage with disadvantaged or seldom heard from groups, such as sensory support drop-in sessions, a Dementia hub and an "In Out of the Cold" event held each year for people who were homeless. Much of this activity was coordinated through Public Health South Tees (managed from within Adult Social Care).

Public Health South Tees jointly funded a Public Health Consultant based within the local acute Trust with a focus on health inequalities. Public Health as representatives of the local authority coordinated the 'Health Determinants Research Collaborative' with a local University that aimed to tackle inequalities and barriers to health and wellbeing.

In practice, leaders and staff demonstrated they had considered the impact of how their plans and services would impact on people with different protected characteristics. Action had been taken in areas where inequalities had been identified. For example, a specific home care contract was in place with an organisation who delivered care to people in culturally diverse communities. And, a bespoke day service was in place provided by the Tees Valley Asian Welfare Forum.

The local authority had completed the implementation and improvement of a safeguarding data dashboard to highlight areas of inequalities and risk. For example, the data had been broken down further to the name of a care home rather than just by the service type. This meant if a concern or pattern was emerging, staff could immediately see which care home needed additional support or input from other teams within adult social care.

Local authority staff involved in carrying out Care Act duties had a good understanding of cultural diversity within the area, and they told us about plans to better engage with people. The workforce was not reflective of the communities they served, and staff were aware of the challenges of reaching the seldom heard voices in Middlesbrough. However, recruitment of staff from ethnically diverse communities to work in specific communities had recently taken place. Staff said these roles would provide improved insight to the issues and challenges experienced by individual communities. There was an equalities officer in post and plans were in place to appoint champions for each of the protected characteristics.

A partner organisation told us they had recently worked with an ethnically diverse community network group to produce a series of videos for carers in those communities. They said the local authority supported them in the work to identify hidden carers and redistribute information and the social media they produced.

Inclusion and accessibility arrangements

There were inclusion and accessibility arrangements in place so people could engage with the local authority in ways that worked for them, for example British Sign Language (BSL) or interpreter services. However, there were mixed responses from staff, people and partner organisations about the availability and effectiveness of these services.

Some staff told us they had good access to translation services for BSL interpreters and multiple languages, this could be done face to face or by telephone appointments. However other staff told us whilst there was a contract in place for the provision of translation services, there could be challenges in fulfilling requests for translators where requests were received at short notice.

A partner organisation told us they had recently carried out some joint work during deaf awareness week. They said in the past the local authority did not have a text only service for deaf people to access, but through their partnership the service was now in place.

The local authority's 'Rekindle' project had been developed to support people to become 'digitally included' with a focus on increasing their skills, confidence and participation in the use of technology to reduce isolation and loneliness and enhance wellbeing. This project enhanced the local authority's ability to support people in a more equitable way by addressing various barriers to digital access inclusion. Whilst there were challenges with BSL training and interpreter availability, Rekindle supported the use of digital tools that could help bridge those gaps, such as text-based communication platforms, and they were in the process of exploring translation apps.

Some carers told us they had not been provided with information they were able to access or understand. They shared an interpreter had not been offered despite the cared for person having a language barrier. One carer told us a local authority partner organisation had provided relevant information, but they had received nothing from the local authority. However, another carer told us information and advice had been provided to them about services, and support had been provided to ensure they were accessing all the benefits available for both the carers and the cared for people within their household.

Middlesborough Matters website provided people with the ability to search for care and community services for adults, including personal care, domestic support, and advice around living with ill-health. The website was easy to navigate, using pictorial guides as well as text. It was updated frequently and had links to many statutory and voluntary bodies. However, considering the population of ethnically diverse people in the area stood at 17.6% of the total, information and advice for these groups were not immediately apparent. The use of the 'Search' function revealed a list of six separate services aimed at these groups, with contact details supplied. However, it was not straightforward for people with limited internet access or skills and language difficulties to access them.

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: 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.

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

The local authority worked with local people and stakeholders and used available data (for example the Joint Strategic Needs Analysis) to understand the care and support needs of people and communities. This included people who were most likely to experience poor care and outcomes, people with protected characteristics, unpaid carers and people who funded or arranged their own care, now and in the future.

The South Tees Health & Wellbeing Boards, of which Middlesbrough Council were a member of, have agreed to a 'mission-led' approach, structured across the life course. Each mission was a response to a significant local challenge, one where innovation, working together and aligning resources had a big part to play in driving large-scale change. The 'Missions' each had a set of ambitious goals that further articulated and explained the mission. The missions were to tackle homelessness, dietary and nutrition and poverty. The JSNA data provided the intelligence behind the missions – it developed their collective understanding of the missions; the issues behind and the broad contributing factors to the current outcomes experienced.

The local authority was working with stakeholders across the Tees Valley to develop a process on that footprint that would facilitate deeper engagement from the Integrated Care System, led by the Integrated Care Board.

The vision and aspirations under the life course framework already existed following previous development sessions of the 'Live Well' Board. The life course framework consisted of three strategic aims – start well, live well and age well.

The initiation of the community hubs had already started to help the local authority staff engage with people who were most likely to experience poor care and outcomes. With the further development of a planned neighbourhood model will come a better understanding of the care and support needs of people and communities.

A partner organisation told us, "The local authority community workers play a crucial role in building trust across some of the poorest communities in Middlesborough. They have made significant efforts through initiatives like community hubs. These hubs serve as key points of contact where residents can engage, and where workers stationed there gradually get to know people, building relationships and trust over time. This 'keeping their ear to the ground' approach helps the local authority stay informed and responsive to the community's needs."

Market shaping and commissioning to meet local needs

People had access to a diverse range of local support options that were safe, effective, affordable, and high-quality to meet their care and support needs.

The local authority had a good provision of Care Quality Commission registered adult social care services. This included home care, residential care, nursing care and supporting living services. Overall, 78.7% of those services are rated good, meaning they were safe, effective, and provided a high-quality standard of care, which met people's needs.

Data provided by the Adult Social Care Survey dated October 2024, showed 75.3% of people who used services in Middlesbrough felt they have choice over services, which was above the England average of 70.2%.

The local authority worked closely with public health, housing, and the local integrated care system to ensure their commissioning strategies were aligned with the strategic objectives of their partner agencies. There was a joint health and well-being strategy in place with public health which featured the 'mission-led' approach to tackle issues such as shortages with suitable local housing with support options for adults with care and support needs, and the historical heavy reliance on residential care.

The local authority's commissioning strategy 2024 was intrinsically linked to the council's medium-term financial planning. The 3-year plan summarised the commissioning intentions and the market shaping activities which had supported this, although it was in early development.

One leader told us they were working with the Local Government Association to put together a medium-term plan for addressing housing alternatives. They said historically housing resources had been cut back and they knew they needed to rebuild the housing capacity.

Another leader said the council were working on creating a balance between getting homes adapted and people living in family homes which no longer met their needs. The local plan included influencing developers to consider building more bungalows in key areas, enabling people to remain independent in their own home, preventing and delaying the need to move to a residential care home. In addition, there was a consideration for new homes to be adapted ready to meet the longer-term needs of people.

Staff told us as a result of people with a learning disability often being placed out of area, the local authority had recently opened 2 specialist services to meet the demand. They worked closely with other local authorities in the area due to their small geographical area, to share the resources for people with complex needs.

There was consideration for the provision of services to meet the needs of unpaid carers outlined in the South Tees Carers Strategy 2021 – 2026. This stated through a joint commissioning approach, an equitable and efficient offer would be provided for carers across the South Tees area, ensuring that local authority boundaries do not represent boundaries to services. At the same time a collaborative approach to services aligned with the priorities of the South Tees Health and Wellbeing Board and the strategic vision for joining up health and social care.

At the time of our assessment the local authority had some contracts due to expire within the next 12-18 months, work was underway in accordance with the commissioning cycle to review the process in place, consider evidence of future need and demand and take the opportunity to explore models of care including those in line with recognised best practice.

Middlesbrough Council were part of a North East Association of Directors of Adult Social Services (ADASS) group looking at home care procurement within the next 2 years to gain shared experience in terms of new service models, how they were working, and determine the requirements of the future home care service model in Middlesbrough. The current framework of home care providers was contracted on a task-based spot arrangement. This was not in line with commissioning for positive outcomes whereby providers have flexibility to deliver services in a way that meets people's preferences. Providers told us they had been informed of the intentions for future procurement of home care and they were expecting to be involved in its coproduction.

At the time of our assessment there were 2 extra care housing schemes in Middlesbrough, providing 112 one and two-bedroom apartments for people aged 55+ with care and housing needs. ‘Extra care’ also known as housing with care, provides people with the opportunity to live in their own purpose-built, self-contained household, while accessing care and meals on-site. This can enable people to live more independently for longer. Care is provided by staff who are available 24 hours. It is a newer form of specialist housing for older people.

Commissioning staff supported new and innovative approaches to care provision, where this led to better outcomes for people.

Staff told us they were looking to engage with the community more often for their tendering processes and were looking to modernise some of their service offerings. Frontline staff said they had 9 conversations with people who use services booked in to discuss this and they were looking to work with more people. Staff said they needed more 'on the ground' intelligence to support their market shaping. Leaders told us this had been actioned through the development of a new dedicated post, that had already commenced linking in with grass roots groups, providers and community and voluntary sector organisations to understand the issues and barriers, and how they can work better together.

The local authority commissioned a partner organisation to provide a dementia advisor service, a befriending service, a project which helped older people overcome mental health problems through social rehabilitation, and a new project around older people who hoard. A partner organisation told us they met with commissioning staff quarterly to discuss projects, outcomes, and the funding they provided.

A leader told us there were plans in place to consider co-locating services to enable improved access to multiple services for people. An example provided included setting up in a shopping centre as a health hub which would provide alternative options to people other than that of a hospital setting.

Ensuring sufficient capacity in local services to meet demand

There was not always sufficient care and support available to meet demand and people could not always access it when, where and how they needed it. There were shortfalls identified by people, staff, and leaders in some aspects of adult social care and support. For example, people told us there was a lack of specialist dementia provision including respite and sitting services offered by the local authority. This had impacted on people and their families maintaining their health and wellbeing, relationships, and interests.

Staff told us there were several supported living services that were traditional and did not cater for younger people, they were currently working with a provider to look at alternatives. This was a recent initiative, and more staff had been recruited to support this work.

Staff said there was limited employment support for the young people they supported. The only statutory offer was from Department of Work and Pensions, and nothing bespoke from the local authority. This had identified a gap in supporting people into employment. There were also limited opportunities for people with a learning disability to be supported into employment. Local authority leaders told us these gaps had been identified and were a priority for them going forward.

Staff felt the leaders of the council had listened to staff and the concerns raised. For example, challenges with recruitment and retention had been addressed and a market supplement had been introduced. Another example included bringing community interventions, housing, and alcohol and substance misuse services in-house. This had improved communication and reduced the delays of people accessing timely support.

There were no waiting lists for people in the community who required home care, residential or nursing care and the waiting list for people in hospital who were waiting to be discharged was minimal. The reasons for those delays were mostly out of the local authority's hands, such as medication and transport not being available.

Data from the local authority showed they currently commissioned in the region of 13,000 hours of home care for approximately 1000 people. There was a capacity of 1724 beds available in residential and nursing homes, of which 1478 were occupied, representing an average occupancy of 86%.

There was some capacity for unpaid carers to have access to replacement care for the person they cared for, in both planned and unplanned situations. However, some unpaid carers we spoke with told us, it was not sufficient to meet their needs. Leaders told us the provision of any replacement care may be provisioned in accordance with the care plan of the person being cared for.

Data from the Survey of Adult Carers in England dated June 2024, showed that Middlesbrough were performing slightly better than the England averages for unpaid carers accessing services which allowed them to take a break. The figures showed 13.9% of carers accessing support or services allowed them to take a break from caring at short notice or in an emergency. 19.5% of carers accessing support or services allowed them to take a break from caring for more than 24hrs. And 22.2% of carers accessing support or services allowed them to take a break from caring for 1-24hrs.

During the care needs assessment process, contingency plans were discussed and put in place for planned and unplanned events. A partner organisation told us Middlesbrough council used to be better at funding breaks but that had reduced, and it was difficult for unpaid carers to get any kind of breaks. The partner organisation said they had been able to bring in some funding to supplement this and some unpaid carers had been able to have a break.

They added, there was a gap in the provision of sitting services for unpaid carers to have a break. The issue was the availability of domiciliary care agencies willing to provide this service which caused delays for people waiting for this type of support.

There was minimal need for people to use services in places outside of Middlesbrough, however most people were supported within the South Tees region. There were plans in place to increase the capacity of specific services so people could move back if they wished to do so in the future, and some provision had recently been increased.

Staff told us they had identified a lack of accommodation for people with complex learning disabilities. This was fed back to the senior leaders and had resulted in the provision of 2 services in Middlesbrough which were specific to people with these specific needs.

Data provided by the local authority showed there were currently 182 people placed outside of Middlesbrough. The highest levels were for residential care, 44% and day care 26%. The 3 main reasons for this were personal/family choice, 44%, specialist services were not available in Middlesbrough, 35% and no vacancies available at the time of placement, 8%.

Ensuring quality of local services

The local authority had clear arrangements to monitor the quality and impact of the care and support services being commissioned for people and it supported improvements where needed. Some services were commissioned jointly with other agencies. In these instances, there were clear roles and accountabilities for monitoring the quality of the services being provided and the outcomes for the people using them.

The local authority's quality assurance framework aimed to ensure high quality, evidence-based practice, continuous improvement of providers, learning and person-centeredness. Reviews were an integral part of the framework. Follow-up visits were determined by the risks regarding the recommendations given from the contract monitoring visits. Methods of reviews or monitoring included self-assessment, full/ themed reviews, and quarterly contract monitoring visits.

Staff told us they currently had 42 separate tools for quality assuring commissioned services, including those jointly commissioned with other agencies. They said they were in the process of amending this and modernising their approach with the support of an analyst. Despite the large number of tools in use, the staff told us their approach to quality assurance worked well. Contract monitoring procedures were in place for out of area placements too.

Providers told us the local authority's approach to quality assurance was positive, with quality assurance tools in use which providers had access to in advance. Providers said they felt the commissioning team was open and honest with them and gave clear feedback and support to improve. They added that compared to other local authorities in the region, Middlesbrough performed the best in this area.

In the last 12 months the local authority placed embargoes on 4 care homes in the area, meaning they were restricted with their admissions. Reasons for the embargoes included, a serious incident, a whistle-blowing investigation, care delivery concerns, concerns linked to medication administration, nutrition and hydration and care planning. These embargoes remained in place until improvements had been made, following ongoing monitoring.

In the last 12 months the local authority had received notifications concerning care homes they were using out of the area, where the local safeguarding authority had implemented suspensions in placing people in these homes. There was a process in place to identify any people they had placed in those care homes and had requested a social care review.

Providers told us the local authority were supportive of their services. An example was given of a care home which had problems and required support from the local authority. This provider told us they had been offered lots of support to improve the quality of their service, and the local authority was easy to contact.

Providers said the local authority offered them opportunities for training and development. An example of this was via the provider forum. They told us at this forum there were often guest speakers such as medications optimisation, infection, prevention and control teams and a dentist. The local authority had linked in with the local university and NHS Trust to offer providers opportunities to learn from and put in to practice recent research.

Ensuring local services are sustainable

The local authority collaborated with care providers to ensure the cost of care was transparent and fair. Systems were in place and monitored to ensure a fair market arrangement with providers.

Staff told us they had forecast and demand modelling in place and shared with neighbouring local authorities to support standardisation of fee rises across the local geographical area. They said they had an 'open book accounts' relationship with providers so they could be assured of providers financial viability.

In 2022, the local authority moved away from a system which linked price to quality ratings. Annual reviews and regular monitoring were still in place and additional financial support was given to homes graded below 4*, providing greater equity across the entire provider market.

There were a range of contracting arrangements in place, most commissioned through spot contracts, including home care, residential and nursing care, and day opportunities. This type of model is not the most efficient way of contracting and it does not give providers stability to plan ahead. However, these contracts were being reviewed when contracts ended, with imminent plans to implement a new model for home care providers in 2025. However, some providers told us there had been some resistance from the local authority in relation to changing the model of care in residential and nursing care. Leaders told us a full consultation process had been undertaken regarding residential and nursing care.

The local authority worked with providers and stakeholders to understand current trading conditions and how providers were coping with them. Engagement and monitoring arrangements enabled the local authority to get early warnings of potential service disruption or provider failure; contingency plans were in place to ensure people had continuity of care provision in this event.

The local authority had a clear process in place when a provider was at risk of failure. It included guidance for staff in relation to initial work and actions as well as a management checklist. These documents demonstrated a thorough and well thought out process. It showed joint working between adult social care, commissioning, the Integrated Care Board, and other placing authorities.

The local authority followed best practice guidance, such as the North East ADASS Market Information Sharing, Support & Improvement Protocol when a provider was at risk of failure. This included sharing and responding to requests for information and instigating a turnaround team to provide intensive support to reduce concerns and bring about improvements. Staff told us they had previously paid provider staffing costs to avoid provider failure.

A provider told us they had recently been through the process and received this level of support to help them continue to trade. They said, “Middlesbrough council have been offering intensive support from commissioning staff and the medicines optimisation team. They were supportive, positive and gave us space to fix issues. Over the last few months, they have been incredibly supportive, and easy to contact.”

The local authority understood its current and future social care workforce needs. It worked with care providers, and other agencies, to maintain and support capacity and capability.

Skills for Care data showed the local authority had only 5.3% of adult social care job vacancies (all jobs, all sectors). This was better than the England average of 9.7%. The adult social care staff turnover rate was similar to the England average of 0.3%, as was the staff sickness rate of 6.7%. However, only 26.7% of eligible staff had completed or partially completed the Care Certificate. This was significantly worse than the England average of 49.7%.

Leaders told us recruitment and retention was not a major priority at present except in the reablement team. They said the development of the reablement service was a key priority to reduce, prevent and delay people’s needs for longer-term social care, and to promote independence. However, growing this service was impeded by their ability to recruit staff into this team.

Staff told us despite the early adoption of a reablement service, staffing levels due to delays in recruitment had meant that currently they provided a much lower level of reablement than they aspired to. Leaders told us they had commissioned an external provider in January 2023 to support their reablement resource. However, despite this extra support, staffing levels had remained low throughout 2023-2024.

Providers told us when they mobilised new services commissioned by the local authority, staff were supportive of them getting the right staff, not just the numbers. They said they were linked in with other organisations who could help with recruitment, such as Middlesbrough College who offered apprenticeships. Providers said recruitment fairs were held every 3 months, which attracted 2000 people last year, and was supported by Job Centre Plus. They said the local authority do put real effort in, but the challenges across the whole sector still caused issues with recruitment.

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

The local authority worked collaboratively with partners to agree and align strategic priorities, plans, and responsibilities for people in the area.

In April 2018, Middlesbrough Council combined its Public Health team with Redcar and Cleveland Borough Council to create Public Health South Tees with a shared Director of Public Health. This led to the development of the shared South Tees Health and Wellbeing Board. This collaboration played a significant role in developing the now well-established culture of working together between the adult social care directorates of the two local authorities.

A leader told us the local authority had good relationships with the Clinical Commissioning Group (CCG) before it moved to an integrated care system (ICS) approach, led by the Integrated Care Board (ICB). That relationship had remained good. They said there was a well-established relationship with the current Place Director and leaders in the neighbouring local authority. There was also a good relationship with the local NHS Trusts.

There were shared posts in integration roles within the ICS. They told us when things might have to formally escalate, they were able to just pick up the phone and move things on because of their strong historical working relationships. The leader said they were moving towards more strategic commissioning together. For example, they had a current joint bid for funding for some purpose-built adapted bungalows.

A leader from a partner organisation told us the relationship with the ICB required development as their focus had been on delivering a national approach as opposed to a local approach. Subsequently the partner had been working closely with Voluntary Care Sector (VCS) partners and the acute trust to influence the ICB to engage and make local improvements.

The partner told us there was a strong relationship between the public health team and the adult social care team, both of which sat within the same integrated directorate in the local authority. The local authority had a commitment to public health, prevention, and working with communities, particularly as Middlesbrough was noticeably more complex and had more challenges, which they had observed when they had attended the high-risk panel meetings.

They also told us the biggest issue the local authority had encountered had been their financial position and the difficulties experienced in implementing a preventative approach to ill-health. Despite those financial challenges, they said they had continued to work in partnership with the local authority to deliver a focused approach to prevent, delay and reduce people's needs for ongoing support.

The Tees Valley Adult Palliative and End of Life Care Strategy (commissioned by the ICB in December 2023) identified several key focus areas linked to the palliative and end of life ambitions framework. Two task and finish groups had been set up in the local authority to address key areas, progress key actions including service delivery, funding, contracting and education and training, all aimed at improving the quality of care for those in need of palliative or end of life care as well as supporting their families.

The local authority told us they were working towards local and national objectives in partnership with public health and other key partners to support their 'ageing well' agenda. There were several initiatives such as a dementia wellbeing hub and a sensory support clinic.

One partner organisation felt there needed to be broader thinking, stronger integration and strategic working between health and social care in Middlesborough as this had an impact on people receiving advocacy services, such as Independent Mental Health Advocates for people sectioned under the Mental Health Act.

The local authority had integrated aspects of its care and support functions with partner agencies where this was best practice and when it showed evidence of improved outcomes for people.

The local authority provided details of several initiatives in relation to hospital discharge/ admission avoidance. For example, the occupational therapy service was part of an integrated therapy service across 2 local authorities and health provision. As well as having occupational therapists providing a 'Discharge to Assess' service and targeted support into care homes, there was also an occupational therapist based within their 'front door' access team supporting the social work teams to manage incoming referrals in a timelier manner.

The local authority had productive partnerships and established relationships and referral pathways with a variety of teams within a local NHS Trust, this included the Transfer of Care Hub and Frailty Team. This aimed to be a 'one-stop shop' for older and vulnerable people who require support in attending hospital or being discharged and requiring assistance from numerous wrap-around services.

Staff told us there were positive relationships with stakeholders. An example provided was that of a hospital discharge and the input and communication between multiple professionals to ensure the person had been supported appropriately, and had stabilised when discharged into a care home, and discussing next steps together.

The local authority also worked with 9 commissioned providers who worked with the Accessing Change Together (ACT) model – ACT was set up to help anyone who needed support with domestic abuse, homelessness, or substance misuse and was an integrated service which meant support was multi-faceted and tailored towards people's needs and ease of access.

Safeguarding staff told us they sat in on police briefings every morning which was beneficial for identifying safeguarding concerns within Middlesbrough and was proactive partnership working to keep people safe.

Arrangements to support effective partnership working

When the local authority worked in partnerships with other agencies, there were clear arrangements for governance, accountability, monitoring, quality assurance and information sharing. Roles and responsibilities were clear.

The local authority shared with us the South Tees Joint Better Care Fund (BCF) Narrative Plan 2023 – 2025, which detailed how BCF plans were developed and that the sector was able to present business cases for new schemes to address a need or gap which would support the BCF objectives. The decision to approve or not was made between the ICB and the local authority. The Health & Wellbeing Executive reviewed decisions and provided strategic oversight of BCF plans.

The local authority used opportunities to pool budgets and jointly fund services with partners to achieve better outcomes. For example, the BCF priorities were identified as supporting hospital avoidance, reablement and home first following hospital admission. Some of the funded schemes enhanced the services offered within the Middlesbrough Independent Living Service, such as assistive technology, agency caseworkers and reablement teams.

The BCF had been used to provide proactive support to reduce hospital admissions for those 65+ through enhanced training and support for residential care providers. The support ensured staff were equipped to deliver robust nutritional monitoring for care home residents and ensure healthy, balanced diets, in line with nutritional and medical needs. Thus, reducing the potential for nutritional deterioration, weight loss, and potential avoidable hospital admissions or escalation in social care support.

The local authority told us of a new process in place whereby representatives from adult social care & NHS services worked together and collaborated daily to support timelier hospital discharges, such as daily discharge calls and shared access to data.

Impact of partnership working

The local authority monitored and evaluated the impact of its partnership working on the costs of social care and the outcomes for people. This informed ongoing development and continuous improvement.

The local authority shared their Market Position Statement which demonstrated their aim to engage partners to develop new delivery models, work proactively with providers, and develop evidence-based early interventions.

A partner organisation told us they had a good relationship with the local authority, and they were invited to relevant boards and consulted with on important topics. They stated the local authority was supportive if they raised an issue. They also felt the local authority valued the voluntary sector and understood they provided services that the local authority could not.

Staff told us they had positive working relationships with health colleagues. Staff shared examples of conducting joint home visits with social prescribers. This approach reduced costs and supported people to achieve positive outcomes as they were not repeating their stories to different staff.

Following monitoring and an evaluation of services for Autistic people, staff told us there was a planned development between the local authority and health in creating a centre of excellence for Autism, which would include co-locating some services to a central hub, providing continuous improving whilst reducing costs.

Working with voluntary and charity sector groups

The local authority worked collaboratively with voluntary and charity 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's 'Staying Included' service worked closely with partners to provide comprehensive and joined-up community support for older, disabled, and vulnerable people. The aim of this partnership was to enhance the range of services available and ensure people receive holistic care tailored to their needs.

A partner organisation told us they were the primary organisation for Middlesbrough's voluntary and community sector (VCS) providing local infrastructure and connecting communities in the area including both local and national charities. They told us there were 800 organisations on their database. It included organisations that worked beyond the local authority footprint but offered helplines which were open to local people. Of the VCS organisations on their database 53% were run solely by volunteers and were culturally diverse. Many of these VCS organisations received funding or were commissioned by the local authority to provide services and support to local people.

A charity told us the carers' strategy was developed to redesign the services they aimed to commission, and they had the opportunity to bid for this work in which they were successful in securing two tenders as part of the broader programme. They said the local authority had shown a strong commitment by being responsive and present whenever concerns or questions were raised, demonstrating the local authority were not just commissioning the services and stepping back, but they remained actively involved throughout the process.

We spoke with people who were members of Middlesbrough's 'Rekindle' project which was led by 1 local authority project worker in partnership with Age UK, however the local authority did not directly fund this project (except for the employed worker). It supported disadvantaged, disabled, and older people to improve their ability to access the internet to support their health, wealth, and happiness. The group told us they raised money through funding bids and the community grant system. Members said the group had been a vital lifeline, especially during the COVID-19 pandemic where they were supported with online shopping and video calling family members.

Middlesbrough and Redcar and Cleveland currently had 9 active dementia friendly trained ambassadors funded by the local authority who collectively had delivered 1,296 dementia friends awareness sessions since 2016, creating over 21,000 dementia friends across both areas.

However, another partner organisation expressed concern that there were areas of the local authority where communication was poor. They said they would find out something that was happening for older people via another route and had not been told about it by the local authority. They also found it hard to get to speak to staff in adult social care. They said the staff turnover in adult social care made it difficult to form established relationships.

Theme 3: How Middlesbrough Council 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

The local authority understood the risks to people across their care journeys; risks were identified and managed proactively; the effectiveness of these processes in keeping people safe was routinely monitored.

Leaders and staff recognised Middlesbrough was a high-risk area with crime, deprivation and exploitation being key factors in their ability to keep people safe. Waiting lists were monitored and triaged across all teams with management oversight to ensure people with the highest need or at most risk were prioritised. Referrals were initially screened across all teams and immediate action was taken as necessary to mitigate or reduce risks until longer-term support was put in place. There was a comprehensive process used out of hours to ensure people received the same level of service and protection from harm outside of normal working hours.

Staff in social work teams were trained and able to put basic equipment in people's homes to ensure safety, with equipment being delivered the same or next day in some cases. The local authority used an electronic dashboard system to monitor risk. Team managers reviewed these weekly and sometimes cases were escalated to the senior leadership for immediate input.

Monthly audits took place to notice any issues quickly and the principal social worker was able to pick out key themes from those audits to share with senior leaders. Actions were then progressed. For example, approval of additional agency workers to manage waiting list backlogs or moving staff between teams to distribute the support to those teams with higher waiting times.

The local authority's close working relationship with public health and relations with the ICB and other neighbouring local authorities in the South Tees region enabled learning and drove improvement. Staff learning forums and mini-briefing sessions were held to promote reflective practice, share best practice and learning from incidents or complaints to improve the effectiveness of processes to keep people safe.

Information sharing protocols supported safe, secure, and timely sharing of personal information in ways that protected people's rights and privacy. Staff told us they were able to exchange data with public health where this was needed to protect people from harm or support a positive experience in their care journey. However, they would not share anything unnecessarily or outside of the general data protection regulation (GDPR) guidelines.

Staff from teams such as commissioning and safeguarding attended routine information sharing meetings attended by partner organisations such as CQC, police and ICB staff. Information of concern was shared appropriately between organisations to further protect people from harm and agree actions which supported positive outcomes for people. For example, suspensions of care providers were communicated without delay to social work staff which helped promote safety within their systems. Police were able to handover information daily about anyone known to social work staff who may have come to their attention. Staff could then take action to contact the person or implement safety plans to reduce risks and support those people further.

Safety during transitions

Care and support were planned and organised with people, together with partners in ways that improved their safety across their care journeys and ensured continuity in care. This included referrals, admissions, and discharge, and where people were moving between services.

There was a process in place which detailed a young person's pathway to transition into adult services. Ordinarily referrals were made to adult social care by the social worker when the young person was 17. There was a list of early referral triggers for young people who were 16. Transition cases were presented at a transition meeting which was held monthly. The purpose of the transition forum was to consider the role for adult social care and the stage at which the adult social worker should become involved and determine which adult team was the most appropriate to meet the needs of the young person.

There was a dedicated link worker in place who liaised between children and adult services, which supported the person transitioning and ensured the assessment was completed before they turned 18. Staff told us they did not leave a gap in the care the person had been receiving, and they continued working with the young person, through assessment, care planning and funding. Staff said their work with individual young people was long-term and they were part of the education health care planning, school meetings, seeking independent living housing through working closely with the young people's families and advocacy services where required. Whilst there was a robust policy and process in place and staff gave us positive feedback, the individual people we spoke with did not always have such a positive experience.

Integrated pathways were clear and streamlined for young people with learning disabilities and young people who required support with mental health. The safeguarding transition pathway was person-centred, and strength based. There was no separate transitions team, which staff reported as positive because, for example, people with a diagnosed learning disability remained open to the same allocated worker until the person was settled. This structure required fewer handovers where people and unpaid carers did not have to repeat their stories.

The local authority had specially trained staff who worked with people who were vulnerable, exploited, missing, or trafficked. They supported staff with safeguarding advice which determined the best course of action to take when they supported young people. When a person reached 18, staff explained they coordinated any ongoing safeguarding enquiries with the adults safeguarding teams. This demonstrated the local authority's approach in supporting the safety of young people during their transition journey.

Leaders and staff demonstrated recognition of children approaching the use of adult social care services in coming years who had experienced generational issues, or experienced trauma or had disabilities which had not been diagnosed or addressed. Staff were passionate about this area of work developing for the future and actions were already in place to support staff development in this area, such as trauma informed training.

Staff told us of positive outcomes including two young siblings with Autism and learning disabilities who were supported through leaving school and transitioned from living at home with parents to moving into their own accommodation with 24hr support. There was person-centred transition planning, promotion of independence and involving and listening to their parents' wishes. However, some people we spoke with said meetings to support people transitioning between services did not always take place in a timely manner. This meant people did not always have information or options available to support them in making decisions.

The hospital discharge process took place through the transfer of care hubs which were made up of discharge facilitators, social workers and occupational therapists who managed the process through working together with partners in an integrated team. Daily multi-disciplinary meetings took place which supported the 'home first' ethos and to approve requests for services.

The local authority commissioned a provider to manage the 'Discharge to Assess' service. They were available every day from 7am to 10pm to provide care packages to people who were waiting for a social work assessment. Staff told us there was no waiting list for this service. People could be transferred home or to a residential setting until the longer-term services could be put in place without delay. Where people required a more thorough NHS continuing healthcare assessment, the discharge to assess service allowed people who were fit to be discharged from hospital to go home whilst they waited.

Consideration was given to protecting the safety and well-being of people who were using services which were located away from their local area, and when people moved from one local authority area to another. For example, the compatibility of the needs of other people already living at the service. Any increased risks would be assessed to determine the suitability of the placement.

Social work staff placing a person outside of the area would only do this with the consent of the person or a person acting legally on their behalf. The main reason for out of area placements were due to a person or family's choice. Social workers visited the service and checked information about it such as CQC reports. Middlesbrough local authority remained responsible for carrying out any reviews (unless otherwise agreed), and ensured the service remained suitable, safe and were meeting any agreed objectives and positive outcomes.

Contingency planning

The local authority undertook contingency planning to ensure preparedness for interruptions in the provision of care and support. The local authority knew how it would respond to different scenarios; plans and information sharing arrangements were set up in advance with partner agencies and neighbouring authorities to minimise the risks to people's safety and wellbeing. Funding decisions or disputes with other agencies did not lead to delays in the provision of care and support.

Provider failure may be caused by several factors including deregistration by regulators, termination of contracts, loss of premises of closure due to financial pressures. The local authority told us any alternative provision would be dependent on people's needs, and they aimed to provide a service as similar as possible to the previous one.

In the event of a failure, the local authority would arrange a meeting of their 'steering group' at the earliest opportunity to agree an action plan and invoke their operational procedure. The local authority's 'Provider Failure Guidance' dated April 2024, contained a manager's checklist to ensure the process was followed correctly and promptly. It included ensuring key contacts were notified such as other local authorities, the ICB or CQC. The local authority assumed responsibility for part-funded or fully funded places for people whose places were commissioned or funded by them. They also assumed responsibility for supporting self-funded people to find alternative provision. The local authority took responsibility for coordinating and ensuring the immediate welfare of people funded by other local authorities, however longer-term plans remained with the placing authorities.

Leaders shared a positive example of their provider failure contingency plan. When they received notification that a local care home was going to close, they implemented the provider failure protocol quickly. They provided comprehensive assessments and engaged with people, families, and the care home provider to discuss alternative options. Within 3 weeks all 25 residents were transferred to similar services within the local area as they had sufficient local capacity. Whilst an upsetting experience for people and families the outcome was regarded as positive, in that actions were swift, communication channels were open and as a result everyone concerned suffered as little distress as possible given the circumstances.

Safeguarding

Score: 3

3 - Evidence shows a good standard

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

There were effective systems, processes, and practices to make sure people are protected from abuse and neglect. 75.6% of people who used services in Middlesbrough said they felt safe according to the national Adult Social Care Survey. This was slightly better than the England average of 71.6%. 85.3% of carers felt safe, which was also better than the England average of 80.9%.

All referrals came through the local authority's 'Access and Safeguarding Team.' Referrals were screened by a duty worker for the level of risk and if necessary further information was gathered. A risk management tool and professional judgement was used to triage cases and determined what happened next. For example, was a welfare visit needed immediately or what actions could reduce or mitigate imminent risk. Within 48 hours a decision was made as to whether the matter was high-level and required a Section 42 investigation.

Internal self-auditing was undertaken to ensure the systems and processes were conducted properly and were effective. Staff used an audit checklist to monitor their own cases which was then reviewed by a manager. All cases due to be closed were approved by a manager to make sure they were satisfied all appropriate actions were taken.

Staff monitored safeguarding data through their electronic database, which was interrogated at team meetings for any cases that required escalation as well as monitoring themes and trends, which was fed back to the senior leadership team.

The local authority worked with the Teesside Safeguarding Adults Board (TSAB) and partners to deliver a coordinated approach to safeguarding adults in the area. There was a strong Tees wide approach to safeguarding which 4 local authorities in the region were a member of including Middlesbrough. Policies and procedures approved by TSAB supported staff in their day-to-day work. They told us TSAB was very effective.

TSAB had developed a quality assurance framework which described the impact and outcomes they expected as a result of delivering on the priorities. The Board expected all its statutory partners to deliver on the aims, objectives and actions set out. The plan was clear with measurable outcomes. Staff told us they had recently been audited through this process which had a positive result.

TSAB had subgroups across all 4 local authorities which were chaired and led by a member of each specific council. In addition, each subgroup had a 'task and finish' group to share learning, monitor performance and quality, and drive improvements. An operational work plan was a tool used to measure the subgroups performance against the TSAB strategic plan. It was reviewed at regular intervals to ensure they were on track to meet their objectives. The subgroup was required to report to the Board on their progress at each of their scheduled meetings.

There was a strong multi-agency safeguarding partnership, and the roles and responsibilities for identifying and responding to concerns were clear. Information sharing arrangements were in place, so concerns were raised quickly and investigated without delay. For example, every morning safeguarding staff sat in with police for briefings and received intelligence from the past 24 hours. This helped them identify and support people known to social services quickly. Staff explained that a lot of people in Middlesbrough were exploited or involved in crime, and the daily briefing helped coordinate effective information sharing and action.

Staff were clear about safeguarding being everyone's business. They described working with staff in the community hubs and housing teams to ensure safety in local areas. They also described working with hospital staff and having bi-monthly meetings to oversee any investigations they were leading to ensure effective communication and timely outcomes. Safeguarding staff attended the Multi-Agency Public Protection Arrangements (MAPPA) meetings to give advice on safeguarding and help with risk-assessing situations. They also supported the Multi-Agency Risk Assessment Conference (MARAC), which was a meeting where information was shared on the highest risk domestic abuse cases between representatives of local police, probation, health, child protection, housing, domestic violence advisors and other specialists from the statutory and voluntary sectors.

All staff involved in safeguarding work were suitably skilled and supported to undertake safeguarding duties effectively. Staff told us training was really encouraged, and they were always afforded the time to learn. The safeguarding team reported being a close and supportive team. They always ensured there was safeguarding staff represented in the office for other staff to approach for advice and guidance in person. Staff outside of the safeguarding team told us they had received good safeguarding training around different specialist topics.

Regular peer support groups took place where cases could be reviewed, and reflective practice was discussed. Staff received a regular supervision session with their manager which included reviewing caseloads for safety and efficiency as well as providing support where required.

Responding to local safeguarding risks and issues

There was a clear understanding of the safeguarding risks and issues in the area. The local authority worked with safeguarding partners to reduce risks and to prevent abuse and neglect from occurring.

Middlesbrough had several key safeguarding risks which arose from high levels of crime and deprivation, such as sexual exploitation, homelessness, and domestic violence. There was also an awareness of generational issues such as the transmission of poverty within families and reduced employment opportunities, as well as children approaching adulthood who had experienced trauma or had disabilities that had not been diagnosed or addressed.

Leaders had taken action to address these key risks. For example, there was a high-risk adults panel in place which took a multi-disciplinary approach. The panel consisted of local authority safeguarding staff as well as the police and probation services. This was a clear route of escalation for staff to take their cases to.

There was additional support for people who were at risk of being sexually exploited or trafficked for example. Specific safety plans were in place for these people and community outreach teams kept in close contact with them. There was an overview panel for sexual exploitation with partner organisations to identify cases and people at risk. If it were agreed a person met the criteria, they would be assigned an officer to gather the evidence and support an investigation. Staff told us this has been beneficial and highlighted the scale of this issue.

Trauma informed training and supervision sessions were carried out with staff to develop their skills and knowledge in this area.

Lessons were learned when people had experienced serious abuse or neglect, and action was taken to reduce future risks and drive best practice.

Between November 2022 and May 2024 Middlesborough local authority had 5 safeguarding adults' reviews (SARs). There were an additional two SARs from 2021 which were still active. Of the total reviews, 1 was not progressed, 2 had been published with action plans being developed and 3 were still in progress. The TSAB meeting dated April 2024 included a review of open SARs. There were 11 cases open at various stages, from being reviewed, final reports to action plans. Lessons learned through TSAB and SAR outcomes were shared to support learning and improvements in practice to reduce future risks. Staff told us a senior leader had delivered a staff briefing on SARs to further enhance staff knowledge and drive improvement.

There was a dedicated SARs manager who conducted an annual thematic review of SARs and referrals. In addition to these reviews the SARs manager also completed a national review of where TSAB ranked in comparison to national statistics.

Responding to concerns and undertaking Section 42 enquiries

Safeguarding staff at Middlesbrough local authority followed the TSAB Adult Safeguarding policies and procedures in relation to Section 42 (s42) enquiries. An s42 enquiry is the action taken by a local authority in response to a concern that a person with care and support needs may be at risk of or experiencing abuse or neglect. There was a clear pathway for staff to follow when there was reasonable cause to suspect their s42 duty was necessary. After a proportionate fact-finding exercise staff progressed to an investigation or signposted to alternative action such as an assessment/review, a complaint, input from other services or initiating another type of enquiry, for example when the person had died.

Staff demonstrated clarity on what constituted a s42 concern and when enquiries were required. This was applied consistently. Staff recorded a clear rationale and outcome from initial concerns including those which did not progress to a s42 enquiry. Data provided by the local authority showed between October 2023 and October 2024, on average 63% of all concerns had progressed to a s42 enquiry.

When safeguarding enquiries were conducted by another agency, such as a care or health provider, the local authority retained responsibility for the enquiries and the outcome for the person(s) concerned.

Staff told us responsibility for conducting a s42 enquiry was dependent on whether the person had an allocated social worker. The allocated worker would do some of the investigation with oversight from a safeguarding social worker and the safeguarding staff would create the s42 enquiry report. The safeguarding team still held the enquiry within their team whilst the allocated worker did their part of the enquiry and then fed back the findings. If the person did not have an allocated worker, the safeguarding staff would do the whole enquiry. Safeguarding staff held the responsibility for all safeguarding decisions, on whether cases needed to be investigated or go to the high-risk panel.

There were clear standards and quality assurance arrangements in place for conducting s42 enquiries. From April 2024, managers in the safeguarding team commenced an internal audit, looking specifically at adherence to TSAB policies and procedures and fed back themes to staff for learning and sharing best practice.

Data provided by the local authority showed there were no safeguarding referrals awaiting an initial review and no s42 enquiries awaiting allocation. As of November 2024, 203 Deprivation of Liberty Safeguard (DoLS) applications were waiting allocation, but all of these had been reviewed and risk assessed. Priority was given following strict criteria.

Most of the backlog of DoLS applications was related to people who had moved into a residential care setting. This had been escalated to the senior leadership team for action. Managers and the principal social worker regularly reviewed the priority list and checked if people's circumstances had changed. A provider confirmed that high-risk people were prioritised.

Safeguarding staff told us referrers of safeguarding concerns were involved throughout the process when it was necessary to ensure the ongoing safety of the person. However, this seemed dependent on what the concern was, and who the referrer was. Partner organisations and providers told us they were not always informed of the outcomes of safeguarding enquiries.

One partner organisation said when raising safeguarding concerns, it could be a lottery to receive an acknowledgement dependent on who was allocated to the case within the local authority team. However, in the main they participated in case conferences and were updated with outcomes. Another partner organisation told us they did not always receive outcomes of any safeguarding concerns they had raised, and said they would follow up with the local authority for updates or progress.

Providers also described an inconsistent approach, with some getting feedback quickly and being kept informed, whilst others said they did not get outcomes and had to chase the safeguarding team for information. We fed this back to the local authority during our assessment.

Making safeguarding personal

The local authority's approach to safeguarding was person-centred with policies and procedures reflecting this ethos. The local authority's safeguarding strategy was in line with the sector-led initiative 'Making Safeguarding Personal' objective to embed a culture which focused on personalised outcomes. Safeguarding enquiries were conducted sensitively and without delay, keeping the wishes and best interests of the person concerned at the centre. Staff told us they made sure people's views were personal from the initial referral. They record evidence that they have spoken to the person as part of the process. They told us that sometimes they get turned away by people, but they really do try to build trust.

A partner organisation told us they had engaged with their communities to look at what safeguarding meant to them. They had created videos for social media and promoted community champions, who were professionals who supported different community groups. This demonstrated people had the information they needed to understand safeguarding, what being safe meant to them, and how to raise concerns when they did not feel safe, or they had concerns about the safety of other people.

People could participate in the safeguarding process as much as they wanted to and could get support from an advocate if they wished to do so. People were supported to understand their rights, including their human rights, rights under the Mental Capacity Act 2005 and their rights under the Equality Act 2010 and they were supported to make choices that balanced risks with positive choice and control in their lives.

Staff told us they invited the person and people involved in their care to meetings so they could take part in the process. If people struggled with technology staff offered to go to their house and support them to access online meetings. They also offered people the option of attending the meeting in person.

The local authority partnered with an advocacy support service and staff could make referrals for independent advocates to support people. Staff told us there were slight waiting lists at times, but they did prioritise cases, always based on risk. Staff said if it were urgent, they would follow up a referral with a phone call to expedite that case. Safeguarding Adults Collection data dated August 2024, showed 100% of individuals lacking capacity were supported by an advocate, family, or friend in Middlesbrough.

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: 2

2 - Evidence shows some shortfalls

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

The local authority told us they were mid-way through a corporate governance improvement journey following the findings of an external auditor in July 2022. It reported significant areas of concerns in governance, which had impacted on previous decision- making. The local authority had brought in external support from The Chartered Institute of Public Finance and Accountancy and the Local Government Association to support with the development of the corporate governance improvement plan, alongside undertaking a review of the organisation's financial resilience.

Within the Adult Social Care directorate, governance, accountability, and management of risk arrangements were in place; however, they were not all fully embedded to provide the level of assurances which all leaders within the local authority should expect to have. Whilst the transformation journey was progressing, many policies, procedures and practices were newly developed. A leader told us the use of data for benchmarking and performance reporting across the larger services within the local authority was just starting to take off.

In relation to the delivery of their Care Act duties, the data provided to us by the local authority in June 2024, showed people waited on average 2.4 days for an initial assessment. However, some individual people were waiting significantly longer. Due to the scant nature of the information provided to us about waiting list times for initial assessments and reviews, it was not possible to ascertain if any themes, trends, or incidents were responsible for delays. Indeed, because no targets were provided for any of the waiting lists, it was not possible to know what, if at all, the target times were, let alone being met. Leaders told us that if a person had an urgent or safety critical need, they did not wait.

A leader told us there was now a standardised policy in place for managers to risk assess, rate by priority and review waiting lists consistently and effectively. They said they were uncomfortable with the waiting lists and overdue reviews. They added the backlog of annual reviews was a concern and this was a measure of risk within the directorate. This improved scrutiny of waiting lists meant priorities were being checked more often to reduce the risk of people ending up in a crisis. Additional posts had been approved to help with the backlog.

Staff told us managers and the senior leadership team had access to the electronic data dashboards and this information was then shared at a wider level with front line teams. They told us managers fed information back to front line teams about data when needed. The Chair of the Safeguarding Adults Board had access to a data system which had only been live for a short period of time. This allowed for oversight of performance of each authority of the Board and further analysis and review to take place. Within the Board there were posts which included analysing information, SARs, communication, and engagement. Further development of the data was planned to present key issues, trends, and performance at local authority level.

There was not much of a corporate view of adult social care performance data. It was mostly about transformation performance. However, leaders reported into TSAB, and scrutiny happened through that board. A leader told us that viewing the safeguarding data across 4 local authorities was good to make comparisons. They felt they could interrogate the data more and consider SARs across the region, so recommendations and learning could be shared with staff.

A councillor told us they attended various Adult Social Care Boards, such as safeguarding, health and wellbeing and the transformation board. They told us the focus of the transformation board was around creating financial suitability. They provided an example where they had raised concerns about the reliance on the use of technology and plans to replace face-to-face contact with people. Senior leaders in adult social care had listened to and recognised the concerns around digital inclusion and the impact on social isolation.

Partners told us they had a positive, long-standing relationship with the local authority. They felt the local authority wanted to make improvements to the local community and had its heart in the right place.

One partner told us they were part of the South Tees Carers forum alongside the local authority, voluntary and community sector and health. This forum developed the South Tees Carers Strategy. Carers were part of this forum to create this strategy, and there were working groups to monitor and look at various areas of the strategy. Carers participated in those working groups, and they felt the local authority were good at ensuring carers were involved in understanding people's experiences.

Staff praised senior leaders as they felt listened to and had shared ideas which had resulted in positive outcomes for people. An example a staff member shared had been providing mentoring support to the social work teams which included accompanying staff on care home visits. This joint working provided a new perspective to both their team and the social work teams.

There was a stable adult social care leadership team with clear roles, responsibilities, and accountabilities. Leaders were visible, capable, and compassionate. Many staff had worked for the local authority for several years. They described a positive culture in which they felt valued and respected. Staff stated the Director of Adult Social Care was very approachable and held informative weekly online meetings which all staff were invited to. Staff told us senior managers were supportive, approachable, and motivating and they shared the open plan office with them. The Lead Member for Adult Social Care was described as community minded, approachable, and very invested in adult social care.

There were risk management and escalation arrangements within the Adult Social Care Directorate. These included escalation internally and externally as required. However, due to the prioritisation of the recovery plan and the investment in children's services, the interim Chief Executive Officer (CEO) recognised they were not as aware of the risk level in relation to Adult Social Care and their Care Act responsibilities. There was no formal feedback mechanism to CEO level regarding assurances or evidence. The CEO said they were confident the Director of Adult Social Care would tell them, but the gap in the system was that there was no evidence to check. The Director of Adult Social Care told us they had regular one-to-one conversations with the CEO, but these meetings were not formalised or recorded.

The Director of Adult Social Care told us they regularly reviewed data and spoke to service managers about risk and performance. Individual issues were escalated, especially high-profile concerns. For example, the 3 conversations approach was rolled out in early October 2024, with two pioneering sites. Within a few days, the risk from delays and staff stress levels was greater than expected. The principal social worker informed the Director of Adult Social Care, who spoke with staff, and a decision was made to suspend it due to too much work coming in to the team to triage and prioritise it safely.

The commissioning team told us they had processes relating to the 'Responding to and Addressing Serious Concerns' policy. This involved linking in with their safeguarding colleagues to identify risk indicators from safeguarding concerns. This information was then reported to the Director of Adult Social Care by the commissioning manager and fed into TSAB.

The local authority's political and executive leaders were informed about the potential risks facing adult social care. These were reflected in the corporate risk register and considered in decisions across the wider council. However, as the CEO was not familiar with the operational risk level in adult social care, this highlighted a potential issue with links in the governance process. Leaders told us, monthly performance and activity data form the ASC performance clinic was shared with the CEO and individual cases where particularly high risk existed were identified to the CEO and Lead Member for ASC by the Director of Adult Social Care. The local authority was expecting to appoint a new permanent CEO by the end of the year.

The Transformation Assurance Board, which was chaired by the mayor, provided political accountability, ownership, and oversight. It ensured the adult social care portfolio, and projects had the political and organisational support to be successfully delivered and aligned with key political and operational priorities.

There was also an Oversight and Scrutiny Board in place, chaired by a local councillor which provided an external check and challenge and could oversee improvements. The chair of the Board was newly appointed and told us they were now able to hold the Executive Board to account. They told us they were working very well together across all party groups.

The Director of Adult Social Care told us they had regular one-to-one meetings with the mayor, who was also the lead member for the adult social care portfolio, to keep them informed of risk and progress towards key priorities and objectives.

Strategic planning

Leaders used information about risks, performance, inequalities, and outcomes to identify priorities, develop strategies and plans. Due to being mid-way through transformation, many of the local authority's strategies had been reviewed and new strategies were in draft. For example, the Adult Social Care strategy had been re-written and was awaiting approval. A delay had occurred in finalising the document due to the transformation and modernisation of services taking place to sustain a positive financial position.

A leader told us a corporate transformation plan had been developed to drive improvement, effectiveness, efficiency, and modernisation. Themes had been identified within the transformation plan which included Adult Services. In addition, a target operating model had been included within the transformation which looked at the customer and neighbourhood model as a vehicle to engage with communities particularly the seldom heard, disadvantaged groups and building on the relationships with the voluntary sector.

Staff told us they felt listened to and involved in the development of policies and strategies. For example, we heard from one staff member they sat on an operational board and strategic board and were actively encouraged to submit reports regarding any issues relating to their service and would receive feedback following this advising of potential actions to be taken.

Managers told us they used the electronic data dashboard to review information about risks and performance. The dashboard was checked regularly, and concerns were escalated to senior leadership meetings. They told us actions such as extending agency staff usage and swapping staff between teams had helped to decrease waiting lists.

The local authority was aware of the actions needed to improve care and support outcomes for people and local communities, however delivery of many actions was still in the planning stage or in an early phase of delivery.

The local authority intended for the new People Strategy to be implemented through a combination of existing action plans and programmes of work, and the introduction of new approaches. Leaders stated these would be reviewed and realigned to ensure a cohesive, collective approach to ensure delivery of the priorities set out in the council's plans.

Political leaders demonstrated a good insight into the borough's deprivation. One councillor gave examples of people who were housebound and frightened to leave their house during the day due to anti-social behaviour, alcoholism, and substance misuse. There was an increased risk of social isolation. They told us local authority leaders had oversight of these issues and were working on plans to improve care and support outcomes for people and local communities.

The Lead Member of Adult Social Care told us of an awareness of inconsistencies in people's experience of care and support and the need to have robust procedures and policies in place to drive consistency.

A partner also thought the local authority was aware of gaps and barriers in the community from discussions they had been part of through various forums and Boards. However, they told us it was not clear to them what the local authority was planning to do to address these issues and make a difference. They told us they shared a quarterly report with the local authority with information which they felt was considered and responded to. They said that although they did get responses from key stakeholders, sometimes this had been slow, and they had to go through complicated procedures to get it.

Information security

The local authority had arrangements to maintain the security, availability, integrity and confidentiality of data, records, and data management systems. Strict policies and procedures were in place for staff to follow. Staff had completed relevant information security training including GDPR.

Staff provided examples of measures in place to ensure the sharing of information remained secure and confidential. This included gaining consent from people and/or their families, use of secure electronic systems, encrypted emails, auditing and recording of calls. Old paper files were stored securely within council premises.

Staff told us there were processes in place to ensure information was shared with stakeholders securely and maintaining confidentiality. Some staff had access to health records and read-only information relating to a person, to facilitate a positive experience for people going through assessments, care planning and review processes. However, this was not available for all staff. This had been highlighted to the senior leadership team who were exploring how more local authority staff could access health records where necessary.

Learning, improvement and innovation

Score: 2

2 - Evidence shows some shortfalls

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

Partners told us the local authority did very little in terms of coproduction and staff told us coproduction could be improved, as it was a struggle to engage people with this. Staff and leaders told us this was an area of improvement but there were no clear plans in place on how to improve this. However, a partner shared some recent coproduction around a self- assessment tool with the local authority to better support people with dementia in the local area.

Partners shared that even though they were invited to meetings to share information sometimes this felt like a tick box exercise, where change was not seen on the ground. Partners felt they wanted the local authority to refer to the intelligence they had shared and the impact this had on their direction as a local authority. Partners said there had been some suggested projects that commissioning managers had reached out about which would involve their intelligence, but it never came to fruition.

The local authority told us about a jointly commissioned project to better understand the lived experience of autistic and neurodivergent adults so they could improve their design and delivery of practice and support for these individuals. This project found that of the 52 people consulted, 30.6% felt that adult social care service were doing a good job for autistic people, 79.6% felt that adult social care services were not inclusive and accessible enough for autistic people, 75.5% felt that adult social care staff did not have enough understanding of autism, 36.7% were happy with communication from adult social care services and 8.1% felt they had a positive transition from child to adult social services. The intelligence from this project had formed the basis of the local authority's Autism strategy.

Partners detailed the key themes required for improvement around autism support. These were a need for more autism specific support, an increasing understanding of autism, the need to adjust support for those with lower perceived support needs, an improvement to accessibility of services, a need for person-centred reasonable adjustments, better communication, and a need to improve the transition from children to adult services. The local authority's Autism strategy did not include what they planned to do to meet the recommendations of the project.

The local authority had been able to use their electronic data dashboards to identify a disparity in their use of residential care compared to other local areas. They had put a plan in place to address this using a strength-based approach. The development of the dashboards was continuing to better understand themes and trends around residential care.

The transformation had presented an opportunity for service managers to review areas of practice and identify good practice as well as areas for improvement. One example was the development of a new Scheme of Delegation policy, which had resulted in more capacity being devoted to monitor practice standards more closely to identify training needs and reduce spending.

There was recognition of where learning, improvement and development was needed. Staff had access to training, were encouraged to take part, and supported to undertake training for their professional development. There were good relationships between the frontline teams and the senior leaders and there was positive communication between them. Staff were proud, motivated, and passionate about working for the local authority, who they said were flexible to staff needs and always put people at the heart of the work they do.

There was a drive from the lead member of adult social care to ensure all contact had with people who used services was meaningful. By doing this it would ensure less volume of contact was required to achieve positive outcomes. Changes had begun and a review had been scheduled to measure the impact of those changes.

Staff recognised areas which could be improved for the outcomes for people. These included provision of a tool for staff to access which could provide all information in one place.

Staff told us there was encouragement and room for career progression. We were told how many staff had completed their social work degrees and apprenticeships, which was encouraged by the local authority. They also told us how they had been provided with specialist training in areas to enhance their career development and progression. The local authority had a close relationship with the local university and college to facilitate the apprenticeships and other joint working.

Learning from feedback

The local authority had identified gaps in their current approach to working with carers, recognising the need for improved engagement and feedback mechanisms. While the South Tees strategy was scheduled for a refresh, they had started to undertake internal initiatives to address these gaps, however these were not yet fully embedded into practice. The focus was on strengthening their relationship with carers by enhancing communication channels and establishing more robust feedback systems. These efforts aimed to ensure that carers' insights and experiences would be effectively integrated into the service planning and delivery.

Improvements to carers assessments had just started at the time of our assessment but was not embedded. It was fed back from carers how it had felt the assessment was a tick box exercise and they were being assessed rather than focusing on what they needed. A conversation process had been recently introduced for carers assessments and would be undertaken by social workers. This had replaced the conventional approach which had involved the contact centre, triage, queues, and a lengthy form led assessment.

Some providers told us the local authority had not collaborated with them to help innovate their services. They told us they felt the local authority did not know what they wanted from services within the area, and because of this they felt they could not model their services towards the needs of the local population. One provider had been asked to change their independent supported living accommodation to cater to younger individuals having their own flats and they felt this was going well. However, this did not appear to have been a process which was shared more broadly with other providers. Leaders told us the local authority published a market position statement, held regular provider business meetings and forums and undertook ad hoc meetings to discuss specific needs with developers and providers when required. The commissioning fact sheets developed by the commissioning team gave providers a comprehensive picture of the market and future need.

Staff and partners told us coproduction was an area which needed to be improved upon, and partners had felt coproduction was not successfully in place to support the shaping of services within the area. The were no clear plans in place for the improvement of coproduction which would support some of the inequalities and outcomes within Middlesbrough.

Leaders told us they acknowledged coproduction needed to be implemented on a much broader remit across Adult Social Care. However, the development of the 'Rekindle' group was an example of coproduction with people who used services. This provided a foundation that could be built upon in any wider strategy to address inequalities and improve outcomes within Middlesbrough.

There were a variety of electronic data dashboards, which were constantly being developed and improved. Leaders and managers told us they were able to pull different information from these systems in relation to their service areas. Staff told us the development of data reports for waiting lists for each team was currently in initial stages and waiting list data was sitting with individual teams.

The local authority wanted to learn from people's experiences and feedback. Leaders told us there were plans to look at improvements within the local authority through a discovery assessment which looked at another local authority area to see what they were doing, which Middlesbrough could learn from.

There were also plans to introduce a neighbourhood model which was still in early development stages and awaiting approval. There were some elements of the neighbourhood model taking place, such as community hubs. There were plans for further development of the in-house reablement team to try and prevent hospital admissions. They were struggling to recruit to this but did have some agency workers supporting, with further conversations being had with neighbouring local authorities about the development of this.

There was a policy and procedure in place for dealing with complaints and any learning that could help develop staff knowledge for the future. The local authority shared with us their complaints data from the 12-month period preceding June 2024. They had received 45 complaints, 7 were upheld, 10 partially upheld, 16 not upheld and 12 was still ongoing. The top 3 reasons for complaints were: staff interventions and assessed needs, financial issues, and housing. No complaints had escalated to the Local Government Social Care Ombudsman.

The local authority had received 13 compliments in the same 12-month period. The top 3 reasons for expressing a compliment were: social workers were approachable, understanding and listened well, social workers had been able to work with people to find solutions in a timely manner, and social workers were supportive whilst being professional. Compliments were logged and reported to the senior leadership team as well as being fed back to the individuals through supervision sessions.

The local authority had conducted staff surveys and audits to gather information. One of the outcomes of the staff survey was around the 3 conversations approach, to enable more streamlined interactions for people and enhance the quality of care provided. Although this model had been paused, a working relationship had been created with partners and there were plans for further roll out. The staff survey highlighted 3 key areas: staffing and workload management, work life balance and system improvements and training. A staff engagement plan had been developed to address these issues and was reviewed monthly.

Staff told us supervisions were held regularly and provided opportunity for caseload discussions, advice, and support. Group supervisions were also held for peer group support and learning. The principal social worker carried out all exit interviews to learn where improvements could be made or provide extra support to stop staff leaving. Some exit interviews highlighted the complexity of social work roles, so they now had half a day a month protected time. There were also supervision sessions between the principal social worker with newly qualified social workers at 3, 6 and 9 month intervals.

Staff told us there were processes in place to support governance, quality of work and staff practice. This included staff supervisions and audits of work surveys for carers and people. They told us feedback and findings were fed up with service managers, but they were unclear of what happened following this.

A practice support forum had been introduced for all adult social care teams. Staff discussed complex cases with managers and other services to gain additional support. They were able to form a plan with other teams to better support people to achieve positive outcome