Northumberland County Council: local authority assessment

How we assess local authorities

Assessment published: 24 January 2025

About Northumberland County Council

Demographics

Northumberland County Council covers the largest geographical area in the Northeast, with a population of approximately 324,400. Northumberland is bordered by the Scottish Borders to the north, the North Sea to the east, Tyne and Wear and County Durham to the South, and Cumbria to the west, and with a coastline that runs for 100km. The county has distinct features, ranging from urban, to rural, to coastal and upland areas, and well connected to isolated and remote.

97% of Northumberland is classed as rural, with the most densely populated areas in the 3 largest towns of Ashington, Blyth and Cramlington in the Southeast. These towns are the main areas of employment. Morpeth, Hexham, Prudhoe, Berwick and Alnwick are the main market towns, surrounded by considerable rural landscape. Over half of the population live in towns and urban areas, with just under half living in the rural parts of Northumberland.

97.6% of the population is White British and 3.4% Black, Asian and Minority Ethnic people. Northumberland has an ageing population with people aged over 85+ expected to increase by 80% by 2043. The average life expectancy at birth for women in Northumberland is 82.9 years, compared to 83.1 in England. For men it was 79.3 years compared to 79.4 in England. There were variations to life expectancy for people depending on where they lived in Northumberland. For example, life expectancy in Croft (in Blyth) was 77 years for women and 71 years for men, compared to Ponteland where it was 94 years for women and 88 years for men Just over a third of household in Northumberland were single person, with 15.6% being a single person aged 66+.

The local authority sits in the Northeast and North Cumbria Integrated Care System (ICS) and is one of 14 local authorities in the Integrated Care Partnership. One of its key aims is to "combine collective resources, knowledge, and skills both locally and regionally, to plan, deliver, and join up social care."

Northumberland is s a Conservative led County Council made up of 67 elected councillors, with Labour opposition. There are 33 Conservative members, 19 Labour, 8 Independent, 4 Liberal Democrats, 2 Green party and 1 non-aligned.

Financial facts

The Financial facts for **Northumberland County Council** are:

- The local authority estimated that in 2023/24, its total budget would be **£489,213,000** with actual spend **£561,789,000** which was **£63,576,000** more than estimated.

- The local authority estimated that it would spend **£129,829,000** of its total budget on adult social care in 2023/24. Its actual spend for that year was **£136,174,000**, which was **£6,345,000** more than estimated
- In 2023/24 , **24.24%** of the budget was spent on adult social care.
- The local authority has raised the full adult social care precept for 2023/2024 with a value of **2%**.
- Approximately **7350** people were accessing long-term adult social care support, and approximately **1130** people were accessing short-term adult social care support in 2022/2023 in this local authority.

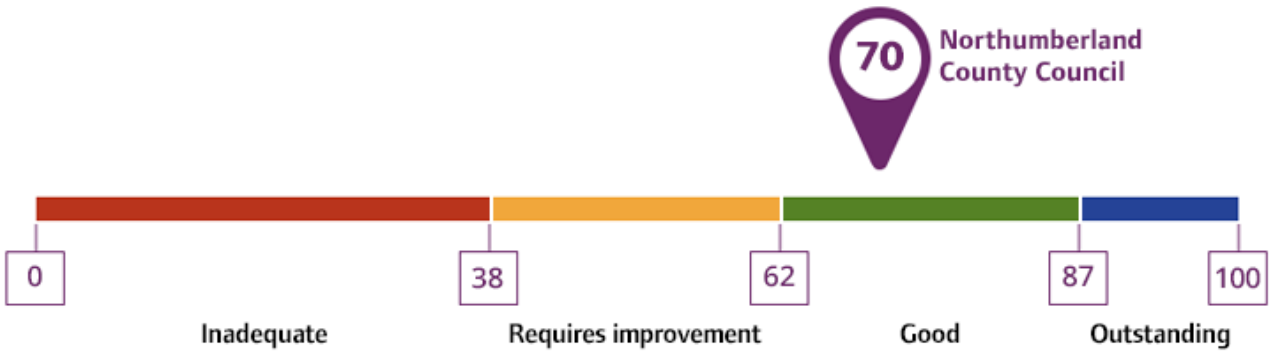
The data above is reproduced at the request of the Department of Health and Social Care. It has not been factored into our assessment and is presented for information purposes only.

Overall Summary

Local authority rating and score

Northumberland County Council

Good



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: 3

Partnerships and communities
Score: 3

Safe pathways, systems and transitions
Score: 3

Safeguarding
Score: 3

Governance, management and sustainability
Score: 3

Learning, improvement and innovation
Score: 3

Summary of people's experiences

Overall, people had a good experience of adult social care in Northumberland. The local authority understood the barriers to accessing care and support, to preventing reducing and delaying the needs for care and worked with its partners to ensure that people had good experiences. However, people felt that at time there were barriers in relation to accessing information and how they influenced and contributed towards key strategies.

Reviews and assessments were person-centred, strength-based, and detailed, so they identified changes which were required to ensure appropriate support was in place. For example, reviews and assessments considered people's needs, and best interest decisions and outcomes were communicated to them.

People being discharged from hospital had good experiences and were able to exercise choice and control in relation to where they would live and which homecare provider to use. People who had ongoing needs for mental health support and people with learning disabilities and autistic people were well supported by co-located health and social care teams who worked well together to support people in the county. People who needed support to be kept safe were well supported by the multi-agency safeguarding hub, who worked well together to keep people safe. People receiving support were happy with the joined-up approach being taken by health and social care to keep all stakeholders up to date, which enabled the person to receive whole-team support rather than in individual areas.

However, there were mixed views of people’s experience about access to community and employment for people with learning disabilities due to transport links and a lack of specialist support for people with behaviour that challenges. People felt supported and happy in the transition from children’s services to adulthood and were pleased with the joint working between statutory partners. Young people’s voice was instrumental for developing their future plans and ambitions, and social workers ensured young people were able to share them with people who were important to them. People felt transitions to adulthood would be even better if they were closely aligned with educational and employment opportunities.

People said when they accessed services, staff were helpful, kind, and professional, and were positive about the quality of the services commissioned or provided, as well as Continuing Health Care.

People whose access to care and support depended on having the right housing option found they were not always able to access the specialist services they need, which meant they could be placed out of county or offered an alternative. Also, people with needs requiring changes to property sometimes experienced frustrations around the Disabled Facilities Grant (DFG) process due to the time it took to make changes to properties.

The experiences of carers in Northumberland were mixed. Some carers spoken to stated they did not feel they had time to engage in activities and interests that enriched their own lives, and work with younger-aged carers was limited. Other carers felt their own needs had not been recognised as individuals but rather as extensions of the person receiving care and support. However other carers felt once a carers assessments had taken place, the support they received was good.

Care and support varied due to the rurality of Northumberland, which meant people were not always able to access the care and support they needed. In response to this, the local authority had started the Communities First model to ensure early intervention and prevention based on community solutions which started in May 2024.

Summary of strengths, areas for development and next steps

Northumberland had a person-centered, strengths-based working ethos focused on empowering people, where staff were not driven by timelines but rather focused on building meaningful relationships with people to ensure good outcomes.

The local authority understood the risks and challenges to people within its boundaries. For example, rurality was a major barrier to the equitable access of care, alongside socio-economic disparities and an ageing population with increasing complexity in need. Tackling inequalities was a key feature the local authority, and adult social care in particular, were committed to addressing and senior leaders had plans and actions in place to do this.

The local authority had established good external partnerships through its public health work and broader strategic relationships to ensure strong links between adult social care and the work of the whole organisation.

An outstanding feature of Northumberland was its strong and meaningful relationships with its statutory partners, and voluntary and community sectors. The local authority has established a sense of place in an ICB which is comprised of 14 local authorities. It has done this by being clear of its strategic ambitions, how partners were part of those ambitions, and how they can all work together with people to achieve them through strategic decision making, partnerships, commissioning and the delivery of services. Of note were Northumberland's arrangements in delivering Continuing Health Care (CHC), which held people at the center of decision making rather than organisational budgets. The function was delegated to the local authority by a section 75 agreement, where trust is exercised alongside frameworks providing accountability and oversight of decision making.

Northumberland was a learning organisation with clear ways of working, bold in its commissioning practices. Leaders had established an open and respectful culture, where people felt valued, able to express themselves, and had access to senior leaders.

The Director of Adult Social Services (DASS) alongside key leaders such as the Principal Social Worker (PSW) and the Principal Occupational Therapist, set clear expectations and modelled professional delivery. We heard from health partners that the Health and Care Academy had made improvements for the workforce. The corporate requirement for learning and development for diversity equity and inclusion was included in adult social care, along with additional "required learning" to ensure staff understood the approach and expectations for ensuring equity in the delivery of the Care Act.

Good recruitment and retention strategies were in place in response to the workforce challenges in Northumberland. For example, apprenticeships and 'grow your own' pathways. Staff informed us they felt very supported in pursuing career development because the local authority was supportive.

Areas of improvement include improving the experience of unpaid carers in Northumberland. The local authority understood carers were key to ensuring people were supported to live as independently as they could, and carers were also entitled to support to ensure they lived full and meaningful lives in and beyond their caring roles. Access to extra care and general housing was an area Northumberland continued to work on to meet current and future adult social care needs.

The local authority had good systems and practice in place to safeguard people and continued to work with partners to ensure the outcome of concerns and enquiries were shared. The Northumberland Safeguarding Children and Adults Partnership was chaired by the Director of Children's Social Services to ensure it remained accountable and responsive. The board and its partners ensured scrutiny arrangements were robust and held the local authority accountable in its safeguarding obligations.

As much as the local authority was working to address its workforce challenges current pressures meant some teams were not as fully resourced as they could be, which meant staff felt pressured at times, and the opportunity to develop professional specialisms was limited. Despite this, staff felt supported to develop their careers. The local authority was aware of the gaps in workforce professionals and the Health and Social Care Academy was a key response to addressing the gaps.

Direct payments had not been fully used in Northumberland. The reasons for this were varied, from changes in how services could be accessed, to the prioritisation of direct payments as an option to accessing care and support. However, the local authority had started to explore ways to increase the use of direct payments to meet needs and had employed people to work alongside adult social care to share best practice examples and demonstrate how specific needs could be met particular in rural communities where access to providers was limited.

The local authority and its partners needed to further strengthen co-production with people with lived experience across all areas of its work. Additionally, the way in which it worked with the Voluntary and Community Sector (VCS) needed to be further improved through longer-term commissioning arrangements, which could help the sector to plan and give services time to settle, innovate and develop beyond its initial ambitions.

Theme 1: How Northumberland County Council works with people

This theme includes these quality statements:

- Assessing needs
- Supporting people to live healthier lives
- Equity in experience and outcomes

We may not always review all quality statements during every assessment.

Assessing needs

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that is coordinated, and everyone works well together and with me.

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Key findings for this quality statement

Assessment, care planning and review arrangements

Peoples experience of assessment care planning and review arrangements was mixed. We found examples where Northumberland staff had ensured detailed, strengths-based and up-to-date assessments and reviews. There were clear goals to be achieved to be independent and people were able to articulate what future they wanted. People shared examples of how they had worked with the local authority to make changes that reflected a change in needs and to support carers.

The Adult Social Care Survey 2023/24 (ASCS) reflected the positive experience of people in Northumberland with 81.82% people who feel they have control over their daily life, higher than the England average of 77.62%. The use of the strengths-based approach was a key feature for the assessment of care in Northumberland and was evidenced in the work of teams across the county. There were examples of person-centred and strength-based approaches both in relation to early intervention and when care and support was needed, for example a person's skills and interests were considered when offering services. There was a focus on developing people's social skills as well as independence in the community.

The ASCS 23/24 survey noted that 66.42% of people in Northumberland were satisfied with care and support which was more positive than the England average of 62.59%. Staff who worked directly with older people described how they used the strength-based approach to assess the needs of this cohort of people accessing services. For example, the local authority shared examples of a self-assessment process, which included signposting to further support in the community. They described the use of support planners as a resource to distribute useful information to people accessing services. Through this approach, the local authority could provide a person-centred and holistic approach to support, and reduce the time and resource spent on completing Care Act Needs Assessments, allowing them to re-direct their focus on more complexed cases.

However, we noted that the strengths-based approach to assessment and support was not always consistent. Despite the positive variation to England averages in relation to people who felt they had control over their daily lives, just under 20% of people did not, and approximately a third of the people in Northumberland were not as satisfied with care and support. For example, the review of care act assessments focused on what the person could not do rather than building on their strengths. People told us the reablement service, which supported people for a short period of time following discharge from hospital, had a strength-based approach. However, when homecare and long-term support was put in place involving other care agencies, the same approach was not always adopted.

The local authority noted one key challenge is the size of Northumberland as a county. The logistics of travel during periods of bad weather, accessing people who needed assessments in rural areas could be difficult. Consequently, people who lived in more rural areas were at risk of not having an equitable level of access compared to those who lived in more urban areas. The local authority is promoting the use of direct payments and working with providers to develop a sustainable workforce to ensure that more rural communities are served.

The local authority acknowledged that it needs to continue to build on the work that is done and how it works with the Volunteer Community Services (VCS).

Timeliness of assessments, care planning and reviews

Northumberland allocated all Care Act assessments to social workers within 5 working days but had a "small" waiting list for carers assessments, and a waiting list for overdue assessments.

As of 6 March 2024, 59 people were waiting for a Care Act assessment. The median waiting time was 14 calendar days, the maximum waiting time was 173 calendar days. The target timescale was 28 calendar days from allocation. Leaders noted there should be more oversight of all overdue assessments and the reasons for them should be explored.

However, initial analysis had identified 3 key factors contributing to increased waiting times. These were; young people transitioning from children to adult services; people who were admitted to mental health inpatient wards; and the rescheduling of appointments by the person and/or their carer. This demonstrated a person-centred approach which ensured assessments were undertaken at a point which a person could actively engage in the process. The point was further represented in the work undertaken with people living with drug or alcohol misuse issues. The threshold for the Drug and Alcohol Team was identified through the Safeguarding Multi- Agency Safeguarding Hub (MASH) who then worked on a longer-term basis with people who did not want or were unable to engage due to the nature of their needs. This meant assessments had sometimes gone beyond the 28-day target, as it had taken time to build relationships.

National data from the Short and Long-Term Support 2023/24 (SALT) showed 95.25% of people receiving long-term support had both planned and unplanned reviews compared to 58.77% of people living in England. Reviews in Northumberland were undertaken in person. Comparatively, this was very positive and could be seen reflected in the number of people who were waiting to receive a review.

As of 6 March 2024, the number of people waiting for a care act review was 190. The median time between a review becoming overdue and the review being completed was 37 calendar days. The maximum waiting time was 363 calendar days over target date. The target timescale for a review was a maximum of one year and the reasons for delays were understood and known to the local authority.

Systems and processes supported staff to ensure they were able to undertake reviews in a timely manner. For example, learning disability and autism teams demonstrated the way in which information management systems gave reminders, allowing staff time to prepare a person's review and to speak to all involved, including GP's and nurses. This practice was further supported through management supervision where social workers and care managers were expected to confirm regular communication and preparation.

To ensure people were kept safe, there was continuous contact from adult services during the period where the review was overdue. The local authority noted that this did not meet their internal standards for a full annual review of support and care package as they expected this to be in person. However, the approach ensured the person was kept informed and able to articulate any emerging needs or changes. The local authority could act quickly and re-prioritise should any changes appear during the period of wait, and further act if any safeguarding or provider concerns needed to be addressed. This approach was also undertaken by partners commissioned to provide services in Northumberland.

Staff informed us they did not have a list for people waiting for a mental health assessment due to its triage and duty inbox processes, there was always a member of staff there to consider and respond, resulting in swift allocation and people being supported at the right time. This was further reflected by people using services, who found the local authority completed their social care assessment and reviews in a timely manner. People felt they were kept up to date and involved with all aspects of their support and decisions. However, the local authority's sensory service provider highlighted there was a three-month waiting list for people to see them despite the contractual expectation that people will be seen with 28 days due to a lack of staff resource and the breadth of area they needed to cover resulting in the delay of support to people with sensory needs.

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

In, ‘Next Steps for Adult Social Care in Northumberland 2024-2027’ the local authority’s strategic plan for adult social care identified how carer's lives were being affected by their caring role. The variation in unpaid carers experience was noted, and the local authority continued to complete audits of discussions with carers. Senior leaders considered options for simplified conversations with carers and sought increased involvement of carers in training programmes for professionals.

There were 4 people waiting for a carers assessment at the time of our assessment of the local authority. The median waiting time was 14 calendar days. The maximum waiting time was 109 calendar days. The target timescale was 28 calendar days from allocation. The local authority had identified 3 themes from the waiting list data and found the main causes of delay to completing carers This reflected similar themes to those of delays caused to people waiting for a Care Act assessment.

Frontline teams reported they identified carers as unpaid carers, sibling carers and parent carers, and offered a separate assessment for each of them. If they refused, or if the assessment was not needed at the time, staff knew how to make a referral to Northumberland Carers organisation as part of a person's Care Act assessment. People told us of personal experiences of being offered a carers assessment but it not being needed. However, internal assurance reports undertaken by the local authority highlighted some teams did not always record the principal carer’s information and the number of carer assessments appeared to be low.

The process for carers assessments was closely aligned with the cared for person’s needs assessment and were jointly recorded in the care and support plan. However, staff acknowledged that carers should always be offered the opportunity of an assessment of their own, either because they wanted to discuss things they may not have wanted to say in front of the cared for person, or because they wanted a more structured discussion.

There was a risk of the needs of unpaid carers not being recognised as distinct from the person with care needs. Feedback from partners suggested the local authority were not always the first-place people went to for unpaid carers support as there was a misconception that if a person was not paid to care then they were not a carer. Other people did not want, or realise they were entitled to a carers assessment, or did not recognise themselves as formal carers with their own unique support needs. Partners also suggested that the local authority needed to change how carers assessments were completed. Feedback from carers highlighted negative experiences, with 1 person receiving 2 assessments and stating neither were good. Some carers felt burnt out. Other carers did not know if they have had an assessment as they were done jointly with the cared for person present. Such an approach meant people did not always feel able to talk freely, and the carers unique needs may have been missed or not recognised, as the focus of the assessment for the carer and adult social care was on the person receiving care and support.

The Survey of Adult Carers in England 2023/24 (SACE) showed 20.91 % of carers accessed support groups or someone to talk to in confidence, which was below the national average of 32.98 %. This also meant that 67.02% of Carers in Northumberland did not access a support group or have someone to talk to in confidence. The roles and responsibilities of staff was not always clear to people being supported. For example, a relative of a person being supported was unsure who to raise specific concerns with as roles had not been explained to them.

However, other unpaid carers told us they had positive experiences of assessments and felt heard and supported. There were examples of where the local authority had ensured a relative's carer's assessment was initiated when the person was in hospital, with a referral, discussion, and completion of the carers assessment when cared for person returned home. This demonstrated there was practice in parts of the local authority which could meet the needs of carers.

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

Northumberland had a clear information and advice strategy which set out its principles and objectives to ensure people could "plan for their future, reduce the need for care services, and where possible maintain their independence". Resources to help staff understand what was available in the localities they worked in were being developed on Northumberland's intranet. There was information available on its website, which included links and signposting to organisations and information.

In addition to this, Northumberland used traditional information channels to ensure that people knew what services were available within localities. For example, the use of church notice boards in rural communities was an effective way of informing people what was available particularly where there may have been inequality in accessing the digital offer due to rurality or poverty.

'One Call' was the local authority's single point of contact and worked closely with community connectors, social prescribers, the citizens advice bureau, and wider community networks to make sure people got help to meet their non-eligible care needs. Early intervention and prevention both were a key feature of the 'Communities First' model which offered community solutions and was being piloted in the south locality – Cramlington and Blyth.

We noted early help teams, One Call and occupational therapists had a strong knowledge of the different partner agencies in Northumberland to access for referrals, assessments and to signposting people to. For example, staff referred to Mental Health Safe Havens, The Bothy (based in Ashington) a mental health offer for anyone experiencing mental health crisis in Northumberland and their families.

Staff and managers were aware of, and able to share, information and insight about 'Drop- Ins' and other non-costed options for people in the communities, highlighting teams such as the Short-Term Support Service (STSS) supporting vulnerable people to rehabilitate and not to increase dependency on services.

Feedback from people who received support from the local authority and their relatives confirmed they were provided with advice and information, people felt able to understand from GP, Consultant, Carers Northumberland and social worker, for their needs and people who use services. The relatives felt well informed of services and knew who to go for further support and information.

We heard further from carers and people who used services that access to information could be mixed as at times online links were broken, and information was not always available. Information of what was available was not always apparent. This meant people were sometimes unable to independently access a community offer that would help prevent, reduce and delay the need for more costly and specialist services.

Eligibility decisions for care and support

The local authority demonstrated clearly in a table for staff, guidance on the 3 elements to eligibility criteria for care and support to adhere to and follow. Outcomes listed in the national eligibility criteria were also set out for staff to consider in the form of a checklist. The local authority clearly highlighted when deciding on the eligibility of either people with care and support needs or unpaid carers, they had considered whether not achieving an outcome would have a significant impact on the person's wellbeing.

The local authority had outlined what their eligibility criteria was, in principle, slightly more generous than the new national minimum eligibility criteria. Its needs assessment handbook summarised arrangements for eligibility criteria within Northumberland. Staff were expected to demonstrate an evidence-based approach for decisions, particularly where there was something which mattered to the person which was not considered an eligible care need. This highlighted the person-centred approach critical to ensuring people had the care and support, not only for what they needed, but also for what mattered to them. The local authority had articulated what it believed are non-eligible care and support needs.

Senior leaders told us that they recognised that where unpaid carers were supporting people with eligible care needs become unavailable, they understood the local authority's duty to meet those needs in their absence.

Information from the local authority showed there had been no appeals in relation to eligibility decisions in the last 12 months. The Adult Social Care Survey 2023/24 (ASCS) found there were 67 % of people who do not buy any additional care or support privately or pay more to 'top up' their care which was slightly higher than English average of a 64.39%.

Financial assessment and charging policy for care and support

The local authority had a charging policy document with detailed headings for staff to follow. This was included as guidance with definitions of key words such as 'chargeable costs of services', 'financial assessments', and 'maximum charge for non-residential services' so staff clearly understood the financial implications of assessments and decisions.

The local authority submitted its policy document on the charges for care and support services. The local authority was clear the policy did not cover charges for preventative services provided so that they could be used to prevent reduce and delay the need for more costly care.

An information sheet on paying for care and support was available for people explaining what they may need to contribute towards their care costs. However, a relative of a person being supported told us following a change to the person's care provision, the person had not been adequately supported to avoid going into debt. Despite the person's care being fully funded by health, the relative told us the person had extra costs because of their care placement and had not received support or appropriate advice from the local authority to access funding or benefits to support with these costs.

A detailed flow chart was available for staff to understand the non-residential and short break financial assessment process, but staff felt it was difficult to read and navigate digitally. The process maps which demonstrated the workflows and tasks required, and guidance to complete non-residential and short break process for a person were available to staff.

Data provided by the local authority at the time of our assessment indicated that 149 people living in residential care and 34 people living in non-residential care, were waiting for a financial assessment as of 4 March 2024. The median waiting time was 45 and 15 days respectively. The maximum waiting time was 295 and 157 days respectively. Longer waiting times for a financial assessment were due to legal challenges and irregularities. The target timescale was 14 days for residential, and 21 for non-residential. Therefore, both in relation to waiting lists, and in the timescale in which they were expected to be completed, residential financial assessments in March 2024 were not meeting the local authority target.

The local authority had analysed the data to understand what was causing delays in relation to financial assessment and found delays were caused by: people who were not willing to engage; people who would rather have a face-to-face assessment with some appointments cancelled or not attend; the status of legal authority; and delays to Department of Work and Pension applications.

Provision of independent advocacy

People could access advocacy support in Northumberland. There was a summary document in place for staff outlining when advocacy should be used and the different types of advocacy requests with contact details. This was provided by an advocacy organisation and supported by several pathways to access the provider. Waiting lists had increased and extra funding had been agreed for 6 months to ensure people were able to access the advocacy support they needed. We heard from a person who confirmed they had received advocacy support to enable them to make decisions about independent living, finances, training courses and employment.

Frontline teams, working with people with learning disabilities and autistic people, and mental health teams, had a strong understanding of the importance and need for advocacy, and how to access the commissioned advocacy provider 'Voiceability'**.** The local authority also approached families for advocacy support where it was deemed appropriate to do so.

Staff had identified the advocacy referral form was a quick process on-line and easy to complete. Staff reported Voiceability were responsive and emailed back confirmation of referrals. Staff felt there was consistency in advocates for the people and an understanding of the different types of advocacy roles needed.

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 had an Adult Services Prevention Strategy 2023-2024 and as a local authority with an ageing population recognised the importance of the role that preventative services would have in not only reducing, delaying, and preventing the need for future care and support, but also in ensuring people would have a good life and achieving the corporate ambition to tackle health inequalities.

The strategy was up-to-date, clear and detailed, referencing the Care Act 2014, the NHS Long-Term Plan 2019, and outlined its scope in terms of defining prevention in the local authority's approach. The approach was aligned with Northumberland's Joint Health and Wellbeing Strategy and set out a whole system approach, looking at the public sector to maximise the health and wellbeing of the workforce and the people they supported. The local authority recognised it was critical they made every contact count, and worked with internal and external partners, such as Fire, Housing, the Prison service, and through Northumberland Communities Together and the wider VCS sector.

One Call was the main “front door” to services in the local authority and played a key role in identifying those who had unmet needs and or would benefit from prevention. The local authority looked at every contact as an opportunity to provide early help using a strengths-based approach in line with its practice framework. As such One Call was a key feature of the pathway people could use to access preventative services. On average One call received 1,200-1,300 calls a day, helping to keep vulnerable people safe and well 24/7 by providing advice and support at the earliest opportunity. The Joint Equipment Loans Service delivered more than 1,000 pieces of equipment each week.

The local authority had a range of well-established services in Northumberland focused on helping people to stay heathy and independent, including reablement services, supported living and extra care services, occupational therapy, home improvements and adaptations, assistive technology, equipment and support for unpaid carers. More than 20,000 people each year received information, advice, support and services from adult social care services in Northumberland.91.84% of older people were still living independently 90 days after being discharged from hospital into reablement service (SALT 23/24) and 93.51% of people who had received short-term support no longer required support, a significantly higher proportion than the England average at 77.55% according to the Adult Social Care Outcomes Framework (2022/23) (ASCOF). As such it could be seen preventative services, and work done to reduce and delay the need for more costly care were effective.

According to the SACE, 27.48% of carers were able to spend time doing things they value or enjoy and although this was higher than the rest of England average (15.97%).Most of carers spoken to as part of our assessment stated they did not feel they had time to carry out their own lives and interests, reflecting the fact more than 70% of carers in Northumberland were not able to spend time doing the things they enjoyed beyond caring.

Although the prevention strategy worked across partners, opportunities for co-production with people who had lived experience were not always fully utilised. Carers felt that assumptions were made about their lives, and they want the Council to ask them what services they needed, because when they did not, it made them feel like they were not a priority.

The preventative model had been further developed through a pilot based in Cramlington as a single hub. The triage hub pilot, known as 'Communities First' had brought together key professionals and services such as social workers, occupational therapists, housing, Short Term Support Service (STSS), and the VCS to form a prevention hub. Immediate needs were met for those who required an immediate and or short-term response to have those needs met. There would be ongoing goal focused support provided by the prevention teams which may identify the need for long term support after a period of monitoring and review, with preventative options explored. The result of this was fewer people were being considered for long-term needs where an immediate response was available and those with long-term needs had the focus needed for ongoing support. In the first 3 weeks following the start of the pilot, 80 people were seen at the hub with only 1 person who needed to be transferred to long-term care.

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. According to SALT, 91.84 % of people aged 65+ were still at home 91 days after discharge from hospital into reablement/rehabilitation which was higher than the England average of 83.70%. Staff described how the Intermediate Care Unit and the STSS worked to provide a long-term care package to facilitate home discharge. Support had been co-ordinated across different services through multidisciplinary team working that included Occupational Therapists (OT) and Physiotherapists. People were invited to be part of the process, and the relative of a person using services reported their relative had choices once discharged from hospital to return home with a good homecare provider and excellent day care provision to support them as a family. Staff in Northumberland were person-centred and sought to be creative and responsive in meeting people's needs on discharge to keep them safe until they were able to access additional services. This included using the STSS service to provide immediate support at home.

The approach to discharge reflected the practice framework principle of strength-based, person-centred care across physical and mental health. Cumbria, Northumberland, Tyne Wear NHS Foundation Trust Interview (CNTW) highlighted the local authority, held people at the heart of what they did. One of the targets outlined was the 72-hour follow-up for people discharged from inpatient wards, which was linked, and involved close working with, the local authority social care teams to prevent re-admissions to hospitals and provide reablement.

Access to equipment and home adaptations

Northumberland equipment service, the Joint Equipment Loans Service (JELS) was operated inhouse by the local authority but was jointly and equally funded with the Integrated Care Board (ICB). The Principal Occupational Therapist (POT) demonstrated a robust service and clear process for JELS. The service delivered 1000 pieces of standard equipment each week to enable people to live healthier lives, independently. People were able to access independent advice about what may be useful for them, and there was a handyperson service available for people that fitted equipment and offered telecare to prevent, reduce and delay the need for more costly care. The JELS did not have a waiting list for the provision of equipment, however, they did operate a delivery timescale, which was monitored monthly through the JELS dashboard.

Target timescales for the delivery of standard stock were, for emergency deliveries, 48 hours, urgent deliveries, 5 days, and standard deliveries, 10 days. The maximum waiting time for delivery of standard stock items was set at 10 working days. The target was 95% of deliveries within this timescale, and over the previous 12 months JELS had achieved 97%. Requests for non-standard equipment were submitted to the JELS Specials panel which met 3 times each week, or more regularly if there was an immediate request. The process was set out for practitioners and outlined in a clear and useful process of JELS timescale triangle.

The local authority collected and recycled equipment and ensured cost savings for the local authority. 83% of equipment such as beds and hoists were checked and reused. The Principal Occupational Therapist (POT) highlighted the local authority and OT team were working together to increase drop-off points for equipment in the county.

Working with multi-disciplinary teams, including the hospital discharge teams and the community short-term care team, occupational therapists provided urgent equipment within 24 hours for people. The team also supported and assisted people to arrange GP appointments to reduce hospital readmissions. This resulted in better long-term outcomes for people, reducing the need for long-term care and increasing independence.

Northumberland sensory services/BID told us Specialist Interest Workers (Social Workers with additional qualifications in Sensory Social Work) carried equipment such as sensory doorbells and vibrating smoke alarms in their cars when visiting people so that equipment could directly and quickly be given to people. This had made people feel safe and allowed the local authority to respond to emerging unmet or safeguarding needs.

Access to adaptations presented frustrations for those who needed major adaptations made to their homes. The Motor Neurone Disease (MND) association highlighted people's experiences, around the DFG disabled facilities grant (DFG) process in Northumberland, citing the length of time taken for adaptations to be made to homes.

Provision of accessible information and advice

According to the ASCS 72% of people who used services in Northumberland found it easy to find information about support, higher than the rest of England where 66.26% of people found it easy to access information from adult social care services. Northumberland County Council used a single point of access for all social care services in the area. Early access to information to prevent, reduce and delay the need for care was a key feature of the local authority's prevention strategy.

According to the SACE, 66.41% of carers found it easy to access information and advice higher than the rest of England where 59.06% of carers accessed information easily. Partners from the VCS stated that the local authority were good at making language simple and easy to understand. Some people found the local authority web site was easy to navigate and locate appropriate advice and information where required. However, it was suggested the easy read documents required further development to ensure they were available for those with multiple or intersectional needs. For example, those who may have a sight impairment and a learning disability.

People shared with us that accessing information about sensory services was difficult because there was not a lot of cohesion between services, but once the information was received in the way it was needed to make informed decisions, the impact was immeasurable. Some carers supporting people with mental health needs felt that information was not always clear and could be difficult, with links on the local authority's website needing to be updated leading some groups to develop their own directory of services for their members.

Direct payments

The uptake of direct payments in Northumberland had been driven by its strategic prioritisation and the way in which care and support was made available to people in the local authority. We were told by staff and people the uptake had been limited by a process which was difficult to access. People had found it easier to manage care and support when homecare was delivered directly by the local authority and no longer needed to be managed through a direct payment. Carers said they knew what direct payments were, and although the process was not always clear, they knew it existed. Some people with learning disabilities did not know what direct payments were. Healthwatch found people in Northumberland preferred to access directly commissioned services rather than direct payments.

However, direct payments had come to be seen by the local authority, as an opportunity to not only offer choice and control to people in accessing care and support, but also an opportunity to offer creative response to need, build on community engagement, and enable people who lived in more rural areas to have their care needs met. Further, the process for accessing direct payments had been improved with staff receiving additional training and support and dedicated direct payment advisors.

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

Northumberland has a good understanding of its population, geography, socio-economic inequalities and culture, all of which has driven its approach to the delivery of adult social care. The understanding is consistent from the senior leadership team and strategic partners, through to front line teams directly delivering services to people. Northumberland is a Marmot local authority and partnered with the Institute for Health Equity with a plan to tackle inequalities across several factors to improve the health disparities, lives and experiences of people who live in the county over time. Tackling Inequalities is a key strategic objective and has significantly influenced the approach to how the local authority delivers its work with adult social care as a key partner. However, its impact is still in early stages.

The Local Authority had set equality objectives as part of its duty under the Equality Act (2010) and reported annually on progress made against those objectives. An inequalities working group had been established to meet monthly to discuss how the experiences of people could be improved in the context of their intersectional characteristics through which they may have experienced systemic or specific inequalities.

Northumberland's understanding of equality, equity, and what protected characteristics (in the context of the Equality Act 2010) were beyond race and ethnicity, and how it played out locally, needed improving. The council used the 'SWIFT' system to collect some but not all protected characteristic data and there was an awareness of the need to improve data collection which was being driven by the Director of Public Health in their role as lead for equity work in Northumberland. This extended beyond direct data collection by social care staff and included commissioning arrangements. Senior leaders told us improving data collection would help the local authority to identify, meet and respond to intersectional needs. For example, it was noted there was no uptake of the sensory interest team from 'other ethnic groups', indicating there was a need to raise awareness of the sensory support services provided within these groups.

The most deprived in Northumberland was in Croft and Cowpen wards in Blyth. Blyth was also the most ethnically diverse part of the county with an eastern European community and Northumberland was able to demonstrate a good understanding of the areas where people were at risk of health and social care inequalities in relation to accessing services and outcomes. The local authority had plans in place to tackle this and to involve more people in local areas through mechanisms such as the place standard tool which will help the local authority through conversations with local people to assess and improve the social and physical environment.

The local authority worked with the VCS to engage communities to provide early and responsive care and support, enabling independence choice and control where possible. Northumberland had links with local groups and networks supporting diversity within communities including religious diversity, humanist organisations, and membership of the Northeast Regional Faith Network.

VCS partners said that the Local Authority was aware of the challenges in the county and worked to address the systematic challenges. For example, work to and improve Gypsy Roma and Traveller community to access adult social care services, and supporting people who hoard to address hoarding and its associated behaviours following referrals from the fire service.

Partners told us that the county had significant areas of hidden deprivation. Rural and coastal areas might appear to be wealthy, but homes were older and needed a lot of energy to be heated. This meant the rise in the cost-of-living could lead to older people experiencing hardship. Poor transport links in these areas meant access to work and education were restricted. Poverty, poor infrastructure, unemployment, and farming communities with seasonal work patterns also adversely impacted on people's lives. The local authority had deployed a member of staff who engaged in forums with groups in different localities to not only know what communities looked like, but also to get a deeper understanding of their population. This led to the local authority identifying key groups undertaking work to address specific health and social care inequalities.

The local authority was able to demonstrate work undertaken in HMP Northumberland with vulnerable people in prisons. This involved working closely with 6 regional prisons, attending local delivery boards, introducing training and helping people in prison to access support, as well as assessing them to check eligibility to care and support through the Care Act. This not only helped to ensure the best quality of care within and beyond the prisons but also helped to identify people at risk of having unmet needs.

Northumberland staff were proud of their work supporting people to remain in their own home to enable them to have culturally competent and responsive care. An example was shared where changes and adaptations to property needs and the use of a direct payment enabled, cultural heritage and expression to be preserved whilst meeting the care and support needs of a person they were supporting.

People using services felt there were shortfalls with the sensory offer as there was limited provision for adults with hearing impairment. Consequently, people with sensory needs felt isolated from their community. People with recent sensory loss stated they needed better links with psychology services and more consultation with people using services. Some partners felt there was a disadvantage in Northumberland for working aged people with sensory disabilities. For example, some felt that there were no activities, no support networks, and no social groups where people with recent sensory loss could meet each other.

Inclusion and accessibility arrangements

One call, Northumberland's front door to local authority services, knew how to access information in different formats for people. Accessible Information Guidelines and translation services were in place for different languages, in-person and through telephone services, including for British Sign Language. Staff were given guidance on how they should use translation and interpretation services with access to video interpreting services, when working with people who may need them in Northumberland. Text relay was in place for people who used minicom or text phone, and a specialist number was in place for people with speech impediments. Translation services for documents were also available for staff and expectations for the provision of large print and braille documents was also stated. However, we saw examples of information on equipment and adaptations which did not indicate to people they could request the information in another language.

The Complaints Annual Report 2022-2023 highlighted the local authority complaints service recognised, where appropriate, the use of an advocate to support a complainant. Advocacy is not a right under the regulations for adult social care complaints. However, the Complaints Service could access advocacy for adult social care complaints from local providers as necessary, with the agreement of the complainant. This enabled reasonable adjustments meaning people who were less able to advocate for themselves were still able to access a remedy where they had a complaint and provided the local authority with the opportunity to improve services for different protected groups who may be unfairly marginalised in their ability to access the complaints processes.

The local authority identified assessment processes for autistic people as an area for improvement. The council had initiated a pilot with a small group of social workers who worked with autistic people to review the assessment process.

Partners highlighted where information was not available in every language, and where there were only digital forms of information, accessibility was an issue as some people were excluded from having access to services. An internal assurance visit highlighted some frontline staff did not always know how to access interpreters and information in other formats. It was also identified ethnicity was not always being recorded and this was below target. Actions were in place to support improvements in these areas.

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: 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 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

Northumberland had a good understanding of the local needs for care and support, used data insight, and worked with academic partners to understand its current and future needs in relation to preventing, reducing and delaying the need for services; the delivery of services; and effective commissioning both currently, and in the future. The local authority has a Joint Strategic Needs Assessment which gave insight into the current and future health and social care needs of the people in Northumberland, providing an understanding of the population statistics, including demographic information and levels of poor health and deprivation. The view was shared across external partners which supported and facilitated joint person-centred working in the county.

The Place Standard Tool developed by the Scottish Government involves a community conversation. It had been used in 4 areas in Northumberland to understand and provide the evidence of what people wanted in their communities. Using a targeted approach to ensure it is inclusive, the tool asks a range of questions about how people feel, whether there is a sense of belonging, and what their experiences are of the built environment. The next step is to plan how to meet those needs.

As a Marmot local authority, tackling inequalities was a key feature of Northumberland's overall strategic plan, and the ambitions of adult social care were closely aligned to this objective. Challenges included an ageing population, digital inequality, dementia, poor transport links, the shortage of social care staff, a shortfall in qualified nurses, the rurality of the county, housing, and financial constraints. Service and commissioning plans and practices were in place to address and support with most of these challenges. The adult social care plan 'Next steps for adult social care in Northumberland 2024 – 2027' was a position statement describing what senior leaders saw as the main issues they need to address and says what they are doing to address them.

The corporate perspective and insights of the community were consistently understood and applied within adult social care, enabling the service to leverage the shared understanding of the needs of the community to be met in the delivery of wider statutory services. For example, the Chair of Health and Wellbeing Board identified the challenges of the ageing population and increasing levels of people living with dementia, housing, social isolation and deprivation. The housing function highlighted there was a lot more cross service communication, engagement, and mutual involvement needed in schemes and planned to meet current challenges in strategic housing, for permanent and temporary housing. There was increasing complexity in people's presentation and in finding the right, safe accommodation for people in the county. The need for community resources to support populations, particularly in rural areas and the need to work in partnership with the VCS, was shared across partners. The local authority was also able to forecast issues with the increasing ageing population due to younger people moving to rural area.

Providers told us delayed discharges were an issue, but many areas had proactive plans in place to address these, such as providing staff and drivers at very short notice. There was an emergency care hospital (Northumbria Specialist Emergency Care Hospital - NSECH) which had a rapid response team who also improved the discharge process. However, this rapid response service ended after 12 months due to a lack of funding.

Market shaping and commissioning to meet local needs

Northumberland had a commissioning plan, which set out its intentions in response to emerging needs, and clearly highlighted where there was sufficient service provision, taking into account issues such as geographical limitations when highlighting need. The ASCS 2023/24noted 78.81% of people who used services felt they had choice over services, higher than the England average of 70.28%.

The local authority had commissioning plans in place for 2023-2024 which split down into different service provisions. This included, older persons care homes, homecare, specialist accommodation for people with mental health conditions, people with learning disabilities and autistic people, day services, and direct payments/personal assistants.

However, there were areas identified for development, and others, which did not always meet the needs of people who had care and support needs or their unpaid carers. Feedback from carers told us only half of those we spoke with knew about the Carers Forum. The SACE 2023/24 noted 12.33% of carers were accessing support or services allowing them to take a break from caring at short notice or in an emergency, although there was no variation compared to the England average and indicates that 87.67% of carers were not accessing care allowing them to take a break at short notice. The same survey found 25.69% of carers were accessing support or services which allowed them to take a break from caring for 1-24hrs and 20% of carers accessed support or services which allowed them to take a break from caring for longer than 24hrs. Both figures broadly reflect the national average.

The local authority and its partners recognised in Northumberland's changing population, people's needs and conditions, employment, transport, and access to services were all impacted by the county's rurality and had aligned their strategies to address the challenges presented by recent and future change. For example, CNTW, the acute mental health trust, and the local authority were aware of the lack of housing capacity and accommodation demand to enable people to be discharged safely and supported in the community. Access to housing as a barrier to care and support was also noted by the DASS. Steps had been taken in areas such as housing, where they had undertaken a strategic property asset management (SPAM) review to look at opportunities to develop affordable housing and supported accommodation. The Targeted Accommodation Programme (TAP) Board had ensured the inclusion of the development of several potential extra care, supported living, and learning disability and/or mental health accommodation plans in line with the local authority's strategy.

We also heard that age-appropriate services, giving opportunities for people to develop and sustain their social life outside of services, was an area of development with providers working in partnership with training and educational organisations. People being given support to be part of local communities, flexible support for evenings and weekends, and activity-based services for people with a learning disability and/or mental health needs was also a gap in provision. While it was outlined the local authority wanted to address these areas, working through community hubs and alongside providers, there was not a clear commissioning plan around this.

The commissioning plan also noted behaviours which challenged services, and dementia placements were areas where more provision was needed in Northumberland. This aligned with needs assessments recognising the rise in numbers of people living longer with dementia, and the complexity in responding to the needs of people needing specialist care and support. For example, frontline teams noted inequities in dementia nursing home placements. If people had behaviours which challenged services, it was more difficult to find appropriate placements and the local authority often had to seek an out of county option, posing significant challenges for the individual and their relatives.

The gaps in provision were recognised operationally and politically and were made more challenging by the geography of the county and the variation in deprivation. The carers organisation commissioned by the local authority stated they were now at capacity and would need to think about how they could fulfil their duties and continue to support carers in the future. However, the local authority evidenced the steps it was taking to shape the market to meet current and future needs in areas such as age appropriate services and flexible support for evening and weekends for people with learning disabilities.

Ensuring sufficient capacity in local services to meet demand

Northumberland demonstrated how they worked to ensure there was sufficient capacity to meet the care and support needs of the people of the county. Data submitted by the local authority stated there was no waiting time for residential or nursing care as of February 2024 and aligned with the commissioning plan which highlighted no gaps in the current level of provision but contradicted operational experience.

There were 22 supported living providers in the area across 3 levels of complex need. The highest level, which included autistic people, people with complex learning disabilities, and people with emotionally unstable personality disorders, was an area in need of development. These placements were most likely to be out of area.

Data provided by the local authority showed 272 people were placed out of the area of Northumberland. 84 of those placements were made within the last 12 months. The majority of the placements were due to the requirement of specialist services such as mental health, learning disability, dementia, physical disability and brain injuries. Mental health specialist services made up almost a third of all out of area placements. Plans were in place to address these challenges in the local authority's strategy for extra care and independent supported living services.

Homecare packages were impacted by where people lived. As of 17 November 2023, 73 people were waiting for a homecare package (either a full care package or an increase). On 23 February 2024, 59 people were waiting for homecare. 24 of these people were in receipt of a care package which met their assessed needs, but they were supported by a provider outside of the local authority's normal contracting arrangements. Although the waiting time to start homecare had reduced, there was a variation in the length of wait, depending on which part of the county a person lived in, with greater waits in the more rural north. By the time of our assessment, the number of people waiting for homecare had continued to decline, and we were told by the DASS actions taken to ensure people could access homecare in a timely manner, such as workforce availability, had been successfully implemented. Outstanding packages of care were monitored and managed by the brokerage team, who retained oversight of the waiting list on a tracker.

The rural nature of significant parts of Northumberland was consistently cited by leaders, staff and providers as impacting on enabling sufficient capacity for commissioned services. Staff stated one of the challenges they faced was the location of provision. Also access to resources during out of hours periods could be challenging. The mixture of urban and extremely rural areas over a very large geographical area meant staff could, at times, find it hard to find services which covered specific parts of the county, as not all services were available throughout Northumberland to all residents. This resulted in an inequality of access to services, which was compounded by longer travel times to reach rural populations.

Hospital discharge was led by the Homesafe social care teams based in each of the acute and community hospitals. The Homesafe team was made up of social workers and social work support assistants who worked closely with occupational therapists and discharge nurses, employed by Northumbria Healthcare Foundation Trust, as part of a wider transfer of care hub.

The teams also worked with the Short Term Support Service, an integrated therapy and reablement service based in four localities across the county which provided a seamless transition from hospital to home with a focus on Discharge to Assess model.

The challenge in ensuring consistent high-quality provisions across the county was well understood. Some providers told us they felt some drug and alcohol needs, in relation to unpaid carers were not fully understood or resourced to a sufficient level. However, we also noted work undertaken in commissioning, and with partners, to ensure as far as possible, people and populations were not adversely impacted by the distribution of provision. For example, providers working with people with mental health needs were flexible with support hours, however many of the locality homecare support providers were not skilled to support people with mental health conditions.

Ensuring quality of local services

The local authority was confident in its approach to managing the quality of services, with clear quality monitoring processes and systems in place to ensure people had the best possible outcomes. Despite a mixed relationship with providers, the local authority had continued to work with providers to deliver services to the county.

The local authority demonstrated a strong contract management process, with an effective quality tool, which served to identify gaps in the market from providers, and from peoples' feedback from a variety of sources, for example, at provider forums, through surveys, and during training. This included speaking to people who used services, relatives and staff whilst on-site at a contract monitoring visit to inform their judgement.

Officers highlighted a quality assurance framework and tool, and how the approach linked into the local authority's values and collaborative approach. The tool was an in-house spreadsheet which was analysed monthly, looking at themes and trends. The key gaps, themes and trends were shared with providers at their forums, with follow-up training given where required.

In Northumberland; 76.74% of nursing care homes;72.55% of residential care homes; 72.09% of home care services; and 84.62% of Supported Living are rated good or outstanding by CQC. Between 2023-2024, there were 7 contract suspensions in place, 3 care homes and 4 home care agencies. Six of the suspensions were voluntary following concerns and one enforced. Agreed actions were responsive and appropriate, and the local authority put in place support for providers. Feedback received from one care home provider was positive and the support given by the local authority ensured they improved.

In older persons care homes, the fees paid by the local authority are linked to the home's CQC rating. This approach was contentious with providers. However, the local authority told us where changes to the home's CQC rating is delayed because there has been no follow up inspection, there is provision in the contract for the provider to ask for council officers to determine the quality of the home and the fee levels.

Contracted social care providers and their staff had access to the Council's training courses to improve the quality of the services they delivered. An 'Excellence Course' had also been developed to enhance the skills and knowledge of care service managers and increase resilience. The effect of this was the local authority could be confident in practices and standards linked to its practice framework, with services being strength-based and equitable for people receiving care and support in Northumberland.

The principle of partnership was a key feature of the quality monitoring activity in the local authority, with an example given of a residential service, which the local authority had concerns about, developing a joint action plan with clear timescales to improve. People's experiences of services were generally positive. In addition to being part of the quality monitoring process, compliments received by the local authority during 2022-23 about services were mainly about how helpful, kind, and professional staff had been; or about the quality of the services commissioned or provided.

Strategically, the local authority was working with regional partners to ensure people placed outside of the county, who tend to have more complex needs relating to areas such as dementia and mental health issues, were monitored and supported. A process was in development with other local authorities in the Northeast for the monitoring of out of area placements. This was a reciprocal approach where the commissioning authority would be informed about any concerns with prospective or current placements.

Ensuring local services are sustainable

Northumberland had a plan to ensure local services were sustainable. The local authority understood what the challenges and risks were to deliver sustainable services in the local market. Areas such as workforce availability, the availability of specialist independent supported living services, and the modernisation of day services were recognised as areas for development.

The market position statement made clear its ambition to commission services and to support a good quality of life for people in Northumberland. The local authority had sought to address sustainability issues through policies and how it prioritised commissioning activities. As such, any provider entering the market in Northumberland had a clear understanding of the expectations of the local authority and its challenges in delivering sustainable services. There had been no contracts handed back early to the local authority by providers in the last 12 months.

The local authority used several mechanisms to ensure quality and sustainability. For example, through the Market Sustainability and Fair Cost of Care Fund 2022 to 2023. The local authority had considered the return of the 'fair cost of care survey' from care home providers as part of their grant allocation to support market sustainability, and in response the local authority had proposed plans to use the fund to support both care home and homecare providers with the acute pressures they were facing to support the sustainability of the local market.

Through the Provider Development & Quality Assurance Team a workforce strategy had been developed with providers and supported by an external group across the northeast. Activity included supporting providers in the recruitment of care staff in rural communities, to schemes that encouraged staff return and retention.

The local authority worked with partners to jointly commission services. Through public health, micro-grants were offered to the VCS rather than through more complex contracts, and performance indicators were agreed to address community needs. Providers and commissioners spoke of the positive working with specific teams including forensic services, brokerage, complex housing, independent supported living, MASH and safeguarding teams to ensure services met the needs of the people who used them. As such the work to ensure services were sustainable was holistically considered and acted on beyond the commissioning and contract management function alone.

However, we also heard from the VCS in Northumberland that the relationship with local authority commissioners could sometimes be difficult. The commissioned sensory service noted that the level of funding offered for what was expected in delivery was not always consistent. Some contracts were short-term and feedback on performance was not always available. Parts of the VCS felt there was a lack of strategic direction. As the local authority did not always commission on time, the sector had challenges in managing the uncertainty in relation to both staffing and the service offer, which impacted on the sustainability and security of delivery.

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

Leaders in Northumberland had built strong relationships across the local authority, with statutory partners and VCS to ensure that its Care Act obligations were delivered. Relationships were built through genuine partnership working and formal NHS Section 75 agreements to offer integrated health and social care practices and services for people in the county with a focus on ensuring good outcomes. Despite being one of 14 local authorities in the Integrated Care Partnership, Northumberland's sense of place was clearly understood through its socio-economic context, history, and geography, all of which had influenced the way in which it engaged with partners to influence the shape and delivery of services.

Work with key partners through the Health and Wellbeing Board (HWB) and System Transformation Board (STB) helped to streamline the delivery of actions and responsibilities of each board member. The constant flow of communication enabled a better understanding of priority work streams and any issues arising across the Integrated Care Board (ICB). The lead member for adult social care sat on the board of the Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) which had provided the local authority with the opportunity to jointly develop services such as mental health 'Safe Havens' for people in Northumberland.

Leaders told us across health and social care, they had been able to foster strong professional relationships. This supported a co-ordinated approach between senior leaders which helped to inform strategy and delivered the actions needed to improve outcomes for people in the county. For example, Northumberland had a well-run Multi-Agency Safeguarding Hub (MASH) which worked with partners such as Northumbria Police, CNTW, and the Fire Service. Close working meant its ability to respond through a whole family approach or single adult approach was effective.

For example, meetings were held about people who are clinically ready for discharge, led by CNTW, to support their discharge from the mental health hospital and to understand the reasons for delay. The meeting was attended by partners from CNTW, the ICB, Northumberland adult social care and commissioning.

The local authority was able to demonstrate the impact and outcome of effective partnership working at an operational level in areas such as its integrated hospital discharge arrangement, 'Home Safe', the STSS, a co-located service which provided rehabilitation to people within their homes providing safe and strength-based discharges. Such an approach meant people were less likely to be re-admitted to hospital care.

Effective partnership working was supported by a strong governance structure between the local authority and Northumbria Health Care Trust (NHCT), with regular operational multi-disciplinary meetings held weekly and monthly, and strategically at board level. Partners shared policies and procedures, so all teams understood practice standards, responsibilities, roles and escalations points. This meant challenges and issues were quickly resolved through collective problem solving.

CNTW and leaders from the local authority shared examples of effective multi-disciplinary working arrangements for people who were being discharged from acute mental health services, which extended to GPs in northern parts of Northumberland. The local authority worked closely with the mental health trust to ensure people with ongoing mental health support needs remained at the centre of ongoing S117 arrangements, with the local authority taking a lead and sitting on partnership boards to deliver on shared local objectives.

Staff worked well together across disciplines and organisations in multidisciplinary teams. Relationships were respectful and focused, ensuring people had the best possible outcomes. The learning disability team were co-located with learning disability nurses working closely together to provide clinical support and advice about behaviours which challenge, transfers, referrals, planning, medications and health conditions.

People using services felt a joined-up approach had been taken by health and social care to keep all stakeholders up-to-date, and to support people to experience services as a whole team rather than from individual areas.

Northumberland and its partners noted there were wider strategic changes which may affect partnership working arrangements in future, and noted despite these strong links, there was a recognition of the need for further development with health partners, particularly in primary care to improve links with local community and early health access.

Arrangements to support effective partnership working

Northumberland had governance arrangements in place to support effective partnership working. Leaders were proud of the partnership working taking place around the Safeguarding Partnership, both in terms of governance and the quality of the professional challenge and scrutiny, with all partners working positively and actively together.

The health and wellbeing board was effectively used by the local authority to share reports and progress of plans on work to improve the health and wellbeing of people who lived in Northumberland, such as through the use of the Better Care Fund (BCF). The BCF Narrative Plan was specific to Northumberland's context and considered governance arrangements. It detailed matters such as national conditions, support for unpaid carers, Disabled Facilities Grants, equality, and health inequalities as local priorities addressing how partnership working would achieve better outcomes for people.

Beyond formal boards, governance arrangements had been put in place between the local authority and its partners to ensure areas needing focused consideration to ensure good working between agencies could be addressed. CNTW met the Director of Adult Services and Service Director, every month to discuss and address any issues across all client groups. CNTW also met with the ICB and local authority about mental health priorities, to plan pre-empt, and address areas of concerns. The local authority's Service Director worked with CNTW to ensure people who were supported under both the Care Act and Sec 117 of the Mental Health Act were regularly reviewed through strengths-based practice.

Arrangements for agreeing Continuing Health Care (CHC) were exemplary. The CHC services were the largest of the formal NHS partnership arrangements with the ICB. The ICB had commissioned the local authority to, case manage. and administer CHC services. The local authority convened a board to consider people's needs and how they could be best met by health and social care partners, with the decision to award funding made accordingly. The local authority was expected to collect, monitor and report, on the performance and quality of services commissioned though CHC funding, with a commitment to also continuously improve performance, quality and outcomes.

The impact of this was continuity of service provision if a person's eligibility status changed. Care providers had a simplified single contractual framework regardless of funding source, and a single payment process. There was a maximisation of the opportunity and ability of the NHS and the local authority to manage care markets and minimising of administrative duplication.

People with lived experiences were included, along with the VCS, as part of partnership arrangements. The Northumberland Carers Partnership Board, convened to ensure that the county's commitment to the carer's strategy was implemented, included representatives from partner organisations. Carers Northumberland were commissioned to provide support and represented carers across the county. Experts by experience were part of the meetings with unpaid carers also in attendance, ensuring people's voice and experience was embedded across activities, and to provide responsive services with meaningful outcomes. However, some VCS partner's felt the Learning Disability board and the Autism Strategy board did not link together or listen to people's lived experience, views or opinions. People told us that they felt their comments had not been considered when creating the autism strategy. For example, they felt the autism strategy document held no recognition of age cut off, it was school age focused with little consideration of young adults.

Impact of partnership working

Partnership working had a positive impact on strategic ambitions and individual outcomes for people in Northumberland. The Targeted Accommodation Programme Board had been established to provide delivery oversight for extra care and supported living developments in Northumberland. The Board included representatives from adult social care, health, strategic estates, planning and housing. The planned impact increased housing options resulting in people being able to live as independently as possible, with care and support needs being met within the community, and people remaining part of the community for as long as possible, meeting the needs of Northumberland's ageing population. Land in Blyth is being redeveloped as extra care housing, a bespoke housing offer for people whose needs would not be met through the general housing offer. Working with registered housing providers (RHP) and OT's to adapt the homes and install the equipment required, to make the home accessible.

The STSS through effective partnership working across health and social care professionals delivered very positive outcomes for people because of service collaboration. The service was regarded as a model of excellence by other providers and local authorities. As part of its commitment to continuous improvement, the service had instigated a Specialist Falls meeting at which, health and social care staff met to review best practice guidelines. As a result, STSS were invited to support the development of the Northumbria Healthcare Community Trust 'falls strategy', a 5-year strategy to guide services and staff in the community in falls prevention and management.

The local authority demonstrated they had collaborated effectively with providers and implemented the home care guarantee for those working in the sector. The rate was higher than the living wage which has helped to attract and retain staff who deliver services. Providers helped the local authority to write the guarantee in December 2023, the home care guarantee was embedded in current ways of working to ensure staffing levels remain sustainable for people to receive good levels of care and support, particularly in more rural parts of the county. This has contributed to the decline in wait for access to homecare and supported the local authority to address the ongoing challenges of access to services for those who live in more rural parts of Northumberland.

Working with voluntary and charity sector groups

Northumberland worked well with the VCS and considered it a key part in its partnership arrangements. The Adult Services Information & Advice Strategy included signposting to other services and organisations, such as, Northumberland Communities Together, Carers Northumberland, Citizens Advice, Age UK, and community groups and organisations in people's local area.

Joint working with the VCS was found across the organisation. Groups were able to demonstrate opportunities where they had been able to speak to leaders in the system, impacting positively on their ability to work with frontline staff and the people they supported. For example, VCS members were able to work in the building of other partners to provide hot spots and work together to deliver services. Examples were shared of where VCS partners had attended the health and wellbeing board interacting with the local authority and wider partners. Staff understood the opportunities, and what was available in the localities they work in, and shared with us examples of how they worked with the VCS to ensure people they supported were able to continue to live independent lives. At the heart of Northumberland's key pilot programme 'Communities First' was the recognition and inclusion of VCS as an equitable partner in responding to needs and identifying unmet needs.

Some parts of the VCS felt the relationship with the local authority had been challenging. VCS partners felt funding models meant services were not always sustainable and the local authority should consider funding work for longer periods of time to mitigate the risk of short-term responses to ongoing issues in the county. This had improved following a meeting with a member of the co-production team. Another felt the communication across departments in the local authority could, at times, be inconsistent and slow. At times some partners felt information was not consistently shared across all partners, but others felt connected through health and wellbeing groups and Northumberland Communities Together, speaking positively of working relationships with public health leads.

Theme 3: How Northumberland County Council ensures safety within the system

This theme includes these quality statements:

- Safe pathways, systems and transitions
- Safeguarding

We may not always review all quality statements during every assessment.

Safe pathways, systems and transitions

Score: 3

3 - Evidence shows a good standard

What people expect

When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place. I feel safe and am supported to understand and manage any risks.

I feel safe and am supported to understand and manage any risks.

The local authority commitment

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

Key findings for this quality statement

Safety management

The local authority had regard to its obligations to ensure safety across all areas of its work and had an actively managed risk register, supported by processes which determined how transition between services, such as hospital discharge, and across local authority boundaries should be managed. The local authority had processes and pathways from first contact with Northumberland adult social care for care act assessments, reviews, financial assessments and carer assessment, with waiting list data for each locality.

There were ‘crib sheets’, and transfer checklists for managers and staff available to support operational working, so steps and practice expectations across social work and occupational therapy were clearly set out and people were informed when allocated workers were changed. As such, staff understood what the expectations were in practice, limiting the risk of people being ‘lost in the system’ and people who received care and support knew who they needed to contact if there were any changes in support need.

Northumberland borders Scotland and had established a way of working across its borders and other local authority areas with due regard to legislative requirements, while ensuring people are safe. The local authority recognised they were responsible for meeting the needs of anyone who was "ordinarily resident" in Northumberland, unless they were deemed to be the responsibility of another local authority. The duty to assess a person's needs applied whether the local authority believed that the person was ordinarily resident in Northumberland or not. The main reason for this is to avoid a situation where no local authority assessed where there may be an ongoing dispute over responsibility.

Staff stated that they had the right levels of numbers, knowledge and skills in their individual teams. The County was split into 4 localities, and where the North and West were more rural areas this was reflected in increased staffing levels to keep people safe for assessments, reviews and managing risk. Some members of the local authority's frontline workers and teams had access to 'RIO', the mental health trust system, which helped them to manage risks and support people to stay, or be integrated back into, the community safely. CNTW, the mental health trust, had effective systems and data dashboards, which were shared with local authority staff such as AMHPs, to aid assessments, decision making, and discharges on secure wards and in the community.

NHCT confirmed local authority staff had access to NHS systems, however this was only accessed on a need-to-know basis and where agreed. Access to systems and data were risk managed around patient care, safety, and staff safety. The NHCT confirmed they had a risk register in place. The trust also acknowledged there needed to be improvement within their shared performance matrixes. At the time of the assessment these only worked through clinically ready for discharge reports and more work could be done to improve people's experiences between health and social care.

Safety during transitions

There was communication between the local authority and its partners to ensure people were kept safe through their care journey. There was a clear process outlined for hospital discharges through 'Home Safe' referral processes for weekdays and weekends which was clear to follow, with process maps and good practice highlighting lead roles and how work was allocated. A key focus was safe and timely discharges which optimised outcomes for the people supported.

There was also a mental health liaison process where Northumberland's mental health team worked with people from admission to hospital wards, as part of a multi-disciplinary team giving insight to a person's length of stay, assessment and treatment plan. Not only did this allow for continuity in relationships to be established between professionals and the people being supported, but it also enabled an early view of any ongoing care and support need, once a person was ready to be discharged from hospital.

The local authority had taken a pragmatic response to transitions for young people and this was a key factor in driving the improvement of services. This was supported by a transitional safeguarding protocol to ensure effective and timely referrals between children's and adults services. At the time of our assessment the transition process began with a senior multi-professional forum being convened with children's services and any other services relevant to the young person's care. Young people were allocated to the appropriate frontline team, depending on their needs. The work was governed by a transitions protocol, a transitions dashboard, and a monthly transitions meeting with children's services. NICE guidance was used to benchmark transitions arrangements and a themed transitions audit based on this guidance had been undertaken.

The transitions journey started at 14 years which was felt to be beneficial for young people and gave time to build relationships with a new team. We heard from a young person the transition from children's services to adult social services was smooth. They felt involved and were given all the information they needed. Another person shared with us they felt the allocated social worker was helpful when they had additional queries, and they had provided relevant information promptly. Another young person said the local authority had always intervened quickly in a crisis, supported with care and support, considered their best interests, listened to them, believed and valued them as a young person.

However, a relative of a young person being supported did not feel a future transition for the person was being planned appropriately. The relative told us they did not think there was a plan in place and were worried about this but had been told there could not be a plan until a transition date had been agreed.

The service was not aligned alongside education services, and work was being undertaken to establish a simple response to ensure all transitions were effective. Carers told us young people at 16 were classed as an adult, however, in the educational system they were classed as a child. People told us it could be difficult to know where to go for support, which indicated pathways may not be as clear as they could be and could lead to missed opportunities in relation to ongoing education and employment prospects.

Contingency planning

The local authority understood risks to service delivery and had developed contingency plans to ensure preparedness for possible interruptions in the provision of care and support. The local authority had comprehensive business continuity plans for teams, dedicated 24/7 on-call managers for operational teams, and a vulnerable adults list (VALS) which had been developed to support clients in an emergency response.

There were also contingency, and emergency preparedness plans for provider failure and other disruptions in the provision of care and support. It included examples of when these were implemented, and whether it was effective, with additional information to the business continuity process for external and internal providers such as home care, older people care homes, and independent supported living. The risk of disputes in relation to the provision of care were mitigated due to the joint working arrangements between the local authority and its health partners.

Contingency planning was also in place at a personal level, with people able to tell us they had a contingency plan in place and knew who to contact in an emergency, or if their social worker was not working, to ensure safety and continuity of care. However, it was not consistent, as other people shared how a family member raised concerns and a contingency plan was said to be created in response, and another stating there was no plan in place for them as a carer when they were unwell, leaving a person at risk of not receiving safe care.

Safeguarding

Score: 3

3 - Evidence shows a good standard

What people expect

I feel safe and am supported to understand and manage any risks.

The local authority commitment

We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

Key findings for this quality statement

Safeguarding systems, processes and practices

Northumberland had in place systems and process to ensure people were protected from abuse and neglect. Process and practice took into account the impact a persons protected characteristics may have in ensuring they were kept safe, and practice was adjusted accordingly. According to the Adult Social Care Survey 203/24, 76.09% of people in Northumberland who used adult social care services felt safe compared to an average 71.06% in England.

Arrangements for the safeguarding adults board were strong, with partners fully engaged in meetings and actions. There was a single Northumberland Children's and Adults Safeguarding Board. The decision to bring the 2 boards together was to ensure the whole life course of a person could be considered when looking at safeguarding concerns. The current chair was the Director of Children's Services, and the partnership was overseen by an executive which was comprised of the local authority, health trusts, ICB and police. The partnership board had a strategic plan which it reported against annually. The board had separate business groups for children and for adults, with working groups who reported to the executive. Senior leaders felt the approach mitigated the risk of a loss of focus in safeguarding adults whilst at the same time having regard to safeguarding risks across a person or family's life journey. There was an independent scrutineer who provided challenge to the board and led some of the business groups.

The board was responsive to the increasing complexity presented by safeguarding issues across the partnership. For example, they had improved the timing of responses to request for Safeguarding Adult Reviews (SAR's) so families were not waiting too long. Learning was also taken from rapid reviews to allow quick changes to be implemented. The board recognised the need to ensure the voice of people with lived experience needed to be better included to inform the work it did.

According to SACE 2023/24 90.54% of carers felt safe, which was above the average for England of 80.93%. The Northumberland Multi-Agency Safeguarding Hub (MASH) was effective in its work and impact. The MASH provided integrated children and adults services responses, with referral decisions made within a maximum of 8 hours through the team which included adult and children's services, police (including police civilian staff), education, CNTW, safeguarding health nurses, and domestic abuse workers. CNTW highlighted the local authority MASH was very effective and shared examples that had evoked a strategy meeting on the same day following a serious incident where all partners attended. Where there was a need, people were referred to a dedicated team for substance & alcohol needs, for specialist care and support. Co-location across services with genuine partnership working ensured robust and responsive risk-based decision making and safety planning, meaning people were safeguarded in the county.

Staff were skilled, with a focus on learning to inform and improve safeguarding practice in social work and occupational therapy. Staff took responsibility to understand if there was a need for bespoke learning in relation to emerging needs, and to learn from wider reviews shared by the Northumberland Safeguarding Children and Adults Partnership (NSCAP). The NSCAP had a practice learning sub-group to support the improvement of practices, embedding a learning loop from safeguarding reviews and leading on multi-agency audits of practice. Staff described the issues with housing, homelessness, particularly with people with substance misuse issues, dual diagnosis and fleeing from domestic abuse and worked closely with the VCS, to find support and safeguard people. Champions for domestic had been introduced into teams to help to support learning for the teams and provide safety and stability to people.

Teams shared learning with partners through contracts and commissioning, medicines optimisation involvement, discussion with the ICB, and providers. Domestic abuse champions had been developed within services to ensure it was fully recognised and understood in frontline safeguarding practice, demonstrating how staff worked with partners to ensure people were safe. An area that needs to be developed was the processes for going back to people with outcomes of referrals, including providers.

Responding to local safeguarding risks and issues

The Northumberland Children and Adults Safeguarding Partnership strategic plan set out the priority areas of focus and was reviewed annually. The thematic priorities included: risks outside the home such as trafficking and modern-day slavery; complex mental health; neglect (including self-neglect) which included hoarding and substance misuse. Other areas of focus included the Mental Capacity Act 2005 (MCA) and domestic abuse. More broadly, staff and leaders spoke of, and were aware of, safeguarding risk associated with the rural economy and isolated communities. The strategic plan outlined roles and strategic drivers to produce actions year on year.

The local authority took opportunities to learn from safeguarding incidents, even where these did not meet the threshold of SARs. For example, 2 previous learning reviews were focused on learning rather than blame. Themes from these reviews included, mental capacity, policies and procedures, lived experience, professional curiosity, identification of needs and vulnerabilities, and impacts of trauma.

Mental capacity had been a continued theme since a SAR in 2019 and the Mental Capacity Act continued to be a key area of work for the Northumberland Children and Adults Partnership NCASP. A working group had worked to embed learning and ensure the MCA was being appropriately applied by staff. We also heard from health partners the Head of Safeguarding linked in with NHCT, attending the safeguarding board with a council representative present to share learning through this and the Safety, Quality and Improvement committee to discuss any improvements and lessons learned.

The NSCAP Chair highlighted that despite there being no SARs in the last 2 years, SARs which did not meet the threshold had learning which was shared through mechanisms such as the 7 Minute guides which went to all staff. Feedback from staff described this way of learning as effective. As of February 2024, 2 new cases had met the SAR criteria but were pending review. Senior leaders told us this reflected the renewed and improved approach of the board.

Responding to concerns and undertaking Section 42 enquiries

The MASH and wider staff groups worked effectively to keep people safe. The local authority had a dedicated triage team who oversaw all safeguarding referrals awaiting initial review. All referrals were reviewed and triaged within a 24-hour timescale and safety plans were reviewed on the same working day by a safeguarding manager. Decisions were recorded by safeguarding managers with the exception of cases already open to the learning disability and mental health teams, who would record their own decisions. This approach provided consistency and clarity in decision making as to what constituted a section 42 safeguarding concern and when enquires were needed. Also, the approach meant there were no outstanding safeguarding referrals waiting for initial review or any delay on Section 42 enquiries awaiting allocation.

Safeguarding Concerns and Section 42 investigations were benchmarked against Local Government Association (LGA) and ADASS guidance frameworks. All safeguarding referrals went through the MASH, which dealt with both children's and adult's safeguarding, and decisions on referrals were made within 24 hours.

The MASH had been recognised regionally and nationally by His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) as best practice for its management high level of risk and harm to children and adults at risk within Northumberland. Processes were embedded and the team was co-located with a variety of systems within the team so risks could be assessed and managed within strict timelines.

12 respondents to the provider survey said they were asked by the local authority to carry out investigations into safeguarding allegations they raised with them. Feedback on safeguarding reported issues with a lack of understanding and knowledge of small providers, the majority of providers reported they did receive feedback and learning was shared following a referral or MASH case.

They felt the MASH and safeguarding team were thorough and experienced. However, some providers said the local authority did not consistently receive feedback on safeguarding issues, which meant that they did not always know the outcome of the issue.

The total number of DoLS applications awaiting allocation in the last 12 months to the point of data submission by the local authority was 899. There were 583 Deprivation of Liberty Safeguards (DoLS) applications outstanding. This included 11 care home applications awaiting allocation and 467 hospital applications awaiting sign-off. The median waiting time for review/allocation with 12 months was 19 days. The maximum waiting time in the last 12 months was 209 days and the target timescale was 14 days. There were also several Section 21A challenges where people who were subject to DoLS challenged an urgent or standard DoLs authorisation. This meant there was a risk of people in Northumberland who were being deprived of their liberty, which had implications for their human rights.

In response, an external provider had been commissioned through the market sustainability fund to support the delivery of best interest assessments (BIA) until the end of March 2024. A BIA competency framework had been put in place to support BIAs to be completed by trusted assessors in community teams and further training for new assessors was also in place.

Overall, there were processes for managing risk in place but there were gaps in understanding the experiences of people who had concerns and enquiries made on their behalf. It was acknowledged by the local authority that they did not consistently feedback to providers who had made safeguarding referrals.

Making safeguarding personal

There was strategic priority and focus on making safeguarding personal in Northumberland. A 'Making Safeguarding Personal Toolkit' had been distributed and embedded within frontline teams to support best practice and support people to identify their desired outcomes.

In 2021-2022 the NCASP annual report identified the need to focus on hearing the voices of people who used services, and this was a continued area for development. An example of this was safeguarding enquiries for young people and the challenge for all to recognise the young person's voice and their ability to make their own decisions. National data from Power BI Safeguarding Adults' Collection indicates that 98.45% of individuals lacking capacity were supported by an advocate, family or friend in Northumberland, higher than in England where 83.12% of people were supported in this way.

There was clear process guidance for the MASH in reviewing safeguarding concerns and promptly completing section 42 enquiries. This included guidance on making safeguarding personal, the use of advocates and safeguarding threshold guidance.

In December 2023, through the NCASP 83% adults or representatives were asked if their desired outcomes for keeping safe were met and 100% expressed their outcomes were at least partially or fully met, a positive indicator for making safeguarding personal. Work on safeguarding people in the context of their protected characteristics (for example learning disabilities through advocacy) was shared. It was acknowledged by senior leaders this was an area needing to be further developed in response to all protected characteristics.

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: 3

3 - Evidence shows a good standard

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 quality of leadership and governance in Northumberland was effective, with a clear corporate vision, high quality relationships, supported by clear governance pathways and practices. Corporate governance was integrated with adult services across several projects and forums; a strong adult services governance framework was in place to support strategic and operational requirements, with roles and responsibilities defined and leader visibility emphasised. Risk management and business continuity was in place to support managers and different areas of adult services in emergency situations, with clear oversight of performance quality.

The lead member and shadow lead member worked well with the DASS and senior leadership team to ensure accountability and services delivered were responsive to the needs of people with eligible care needs. The lead member understood and spoke of the opportunities and risks to the delivery of adult social care in Northumberland and had insight into services both strategically and operationally. They felt able to challenge the senior leadership team, demonstrating oversight of key areas of work such as DoLS.

Current Overview and Scrutiny Committee (OSC) arrangements needed to be strengthened due to a change in leadership which had meant there were gaps in understanding critical areas of delivery, however the local authority was able to demonstrate how OSC had challenged and supported the delivery of current services prior to the change.

The leadership team were respected and respectful of each other. The CEO had built a team with a shared vision connecting all parts of the organisation to work together.

The leadership team spoke highly of staff and were proud of the work they do. Leaders felt staff were dedicated and worked hard to ensure that people had the best outcomes in Northumberland. Leaders in Northumberland have created an open, respectful and challenging environment to work in which extended across to its external partners. Staff and partners felt able to challenge. The PSW and POT were highly valued members of the senior leadership team and felt able to influence the DASS and senior leaders. This allowed practice to be aligned and responsive to strategic ambitions, which in turn were well informed by best practice professionalism which kept people at the heart of the work of the local authority.

The local authority had completed an audit of their 'Direct Report Meetings' to ensure appropriate governance was in place in adult social care services. This audit reviewed whether groups were fulfilling their purpose, with decision making being undertaken by staff with appropriate seniority. There was clear oversight from the senior management team and relevant actions were outlined in response to the audit to support the governance structures in place. Recommendations included ensuring that all meetings had clear terms of reference and identified deputies to ensure the purpose for meetings was clear and continued when people were unable to attend.

Performance management and reporting was well used in Northumberland. For example, the Joint Management Group for CHC conducted management meetings on a quarterly basis to review the performance of CHC activities and aftercare commissioning, including information about service delivery and the management of expenditure. Health partners recognised the governance structures in place were strong within the local authority both at strategic and operational levels and highlighted the authority's full engagement across shared forums.

The Principal Social Worker highlighted the safeguarding adult reviews, and lessons learned ensured and provided assurance for the quality of practice. The local authority's audit framework specified team managers of frontline teams were expected to complete at least 2 quality audits a month, including the identification of specific actions in relation to cases and any learning, improvement and personal development for practitioners.

There were mechanisms for understanding the experience of people receiving adult social care services in Northumberland. The local authority used ASCOF data and other feedback forums such as the People's Advisory Panel, the People's Experience Working Group, and surveys of people's experiences from providers to inform strategic decision making. Through contract performance, the voice of people who used services was sought and considered to understand and evaluate the effectiveness of services. The local authority recognised this area of work could be improved to understand the performance and outcomes of services.

The local authority's Quality of Practice Framework was implemented to support the delivery of high-quality support service to meet adult social care needs. The framework was based on a range of local and national statutory requirements, policies and procedures. The Adult Services Quality and Governance Group was the main forum for discussing the findings of quality assurance activities. Quality assurance activity undertaken included people's feedback, audits, self-assessments, staff feedback, safeguarding learning reviews and performance monitoring. An example of improved processes was the implementation of a standardised outcome measure in occupational therapy to provide evidence-based outcomes.

Risks were well understood across all elements of the local authority's work, and the leadership team actively worked to manage them. The local authority had a clear risk management process which included escalation routes where high-level risk was identified. Northumberland had oversight of their current risks and their potential impact on services. This was documented in relevant risk logs for each service and RAG (red, amber, green) rated. The local authority had risk registers in place for each service, and categorised risks as either corporate, strategic or operational. The person responsible for each risk was clearly stated, for example, operational risks were owned and managed by Service Managers, and corporate risks owned by the senior leadership team and cabinet. Staff understood how to escalate risks to be managed at the appropriate level.

Northumberland had a good relationship with the Health and Wellbeing Board (HWB) members and adult social care representatives regularly attended meetings and were engaged with the work of the board. However, the local authority may need to consider how it shares its progress in relation to managing shared risks with the health and wellbeing board.

Strategic planning

A corporate plan was in place for 2023-2026 with the priorities of tackling inequalities, driving economic growth, and achieving value for money. Next Steps for Adult Social Care in Northumberland 2024-2027 was a position statement linked to the corporate plan which assessed how well the local authority felt they were doing and what they could do to improve in the context of current national and local pressures. This included an emphasis on prevention and a reduction of needs, whilst addressing inequalities across the county which informed the service plan in adult social care. The service plan in place for adult social care articulated how service delivery and planned service improvements would achieve the Council's strategic priorities. Actions came under the 3 corporate themes and recognised where the local authority needed to improve, including appropriate actions in line with the Care Act. For example, actions included addressing current and future pressures in extra care, supported living, housing, promoting independence and reducing social isolation.

Senior leaders told us strategic planning could be further improved, for example, through the engagement of people with lived experiences. Whilst the autism strategy was written for people 'from the cradle to the grave', people we spoke with felt there was too much of a focus on younger people and school leavers. Staff told us improved engagement would allow a sharper focus to address areas such as poor employment, and mental health support available for young adults living with a neurodivergent condition, people with learning disabilities, and autistic people.

Information security

The local authority had systems in place to ensure information was held securely and confidentially, and the integrity of information was maintained within the organisation and across its partners. OneCall were able to share how they effectively accessed information systems for children, adults, mental health and hospital information to process referrals and information they received in a secure and agreed way. NHCT confirmed local authority staff had access to NHS systems, however this was controlled, and only accessed on a 'need to know' basis where agreed. Access to systems and data were risk managed around patient care and safety, and the safety of staff. The NHCT confirmed they had a risk register in place.

The local authority used SWIFT to record information about people it supported and was in the middle of a transitionary process for its new information management system. Some records were kept outside of the system, for example, information relating to the management of providers, but were held securely. Staff had been engaged in developing pathways for the new system. The new system aimed to help the local authority to capture further insight and manage performance. Senior leaders saw this as an opportunity for the local authority to capture more information than it currently held, enabling them to better understand how the local authority met, identified and anticipated service need. For example, the current system did not capture all the protected characteristics under the Equality Act 2010 and system changes presented an opportunity to do so.

Learning, improvement and innovation

Score: 3

3 - Evidence shows a good standard

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

Professional development was a key factor for the workforce strategy within the local authority and more broadly across the wider adult social care workforce. The local authority had a settled workforce, with many of its staff being part of the organisation for a long time. Staff were encouraged to learn and develop, with learning extending beyond its immediate workforce to include partners and providers.

The local authority recognised one of the biggest risks to the ability to deliver its obligations under the Care Act was having the right workforce, with the right skills to work across the county. As such, the local authority had developed pathways for staff development and recognised the gaps in opportunities. Staff throughout adult social care shared how their own development had been supported by the local authority, with opportunities for progression in specialist disciplines within the local authority and across wider NHS partners. Staff felt well supported and spoke highly of the DASS and PSW.

Internal opportunities were credible and supported by the engagement of, and collaboration with, external partners. For example, Northumberland's social work academy received an external quality assurance visit from Skills for Care in March 2023. Interviews were held with the PSW, the academy senior manager, a group of Newly Qualified Social Workers (NQSWs), and the academy team managers. Assessors from Skills for Care reported they found the work of the academy to be "an exemplar of national best practice in relation to the work and experiences of the academy" and the "staff were supported through their work, providing consistent support to newly qualified and apprentice social workers".

Structures and culture had allowed for innovation, piloting, flexibility and learning to be developed leading to the delivery of responsive services. The Principal Occupational Therapist worked well with the PSW, allowing opportunities for teams to learn from each other, to develop the workforce, and improve services through initiatives such as Communities First. Medical Devices Training sessions were provided by the Joint Equipment Loans Service (JELS), with some recent sessions delivered to the community team at the mental health trust.

The local authority and partners note co-production, in its fullest sense, was an area of work needing to be further developed. Northumberland were in the early stages of understanding the socio-economic impact of inequality and fully addressing barriers to care and support to fully deliver the actions needed for improvement.

Unpaid carers and people using services reported they wanted to have more control of information and education surrounding learning disabilities, autism, and other disabilities. They especially wanted more input about the funding of centres and resources.

People we spoke with told us they felt the local authority could consider increasing the representation of the disability community on strategic boards, so they were involved in the decision-making process. Some people told us they found the council to be defensive and not always willing to consider people's views, stating the local authority should be more open to suggestions from those with lived experiences.

However, there were examples of VCS partners working closely with the local authority on a project to strengthen the partnership board and assist user forums across the region to be empowered and have a voice, which was heard by the partnership boards and used to influence change.

Innovation, learning, and improvement ranged from smaller improvement activities, for example, the improvements related to the Adult Services Information & Advice Strategy. The local authority was developing an information hub on the adult social services section of the Council intranet for staff to access a range of key information quickly and easily. More broadly, as a Marmot local authority, a 3-year programme was being implemented with the Health Foundation and Northumbria University to develop a strengths-based approach to social regeneration on a par with economic regeneration.

Learning from feedback

Northumberland was a local authority seeking to learn from the experiences of people using services. It used national and local indicators, and performance data to improve practice and commissioning to ensure people experienced positive outcomes.

The local authority's complaint process was set out and accessible. For example, there were versions explaining how a person could complain about services in pictorial form. Equally, suggestions and ideas were sought from people using services in the same way. Quarterly reports which contain information on the number and nature of complaints enabled the local authority and wider system to not only respond to individual complaints, but to track themes, and make changes to services.

Of the small number of complaints received in adult social care, care management and social work services received the most complaints, with just over half the complaints related to these services. In 2023, the percentage of complaints upheld by the LGSCO rose in Northumberland, but the overall number of complaints sent to the LGSCO declined. The local authority was 100% compliant with the recommendations of the ombudsman and in 25% of cases found that Northumberland had already provided a satisfactory remedy. Overall, this demonstrated the local authority had improved its response to complaints and was able to ensure people felt their concerns had been addressed.

The PSW was clear about the importance of learning from complaints as a way of understanding what good adult social care looked like in relation to practice and experience. The PSW ensured learning was shared and standards were clear in practice areas, for example, in relation to Mental Capacity Assessments.

Safeguarding week was promoted to raise understanding and awareness of abuse and staff were able to develop skills and knowledge though a series of events and webinars. Examples were shared by people who used services of where they had raised concerns about care and the support provided had been improved in response. Monthly case audits had been undertaken across all teams to consider the quality of care and test the standards for recording information, with feedback shared directly, and as wider learning.

Partners in the VCS told us the local authority were good at listening to people's voice in the communities. They felt valued and listened to and were confident the local authority would address any concerns which they raised or identified. However, it was not clear how well this translated into frontline practice.

Health partners stated there was a 'No Blame culture' across partner organisations, including the local authority, and shared an approach where partners reviewed incidents and issues respectfully together to ensure lessons were learned. For example, a complaint about hospital discharge, found the default of blaming one partner was not the case, and lessons were learned across systems, and joint approaches were improved.