

# Overall summary

## Local authority indicative rating

**Good: Evidence shows a good standard**

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

People's needs were assessed in a timely way. A strengths-based approach was embedded into social work teams, focusing on people's abilities, needs and wishes. Approved mental health professionals (AMHPs) worked well across teams. Waiting lists were well managed and a 'Trusted Reviewer' pilot had been introduced, which is working well to manage the backlog with reviews.

There was a cohesive preventative offer through local authority-run community hubs, with good use of the voluntary sector and partners. The support in the hubs was delivered through a 'making every contact count' approach, bringing information, advice, and guidance alongside community facilities such as libraries and leisure centres into one location. This meant if people approached the hub for a 'small' enquiry, this contact could also be used to make them aware of further support available.

Partnership working was well established with strong relationships at all levels. Some aspects of service delivery were integrated with health, for example around hospital discharge and through a pilot in an integrated neighbourhood hub. The local authority worked well with the voluntary sector, particularly in relation to wellbeing. This ensured people had support in their local communities to maintain their independence and prevent or delay future care needs.

The supported housing and homelessness function had been brought into Adult Social Care, which was viewed positively both internally as well as with partners. This enabled better early intervention and support in vulnerable client groups, such as people leaving mental health hospitals, people leaving prison or homeless people. It did this by ensuring people's housing needs were met, which improved outcomes from other interventions.

Co-production with people with lived experience was embedded in the local authority's approach from the front line to the development of strategy and learning and improvement. People with lived experience had been involved in the co-production of the 'Experts together tool' to inform best practice in co-production and communicating and working with people with lived experience.

There was an open culture within the local authority, with clear leadership, effective governance, and lines of accountability around performance, quality, risks, and assurance. There was a learning culture with opportunities for learning embedded across the organisation and with partners.

However, there needed to be a greater focus on identifying and understanding the needs of seldom heard groups, and groups who find it more difficult to access local authority services. While frontline teams worked hard to engage local communities, there was no strategic oversight to ensure that all voices were heard, and that communities felt able to access services. While the local authority was engaging some local groups, we heard from some community groups that there needed to be more flexibility and consideration given to using varied approaches to engage people from different communities. Faith leaders were keen to strengthen the faith covenant (a set of principles to guide engagement between faith communities and the local authority) and improve understanding of the work of faith communities. The local authority had identified it needed to improve co-production around substance misuse and homelessness.

There was a desire to use data to inform the Adult Social Care strategy and the local authority had identified there was more work needed both to improve the available data and the supporting intelligence underneath the data. Data had been used to evaluate the preventative approach and the resultant savings in services to support people, but more work was needed to plan ahead, to ensure this will enable the local authority to meet the needs of the rapidly ageing population.

The local authority had identified that further work is needed to improve the offer for young adults in moving them towards independence and employment. It had begun to progress this work. For example, the focus for short-term reablement so far had predominantly been around services for older people in supporting and preventing hospital discharges. There is now a similar focus on the needs of younger adults in terms of expanding the housing and support options and the skills of the workforce.

There was a strategic ambition, both within the local authority and with partners, to develop integration. This included consideration of shared data systems and joint working on the winter plan so that integrated working improves a person's 'journey' between services and removes barriers between health and adult social care organisations. To achieve this, the models of integration and pilots that have been developed so far need to be built on, with a focus on what is necessary to deliver at a larger scale.

# Summary of people's experiences

People with lived experience gave us positive feedback about their experiences. The Experts Together Pledge developed by the Experts Together Partnership was the overarching strategic document for co-production with 'Ask Listen Act' being the focus of the approach. There was an accompanying workforce tool to support the workforce in co-production. Most people told us they had good open relationships with social workers who supported them to achieve their outcomes. Unpaid carers told us they had access to a range of activities to support their wellbeing.

People who had been involved in co-production with the local authority spoke positively about their experience and felt they had made a difference. They said leaders knew them by name and they felt listened to and involved, leading large training events such as conferences as well as being involved in the development of strategies. The effectiveness of co-production at board level varied for different groups of people. We were told that this worked well in the learning disability board. However, people with mental health difficulties, autistic people and members of faith communities felt more work was needed for them to engage and influence change at this level.