

Medway Council: local authority assessment

[How we assess local authorities](#)

Assessment published: 10 January 2025

About Medway Council

Demographics

Medway Council is a unitary authority in the County of Kent. It had a population of 279,730 in 2021. The population has grown by 15,800 since the last census in 2011 a rise of 6% and an increase of 24% of people aged 65 and over. Medway has an index of multiple deprivation score of 6 (with 10 being the highest and most deprived) and is ranked 70th out of 153 local authorities with responsibility for adult social care.

Approximately 23% of the population are aged 0-17 years, approximately 60% are aged 18-64 and 17% are aged over 65. Medway is not particularly ethnically diverse. The majority of the population (84%) are White. 6% Asian, Asian British. 5% Black, Black British, Caribbean, or African and 5% Mixed or Multiple or Other background.

Medway is part of the Kent and Medway Integrated Care System. Medway became a unitary authority in 1998 and has been under a Labour administration since 2023.

Financial facts

The Financial facts for **Medway** are:

- The local authority estimated that in 2023/24, its total budget would be **£377,876,000**. Its actual spend for that year was **£409,856,000**, which was **£31,980,000** more than estimated.
- The local authority estimated that it would spend **£86,470,000** of its total budget on adult social care in 2024/24. Its actual spend was **£97,640,000**, which was **£11,170,000** more than estimated.
- In 2023/2024, **23.82%** 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.
- Approximately **3570** people were accessing long-term adult social care support, and approximately **1670** people were accessing short-term adult social care support in 2022/23. Local authorities spend money on a range of adult social care services, including supporting individuals. No two care packages are the same and vary significantly in their intensity, duration, and cost.

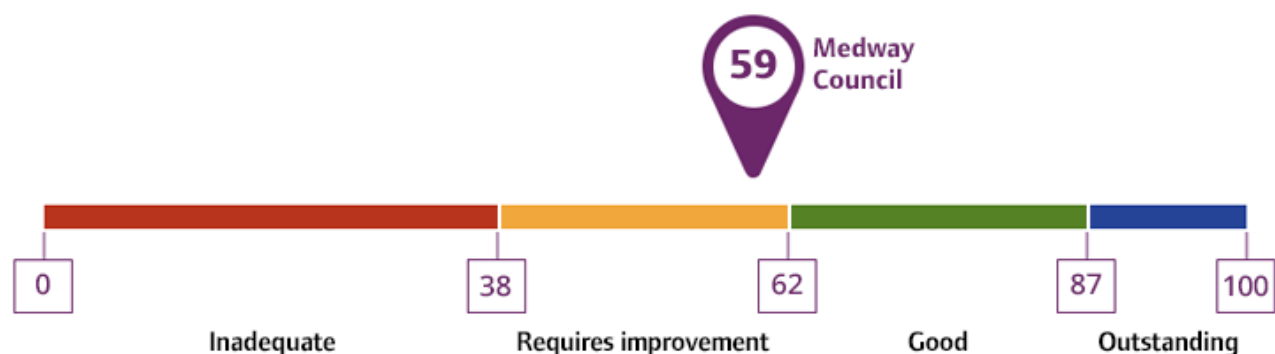
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Overall summary

Local authority rating and score

Medway 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: 2

Governance, management and sustainability

Score: 2

Learning, improvement and innovation

Score: 2

Summary of people's experiences

Overall, we heard mixed feedback from people and unpaid carers regarding the contact they had with staff. Some people had felt listened to by compassionate, kind, caring and knowledgeable staff. In contrast some people had not always felt valued.

People and unpaid carers had varied experiences of assessment, care planning and reviews. Many people we spoke to said they had not received Care Act assessments or reviews. However, some people had received person-centered assessments and gave positive accounts of support given by social workers. Others told us staff undertaking their assessment had not always been knowledgeable about their specific disabilities and felt staff had been reluctant to help. Some people were still not in receipt of care and support many months after an assessment had taken place.

The experiences people had of carers assessments and local authority support was mixed. Some unpaid carers did not know carers assessments were available and there was a general lack of information available about assessment and had not been offered a carers assessment. Some unpaid carers gave us positive feedback of being supported and listened to during the assessment. Other people gave positive feedback about the ease of direct contact with their allocated social worker.

People transitioning between services told us they were kept informed and updated by the social worker and their views had been valued and considered. Although not everyone had named social workers when transitioning.

People could access equipment and minor home adaptations to maintain their independence and continue living in their own homes for example having access to an emergency call system to maintain people's independence and to keep them safe. Standard core equipment was delivered to people promptly. However, if more complex equipment and adaptations were needed people had to wait longer. People told us they used direct payments to control how their care and support needs were met and mostly described positive outcomes from using them. People could access support in using direct payments from a dedicated team.

Summary of strengths, areas for development and next steps

Medway local authority was on an improvement journey and were aware of what needed to be done to achieve the best outcomes for people who lived there. Areas of focus included making the website fully accessible, working with partners to understand the needs of the community, increasing the support to unpaid carers and improving waiting times, especially for Care Act assessments and reviews, occupational therapy assessments, safeguarding enquiries, and a number of other areas.

People could not always easily access information and advice on their rights under the Care Act and ways to meet their care and support needs. Most of the information was on the website, which was not always in an accessible format, and this also posed challenges for people who were not able to use online services. The local authority had plans to make address this with the Medway Council Digital, Data and Technology (DAaT) Strategy.

Not all people who needed a care act assessment or a review received them. For people who had this service, they did not always receive a consistent approach from staff when carrying out assessment, care planning and reviews. Reviews of people's care were not always undertaken in a timely manner; however, action was being taken to improve waiting lists in this and across other services where areas where waiting lists were present.

Further improvements were needed for the needs of unpaid carers in relation to assessments and informing them of the services and support available to them. The local authority was addressing this with plans to expand the remit of the commissioned carers support service.

There were gaps in nursing and residential beds in Medway, particularly for people with complex needs and for young people leaving children's services. A priority for the local authority was to increase capacity across residential and nursing provision to meet the local demand and reduce the need for people to be placed out of area.

The local authority used a number of measures to understand of the needs of people in Medway and the impact of inequalities. There was good partnership working with voluntary sector groups and this could be developed more to understand the needs of local communities and the different groups of people within them.

More work was needed with care providers to ensure they all received a consistent service from the local authority and were in receipt of the support the local authority stated they received.

Senior leaders were jointly responsible for the oversight of safeguarding processes, systems and practices, however safeguarding needed improvements. This was being addressed in a number of ways including restructuring of the current safeguarding hubs and mandatory learning sessions for staff from Safeguarding Adult Reviews (SARs) and other serious incident enquiries.

People were not always contacted in a timely way following a safeguarding referral and work was ongoing to improve this by senior leaders who were reviewing safeguarding processes. The local authority had taken action regarding the backlog of people waiting for enquiries into information of concern and section 42 enquiries to be made.

Deprivation of Liberty Safeguards (DoLS applications were not always assessed without delay due to the high volume. The local authority had committed to increasing resources to reduce waiting times with additional staff, using a RAG rating to establish priorities and monthly reviews of the waiting list.

Work was ongoing to improve the discharge pathways of people coming out of hospital were working well, supported by additional services including reablement.

Staff enjoyed working for the local authority and spoke about the learning and career development opportunities available for them. The principal social work had developed a team of Practice Development Manager roles to support learning and development opportunities for staff.

Staffing and recruitment challenges were recognised by the senior leaders. Staff shortages led to waiting lists in a number of areas. This was being addressed by the ongoing 'right sizing' project to identify the gaps in staffing to fill those roles.

Theme 1: How Medway 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

People could access the local authority's care and support services through multiple channels, from professionals or partner organisations through to direct contact or online portal forms and self-assessment options called 'Ask Sara' and 'Better Care Support Medway.' Not all the website was fully accessible, and the local authority were aware of this and had identified this as an area of improvement.

There were clear roles and responsibilities regarding front door referral, signposting, triaging, and identifying care packages. Three locality social work teams each operated a hub-based model, which consisted of the 'Front /First Response hub' the 'Conversations/ Long term care' hub and the 'Safeguarding' hub. The occupational therapy teams also worked with the locality social work teams.

A person centred, strengths-based practice model was used for Care Act assessments with the 3 conversations as the tool. Strengths -based practice is a focus on the individual, taking a holistic and co-productive approach to keeping the person at the centre of all decisions, identifying what matters to them and how best outcomes can be achieved. It is about enabling people to find the best solutions for themselves, to support them in making independent decisions about how they live. Staff were able to clearly describe the 3 conversations process for Care Act assessments. One unpaid carer told us their cared for relative was "leading their best life," because of the local authority's support.

People gave mixed feedback about their experiences of assessment, care planning and reviews. Some people had received person-centered assessments and gave positive accounts of support given by social workers. However, we were told an example where staff had not been knowledgeable about the specific disabilities of the person and the family member felt staff had been reluctant to help. This feedback was supported by national data which showed 58.41% of people were satisfied with their care and support in Medway, which was below the England average of 62.72% (Adult Social Care Survey, 2023, ASCS).

The local authority was committed to supporting people to realise their potential and for them to live independently in their homes. At the time of our assessment, a 3-month pilot had taken place, where social workers and occupational therapists in a locality team, undertook joint assessments to identify early care and occupational therapy needs. This collaboration had helped to reduce waiting lists for assessments and a full evaluation of the pilot was due to take place to assess the outcomes and impact on people.

The local authority had received mixed feedback from people, regarding the contact they had with staff. Some people had felt listened to by compassionate, kind, caring and knowledgeable staff. In contrast some people had not always felt valued and had waited over 4 weeks for a visit from staff since an initial phone call from the local authority.

Pathways and processes ensured people's support was planned and coordinated across different agencies and services. The approved mental health professional team operated across Medway and staff told us they focused on least restrictive practice as well as strength-based practice, assessing the persons strengths rather than focusing on weaknesses. At present, assessments for people with learning disabilities and autism were undertaken within the locality teams, however there were plans to move to an allocated worker model for consistency.

We received mixed feedback from providers about assessments, care planning and reviews. Some providers said they were mostly consulted with when people's needs were reviewed, whilst other providers told us they had relied on family members or other professionals for updates on reviews of people. Providers told us the local authority no longer operated under an allocated social worker process and said these presented challenges in respect to arranging reassessments or new placements, as there was no longer continuity. Other providers told us local authority staff did not always have appropriate knowledge of the people they were working with.

Timeliness of assessments, care planning and reviews

The local authority were aware they had waiting lists in many areas, including Care Act assessments, assessments for people with learning disabilities, occupational therapy assessments, safeguarding enquiries, Deprivation of Liberty Safeguards (DoLS) assessments, and financial assessments. There were no waiting lists for support for unpaid carers and advocacy services. A priority of the local authority was to improve consistency and timeliness of assessments.

The local authority was committed to managing and reducing waiting times for assessment, care planning and reviews. This included actions to reduce any risks to people's wellbeing while they were waiting for an assessment. The local authority had recognised that an increase in demand for adult social care services and staff shortages had resulted in a backlog of assessments. In the short term the local authority had accessed funding to address the backlog and they were undertaking a rightsizing exercise which had resulted in a significant staffing investment into adult social care, to meet demand. Recruitment and team restructures were already underway, as well as measures to increase and improve the skills shortage and retention.

There was a clear triaging process in all services which looked at risk and prioritised needs accordingly. During the triaging process, if a welfare visit was required staff would arrange this immediately. The waiting lists were checked every week at allocations meetings where risk mitigation, change of situation, and escalation priorities were discussed.

We received mixed feedback from people in relation communication from social work teams around waiting times and outcomes for panel decisions. We were told that a panel decision came back quickly, however many people we spoke to said they had not received Care Act assessments or reviews. Some people were still not in receipt of care and support many months after an assessment had taken place. The local authority told us some people with complex or specific behavioural needs may have to wait for residential care and support, but there was no people waiting for domiciliary care.

National data from the Adult Social Care Finance Report (ASCFR)/Short and Long-Term Support (SALT 2023) showed 55.45% of long-term support clients in Medway had planned or unplanned reviews. This was below the England average of 58.77%. Data provided by the local authority showed the average waiting time for a Care Act assessment in the last 12 months was 15 days. The average waiting time for an annual review in the last 12 months was 145 days. The local authority aimed to complete 80% of annual reviews within the month they were due. However, waiting lists had been difficult to address for factors that included recruitment issues, and an increased demand from people aged over 65. A 'Waiting Well' programme operated across all teams for people waiting for all assessments. This meant people waiting over 28 days for any assessment, received a letter with details of other support services they could access for self-help whilst waiting for local authority intervention.

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

The needs of unpaid carers were recognised by the local authority as distinct from the person with care needs. Staff told us carrying out carers assessments was embedded in their processes. They were able to offer holistic assessments where an unpaid carers needs were identified whilst assessing a person's support needs.

Data provided by the local authority showed waiting times for carer assessments including young carers and parent-carers. A summary analysed their adult carer assessment waiting list which showed in April 2024, there were 21 people waiting for an assessment. The average waiting time for the last 12 months was 29 days, against a target timescale of 28 days. The local authority said 86% of carer assessments were completed within 28 days, however some carers had to wait up to 530 days as cases were not reallocated when a member of staff was absent due to sickness. A senior leader told us only 9 people had experienced a wait for a carers assessment.

The experiences people had of carers assessments and local authority support was mixed. Some unpaid carers did not know carers assessments were available and there was a general lack of information available about assessment. However, the local authority informed us they had had run promotional campaigns to raise awareness, which had increased referrals from unpaid carers. A carer said they had been asking since January 2024 for a carer's assessment and had still not yet received one at the time of our assessment of the local authority. Some unpaid carers gave us positive feedback of being supported and listened to during the assessment. Other people gave positive feedback about the ease of direct contact with their allocated social worker. National data showed 31.39% of carers in Medway were satisfied with social services which was below the England average of 36.83% - Survey of Adult Carers 2022 (SACE).

Staff offered weekly telephone calls for carers awaiting assessments and said this process enabled them to safely mitigate risk whilst unpaid carers were waiting for their assessments.

Leaders in the local authority acknowledged the current carers offer as an area for improvement, they told us work was underway to review what was available and ensure it was meeting the needs of local unpaid carers. Carers First was a partner organisation commissioned by the local authority to support unpaid carers, including young carers, after they had a Care Act assessment. There was no waiting list for this service. The locality teams worked with a Carers First worker on a weekly basis to identify, assess new carer referrals and review cases. Subsequently, unpaid carers could get a carers assessment over the phone, then on the same day receive a joint home visit, and an exploration of immediate services to prevent breakdown.

Partners shared similar views regarding improvements needed in terms of the carers offer and the wait time for carers assessment. One partner organisation told us the local authority had attended an event held during carers week, where unpaid carers had been given the opportunity to feedback to the local authority. They felt more could be done for the local authority to be more accessible. Other partners told us the local authority needed to publicise their events and services more to unpaid carers. Positive feedback from partners told us carers forums had recently been reintroduced and a partner group had received funding from the local authority which they were able to use for respite and leisure activities for unpaid carers.

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

Staff had access to resources which detailed services available in Medway for people to access who had non-eligible care and support needs. People were signposted to a range of other services available to them in the community for example, exercise, weight and money management groups. and the range of services available was regularly and shared by staff amongst frontline teams. A partner organisation told us they had funding from the local authority which they were able to use to support people with no recourse to public funds, or unpaid carers who were not eligible for support by the local authority.

Eligibility decisions for care and support

The local authority told us they had adopted a strength-based model of assessment, using the 3 Conversations tool as a framework for completing and recording assessments. Care Act eligibility was determined through completion of the conversation 3, the eligibility assessment. There was a discussion with the individual to determine how their eligible needs would be met in the support planning phase. The local authority also used a 'Best Practice Panel' to ensure any proposed support was being met in the most cost-effective way, signposting to the best use of resources to meet the person needs, to ensure best practice and the least restrictive options were used.

The local authority's framework for eligibility for adult social care, and support for people and unpaid carers was transparent and clear. The eligibility criteria was available on the local authority's website. It outlined people's rights under the Care Act and informed people how to use the complaints procedure if they were unhappy and disagreed with eligibility decisions. Depending on the nature of the disagreement the local authority would ask a professional in another team to review the decision or carry out a further assessment.

The local authority did not capture data for people who were unhappy with eligibility decisions. Senior leaders told us they had clear systems for oversight decision making, which included audits of eligibility decisions.

Some staff told us the standardised Care Act assessment forms had guidance to support them when making eligibility decisions, however, within each locality staff worked slightly differently. Staff said the local authority were making changes to the assessment forms to improve how information was collected and streamline the process. Staff said this demonstrated their concerns about the assessment forms had been listened to.

Financial assessment and charging policy for care and support

The local authority's framework for assessing and charging adults for care and support was clear and transparent. The charging and financial assessment policy and administration charges breakdown was available on the website.

Financial assessments were managed by the Financial Assessment team. They aimed to get assessments completed within 56 days of receipt of referral, however their analysis showed they were struggling to meet this target. Data provided by the local authority showed the median wait time for a financial assessment in the last 12 months was 181 days. The maximum wait time for financial assessment in the last 12 months was 368 days. The reasons given by the local authority for outstanding financial assessment delays included shortage of staff since October 2023, delays in information being provided by people, and delays in response to information requests from social workers. To address this, new staff were being trained to undertake financial assessments.

We did not receive any feedback from people regarding delays for financial assessments, however staff told us some of the local authority's own processes added to the delays. For example, any increases in the cost of care packages regardless of the amount, needed approval by senior management. This meant staff waited long periods of time for fee increase requests to be approved and subsequently caused a delay for people to get the right support in place. This was in contrast with information from a senior leader who told us all approvals were agreed within a 24-hour period.

The local authority kept data on the ethnicity of people who made a complaint or had a representative make a complaint on their behalf. The Customer Relations team explored ways to make the complaints process more accessible to adults with disabilities, people who needed support to make a complaint, and where English was not a first language. There were several complaints over the last 12 months about delays in completing financial assessments, in particular about inaccuracies in financial assessments. The local authority adopted learning from complaints, for example ensuring people were informed about the financial assessment process and received the leaflets explaining the financial assessment process.

Provision of independent advocacy

A partner organisation was commissioned to provide independent statutory advocacy services. Staff spoke positively about their relationship with the advocacy service and told us people had timely access to advocacy. A team told us an advocacy referral had been recently made for a young person, to allow them to have a voice within their family dynamics. Advocacy ensured the young person was heard directly which was positive for their independence.

At the time of our assessment there were no waiting lists for any statutory advocacy services. The advocacy service recently completed an independent review of their service with the aim to make improvements, support the local authority to ensure advocacy was easily accessible and people were appropriately referred to the service. An action from the review was to provide training to local authority staff around referrals and for staff to gain better understanding of the advocacy service. The advocacy provider told us the local authority were willing to learn and improve their knowledge and understanding of advocacy.

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 Medway Council Adult Social Care Strategy 2021 – 2025 gave a vision for adult social Care in Medway, based on a strategic approach to prevent, reduce, delay need and meet care and support needs. Prevention services to promote independence included a contract with a voluntary and community service who offered residents of Medway free impartial advice, support, and guidance to enable people to access appropriate support services in the community. The service had 'Care Navigators' to assist people to better navigate through health, social care, and voluntary sector support services to find the right service to meet their needs.

Senior leaders were aware of significant inequalities in Medway. For example, there were low rates of cancer treatment in some deprived areas and high rates of mortality from cancer. The local authority was using a Health Determinants Research Collaboration (HDRC) research project to measure the impact of inequalities. Senior leaders told us there was a 2-year programme to identify and put into place new ways of working to make Medway a 'Marmot Place.' A Marmot Place recognises health and health inequalities are mostly shaped by the social determinants of health, such as the conditions in which people were born, grew, lived, worked, and aged. An action plan is then developed to improve health and reduce health inequalities.

The local authority had an online service called 'A Better Medway' which provided specialist support, advice, programmes, and resources to help people living or working in Medway improve their health and well-being.

Preventative services were having a positive impact on well-being outcomes for people. Public Health initiatives had been launched to support people in Medway including a falls prevention programme to reduce demand on adult social care. This was based on evidence showing strength and balance improvements, helped to prevent falls. The local authority also provided a holistic health checks, which was a full assessment of health. People's blood pressure was checked, and their health monitored. Nordic walking and healthy weights were additional services available. A smoking cessation shop opened in Chatham in 2015, where people could also undertake health checks there. In 2011, 25% of people smoked in Medway and the most recent evidenced 9% of people smoked. Public Health leaders had asked people in Medway what their priorities were, which were identified as the cost-of-living crisis and poor quality of sleep. Leaders told us they were considering what their next health promotions would be to address these and demonstrate to the community they had listened to their concerns. The local authority were aware improvements were needed to support staff to better understand the public health offer, so this could be promoted to people during assessments.

There was a focus on using occupational therapy as a preventative measure, to offer early intervention services to people to reduce their care needs. Occupational therapy waiting lists were increasing and the local authority told us this meant more people were accessing the right support, at the right time to be as independent as possible and to be re-abled. The occupational therapy team assessed new and existing double handed packages to determine their suitability for 'a single-handed care package as opposed to a double care package. A double-handed care package was where more than 1 paid carer was provided on each visit to someone to deliver personal care to the person in their home. The project was determining where 1 paid carer could undertake these tasks instead. A healthcare partner said since staff had received this training they had grown in confidence and people's needs had reduced service wide due to these techniques.

Staff told us they had a good relationship with all care agencies and gave an example of how they worked with a provider who had asked for a review of a care package for a person using their service. Staff visited the person and realised the person was able to do more than first realised. Staff encouraged the person to move more to increase their movements which would aid their muscle movement. This had a positive outcome as the person became more independent with the same care package. National data showed 74.50% of people who received short term support in Medway no longer required support. This was below the England average of 77.55% (ASCOF/SALT).

The Lead Member for Adult Social Care, Health and Well-being told us the use of assistive technology was a priority in Medway in relation to the local authority's prevention offer. They told us the local authority was working collaboratively with the local university to use assistive technologies more effectively.

Medway's Better Care Fund recognised the importance of housing, adaptations and the Disabilities Facilities Grant (DFG) in supporting people to remain living in the community. The local authority planned to make the DFG more flexible and discretionary to make it more accessible to people.

Provision and impact of intermediate care and reablement services

The local authority worked with partners to deliver intermediate care and reablement services which enabled people to return to their optimal independence. The local authority commissioned a care provider through the Better Care Fund (BCF) to carry out their reablement services. Daily meetings were held with the local authority within a multi-disciplinary team, which included the Integrated Discharge team, to share information on cases, consider options for long term care, and eligibility for therapy. NHS leaders described the relationship with Medway as a good example of partnership working for the benefit of people living in Medway.

The care provider offered a reablement bed service for people who required intensive enablement to support them to go home. They operated a Home First service, where they saw people within 2 hours of hospital discharge. The Home First service aimed to support people back to independence, reduce dependence on the reablement service, and prevent any long-term care needs. This support was provided for up to 6 weeks, with a conversation with the local authority midway through to discuss if the person would need long term care. Step down and reablement beds were available locally, however an increase in specialist beds was needed.

A 'Transfer of Care Hub' had recently been introduced for multi-disciplinary organisations to make collective decisions on people's discharge pathways. Health leaders positively viewed this as supporting decision making and allowing a more shared, informed process. This was still in its early days and the impact had not yet had a measurable effect.

The local authority received mostly positive feedback from people about the community support outreach team, and we saw examples of people being supported to enable them to continue living independently, including how a person was supported to apply for welfare benefits and attend health appointments.

The frontline First Response team promoted independence through available technology in care packages. For example, telecare sensors were able to detect the front door was open and fall sensors measured the impact of a fall. The local authority also had a community team which provided support through preventative, reablement, intermediate or longer-term support to people with mental health needs, learning disabilities and autism. The team worked in partnership with other teams and had a multi-disciplinary approach.

National data showed 6.51% of people aged 65+ received reablement/rehabilitation services after discharge from hospital, which was significantly above the England average of 2.91% - Adult Social Care Outcomes Framework (ASCOF)/SALT. The data for people aged 65+ who were still at home 91 days after discharge from hospital into reablement/rehab, was 72.00% which was below the England average of 83.70% (ASCOF)/SALT). Health leaders recognised this disparity and were looking at quantitative data for readmissions to ensure people had been discharged under the appropriate pathways.

Access to equipment and home adaptations

The local authority and NHS Medway Integrated Care Partnership, jointly commissioned community equipment and minor adaptations from an external provider. Standard core equipment was delivered to people within 5 days of the order being placed and orders could be prioritised for earlier delivery if required according to need and risk. This was confirmed by data provided by the local authority which showed the average waiting times for provision of standard stock for the last 12 months was 5 days (maximum 38 days). The average waiting time for provision of specialist stock for the last 12 months was 20 days (maximum 98 days) as the wait times for specialist equipment was determined by the manufacturer. A voluntary partner told us people were waiting a long time for adaptations to properties and in 1 case the person was waiting 15 months, where an assessment had been completed but the work remained on a waiting list, which meant the person was unable to leave the property.

Local authority data also showed the median wait time for equipment assessment in the last 12 months was 42 days. The maximum wait time for equipment assessment in the last 12 months was 356 days. The target time was 28 days from referral to start of assessment. Whilst people were seen within 2 months of the referral, delays in the last 12 months were due to increased demand following new front door processes where cases were considered for prevention and enablement prior to social work assessment, and the lack of staffing resources to meet demand. This was being addressed through the 'right size' exercise with a significant investment into the occupational therapy service, including an additional 2 occupation therapist and 3 trusted assessors to manage demand. In the interim, extra funding had been secured, supported by the Department of Health and Social Care Workforce Grant, to reduce the backlogs.

Staff told us they had regular meetings to identify ways and initiatives to improve services. One example was they identified a rubber foot for walking aids could help reduce falls. They had also introduced an auto-telephony service to encourage the return of equipment, spoken to charity shops, placed adverts and called people to discuss whether their equipment was still required. All of which had improved equipment return rates.

The team working with integrated discharge gave us examples of how assistive technologies were considered as part of care packages, and staff who worked with assistive technology undertook joint assessments and were able to recommend its use where appropriate.

Provision of accessible information and advice

People could not easily access information and advice on their rights under the Care Act and ways to meet their care and support needs. This included unpaid carers and people who fund or arrange their own care and support. Staff told us the local authority did not always provide information according to the Accessible Information Standard, which is a rule for health and social care services saying they must communicate with people in a way they can understand. Staff used creative measures such as printing pictures to help them with communication. The local authority had plans to make address this with the Medway DDaT Strategy. The strategy acknowledged more could be done to improve digital access and inclusion and other services and processes could be designed around people who were unable to use digital services.

Whilst people were on the waiting list for adult social care service's they were sent a 'Waiting Well' letter, however the letter was not available in accessible formats or non-English options and was not available electronically. Senior leaders had identified accessibility to information and services required improvements to ensure people could easily access and understand advice and support available to them, for example, ensuring their website was available in alternative languages, although to a 24-hour translation service was available to staff.

The local authority had received complaints from unpaid carers who said they did not have internet access, so they required written information to ensure they had access to information as required. A voluntary organisation told us the majority of information and advice was now on the local authority website, there were no leaflets available to people and there were no 'hubs' in the community people could use to get information and advice.

A voluntary and community group told us the local authority needed to take more action to address digital exclusion as some of the population did not have access to technology which made accessing information and advice, health appointments or employment difficult. Another group told us they had been involved in a digital project with the local authority a few years ago to understand the community's challenges with digitisation but had received no feedback or outcomes from this. A senior leader told us they had advised the group to apply for funding to run digital awareness classes to help people use digital platforms including raising awareness of online fraud, improving understanding of online banking/shopping, and reducing isolation. It was unclear if these classes had taken place.

Representatives from the local authority attended regular meetings as guest speakers for a voluntary organisation which assisted the local authority to gain a better understanding of the local communities and the barriers people faced. People were advised of services available in the council and how to access these. For example, adult education services and six months later there had been an increase in people attending adult education services. This had led to people being empowered to access employment, housing and reduced isolation.

National data showed 62.73% of people who use services in Medway found it easy to find information about support. This was below the England average of 67.12% - Adult Social Care Survey, 2023 (ASCS). For unpaid carers, 55.37% found it easy to access information and advice and the England average was 59.06% - Survey of Adult Carers in England (SACE).

Direct payments

People told us they used direct payments to control how their care and support needs were met and mostly described positive outcomes from using them. For example, people were able to employ personal assistants directly and take breaks away as a family.

National data showed 13.14% of service users aged 65 and over in Medway who accessed long-term support, received direct payments. The England average was 14.18%. 28.67% of total service users received direct payments compared to the England average of 26.22% (ASCOF/SALT).

People had ongoing access to information, advice, and support to use direct payments. We received mixed feedback about the process. We were told some unpaid carers found the process easy and supportive, however in contrast, partners told us there were delays in setting direct payments up. People who were considering direct payments had an initial visit from local authority staff to ensure they had enough time to understand what they were agreeing to and if required, a further visit would take place.

The local authority had a Self-Directed Support team who supported people who chose direct payments including support with accounting and payroll. The team promoted direct payments with the locality teams and recognised there were areas for improvement relating to reduced waiting times for direct payments and continuing to build on the personal assistant (PA) database. Processes were in place for monitoring direct payments, such annual audits and ad hoc audits if required. Unpaid contributions, unauthorised expenditure, and expenditure in excess of their budget were also monitored.

Data from the local authority showed the average waiting time to set up a direct payment from receipt of referral was 73 days. In the interim, people waiting were offered a commissioned package of support. Since April 2023, 208 people had stopped using direct payments. Analysis of data by the local authority showed a change in people's circumstances (passed away/moved to alternative accommodation). Over 10% of people chose to opt out but reasons were not outlined, other people were recorded as ending direct payment as it was unsuitable. It was not clear if further analysis had taken place around any other contributing factors, however staff told us in some areas there was a shortage of Personal Assistants.

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 was working to understand its local population profile, demographics and to have an awareness of the challenges in reaching all communities. The local authority used the voluntary and community sector to reach out, but there was a lack of protocols for sharing data and information. Senior leaders told us the local authority planned to undertake thematic reviews in 2025, such as an in-depth review of homelessness and veterans.

The Joint Needs Assessment (JSNA), contained over 30 topic specific chapters, grouped into themes, as well as other supporting information, to identify ways to improve the health and wellbeing of the local community and reduce inequalities for all ages. Identifying seldom heard groups and inequalities was highlighted by the local authority as an area for improvement. The local authority currently had an Equality and Inclusion Framework to start their improvement journey and were considering how this strategy could be co-produced in future.

Senior leaders told us the local authority had some understanding of the community and seldom heard groups such as Roma Travellers and identified there was a long-standing military and veteran community in Medway. However, there was limited understanding of new communities coming into Medway. The local authority recognised there had been a lack of processes to capture data on equality diversity and inclusion and was now included in future plans. An Equality, Diversity and Inclusion board had been created which had been a corporate initiative and senior leaders attended this board as part of adult social function. Within adult social care specifically, there was an EDI network, which met bi-monthly. These learning sessions look to challenge staff unconscious bias and expand peoples understanding.

Medway's Better Care Fund Plan 2023-2025 had key priorities which included reducing health inequalities in relation to service delivery and recognising local areas of deprivation. The specific focus was to address disparity amongst ethnic minority groups, disadvantaged groups, and socially isolated groups. A number of initiatives were listed as being key to promoting equality issues such as the Community Health Catalyst Programme - led by the voluntary sector which engaged with groups, utilising health inequalities funding.

The local authority had some regard to its Public Sector Equality Duty (Equality Act 2010) in the way it delivered its Care Act functions. The Better Care Fund used diversity impact assessments which they regularly revisited to ensure they were able to address inequalities of access and outcomes for people. We were given an example where data had been used to drive better outcomes for people. Data had been provided to staff to improve pathways into employment for people with a learning disability. The data enabled staff to better understand the current situation and what changes needed to be made. The outcome was an increase from 1.6% to 2.3% of people with a learning disability in paid employment.

A senior leader told us surveys and focus groups had been held with people who were from seldom heard groups including sex workers, LGBTQ+ community and ex-servicemen, to inform the Joint Health and Wellbeing Strategy.

Local authority staff involved in carrying out Care Act duties were increasing their understanding of cultural diversity within the area and how to engage appropriately. Staff were able to attend lunchtime workshop sessions with the aim to increase awareness to all staff of the people who may not be being heard. A review of internal networks was taking place including the equality and diversity network which met on a bimonthly basis. However, we saw conversation 3 of the Care Act 3 eligibility assessment and eligibility guidance did not prompt practitioners to consider people's needs in relation to protected characteristics. There were a number of prompt examples/scenarios but none of them related to factors such as LGBTQ+, religion or language.

Staff identified areas for improvement such as ensuring services were accessible for individuals of all needs and told us promotion of staff education resources was needed. They gave examples of work which had been undertaken on communication passports and told us video interpreters for the deaf would be available in September 2024.

Medway local authority was part of the Kent and Medway Autism and Learning Disability Collaborative which was a joint initiative with the aim of system improvement to health and care services for people with learning disabilities and autism. Workstreams within the collaborative included increasing the uptake of annual health checks, further developing hospital passports, and reducing the number of inpatients. Senior leaders told us NHS England recognised the Medway model for building relationships on wards and supporting discharge as a good model and shared this nationally.

The local authority had a project which worked with the Department of Work and Pensions supporting people with a learning disability into paid employment. There were currently 24 people accessing the project with almost half of the participants known to adult social care.

Medway local authority supported a Consortium of voluntary community organisations, who had a 25% ethnic minority community reach. There were still more ethnic communities to connect with. Partner health organisations were working with other Consortium members to improve the reach to more ethnic minority groups and other groups in the community. The local authority diversity impact statement noted in 2022, only 7% of unpaid carers using the carer's support service were of ethnic origin in. We did not receive any information if this figure had increased.

Inclusion and accessibility arrangements

More improvements were needed in relation to the inclusion and accessibility arrangements in place so people could engage with the local authority in ways which worked for them. The local authority was aware of this and taking steps to address it.

Staff we spoke to told us they were able to accommodate varying communication methods depending on need and gave examples of face-to-face visits or use of interpretation services to gather information on the persons support needs. Staff also told us the local authority needed to pay more consideration to accessible information and accessible communication methods, as well as staffing understanding of accessible information standards. Staff liaised with the deaf services team when needed. However, a partner organisation told us they identified the deaf community as a community which may struggle to access services as there was no funding for an interpreter. The local authority confirmed they would have video interpreters for the deaf available in September 2024.

Another partner organisation was reaching local communities and seldom heard people through various projects. One project supporting people for whom English was not their first language, set up language cafes to support people, share information and signpost them to other services. Another partner organisation provided a number of positive examples of how they ensured the provision of accessible information and advice for service users, for example, use of interpreting services, use of care navigators, and access to assistive technology.

Accessibility was a challenge if needed out of hours. The use of interpreters was available, and advocacy support was available out of hours.

Senior leaders told us work was ongoing to explore alternative options to the waiting well letter. Some teams made phone calls to people waiting for services, however it was not evident if this was the standard practice across all teams or if this was an initiative by some teams.

The local authority was developing a learning disability and autism offer to improve and increase support to people. This included recruiting to 2 social worker posts to strengthen the team's experience of supporting people with learning disabilities, an increase in training, and arrangements for Oliver McGowan training to be delivered by people with lived experiences. There was a joint multi-disciplinary approach to drug, alcohol and domestic abuse services, specifically for people who were marginalised and seldom heard.

The local authority worked positively with Ukrainian populations. They commissioned translation of their 'adult abuse and what to do about it' leaflet into Ukrainian. This was made available on the Kent and Medway Safeguarding Adults Board (KMSAB) website and hard copies of the leaflet were printed so these could be shared at events and with agencies who requested them. The KMSAB was committed to having its information leaflet on how to recognise and respond to abuse available in all the languages which were most commonly spoken in Kent and Medway.

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 (JSNA), to understand the care and support needs of people and communities. This included people who were most likely to experience poor care and outcomes, unpaid carers and people who fund or arrange their own care, now and in the future.

The JSNA chapter titled 'Adult Care and Support' recognised Medway's population was ageing and was predicted to continue to age, with the number of people over 80 needing help and support with at least one self-care task and/or one domestic task was projected to increase by 43% in women and 53% in men by 2040. It identified a larger number of older people implied increasing age-related conditions such as dementia, multimorbidity (where someone has multiple health conditions), frailty and falls, as well as more older adults with disabilities. Service data indicated a rising prevalence of dementia in care home users, and the number of people with dementia in Medway was predicted to rise by 46% between 2019 and 2030.

The local authority was proud of their multi-disadvantaged network and multi-disciplinary drug and alcohol service team. These were developed following identifying gaps in the market and worked to support people in the community. The multi-disadvantaged network was a joint multi-disciplinary group consisting of the Integrated Care Board (ICB), outreach nurses, housing, mental health, nighttime support, and others. It brought together separate initiatives to bridge the gap to people who found it difficult to access services.

A senior leader told us they were keen to work more collaboratively with public health in relation to prevention of services in the community. There were plans in Autumn 2024 for commissioning to be restructured to sit within adult social care to ensure oversight of the market and gaps in services to ensure people's care and support needs were being met.

The locality teams we spoke to told us about close working relationship with the brokerage team. They told us communication pathways were good and were able to raise concerns to each other.

We received mixed feedback from provider partners in relation to whether the local authority consulted with their services to help them to understand the care and support needs of local people. Whilst some providers said they actively worked with the local authority, other providers stated this only happened occasionally. Some providers spoke positively regarding the supportive local authority forums and the themed discussions and spoke positively about the team who supported them. The local authority gave examples of working with providers to complete audits, identify staff champions and supporting providers with medication issues.

Market shaping and commissioning to meet local needs

In the main, people had access to a range of local support options to meet their care and support needs, however there were gaps in service provision. National data showed 66.21% of people felt they had choice over the services they used. This was in line with the England average of 70.28% - Adult Social Care Survey, October 2023 (ASCS).

The Market Position Statement (MPS) was published in May 2024. Within this, was adult social care's commissioning intentions (Commissioning strategy), quality assurance, market shaping, and the Adults Needs Assessment was completed in the form of the JSNA.

A senior leader told us the local authority plans to improve the market were ambitious, with a clear vision to improve services for people in Medway. One plan was to build a multi-purpose, multi-disciplinary care home with rehabilitation, nursing, and step-down beds under one roof. This was specifically to support the commissioning of dementia services and increase accessibility. The local authority had identified a shortfall in the number of step-down beds and had recently commissioned more beds to bridge the gap. The local authority had also identified the need for more extra care facilities and were looking at repurposing buildings to achieve this. The local authority had worked with developers and providers who had submitted a planning application to encourage them to provide the capacity Medway required. Currently the local authority was looking to improve the nursing and dementia offer.

Medway had introduced a new dynamic purchasing system (DPS) for the purchasing of supported living providers which had improved the number of services available from 20 to 120. We received negative feedback about how the local authority worked with provider partners in market shaping. Provider partners told us the local authority did not engage with them in determining how and what they commissioned. We were told some providers partners had been asking to work on a strategy with the local authority for a number of years, to input into the number and type of people providers could support, with long term plans for increasing capacity, but this has never happened.

There was some consideration for the provision of services to meet the needs of unpaid carers. Medway's Better Care Fund Plan recognised the importance of unpaid carers through the Medway Joint Carers Strategy (2019-2025) which had been co-produced with unpaid carers and key partners such as health organisations. The commissioned provider who supported unpaid carers in Medway, delivered all adult and young carers support services. The local authority was exploring the potential for this service to undertake statutory carer assessments under a trusted assessor model.

Ensuring sufficient capacity in local services to meet demand

There were no delays providing home care, however an area for improvement was to increase capacity across residential and nursing provision and for young people with complex needs. Whilst staff recognised there were new services developing, there remained a shortfall. There was also a shortfall of services supporting clients with mild learning disabilities or autistic people, who required 30 hours a week support. A priority for the local authority was to increase capacity across residential and nursing provision.

In recognition of the financial challenges facing Medway, the local authority had requested the Local Government Association (LGA), through the Partners in Care and Health (PCH) programme, undertake an independent finance review, and to review the local authority's use of resources in Adult Social Care. The review highlighted issues with the social care market and the lack of vacant placements across all service types.

Information provided by the local authority showed they were facing unprecedented challenges to support and sustain the 65+ care home market. At the time of the assessment there were 43 care homes registered to provide care to older people in Medway. Of these, 14 were registered to provide nursing care. In total these care homes were registered to provide 1,390 care homes beds. The population of people aged 65+ in Medway was almost 47,000 and local authority data stated around 13,200 people aged 65+ needed help with at least 1 self-care activity, for example, having a bath or shower. With approximately the same amount needing help with Activities of Daily Living (ADLs), for example housework and laundry.

People were offered increased home care packages whilst they were awaiting placements in residential nursing provisions. However, staff told us they were concerned this was not the best solution as there were issues around arranging night support whilst people remained in their own homes. The information provided by the local authority stated there were challenges to support and sustain the 18+ domiciliary care market as a result of reducing budgets, reduced staffing levels, and the increasing cost of care. This meant the local authority would struggle to ensure continued support and sustainability. Community partners told us people were finding it increasingly challenging to access support within their own homes when needed. However, this contrasted with data provided by the local authority confirmed the average waiting time for a package of homecare was 1 day due to good capacity within providers. The average waiting times for mental health and learning disability supported living placements were 33.5 days and 39.5 days respectively. In relation to residential care home placements, the average waiting time was 36.25 days, and 31.3 days for nursing home placements.

The local authority had 9 providers on a framework, and 23 spot purchase providers who provided homecare, as well as 5 extra care schemes. A senior leader told us the local authority were currently reviewing their assets to determine whether any buildings could be resourced and used to support adult social care, for example to create more extra housing and supported living placements. Whilst staff felt there was a gap in the care market for support provisions which were a less restrictive option than residential care, the local authority had introduced a new dynamic purchasing system (DPS) for the purchasing of supported living providers which had improved the number of services available from 20 to 120.

The local authority confirmed there were hospital discharge delays due to lack of service availability and capacity. The local authority provided us with current data which showed the shortest delay was 4 days and the longest 119 days. Staff told us some people were in hospital when they were medically fit for discharge because of lack of residential and nursing beds. To address this, the local authority was looking at block purchasing, as they were placing people out of area more. Staff also told us respite beds were being blocked by people needing residential nursing services.

Due to lack of capacity in residential services, some people were supported outside of their local area. There were 369 people placed out of area for several reasons and not solely because of lack of capacity. Due to the geographical location of Medway, many people had family or friends who lived 'out of area' where often the placement was closer to the family member, and this would be by request of the person and family. Or people may have been placed out of area if they required specialist support/placements or moved to another home within the same provider group.

The local authority planned to fund the purchase of a total of 20 additional care home beds to meet the expected pressures during Winter 2024/25. The beds were to be used primarily for 'hard-to-place people'. In addition, the Health and Care Partnership proposed to utilise this funding to ensure a 'wrap around' service comprising of a dedicated social worker, social care officer, occupational therapist / physiotherapist, falls prevention staff and a dementia support specialist. The aim was for people to either return home with homecare or move into residential care on a long-term basis (following this intervention) which would be easier to source within the local market. This proposal demonstrated an understanding of the local market and an aim to address gaps in service provision.

The majority of provider partners stated they did not receive any support from the local authority to address the recruitment issues they had been facing. Partners told us housing was an issue within the region, and the local authority had responded by increasing the provision for rough sleepers, including a counselling service to be more proactive.

Ensuring quality of local services

The local authority had arrangements to monitor the quality and impact of the care and support services it commissioned, and supported improvements where needed. The Provider Development and Quality Assurance team had created a 'super' training matrix which pulled in training needs from a number of providers and could therefore identify where the skills gaps were across Medway. However, only 1 provider we spoke with was aware of the 'super' training matrix and told us it was created a long time ago. They had not received any feedback after they had submitted their information.

At the time of our assessment 1.92% of residential homes were rated outstanding by CQC, 69.23% were rated good, 23.08% were rated requires improvement, and 5.77% had not yet been rated. Of the homecare services in Medway, 35.23% of home care services were rated good, 21.59% were rated requires improvement, 2.27% were rated inadequate, and 40.91% had not yet been rated. 58.82% of nursing homes were rated good and 41.18% were rated requires improvement, 33.33% of supported living services were rated good, 23.81% were rated requires improvement, and 42.86% had not yet been rated

Data provided by the local authority said there were 6 active commissioning suspensions, 4 restrictions, and 1 termination of contract. Reasons for these included concerns from the Home Office regarding immigration and sponsorship licenses, providers with poor CQC ratings and where the local authority had concerns about the quality of services.

The provider development and quality assurance team had oversight of the quality of provider, however this was a small team who, at the time of our assessment, covered all the providers in Medway and was unable to meet the demands of the service. This meant they were not able to visit all providers annually. Providers confirmed this, with some saying they had not had any visits in years, and others saying they had received no support at all. Providers were rated red, amber, or green according to risk. A risk could be triggered by a provider having a CQC rating of requires improvement or inadequate, a concern being raised, no registered manager within the service, or if a home office license was revoked. Any of these issues would trigger a quality assurance visit. A senior leader told us about the staff growth plan 'right sizing' to recruit more staff to the team which would enable them to cover complaints, professional concerns, and safeguarding enquiries more effectively.

Ensuring local services are sustainable

Care providers gave us negative feedback on how the local authority collaborated with care providers to ensure the cost of care was transparent and fair, and on the local authority's contracting arrangements. They told us the local authority did not work with them to ensure appropriate working conditions for the workforce, including living wage, sick pay or travel time. They told us there was a website for training, and although providers had requested face to face options for moving and handling and basic life support training, this had not been forthcoming. One provider told us there used to be links to Medway College of Social Care, but the providers we spoke with were not sure if it still existed. They also identified some training was quite costly. Providers in the network worked together to fill courses to reduce costs. The local authority told us they regularly advertised free training for care workers in their newsletter and on their provider portal. Workforce, recruitment and retention were a significant challenge to the stability of Medway's provider market.

National data for Medway showed adult social care staff who had the Care Certificate in progress, partially completed, or completed was 51.49%. This was in line with the England average of 55.53% - Adult Social Care Workforce Estimates.

Data provided by the local authority showed 4 nursing homes had handed back packages of care in the last 12 months due to people's increased support needs. This further reinforced the need for more complex nursing provision as identified in the Market Position Statement. For residential placements there were 7 packages of care handed back. There were 5 packages handed back from supported living settings. Three homecare packages handed back and 12 locations had left the market in the last 12 months.

The local authority understood its current and future social care workforce needs. They told us they worked with care providers, including personal assistants and other agencies, to maintain and support capacity and capability. This was not the experience of the majority of the providers we spoke with. Residential services in Medway had experienced a reduction of staff especially in residential and nursing care homes. In response to this challenging situation, the local authority had created a number of strategies including a 'Self directed Support Workforce Strategy 2023-2025 and a draft Adult Social Care Workforce plan draft, which the local authority continued to monitor.

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

Medway local authority were partners in a number of initiatives. A senior leader acknowledged there was work to do to improve partnership working and the local authority was working collaboratively with partners to agree and align strategic priorities, plans and responsibilities for people in the area.

Medway's Better Care Fund Plan had been coproduced with multiple ICB bodies, Kent County Council, and voluntary services. The plan reflected joint commissioning and listed partnership commissioning including intermediate care, equipment services, carers services, Healthwatch, Voluntary Sector Infrastructure Support, Home Care, Supported Living, Telecare, Residential and Nursing Care. Medway Adult Social Care was a partner in the Learning Disability and Autism Delivery Partnership Board, along with several other key stakeholders and partner agencies, including providers. The Board aimed to improve outcomes for those people who lived with a learning disability and/or autistic people.

An Adult Social Care Partnership Board had been created by the local authority with membership from Kent police, the chief executive of mental health trust, and the acute trust, with the intention to implement any changes and improvements required following the CQC assessment report.

The local authority worked in partnership with the organisation who supported unpaid carers. We received consistently positive feedback from unpaid carers who told us they received support in completing forms, social support, practical support, information, and advice from voluntary and community organisation the local authority commissioned to support them. One unpaid carer told us about the courses the organisation ran relating to dementia. Another unpaid carer told us they had attended coffee mornings and events which provided them and their family member the opportunity to socialise and make friends with people locally.

A senior leader in housing said partnership working across the local authority was strong. They received updates on the adult social care strategy regularly. Housing were also members of the Adults Social Care Partnership Board and continued to work with management teams within adult social care to explore joint areas of working.

Although we had received very mixed feedback from providers about how they worked with the local authority, staff told us they had good relationships with providers. They said they knew the providers well and held fortnightly, monthly, and quarterly contract meetings and visited them annually. Staff said they had attended market engagement meetings with stakeholders (including hospitals, and other council departments), which contributed to the market shaping strategy.

Some staff highlighted they had experienced challenges in their working relationship with the ICB. Namely there had been funding issues and a failure to follow processes or the framework when it came to making decisions. They added this had been escalated to senior managers for a resolution.

Staff spoke highly of each other and gave examples of positive working relationships with internal and external teams, to evidence positive outcomes for people, such as working with the deaf support services, the police, and mental health agencies. We heard examples of where staff across different teams worked together to address concerns relating to an individual's support and care needs. A close working relationship ensured positive outcomes had been met. We saw evidence of collaborative and multi-agency efforts to reduce hospital admissions and keep people well at home. For example, Medway worked with Primary Care Networks, Housing colleagues, and the Voluntary Sector on initiatives with a person-centred approach to meet people's needs.

Community health partners told us they had a good relationship with the local authority, and they were able to bring their independent voice and the views of residents to inform changes. They said project work with the local authority was on the increase which had included a falls prevention project to review services and the effectiveness of current pathways. Engagement with a variety of people had been completed for this project, which helped shape the future service and delivery model. Other community health partners described positive joint working with adult social care staff when required for more complex cases, which included participating in best interest or professionals' meetings.

Co-production partners said there were several ways the local authority sought to include representation from all groups in coproduction and referenced the Medway Disadvantaged Network which operated strategically and operationally with adult social care, the police, and other providers. They told us about the Legislative Theatre where frontline staff worked alongside individuals who had been homeless to deliver a play. This play then influenced policy and the local authority's strategy.

A senior leader acknowledged there were a number of underrepresented and underserved ethnic minority communities in Medway, and they were taking steps to listen to their views in terms of service provision and employment and told us there was the beginnings of a partnership there, although challenging.

Arrangements to support effective partnership working

Senior leaders told us the local authority worked in partnerships with other agencies, but we received mixed feedback on the effectiveness of the arrangements for governance, accountability, monitoring, quality assurance and information sharing. Providers continued to tell us there was a lack of communication between them and locality teams, and the only means of contact was through the duty team which did not always return a response.

In contrast, the quality assurance team told us they worked closely with providers, visiting them during the day, at night and at the weekends. They told us they supported providers with audits, shared audit templates, developed action plans, and identified staff champions, for example in infection prevention control and medication. They also worked through CQC reports with providers following inspections. Staff told us there was clearly more work to be done in this area to align partnership working from both perspectives.

The local authority used opportunities to pool budgets and jointly fund services with partners to achieve better outcomes. For example, senior health leaders told us how one of the priorities for the Better Care Fund in 2023-2025 was to improve discharge pathways from hospital.

Most of the staff groups we spoke to had close working relationships with internal teams. Examples were provided where staff across different teams supported each other to address concerns relating to an individual's support and care needs to ensure positive outcomes were met. There were also champion roles within teams which allowed for close working relationships with partner organisations.

There were joint funding agreements in place with the ICB in relation to aftercare under Section 117 Of the Mental Health Act 1983. Senior leaders acknowledged integration with health partners was a priority for Medway and an area for continued improvement in relation to working with the ICB to promote understanding across both sectors. The Director of People (Children and Adults) who was also the Deputy Chief Executive advised they attended a meeting with the Chief Executive Officer of the acute trusts on a weekly basis to gain a better perspective on practice, such as hospital discharge and winter pressures. ICB senior leaders confirmed there had been improvements in joint relationships in the last 2 years and more was needed in areas such as communication.

Out of hours staff worked in partnership with Kent local authority under a service agreement. There were clear processes in place to manage risk. Kent local authority told us they had a good working relationship with Medway and regularly attended strategic meetings together to ensure the quality and effectiveness of the out of hours work. A rise in self-neglect cases had been identified by the team and discussed in multi-disciplinary meetings which included Kent and Medway police to review how this could be addressed.

Impact of partnership working

Staff teams across the local authority worked well together to support each other and to promote the best outcomes for people. Staff told us they attended multiple disciplinary meetings and regularly shared learning to understand the different aspects of their roles.

There were good examples of integrated working and co-production between partners and the local authority. For example, local authority staff attended training facilitated by an external organisation to identify how mental health calls would be triaged and assessed, whose responsibility the nature of the call would be, and whether police would attend, or a health-based place of safety was required instead. Staff told us this improved their practice.

A senior leader gave us an example where a high level of falls within Medway had been identified in the last year, 40% of which were from 1 specific area. The local authority worked collaboratively with public health and housing to identify why this could be, using a preventative approach to their investigation. For example, they looked at whether the quality of the pavements in the area were causing falls.

Working with voluntary and charity sector groups

The local authority worked collaboratively with voluntary and charity organisations to understand and meet local adult social care needs. The Voluntary community sector (VCS) Better Together consortium was a collaboration providing advice, guidance and support to Medway residents and other voluntary sector organisations. This was supported by the local authority to improve the health and wellbeing of people living in Medway.

Most other voluntary and charity sector organisations we spoke to felt they had positive relationships with the local authority and felt listened to. One group told us the local authority had previously hosted regular meetings and invitations were sent to the voluntary and charity sector to attend. This had provided an opportunity for formal engagement and to hear of what changes were taking place, as well as enabling discussion on the impact of this within the community. However, these events no longer occurred, and voluntary partners told us this meant there were missed opportunities to hear the voice of the local community, as well as reducing the involvement and partnership working with the local communities of the various local support groups. The local authority told us there had been a pause in the programme, but the events had resumed shortly after our onsite visit. Another organisation told us they felt frontline staff could utilize and signpost to the voluntary sector more. A senior leader told us they recognised some relationships with voluntary and charity sector groups could be improved, and this was an area of development for them.

The local authority provided some free training to charitable organisations. We heard how after a networking event the local authority hosted, this helped small businesses understand the procurement processes, which aided their development and contribution to the local economy.

Theme 3: How Medway 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 journey. Staff spoke confidently about the handover process in hospital discharges for people at high risk. They used transition handover meetings with the locality teams and arranged for services including locality and outreach to come into hospital to meet people prior to their discharge. Risk assessments were completed, and this information was accessible to staff. Systems were in place for teams working out of hours. The out of hours team was led by neighbouring local authority Kent under a service agreement and there was a clear process in place to manage risk and sharing of information with Medway local authority.

At the time of the assessment senior leaders told us a transformation hub would be operational imminently with the introduction of 20 beds within a community unit. The multi-disciplinary team would work in partnership to create the ideal pathway for each person to ensure the correct discharge process to meet their needs. The primary focus of these beds was to increase capacity, in turn ensuring the timely discharge of patients from hospital and to use the beds to determine and source long term care and support services for people.

Safety during transitions

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

Medway's Better Care Fund Plan had key priorities including improvement in discharge pathways to improve outcomes for people discharged from hospital and wider system flow. Patients could be discharged from an acute episode of care to the Multi-Disciplinary Integrated Discharge Team, with referrals to Wellbeing Navigation, or to the Carers Service, where appropriate. Home First was a multi-agency reablement response service supporting hospital discharge for people who were medically stable and had reablement potential. We heard a positive example where the local authority had been solution focused and the social worker had worked above and beyond to solve issues relating to the person moving to a service following discharge from hospital.

For hospital discharges, the brokerage team worked with social workers, the integrated discharge team, and families. Social workers identified which people could be discharged, and the brokerage team gave updates on availability of care home beds 3 times per day to the integrated discharge team and families. The Transfer of Care Hub started the day prior to the CQC local authority onsite assessment. This programme would establish if people needed to remain in hospital or identify the need to be discharged, requiring a long-term assessment.

Staff working with the Integrated Discharge team worked collaboratively across teams and used resources such as urgent response, Home First through Medway Community Healthcare, therapists, consultants, nurses, dieticians, speech and language therapists, and others. They advocated for the social model against the medical, and positive risk taking in hospital discharge for people going back into their own homes. They also worked with Medway's internal teams such as the homelessness pathway, mental capacity forum, and high-risk panel. Housing was noted as an area of potential delay with hospital discharges, so the local authority had introduced a housing post within the hospital discharge team to identify and address any housing needs for people. Senior leaders highlighted working with housing on a strategic level was an area for improvement.

There were no waiting times for assessments under the Integrated Discharge Team, however at times people were unable to be discharged due to waiting for placements/availability in local care market. The team conducted daily reviews for waiting patients. Reablement and step-down beds were available, however staff said they were consistently filled. Front line teams were concerned the proposed Discharge to Assess beds (D2A) would not address the blockages in the system and were concerned people would block D2A rather than hospital beds. The Health & Care Partnership was targeting increased Home First services and step-down services to support discharge, and recognised there were difficulties in discharging people with complex issues. Partners were less positive about safe transitions between services.

We spoke to people who were in the process of moving from a Mental Health Hospital to a community-based service and felt they were informed of the process and the social worker updated them as and when needed. A person told us there had been a good plan in place to ensure their smooth transition from a Mental Health Hospital to a service. Their views on the service they were moving to had been valued and considered.

People who were being placed out of area within a specific geographic region were visited in person before they moved. For all out of area placements, the local authority contacted the host authority to establish if the provider was known to and used by them to determine if there were any sanctions placed on the provider or safeguarding concerns. The local authority reviewed people at 6 weeks, then annually or more frequently if required. Contact was maintained with the host authority to ensure the placement remained to the expected standard.

Medway had clear processes for staff to follow for young people transitioning to adult services. The Ofsted report dated July 2023 recognised for some children with disabilities transition planning was not started early enough. The local authority Transition team worked with young people from the age of 17 but had started to identify children from the age of 16 who would need support.

We received mixed feedback from people who were transitioning from children to adult's services. We heard an example of someone who was contacted the year prior to their final year at college to discuss their future transition and plans for support following college were agreed well in advance. In contrast an unpaid carer told us they had not received any meaningful or helpful information around what to expect for their child's transition from children to adult's social care.

The Transition team had good links to the children's team and local schools. The team were proud of their relationship with schools, which enabled them to better understand a young person's needs transitioning into adult social care services. The team set up 'One Stop' drop-in sessions with special educational needs colleagues where people could get advice and guidance from the team, and young people approaching transition knew where to get support. Staff also attended the Parent Carer Forum which enabled staff to link up with parents and carers for people who may be known to social care, but also those who might not be known. Staff told us young people had a consistent adult social care worker from the age of 17 to 27.

There were clear processes which followed the guidance in the Care Act 2014 regarding 'continuity of care' for anyone moving into or out of Medway. The local authority shared information and assessments, and ensured the individual received the same care initially on arrival in the new area until the new local authority carried out their own assessment.

A Combatting Drugs Partnership (CDP) established by Medway Public Health had, as one of its priorities, to review, evaluate, and strengthen drug and alcohol treatment services to ensure there was better integration of services. There was a particular focus on the transition pathways for people with co-occurring conditions.

Providers were surveyed around safe transitions between services. The majority of providers felt they had not been included and had not received information. Providers acknowledge the local authority was improving approaches with them to ensure people receive coordinated, safe support when moving between different services. However, some providers still found needs assessments undertaken were not as accurate as they should be. They reported it was extremely difficult to get people moved if they had been placed with a provider who could not meet the person's needs, and communication could be improved.

Contingency planning

The local authority had contingency plans in place to ensure preparedness for possible interruptions in the provision of care and support. For example, the Business Continuity Management Plan set out the responsibilities and actions to be taken by staff to maintain critical functions in the event of a disruption affecting the service, and to reinstate, within a structured timeframe, a return to normal.

There was joint working between Medway's Quality Assurance, Adults Partnership Commissioning, (APC) brokerage, and safeguarding teams to share or identify concerns and the planned actions to address them. The Quality Assurance team kept a dashboard of concerns. Repeated concerns about a care provider would trigger an APC evaluation of them. The Contingency and Emergency Preparedness Plan identified recovery options in the event of service provider failure. The plan was implemented when a care home was at risk of closure, or when a care home closed, to ensure there was no disruption to services. The local authority also reviewed providers' own business continuity plans and as of 1 April 2024, the local authority had reviewed 96% of providers' plans.

Safeguarding

Score: 2

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

Senior leaders were jointly responsible for the oversight of processes, systems and practices to safeguard people in Medway from abuse and neglect. Medway local authority operated 3 safeguarding hubs across the 3 locality teams. The safeguarding structure was being redesigned to create 1 safeguarding hub. Oversight for safeguarding had previously been undertaken by an Operational Safeguarding Lead, however the post was removed as part of the new design of the safeguarding hub. The aim was for the hub to be operational from 1 February 2025 under an Operations Manager and Team Manager reporting to the Head of Service for Safeguarding.

The local authority was in the process of recruiting a Safeguarding Development Lead, to further develop safeguarding practice and ensure this was maintained while the restructure consultation was underway.

Following a peer review by the Local Government Association (LGA) in January 2022 the recommendation was made to review the way safeguarding was managed. This was being addressed by the restructuring of the safeguarding hub and we saw other recommendations that had been actioned or in progress with a clear rationale, if the target end date would not be met.

Feedback received across system partners highlighted some had concerns with a lack of engagement with providers in the safeguarding process, including minimal information sharing, no lessons learned, and no outcomes following an enquiry or concern. Partners told us they had to frequently follow up with the safeguarding team to request an update or outcome. There was conflicting information on whether staff provided advice to providers regarding whether a concern should be raised as a safeguarding. Some staff told us they regularly had conversations with providers to advise whether something met the requirement of a section 42 and whether it should be raised as such. A section 42 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. However, other staff said they did not offer a formal consultation service with providers around safeguarding. A senior leader told us other senior leaders had met with provider representatives to discuss referrals and responses in relation to safeguarding. An outcome from the meeting was for adult social care safeguarding team members to attend a provider forum to run a briefing session on safeguarding processes, including thresholds, and communication. The local authority told us they would continue to work in partnership with providers to develop their understanding of safeguarding thresholds and referrals. Senior leaders would also meet with provider representatives to review the impact and effectiveness of safeguarding processes and systems.

The local authority worked with Kent and Medway Safeguarding Adults Board (KMSAB), the Integrated Care Partnership Kent and Medway System Quality Board, and Medway and Swale Quality and Safety Board. Partners referred to Kent and Medway as working well in partnership and corroboration with shared practice for collecting and sharing safeguarding information such as the Self-Assessment Framework (SAF). The SAF had been developed by the KMSAB Quality Assurance Working Group with the purpose to provide a consistent framework to assess, monitor, and improve safeguarding adults' arrangements.

All agencies represented on the Board were asked to complete an annual SAF comprised of a series of questions to measure progress against key quality standards. There was a multi-agency safeguarding partnership in Medway, and the roles and responsibilities for identifying and responding to concerns were documented. However, the majority of providers raised concerns there was a lack of safeguarding processes. The Medway safeguarding hubs had access to the Multi-Agency Risk Assessment Conference (MARAC) and Integrated Locality Review (ILR) panels, with multi-disciplinary teams, where they were able to discuss cases and request support. National data showed 73.13% of people who used services felt safe, which was in line with the England average of 71.06% (ASCS). In addition, national data showed 85.71% of people who used services felt those services made them feel safe and secure. This was also in line with the England average of 87.82% (ASCS).

Responding to local safeguarding risks and issues

The local authority was an active partner in Safeguarding Adult Reviews (SARs) and other serious incident enquiries; however, learning was not always embedded into systems, processes, and practice. Staff did not identify any relevant themes or trends from recent SARs and were not aware of any changes or improvements in practice. The local authority had introduced mandatory sessions for SARs to discuss the review and mitigating risks going forward. Prior to mandatory sessions being introduced, there were and continued to be other mechanisms in place to share learning from SARs including an Operational Safeguarding Lead meeting with safeguarding staff to share learning and good practice, SARs being discussed in team meetings and shared in the PSW and Safeguarding newsletter. Kent and Medway Safeguarding Adults Board were working with the local authority and multi-disciplinary teams to make improvements to practice and identify further areas for learning. Examples included a change to processes following learning from a SAR to identify people with safeguarding needs moving into Medway from out of area, and work with public health teams to ensure the Kent and Medway Suicide and Self-harm Prevention Strategy 2021-2025 included key findings from a SAR.

The local authority recognised the risks to people's well-being presented by deprivation of liberty. Residential, nursing, and care home Deprivation of Liberty Safeguards (DoLS) were managed by a small DoLS team, and community DoLS were carried out within locality teams. DoLS applications were not always assessed without delay as the teams were unable to meet demand. The local authority had committed to increasing resources to reduce waiting times. Local authority data showed the number of DoLS referrals awaiting allocation was 364 as of 1 September 2024. To address this, the local authority had employed additional staff who were not yet in post, and they were still actively recruiting. The DoLS team used a RAG rating system to determine weekly allocation priorities, and the waiting list was reviewed monthly. Local authority staff contacted all care homes monthly to enquire if people on the waiting list were still resident with them and still required a DoLS. Any changes or any new restrictions for the person were escalated to senior staff to review. The ADASS Risk Management Tool was reviewed every 3 months.

The local authority reviewed the whole waiting list on a monthly basis. The waiting lists across the safeguarding teams varied in size, and teams supported each other to manage this. Staff gave us examples of working creatively to communicate with people as part of the DoLS process, and shared good practice in section 21A challenges (when a person lacks capacity and is deprived of their liberty under a DoLS authorisation in a care home, have the right to challenge their DoLS and have these arrangements reviewed) as well as returning people home from residential care where this was deemed appropriate.

Responding to concerns and undertaking Section 42 enquiries

There were standards and oversight arrangements in place for responding to information of concern, and for conducting section 42 enquiries. However, an increase in safeguarding referrals, and reduced capacity in the team, meant enquiries were not carried out without delay. The local authority told us the number of safeguarding concerns awaiting initial review was 18 and there were 14 section 42 enquiries awaiting allocation. The median waiting time for review and allocation was 35 days, however some safeguarding concerns requiring section 42 enquiry had waited over a year for allocation. A senior leader told us these cases were actively being worked on. Cases waiting over a year for allocation were enquiries where the local authority had agreed for partner agencies to lead on investigating the safeguarding enquiry. Previously, practice was the enquiry for these cases would not be allocated or opened until the information was received. The local authority reviewed this practice and no longer operated in this way. Currently, enquires being completed by other agencies are being opened and allocated to show accurate performance and to provide a dedicated / allocated worker to track and monitor the progress and keep in contact with individuals.

At the time of our assessment there were 13 enquiries open or allocated, where the concern had been raised in 2023. Some of these remained opened due to external factors for example a police investigation or a person having hospital treatment. Whilst measures had been put in place to address this, vulnerable people may have been waiting long periods to have their safeguarding concerns addressed. People were not always contacted in a timely way following a safeguarding referral, work was ongoing to improve this by senior leaders who were reviewing safeguarding processes.

Action was taken to reduce risks to people whilst they were waiting for enquiries into information of concern and section 42 enquiries to be made. Concerns were raised to senior leaders in October 2023 about the increasing number of concerns and enquiries leading to waiting lists. This was addressed and the numbers had reduced by mid December 2023. In March 2024 an interim backlog team was created to create a backlog hub team to address the number of increasing enquiries. Further staff were transferred to this team which was implemented at the start of May 2024. Cases deemed as backlog were cases prior to 1 April 2024 and all the cases in the back log were RAG rated.

Senior leaders told us oversight of safeguarding had improved with the introduction of the back log hub and a weekly report to senior managers, which detailed caseloads and waiting times. Case audits were conducted on a 3 monthly basis, including dip samples by the safeguarding operational lead to ensure consistency of practice. The themes, learning and good practice was shared with the safeguarding staff and a report collated and shared at the Quality Assurance & Performance Information Board (QAPIB). However, staff could not identify any themes from these audits, or how the learning was used to inform processes and ways of working.

Providers told us frontline staff did not always apply operational standards consistently. Following the local government association peer review, the local authority found they were progressing cases to section 42 when this was not required. The local authority introduced a proportionality 'fact finding' approach to ensure that decisions were more robust to determine whether cases would be progressed to a to section 42. Or to sign post or refer people to the most appropriate team or partner agency instead.

Making safeguarding personal

Making safeguarding personal was an area highlighted for attention and improvement by staff, senior leaders, and the KMSAB. Staff shared examples of making safeguarding personal and how they prioritised this in practice.

People mainly accessed safeguarding information on the local authority website as well as through safeguarding awareness week and public safeguarding stands. The KMSAB had undertaken work to produce safeguarding information in multiple languages, however accessibility for online content and safeguarding information was otherwise limited. National data showed 86.21% of people lacking capacity were supported by an advocate, family or friend during the safeguarding process. This was in line with England average of 83.38% (Safeguarding Adults Collection).

The local authority and KMSAB had difficulty engaging with the population to collect feedback about their experience with the safeguarding process. This was impeding the making safeguarding personal strategy. KMSAB worked with The Advocacy People to launch a campaign to find people with lived experience of adult safeguarding, however there was no uptake from the community. Senior leaders noted an intention to rethink their strategy around obtaining feedback.

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 was on an improvement journey and had targets to achieve this led by the Director of People (Children and Adults). There had been a recent change in political leadership, which put more of a focus on adult social care.

Medway requested Local Government Association Test of Assurance in 2021 and a second Test of Assurance was completed in 2024. This was to explore the capacity and capability of the senior management team in the People Directorate to meet its responsibilities under the Care Act 2014, to contribute to corporate priorities, and to effectively engage with partners and stakeholders in the Medway Health & Care System.

There were risk management and escalation arrangements within the local authority which included the Chief Executive Officer (CEO) corporate management team, and the ASC portfolio holder who met monthly with the corporate management team. However, there were shortfalls remained with the safeguarding processes which the local authority had started to address.

The local authority's political and executive leaders were informed about the potential risks facing adult social care which were reflected in the corporate risk registers, for example the backlogs of safeguarding enquiries and shortage of nursing home beds.

Senior leaders told us they had oversight of adult social care including waiting lists by using data, audits, and performance dashboards. Governance mechanisms were in place to scrutinise the use of the BCF, monitor the quality of the JSNA and look at risk and analysis on specific themes.

Health and social care partners worked together in The Adults Social Care Partnership Board to provide challenge and rigour to Medway Adult Social Care with a focus which included core standards, performance, quality and impact to enable people to live the healthy and independent lives possible.

People did not receive a consistent experience of adult social care in areas such as assessment, care planning and reviews. Feedback from people about the contact they had with staff indicated that further work was needed ensure a consistent approach for people to feel valued.

Staff were passionate about their work, and we received positive feedback about some of the senior leaders staff. Staff said they felt the benefit of working for Medway, as a small unitary authority, was the family approach, and they had good working relationships and open communication with leaders. A senior leader described an open-door policy with staff. However, some staff told us they did not feel Medway fostered a culture where all concerns could be raised.

Strategic planning

The local authority used information about risks, performance, inequalities and outcomes to inform its adult social strategy, and plans to deliver the actions needed to improve care and support outcomes for people and local communities. The local authority had developed a draft engagement plan with the aim to increase their engagement to co-produce strategies, policies and co-design services. The Medway Council Strategy 2023 - 2024 outlined Medway's overarching aims and priorities for 2023 to 2024.'

The Adult Social Care Strategy (2021-2025) had central themes to support people to live well and as independently as possible, whilst recognising people's rights to choice.

A senior leader told us Medway was progressing through a pathways program to redesign adult social care to ensure people received a consistent adult social care service, regardless of the locality in which they lived. At the time of our assessment the local authority was in the process of recruiting a Head of Transformation to lead on the implementation of change across adult social care.

Recruitment and retention of staff to meet their Care Act duties was a concern for the local authority as staff vacancies impacted on waiting lists. The 'right-sizing' exercise, and a new draft workforce plan, had been produced to improve recruitment and retention at all levels. There was a focus of increasing staff at manager and strategic level to support with improvements and oversight. A Human Resources (HR) partner with appropriate skills in adult social care to support with HR function, had been recently appointed.

Information security

The local authority had arrangements to maintain the security, availability, integrity and confidentiality of data, records and data management systems. This included a password-protected system, encrypting information, and locking forwarding mechanisms.

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

Staff had ongoing access to learning and support, to ensure Care Act duties were delivered safely. The Kent and Medway Safeguarding Adults Board offered multi-agency training, predominantly for staff from the statutory sector. In response to feedback from SARs and a course content review, all half-day courses were increased to full day courses. There was still ongoing learning and actions to be embedded from the Local Government Association (LGA) in January 2022 and Safeguarding Adult Review recommendations.

Staff we spoke to were well informed, knowledgeable, and passionate. Staff received annual and ongoing training to ensure they were continually upskilled. Staff told us there was clear leadership support, and investment in further learning. Although there were staff shortages and recruitment challenges, measures to retain staff included offering apprenticeships and Assessed and Supported Year in Employment (ASYE) for social workers. The local authority had provided 6 student social work placements in 2022/23, 4 employees had achieved Practice Educator Professional Standard (PEPS) level 1, and 2 employees had achieved PEPS level 2. Furthermore, the local authority had an adult's and children's apprenticeship programme in collaboration with Kent University. This programme was able to support 2 adult social work apprenticeships a year. There were also processes in place to support social work practitioners who were training to be practice educators.

There had been some efforts to support continuous professional development. Senior leaders had recognised a need to improve their strength-based practice training.

The Principal Social Worker (PSW) was developing a team which had a focus on recruiting social workers in practice management and development role. The practice development manager roles planned to focus on providing real time learning from Kent Medway Safeguarding Board, with learning groups and task and finish groups. Safeguarding learning and processes still needed to be embedded in frontline practice. Some practice development manager had already commenced in these roles with others yet to start.

The PSW practice development roles also planned to focus on workforce development, training opportunities, including strengths based practice, legal literacy, guidance and research, and to lead on the quality assurance framework. For further learning and development, the Principal Social Worker wrote monthly staff bulletins, and sent out practice postcards frequently to staff across adult social care which was well received by the staff we spoke to.

The local authority recognised challenges to staffing and had therefore introduced a 'right-sizing' project to recruit new staff to meet the needs of the teams, and to ensure all teams had the correct number of staff to carry out their statutory duties safely and effectively. At the time of the assessment this project remained ongoing as there had historically been a heavy reliance on locum staff although many of the locum staff were embedded in the teams. Staff we spoke to also felt recruitment was an improvement area needing to be addressed to ensure effective team productivity.

The local authority needed to do more work in collaborating with people and partners to actively promote new ways of working which improved people's social care experiences and outcomes. Senior leaders had acknowledged this and were facilitating more collaborative working across the local authority. They had introduced an Adult Social Care Engagement and Project Manager role to support with improvements around coproduction. The local authority had also initiated the development of a coproduction policy which they planned to implement over a 12-month period.

A senior leader told us working with partners could be improved however, they felt the local authority and some partners worked well together to deliver against the agenda 'Care for Medway' with new practices such as an increased use of assistive technology.

The local authority demonstrated efforts to address gaps in shared learning. For example, they held open days for local people to learn about the services on offer. However, a recent open day was not very well attended, and it was felt this was due to a lack of advertisement. Plans were in place to continue open days and reflect on lessons learnt from previous sessions. Partners told us the local authority showed a focus on improvements and a commitment to deliver good services for local people. Staff spoke positively about the new Pathways and Processes Project, which included various workshops across the local authority to give staff the opportunity to actively contribute their thoughts and to suggest improvements. Staff said they felt listened to by senior leaders and thought improvements would make a positive impact on the customer journey for local people. Staff also told us there had been encouragement for innovation and support from senior leaders and the PSW.

The local authority actively participated in peer review and sector-led improvement activities. The local authority drew on external support to improve when necessary, for example the Local Government Association Test of Assurance was carried out in 2021, which informed much of the local authority's improvement plans. Partners told us they had been consulted on the development of some local policies and strategies, including the local plan, the joint health strategy, and the local climate response group.

Staff and leaders engaged with research, and embedded evidence-based practice in the local authority. Some community and voluntary partners told us the local authority had worked with them to understand the needs of their communities. This included coproducing an information pack for people of Medway which entailed all relevant information on services available as well as useful links and contacts. The objective of this project was to engage more people and reach wider communities.

Community health partners told us project work with the local authority was on the increase and co-production partners said the local authority worked with them to influence policy and some local authority's strategies. For example the Legislative Theatre where frontline staff worked alongside individuals who had been homeless to deliver a play.

Learning from feedback

There was some learning from people's feedback about their experiences of care and support. The local authority had identified the need to improve communication with people who use services and their carers, to draw feedback on their experience of care and support.

Partners told us how feedback had been used to influence and drive improvements within the local authority. This included work around social isolation and self-harming. Whilst other partners said had little response from the local authority when they had given feedback, the local authority recognised they needed a different approach to obtain and use feedback. The local authority wanted to use the qualitative data to drive improvements.

Staff we spoke to told us twice yearly case audits and observations had been introduced and they felt this process of quality assurance was beneficial, as it allowed them to get direct feedback from their manager. This also allowed staff to consider ways of improving their own practice by engaging in peer reviews. This had helped staff to maintain their social work ethics and values. The local authority regularly celebrated and recognised the good work from staff the positive outcomes they delivered for people.

The Adult Social Care staff survey, February 2024, demonstrated the local authority were committed to improve learning and development, including bite-sized training to provide more specialist training sessions, for example, dementia, improved induction training, and mandatory regular supervisions. A survey completed by staff used people's feedback for reflection to improve practice. The local authority had sought people's views on the support and practice of newly qualified social workers, which was mostly positive.

In Autumn 2023, the local authority had completed a 360-degree survey of newly qualified social workers and ASYE practitioners to gain their feedback on the ASYE. Eight responders reported their experience overall had been positive but suggested improvements to protected time to learn, and to allow more focus on equality and diversity issues. Further feedback from this survey indicated it was difficult to give newly qualified staff protected caseloads due to wider work pressures.

The local authority had a continuous improvement plan for their social work ASYE, which they submitted to Skill for Care for external moderation. The ASYE programme had a framework for supporting equality diversity and inclusion, and for portfolios to be shared electronically to support practice education. The local authority identified they needed to use feedback to improve the programme.

Improvements to ensure there were processes in place for when things went wrong were needed. Senior leaders acknowledged better communication was needed with providers and people who accessed support. The local authority conducted 'stay interviews' to check in with the workforce around why they chose to stay working for Medway, and to identify areas of improvement which might result in staff staying employed for longer. Interviews were anonymised, and a report had been produced by the Performance Information Board with themes and trends. The objective of the interviews was to gather the input often provided in an exit interview before it is too late.

Furthermore, the local authority had recently developed an Adult Social Care Engagement Plan which was underpinned by Think Local Act Personal's model of co-production. This plan recognised the local authority needed to improve how they engaged with local people when making decisions about services. The first 12 months actions in the engagement plan were to identify and gain feedback from people receiving services, providers, staff, and partners.

Leaders encouraged reflection and collective problem-solving. Senior leaders we spoke to told us the visibility of the leadership team was important and had therefore held "meet the team days" with adult social care, public health, and family hubs to see practice, and meet the frontline staff.

The Director of People facilitated staff drop-in sessions, allowing staff to have opportunities to feedback. Likewise, senior leaders also told us they had introduced the 'Medway Matters' forum to give local people the opportunity to attend and give feedback on any concerns they had. The impact these forums had on practice improvement had not yet been analysed.

Data from the Local Government Social Care Ombudsman showed 50% of complaints were upheld, however any recommendations for remedies were not always carried out in a timely way. In the last 12 months, 4 detailed investigations had been undertaken. Of those, 3 had incidents of late compliance.

A common theme identified in the complaints was a delay in assessments, including financial assessments and carers assessment. An unpaid carer we spoke to told us they had recently raised a complaint with the adult social care team due to a social worker who they felt did not respect the family's desire to explore supported living as a long-term goal. The unpaid carer received an apology from the local authority and was allocated a different social worker at their request in a timely fashion.

The local authority had appointed an engagement manager gathering feedback from people in receipt of care and support to drive improvement. Feedback forms had been developed for staff to give to people at face to face visits.