

# Hartlepool Borough Council: local authority assessment

[How we assess local authorities](#)

Assessment published: 14 May 2025

## About Hartlepool Borough Council

### Demographics

Hartlepool Borough Council is a unitary authority in a coastal town in the north east of England with an industrial heritage. The borough is predominantly urban with a small number of seaside and rural wards. Hartlepool has a population of approximately 95,366. There has been an increase in the population of 3.62% since the last census in 2011.

The population is mostly white British, making up 96.46%. People from ethnic minority groups comprise 2.94% of the Hartlepool population, with people of Asian, Asian British ethnicity making up 1.73% of the Hartlepool population.

The population has an Index of Multiple Deprivation score of 9 (1 is the least deprived, 10 is the most deprived) meaning it is one of the most deprived local authorities in England.

Hartlepool Borough's age profile for residents aged 65 years and over increased between the 2021 and 2011 census by 17.3%; working age people (15 to 64) has decreased by 3.7% and there has been a decrease in children aged under 15 years in the same period.

Hartlepool Borough Council (HBC) is a small Labour led unitary authority with 36 Councillors representing 12 wards.

Hartlepool is part of the North East and North Cumbria Integrated Care Board together with 13 other local authorities. Hartlepool is part of the Tees Valley Combined Authority along with four other local authorities.

## Financial facts

The financial facts for **Hartlepool Borough Council** are:

The local authority estimated that in 2023/24, its total budget would be **£177,706,000**. Its actual spend for that year was **£186,597,000**, which was **£8,891,000** more than estimated.

The local authority estimated that it would spend **£42,452,000** of its total budget on adult social care in 2023/24. Its actual spend was **£42,048,000** which was **£404,000 less** than estimated.

In 2023/2024, **22.53%** of the budget was spent on adult social care.

The local authority has raised the full adult social care precept for 2023/24, with a value of 2%. Please note that the amount raised through ASC precept varies from local authority to local authority.

Approximately **2205** people were accessing long-term adult social care support, and approximately **1095** people were accessing short-term adult social care support in 2023/24. Local authorities spend money on a range of adult social care services, including supporting individuals. No two care packages are the same and vary significantly in their intensity, duration, and cost.

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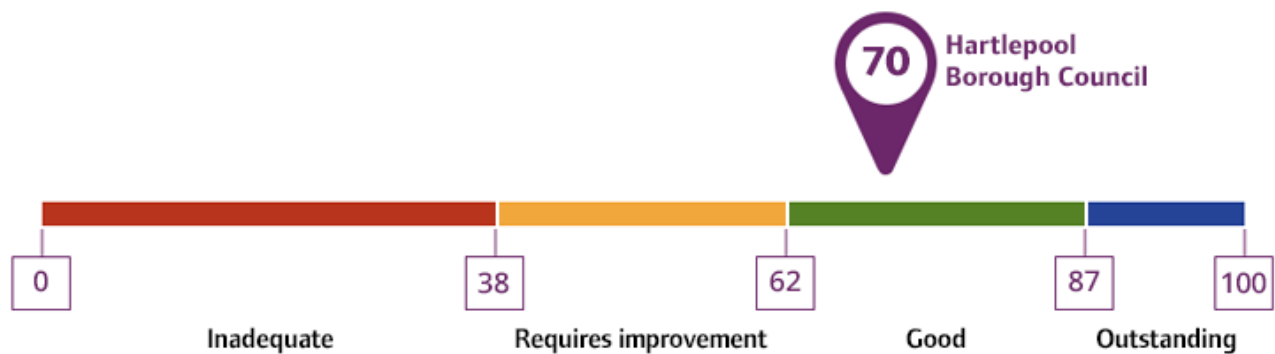
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# Overall summary

## Local authority rating and score

Hartlepool Borough Council

Good



## Quality statement scores

Assessing needs

Score: 3

Supporting people to lead healthier lives

Score: 3

Equity in experience and outcomes

Score: 2

Care provision, integration and continuity

Score: 2

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## Partnerships and communities

Score: 3

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## Safe pathways, systems and transitions

Score: 3

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## Safeguarding

Score: 3

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## Governance, management and sustainability

Score: 3

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## Learning, improvement and innovation

Score: 3

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## Summary of people's experiences

There was positive feedback from people about the services they received in Hartlepool. People told us they had good experiences of both Care Act assessment and carers assessments, from knowledgeable and caring staff. Outcomes for care and support focused on people's strengths, goals and wellbeing. Unpaid carers were overwhelmingly positive about their experience of accessing support, including time away from their caring role and spoke highly of services supporting them.

Most people could access information and advice, and their feedback was positive. However, organisations supporting people with sensory impairments told us information and advice was not always available in a format which supported them.

People had access to a range of approaches and organisations to prevent, reduce and delay their need for care and support. There was good feedback about reablement, intermediate care and timely access to equipment and adaptations which supported people to remain at home. Wellbeing was embedded in the local authority and partner organisations' approach. We heard from one person who had attended mental health support groups, they said they had built life skills such as cooking and had moved into paid employment.

People involved in co-production told us they had opportunities to be involved in different projects with the local authority including a parent carer forum, supported internships and community events. People also said co-production would benefit from a refresh. The local authority told us that the Adult Social Care Strategy and Adult Social Care Commissioning Strategy included co-production in the commissioning principles. The strategy was updated after our site visit in November 2024 (Adult Social Care Commissioning Strategy (2024-2029)). The care market in Hartlepool was small, however we heard people had choice and feedback on care and support settings commissioned by the local authority was positive.

Relationships with external and internal partners were effective and included co-location, multi-agency working with arrangements to share information, discuss concerns and issues and plan resources. Most commissioned community and voluntary sector organisations had good relationships with staff and the local authority, but this was not the case for all organisations we spoke to in the sector.

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

The leadership at Hartlepool was visible and approachable. They were not isolated from the wider workforce or external partnerships. We heard how staff interacted and engaged well with people and partners. Adult social care demonstrated its vision: 'We all want to live in a place we call home with the people and things that we love, in communities where we look out for one another, doing things that matter to us.'

There was oversight of Care Act assessment and carer assessment waiting lists and these were well managed. Staff had a good understanding of how to manage risks. Investment had been made to ensure improvement in people's experience of financial assessment. The local authority had reduced waiting lists and used real-time data to understand where the pressures were, and they were monitoring areas which required improvement. Governance and management arrangements were in place, and these provided visibility and assurance on key priorities. There was a line of sight on areas where there was a risk people might not achieve good outcomes.

The local authority used some of the information it had available to support strategic planning, however the local authority recognised more work was needed in strengthening the analysis of data to support this.

There were effective systems, processes, practices for safeguarding and a coordinated approach. We were told the Teeswide Safeguarding Adults Board (TSAB) partnership had plans in place to strengthen the approach by including director level housing and commissioning representatives to ensure there were no gaps in a whole system approach to safeguarding across the TSAB. Staff had the relevant support, supervision and training including trauma informed practice training following learning from a multi-agency safeguarding adult review.

Communication with some communities could be improved. Information and advice provided was not always accessible to those for whom it was being provided. However, in other communities, people told us they received the information and advice they needed for care and support. Co-production supported development and delivery of programmes of work, planning and gaps in care and support. The local authority had plans to improve communications, co-production and working in partnership with seldom heard communities.

The local authority did not have a consistent approach to equity and understanding the diversity in communities. An Inequalities Working Group had been established by adult social care to support their workforce, and an Equality, Diversity, and Inclusion policy was in place. However, we did not see clear plans in place to reach out to seldom-heard groups.

The local authority was proud of its workforce with confident practitioners which reinforced an evidence-based approach. There were strategies for recruitment, retention and to support staff development. The local authority championed a 'grow your own' approach, looked for progression routes for new employees and feedback was sought from their teams to support continuous improvement.

The local authority had a long-standing leadership team. Several of the senior leaders had worked with the local authority for over 20 years and there was an established workforce. Leaders worked regionally and sub-regionally, were part of practice forums and acted as reviewers for other local authorities.

The Adult Social Care workforce strategy (2023-2026) recognised the need for succession planning. The Adult Workforce Strategy Implementation Plan (April 2024) did not provide clear actions beyond promotion of training, mentoring and coaching and there was a lack of measurable outcomes.

The development of community led solutions through the community hubs and integrated single point of access meant there was a focus on providing the right care in the right place and developing the partnerships to achieve this. The staff articulated how they used a strength-based approach, focused on having good conversations, worked in partnership with people on clear outcomes and were able to measure impact. This transformation work supported improvement for people's choice and embedding strengths-based approaches, such as direct payments, independent living, and technology-enabled care. This aligned well with adult social care's ambition to achieve better outcomes and better lives.

# Theme 1: How Hartlepool Borough 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: 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.

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

The local authority provided multiple routes to access care and support services, with self-referral options, information, and advice online.

The local authority had introduced a Community Led Support (CLS) programme to design and deliver different ways of working to maximise people's strengths and community connections. The support hub, based in the community hubs, delivered this approach and acted as a front door for adult social care services, referral and assessment.

The community hubs were based in the centre and south locality areas, with a dispersed offer provided in the north of the borough, co-location with the library offer and close to transport links. There is also a virtual online community hub.

People had options on how they wanted to contact the local authority and how they received information and advice. People told us their communication needs were discussed at assessment and documented, although we heard from other people who said the options to contact adult social care did not always meet their needs for accessible communication.

National data from the Adult Social Care Survey (ASCS) 2023-2024 showed 68.42% people were satisfied with their care and support, which was slightly better than the England average of 62.72%.

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Assessment and care planning was person centred, and strength based and reflected what people wanted to achieve and how they wished to live their lives. The community hub teams received training in motivational interviewing to support conversations to understand people's goals. Local authority staff and partners worked closely together and screened referrals for assessment and services, and people could access services through walk-ins at community hubs as well as telephone and email. The approach focused on having a 'good conversation' which was solution focused and concentrated on maximising people's opportunities to live the life they wanted to live. The Integrated Single Point of Access (ISPA), established in 2018 encompassed a multi-disciplinary team approach with teams from health, adult social care, housing and reablement. Leaders told us the ISPA showed how partners championed integration of care and support services.

People told us they were asked about their choices and opinions. One person told us the assessment included good person-centred information and showed how the social worker had supported them to maintain relationships.

A policy and procedure, the 'Care and Support Customer Pathway for Adults and their Carers' was in place. The pathway highlighted the principles for staff and the local authority's strength-based approach. People had access to information to help them understand their options so they could access appropriate support.

The assessment documentation reflected the Care Act 2014 and assessments we reviewed contained person centred and strength-based information. Local authority audits gathered feedback from people about their experiences. The feedback on communication was generally positive, however the local authority received feedback that social care documents could be long and difficult to read. People described how they were supported in navigating and understanding the complexity of financial assessments. The local authority told us they were working with people to test clarity and readability of documents and had factsheets in place.

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Staff teams told us they adopted an approach to promoting independence and supporting people to stay at home where this was their preference. The local authority and assessment teams were competent to carry out assessments, including specialist assessments. We heard all social workers were trained in mental capacity assessments. A senior leader told us the practice framework was being further developed to simplify assessment documentation and processes.

## Timeliness of assessments, care planning and reviews

At the point of first contact with the local authority and through a 'good conversation' approach, people were given timely information, advice, signposting, or referral for assessment. Staff told us how they discussed and worked with people to understand how the local authority could support them.

The local authority had oversight of waiting lists. The local authority's data showed since October 2024, waiting lists for Care Act assessments had reduced from June 2024 with a median waiting time of 13 days (from 18 days) and a maximum waiting time of 30 days (from 44 days), with 49 cases waiting. The local authority data showed the average waiting time for Care Act assessment was 14 days with no one waiting longer than 64 days.

National data showed 83.02% of people receiving long-term support had their needs reviewed which was significantly better than the England average of 58.77%. Short and Long Term Support (SALT) 2023/2024.

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Staff told us waiting lists were proactively managed with risk assessments completed and they used a 'waiting well' approach and made weekly contact with individuals waiting for assessment. This approach enabled staff to identify any change in risk and re-prioritise if necessary. The local authority told us reducing waiting times was a priority and they had used Market Sustainability and Improvement Funding to increase capacity in reablement, financial assessment and occupational therapy teams. Processes were in place for Care Act assessments and care plan reviews to identify, record and review risk and to make decisions and prioritise cases into 4 priorities based on risk. If new information was received the priority allocation was reviewed and updated.

The local authority told us they carried out assessments and reviews in a timely manner. For example, one provider told us there could be a delay in reducing the level of care, but there were no delays when a person's needs increased. Another provider said they were kept informed, and reviews were carried out professionally. The local authority told us they do not reduce support for people until they are assured that change in support can be sustained.

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

The needs of unpaid carers were recognised as distinct from the person with care needs; assessments, support plans and reviews for unpaid carers were undertaken separately.

The local authority transitioned from providing statutory unpaid carers assessments in house to contracting with a local carer support organisation for assessment, review, and support in 2022-2023. Staff told us it had worked well, and the provider was seen as a partner with adult social care teams and embedded in the adult social care offer. Joint visits to unpaid carers could be undertaken.

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The local authority had unpaid carer lead roles working within social work teams and hubs offering support to identify unpaid carers to enable early intervention and support to reduce increased need. Staff told us there was a short on-line form to refer unpaid carers including young carers to the carer support organisation and the unpaid carer was contacted within 24 hours of the referral being made. This organisation and social workers could carry out joint statutory carer assessments.

Local authority data showed there were no waiting lists for statutory carer assessments and assessments were completed within 7-10 days of referral. The carer support organisation told us there was only one instance in the last 2 years when the 10 day target was exceeded by 1 day. Unpaid carers told us the assessment was a positive process, carried out quickly and their needs were also reviewed annually. One unpaid carer told us they felt heard and valued by the local authority. This is reflected in national data, which showed 57.76% of carers in Hartlepool were satisfied with social services, which was significantly better than the England average of 36.83% (Survey of Adult Carers in England (SACE) 2023-24).

The local authority told us all unpaid carers identified in Hartlepool had been offered a carers assessment. National data showed 78.10% of carers felt involved or consulted as much as they wanted in discussions, this was better than the England average of 66.56% (SACE). Unpaid carers had choice in their support, for example, those who had chosen not to have a formal assessment, still spoke positively about receiving information and advice and the difference that simply knowing support was available had to their wellbeing.

The Hartlepool Health and Wellbeing Board had endorsed a carers strategy 2019-2024 which was produced by adult social care in partnership with health providers, voluntary and community sector partners and carers. The local authority told us for 2025-2030, a carers strategy and a joint strategic needs assessment for unpaid carers would be co-produced with unpaid carers, public health, staff, and providers. The local authority told us the objective of the co-production was to inform continued strategic development and deliver measurable improved outcomes for unpaid carers.

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

Staff and leaders told us the support hub, which operates within community hubs, acted as a front door for people with a menu of community solutions to meet non-eligible care and support needs. People were given help, advice, and information about how to access services, facilities and other agencies for support. Support was available in the hubs from multi-agency staff and partners and included community navigators, occupational therapy assistants, substance use support workers and an unpaid carer information, advice and guidance worker.

The local authority told us they co-located services. Co-locating services meant there was access for people to distinct services and staff all in one place. The local authority told us people in Hartlepool benefited from having a range of services co-located, people could easily access for specific support or by 'dropping in' to see what support was available.

Staff told us they worked jointly with providers and other agencies to find the best support for non-eligible care and support. Staff told us people could get information and advice and more specific support, for example digital exclusion, handyperson services, small pieces of reablement equipment and income maximisation.

There were processes in place to collect people's feedback on their support outcomes. Staff told us they used a wellbeing tool to understand the impact of support and activity. People were asked as part of their first contact with services to give a numeric score on their wellbeing using the tool and at the end of the intervention this was repeated. The local authority said, on average, people started with a wellbeing score of 4 and ended with a wellbeing score of 7. Staff told us this gave them confidence interventions were having a positive impact.

## Eligibility decisions for care and support

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The local authority had a framework for eligibility for care and support, linked to Care Act outcomes, within the framework there was a specific section capturing the decision-making process and a review section for senior staff to comment on the decision. Staff used a team-based quality assurance process to encourage a culture of group supervision and decision-making, any decisions could be progressed to a risk panel. The local authority had a risk panel, a High-Risk Adults Panel, and a continuing healthcare panel.

The local authority had developed a Resource Allocation System (RAS) which was publicly available. The RAS operated to principles of transparency, simplicity, sufficiency, control and timeliness. For people being assessed this meant the methodology and detail was available to them, people knew how the decision was reached, the expected outcomes and how people would be enabled to achieve these. The person would know the amount of financial support as soon as possible in the process.

The local authority had appeals and complaints processes for eligibility for care and support. There was a publicly available factsheet which outlined the various ways a complaint could be made together with information on the complaint's procedure. However, there was not direct access to alternative formats on ways to make a complaint such as easy read documents. The local authority told us alternate formats could be requested. This meant there was a risk people might not, independently, be able to make a complaint or seek clarity around eligibility decisions for care and support. Staff told us they received information on complaint outcomes and incorporated learning and reflection in their team meetings.

Data provided by the local authority showed 2 appeals for care funding through a Disabled Facilities Grant (DFG). A DFG is provided by the local authority to help with the cost of adapting a property to meet the needs of a disabled person. Both appeals had been presented to the local authority risk panel and declined, however, the panels referred the cases for re-housing as the panel determined this was the most effective way to meet the needs of the individuals

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## Financial assessment and charging policy for care and support

The local authority's framework for assessing and charging adults for care and support was clear, transparent and consistently applied.

However, we heard financial assessments were not always timely. Local authority data showed in June 2024, 148 individuals were waiting for assessment, with a median waiting time of 150 days and a maximum waiting time of 367 days. The local authority had identified this as an area of improvement and invested in capacity within the User Property Finance Team who undertake financial assessments. In October 2024, this had reduced to 131 individuals on the waiting list with a median waiting time of 75 days and a maximum waiting time of 218 days.

Staff told us they were aware that waiting for a financial assessment could cause people anxiety. Staff had undertaken benefits training and could complete an online benefit check tool to help people maximise their benefits to try and minimise shortfalls. To further support the reduction of waiting times, the local authority was developing an online financial assessment tool.

## Provision of independent advocacy

Social workers were trained to carry out mental capacity assessments and to support people to make their own decisions. Where someone had substantial difficulty in being involved in a conversation about their care and support needs the local authority had access to advocacy services.

The local authority commissioned a range of partners to provide independent advocacy services. The advocacy provider told us relationships with individual workers was good and the local authority was able to pick the appropriate advocate for the person receiving the service. There were no waiting lists for advocacy and local authority assessment documentation included a prompt to identify if people needed an advocate.

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One person told us a social worker visited them with an advocate to review their care. Staff working with people with a learning disability described how they were able to work with specific advocates matched to the person with care needs, they also said they had easy read information they could give to people. However, accessible easy read or pictorial information for advocacy was not publicly available on the local authority website which may mean people might not be aware of their Care Act right to have an advocate.

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# 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

Prevention was embedded in the community led support approach across the local authority, with partners and the community and was based on identifying people's strengths and maximising community resources. The Joint Health and Wellbeing Strategy (2018-2025) promoted a culture and environment which supported health and wellbeing for all, to improve health and wellbeing outcomes and reduce inequalities for Hartlepool's population.

Senior leaders told us prevention was key to the local authority and partner approach. Public health had advocated for 'health in all' policies, which aimed to maximise the opportunity for beneficial impacts on health, health in all policies was being piloted in adult social care. Public health had also funded substance use workers within community hubs with a focus on prevention. There was joint commissioning with public health of community navigators, reading for wellbeing and a focus on maximising income in communities to reduce or delay poor outcomes.

The local authority had a Hartlepool Community Hubs Strategy 2023 -2028 with 6 strategic priorities: health and wellbeing, community, digital innovation, reading, diversity disability & difference and jobs and skills. The priorities supported the Care Act arrangements to prevent, reduce and delay needs for care and support.

Staff told us teams in the hubs focused on prevention and working with a person to understand and meet their needs. One person told us they had been supported to be involved in the local community, they had attended a course, built new friendships, and secured a volunteering role. Involvement in the hub had improved their confidence.

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The local authority told us community navigators explored community solutions for example, benefit maximisation, social activities, reablement and equipment before formal Care Act assessment is undertaken. A person told us they had been referred to a voluntary sector partner for benefit maximisation another person told us how they had been supported to speak to their landlord about repairs to their property. We heard about the supported employment programme which had been developed to increase the number of adults with a disability into meaningful sustained employment or volunteering. Staff described how the access to the Jobs and Skills Service within the central community hub and internships could support people with a learning disability to move into employment and volunteering. Senior leaders told us mental health support was available in the hubs. The offer developed through the community transformation of mental health services meant that staff from the mental health trust and primary care navigators had a presence in the central hub which allowed for the development of strong relationships with community navigators. The Mental Health Trust and a psychological therapy and wellbeing service offered mental health drop-in sessions. There were 2 weekly multi-disciplinary team huddles attended by social workers from the local authority's Preventative Mental Health Team, Community Navigators, staff from the Mental Health Trust, voluntary sector organisations, housing representatives and staff from the ISPA to provide opportunities for people to be supported by the most appropriate person or organisation to support them while they wait for a specialist assessment.

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The local authority told us a range of digital initiatives had been developed by the local authority and wider partners. For example, the local authority had developed Hartlepool Now, providing online access through a website and a digital app for people to access support they need. The local authority had commissioned the TogetherAll app for people aged 16 years and over with mental health needs and online support for unpaid carers available 24 hours a day 7 days a week. Senior leaders told us the app offered people lower-level support and prevented the need to access more specialist support in line with prevention, reduction and delay in care and support needs. Local authority data reported during the 12-month pilot 355 people were supported through the app with 65% being supported outside of working hours. 36% of people received one to one intervention from a licenced clinician.

Staff told us blood pressure machines had been placed in the community hubs to support early intervention and referral to health support. The Live Well suite was an area in the central hub which gave people the opportunity to speak with occupational therapy staff and try out basic pieces of equipment such as sock aids or jar and bottle openers. The community hubs had movement therapy aids which supported people to improve their mobility and become more active. We were told of one person, who had been isolated and dropped into the community hub for a coffee and had tried the movement therapy aid, they began attending every day to meet people and use the aid. Staff told us of another person whose mobility was poor and who had been supported to undertake a movement programme, this led to a good outcome for them to be better able to manage at home and had they had improved mobility.

National data showed 59.78% of people say help and support helps them think and feel better about themselves which is similar to the England average (62.48%), (ASCS 2023-2024).

National data showed 26.95% of unpaid carer respondents reported they were able to spend time doing things they enjoy which is better than the England average (15.97%), Survey of Adult Carers in England (SACE) 2023-2024

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The local authority had policies and procedures which clearly outlined the prevent, reduce, delay approach. The Care and Support Customer Pathway reinforced the principles with step-by-step processes and actions from first contact to when people needed more support. All staff we spoke with were aware and championed Hartlepool's community led support, person centred and strength-based conversations. The local authority worked with people, partners, and the local community to make available a range of services, facilities, resources, and other measures to promote independence. Specific consideration was given to unpaid carers and people at greatest risk of a decline in their independence and wellbeing. We heard positive outcomes were achieved by the prevention approach in Hartlepool, such as support to go swimming or falls prevention work with people using the substance use service.

## Provision and impact of intermediate care and reablement services

The local authority worked with partners to deliver intermediate care and reablement. The local authority recognised there were areas of improvement and had used funding to increase capacity in reablement teams. Local authority data showed an increasing number of people were receiving short term support including intermediate care, and equipment with 4,075 short term interventions provided to support 2,767 people (SALT 2023/24).

National data showed 81.48% of people aged 65+ were still at home 91 days after discharge from hospital into reablement/rehabilitation. This is similar to the England average (83.70%). The local authority recognised this measure was in the lowest third of all councils in England. The local authority had undertaken an audit to understand the issues and gather best practice from other areas and told us they expected to improve performance in 2024/25.

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The local authority had 2 rehabilitation flats for people who need extra support before they could go home after discharge from hospital. We were told people could stay for up to 6 weeks during which time an intermediate pathway plan for the next steps was developed. The flats were also used as a phased return for people to their own homes after a spell in residential care. There were also 20 intermediate care beds within a residential care home. One person told us they had been discharged from hospital to home and had struggled to cope. The person was offered a short-term placement in an intermediate care bed, following which they were able to return home with support of a care package and additional support equipment. The short-term placement avoided the need for longer term residential care. Staff told us about the use of a rehabilitation flat to build a person's confidence, the reablement worker worked with the person to build relationships, access community activities, and build confidence. Working with an occupational therapist, social worker, and physiotherapist the person was able to move to an adapted flat.

The local authority told us reablement staff were based across several teams. Staff said teams worked closely with each other and had a step-up step-down approach to reablement. People referred to the team received a functional assessment and goals were set, the wellbeing tool was used to evaluate the impact of interventions. Reablement workers received referrals from the ISPA team, drug and alcohol service, and homelessness team. We were told reablement did not have a waiting list and always saw a person within 28 days of referral.

For young adults with mental health needs and young adults with a learning disability we heard from staff there were referral routes to reablement to support people to become more independent, the team gave an example of how they had worked with a young person to use a bus independently and how they worked with the family to build relationships and trust.

## Access to equipment and home adaptations

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There was provision for people to access equipment and minor adaptations to maintain their independence and this was available across all services. We heard some equipment was not always easily accessible to people with additional sensory needs. For example, one voluntary sector partner described how a person with hearing loss had struggled to have broken equipment replaced which had been previously freely available, they had to wait for an assessment and funding to be in place. The local authority told us that reassessment was required to determine the most appropriate provision to replace obsolete equipment. Another partner told us the local authority was not always aware of the needs of people who experience additional barriers to accessing support.

The local authority had changed the way some assistive technology provision was charged for, for example, an assistive technology service had been free but had moved to a chargeable model for people who did not have eligible social care needs. Some staff told us there had been an increase in calls to them from concerned people who did not understand how the changes would affect them. Senior leaders told us the assistive technology service was still free as part of a care package and where people requested a standalone service, community hub staff and digital navigators would explore benefit maximisation to offset the cost. We were told senior leaders were monitoring the impact of the change.

Senior leaders told us the community led approach, and additional funding was having a positive impact on reducing occupational therapy waiting times. Local authority data showed that the occupational therapy waiting list had reduced between May 2024 and October 2024, from 112 to 77 people. The average waiting time was down from 22 days to 18 days and the maximum waiting time reduced from 87 days to 67 days.

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People referred to the hubs could see an occupational therapist and access the Live Well suite where they could try out equipment. Brief assessments could be carried out in the hubs and staff would visit a person's home to make an assessment or to review if equipment was meeting people's needs. Local authority data showed there had been an increase in the number of people attending the Live Well assessment suite from 63 attending in 2022/2023 to 76 visits in 2023/2024. One senior leader told us how occupational therapists can flex to meet need. As an example, occupational therapists had been placed in care homes to audit equipment provision to ensure people's needs in care homes were effectively managed.

Senior leaders told us that public health had used research regarding increased falls in people living with alcohol addiction as an evidence base to fund reablement support for people living with substance use in Hartlepool. Support offered included brief interventions to address alcohol consumption and alcohol-related falls.

Whilst the local authority did not have outcome data for this support, an audit had been undertaken to establish a baseline and further evaluation was underway to understand the impact of substance use reablement.

The local authority told us the occupational therapy team and handyperson service has improved the front door to equipment and assessment. The handyperson service installed small pieces of equipment, for instance, grab rails or small household repairs and maintenance. Staff told us people aged over 60 and people with a disability could access the service without an assessment. The handyperson had a trusted assessor qualification and staff told us the service also acted as eyes and ears for early intervention. Staff gave examples of work undertaken to prevent falls by changing light bulbs and for one person taking the Christmas tree in and out of the attic each year.

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The local authority worked collaboratively on a sub-regional basis to commission Tees Community Equipment Service. Data provided by the local authority for the period April to September 2024 showed 3248 items of equipment were delivered, of which 91.83% were delivered within the target time of 7 days. The average time for delivery was 4.9 days.

Senior leaders told us special needs housing, disabled facilities grants, low level adaptations and the handyperson service sat within occupational therapy. Staff told us small pieces of equipment could be loaned at no charge. The local authority also utilised the internal workforce to install such items as level access showers. Social workers, who had undertaken trusted assessor training, told us they could order some items of equipment without referring to occupational therapy.

## Provision of accessible information and advice

The local authority had a number of channels for people to access information and advice on their rights under the Care Act and ways to meet their care and support needs. This included unpaid carers and people who fund or arrange their own care and support. However, we did not always see the information and advice provided was accessible to people.

The local authority told us digital exclusion was a challenge in Hartlepool and the digital navigators, working from the community hubs, enabled people to access online resources, advice and information through the All Together Now virtual community hub. The team supported people who were digitally excluded with tablet loans, digital support in their own home and drop-in sessions.

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The local authority told us Hartlepool Now enabled people registered with the site to save information and guidance personalised to them. Organisations had their own account and could update their service information. Hartlepool Now was also available as an app which could be accessed without an internet connection. The site was also home to the equipment finder, benefits calculator, health improvement library, service directory and All Together Now where people could join virtual community hub activities. The local authority told us information from adult social care was also available in a factsheet format.

Partners and people told us the local authority could make improvements by providing information in more languages and formats, including easy read, especially in communities with additional needs or where there may be language barriers or people who struggle to be online. While the authority could provide this information if requested it was not always obvious or easy to access. For example, signposting to information in alternative formats, and how to access them, was not obvious on the landing pages of local authority websites.

We also heard from partner feedback that communications between adult social care and those using services were not always accessible, letters were not easy to understand and a lack of accessible telephone systems and the text relay service was not available to people where English was not their first language. The local authority told us they used a service for deaf, hard of hearing and speech impaired people to communicate via telephone or online APP, has been in place since November 2023 and people had access to interpreters.

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The local authority told us an online support offer for unpaid carers had been commissioned on a regional basis using Accelerating Reform Funding (a Department of Health and Social Care fund to improve the quality and accessibility of support for unpaid carers). The local authority data showed in the first three months of launching, over 150 unpaid carers in Hartlepool engaged online, 65% had not previously accessed formal support and 69% of activity was outside of traditional office hours. This service supported the provision of information and advice to be accessed at a time which met unpaid carers choice.

Senior leaders told us they had commissioned work to evaluate the reading age of adult social care communications and recognised they needed to review how accessible communications were. The local authority had clear plans to explore how to utilise video and audio communications on the website to improve accessibility and to improve accessibility functions. We were told this would be part of a full re-design of the local authority website including a planned public consultation on the format of communications for easy read and how to use QR codes to improve access.

## Direct payments

Direct payments were being used to improve people's control about how their care and support needs were met. People had access to information, advice and support to use direct payments. National data from ASCOF showed 31.43% of people using services received direct payments and this was somewhat better than the England average (25.48%).

Uptake of direct payments for unpaid carers was 68.71%, the local authority told us the support from the carer support organisation often meant there were alternatives to a direct payment provided through, for example, grant funding of respite breaks, driving lessons for a parent carer and support activities as an alternative to requesting a direct payment. An unpaid carer told us they had been able to access an annual grant to go towards a break and it worked very well and made a difference.

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The local authority had detailed guidance for staff on direct payments. Staff told us they offered a direct payment option to every person assessed. To support people with mental health needs we heard direct payments were used to support a more flexible and bespoke approach. Staff told us a person living with dementia and other health conditions used a direct payment for a private care company, which enabled more consistency in the care workers supporting them. Another example we heard was a young person accessing dance sessions by using a direct payment which improved their emotional wellbeing and social contact.

The local authority commissioned an organisation to support with the management of direct payments and recruiting and managing employment of personal assistants. The commissioned organisation and social workers undertook joint visits to people to support the process.

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# Equity in experience and outcomes

Score: 2

2 - Evidence shows some shortfalls

## What people expect

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

## The local authority commitment

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

## Key findings for this quality statement

### Understanding and reducing barriers to care and support and reducing inequalities

The local authority was aware of its local population profile and demographics with the acknowledgement there was more to do to improve both understanding and action.

At the time of our assessment, there was a large majority white British population. Senior leaders told us they had seen a big increase in ethnic minority communities over the last 10 years with a 50% increase and recognised the population was becoming more diverse and they needed to respond to this. Information submitted by the local authority showed for people receiving long term adult social care support, only 1% were described as ethnic minority. The local authority acknowledged the need to work with all other ethnic communities to understand how they can make sure they are engaging with them and have the skills to offer them the support that they needed.

The local authority told us that a range of equality impact assessments had been completed for the hubs. However, despite this, a voluntary and community partner was concerned seldom heard groups were not accessing local authority services through the hubs. The local authority told us there was a link project in the community hubs to understand the needs of the community and they were developing a black and ethnic minority information and advice service.

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Hartlepool experienced race riots with violence and unrest in the summer of 2024. A multi-agency Hartlepool Silver Recovery Group was established to lead on the recovery. One of the proposals was to rebuild social trust and promote cohesion between communities and to undertake community risk mapping. The community risk mapping would enable an accurate picture of geographical areas, demographics and key statistics. This would also enable key decision making relating to gaps in services, investment need, targeted interventions and environmental profiles. This work was identified as being needed across other key strategic work including Public Health, Poverty Truth Commission, Community Resilience and the Long-Term Plan for Towns.

Deprivation was one of the main factors impacting on inequality in Hartlepool and following an investigation into family poverty, by the local authority's Audit and Governance Committee, a recommendation was the creation of the Hartlepool Poverty Truth Commission. The concept of the Hartlepool Poverty Truth Commission was lasting social change only happened when people who were struggling and those in positions of power worked together to tackle key issues. The Hartlepool Action Against Poverty Plan formed the basis of the Hartlepool Poverty Truth Commission's strategy to address poverty within Hartlepool in 2024/2025. Priorities included giving people in Hartlepool a voice and to include them in decisions which affected them and keep them trapped in poverty. Senior leaders told us tackling poverty was one of their main challenges. The local authority had a poverty strategy and one of the key issues was welfare benefit and income maximisation for people. Staff had received mandatory training, and this had been rolled out to providers.

Staff were aware of support in place to help people and families who may be struggling or in poverty, this included giving people information on food banks and where free meals could be obtained. People could be referred to reablement if they needed support with money management, bills and bank accounts. Staff told us they had seen real improvements in people's lives after reablement workers had set weekly routines around money management.

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A Health and Wellbeing Board partner told us poverty and substance use were an issue in Hartlepool and there were services in the local authority who supported people with substance use with positive outcomes.

The Socio-Economic Duty had been adopted by the local authority as a protected characteristic. This meant when making decisions of a strategic nature, the local authority had to ensure socio economically disadvantaged residents were not unnecessarily affected by local authority policies, procedures and plans.

The local authority collected data but did not always analyse equality data on social care users to use it to identify and reduce inequalities in people's access to care and support, their experiences and outcomes. There was a lack of data on the sexual orientation (whether a person is heterosexual, lesbian, gay or bisexual) and gender identity of people supported by adult social care, and voluntary organisations told us LGBTQ+ was a seldom heard voice in the community.

The Inequalities Working Group was established within adult social care to focus on how the local authority supports their workforce to embed equality, diversity and inclusion across the service, how they ensured equality in service provision and how people's experiences and outcomes were monitored to ensure equality.

The Joint Sensory Support Plan was launched in 2022 which highlighted the support currently in place for people experiencing sensory loss and recommended actions to improve the wellbeing of all people living with sensory loss. The plan was co-produced with local people with lived experience. The local authority commissioned a community-based organisation to coordinate the development of the plan, establish a stakeholder planning and steering group and run consultations with local people and organisations to better understand local need. An action plan dated April 2024 clearly highlighted the proposed actions to be taken by the local authority in response to the recommendations made by local people. Three commissioned local community-based organisations provided targeted support to people with sensory loss including interpretation, translation, signposting, advocacy and onward referral to services.

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The local authority told us they were committed to working with partners to reduce inequalities and to ensure their services were accessible for all and to deliver the best outcomes for people. For example, the local authority supported an organisation to set up a hub to support men from the Asian community, which included drop-in sessions and benefits maximisation. Another voluntary and community group told us they had made a video to share within the local authority based on their own lived experiences, about the challenges they faced with disabled access transport.

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The local authority engaged with some groups to understand and address the specific risks and issues experienced by those who experienced inequalities. However, we received mixed feedback about the effectiveness of this. For example, the local authority funded voluntary and community sector groups who supported people with sensory loss and an advocacy service for people with hearing loss and the development of the Joint Sensory Support Plan. However, a voluntary organisation told us they were not confident that local authority had awareness of the numbers of deaf people in the community and subsequently there was a section of the deaf population who were not well supported and was concerned the register of deaf people was not being kept up to date by the local authority. The local authority held registers for certificate of vision impairment for blind and partially sighted, and a deaf /deaf blind register. The local authority told us there was a Joint Sensory Support Plan and the authority maintains a deaf register, which was last shared with the Joint Sensory Support Plan action group in April 2024. The local authority gave us examples of the support to Deaf people receiving care services. For example, a member of staff in the social work team was funded by the local authority to gain a 3 BSL qualification to support other members of staff on emergency visits when an interpreter had not been scheduled. We were also told how a Deaf person had been supported to identify and access a range of specialist equipment using a direct payment to promote independence and remain at home. A voluntary organisation told us they felt the local authority had lost their own expertise in the deaf community and had a lack of engagement and understanding of the deaf community. The local authority was commissioning expertise in the voluntary and community sector to support people with hearing loss, and this was confirmed by what people told us. Some advice on equipment was available from the local authority but not all staff were aware of this, although information about support was available on Hartlepool Now which was a website for local events, information, help and support available in Hartlepool.

While we had feedback from some voluntary sector organisations that said the local authority was responsive at engaging and addressing needs there were other organisations that told us there were gaps and a lack of engagement in some areas.

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Senior leaders were aware staff needed the skills to understand all the communities they worked with to ensure they could engage with them to offer support they needed. We received mixed feedback from staff on their understanding of cultural diversity within Hartlepool and how to engage appropriately. Some staff told us they had received a lot of training around cultural competency, however we found this was not always reflected in how staff spoke to us about their practice. Some staff said it was unusual to work with the ethnic minority community, whilst this might reflect the wider population demographic, another staff member told us the reason for this was this population looked after their own community. We also heard an example where a local authority case file audit, had identified assumptions made on a person's sexual orientation. As a result of this, the local authority told us they commissioned specialist LGBTQ+ awareness training.

The local authority shared an Equality, Diversity and Inclusion (EDI) Policy which outlined the local authority's commitment to promoting a community and organisational culture which fully respected and valued everyone's differences and needs. They aimed to look at an individual's whole identity whilst recognising and valuing each individual person, visitor, partner, service provider, service user and employee is unique.

The Equality, Diversity and Inclusion Officer Group as recommended by the Audit and Governance Committee, established in May 2023, was being used as a mechanism to share best practice, monitor performance and identify service improvement and improvements to the local authority website to ensure it was EDI compliant in the future.

## Inclusion and accessibility arrangements

More improvements were needed in relation to the inclusion and accessibility arrangements so people could engage with the local authority in ways which worked for them.

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The local authority was working to develop its online tools to ensure these met the needs of those who lived in the borough. For example, as the population within the local authority increased for people whose first language was not English, the local authority was exploring the option of adding a QR Code for language translation to their factsheets.

Staff told us they increased people's awareness of English for Speakers of Other Languages (ESOL) classes through family resource mornings and school coffee mornings to build visibility. Staff gave an example of how they used an interpreter when working with someone from an ethnic minority community and this example demonstrated a person centred and culturally appropriate approach. We also received positive feedback from a relative who told us their social worker always used an interpreter when meeting with them and the person's assessment noted the requirement for all documents to be translated into the family's first language. A senior leader told us the local authority website needed improvements in terms of accessibility of information and they were exploring having British Sign Language included on the website. The Audit and Governance Committee report on the Accessibility of Council Services in Hartlepool for Those with Disabilities and Long-Term Conditions (May 2023) highlighted a number of key findings and potential actions were identified by the Committee to address these issues. Examples included the local authority's website being difficult to use for people with disabilities and not meeting the web Content Accessibility Guidelines, which is a set of recommendations for making web content more accessible, primarily for people with disabilities.

The local authority had developed Hartlepool Now as the key source of information, advice and guidance for people. The local authority told us they were exploring ways to make information more accessible for people, including the use of video and / or audio content. However, a voluntary community organisation said they had seen no outcome to the highlighted communication needs of the deaf community and were not aware of methods of communication such as BSL videos to help them.

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Some local people living with sensory loss, deaf British Sign Language users and parent carers experienced difficulties in the ways services communicate, there was a lack of British Sign Language, deaf awareness and communication skills training, which meant many experienced barriers to communication. A voluntary organisation told us they did not feel the local authority were meeting the Accessible Information Standards for the deaf community. We were told that some people had not responded to letters as they were sent in a format which was not accessible, the voluntary organisation gave examples where people's cases were closed because they had not responded. We also heard examples of letters sent out to visually impaired people who could not access the information. A voluntary sector service, told us they had challenged the accessibility of letters sent out regarding the charging for assistive technology in 2024, following their challenge large print letters were issued by the local authority.

Some staff teams had undertaken training in working with people who were visually impaired and had taken part in communication training, and some staff were also undertaking British Sign Language training. Staff were able to access the local authority's commissioned interpreter services including British Sign Language and they could refer to a voluntary organisation who were commissioned to provide equipment for people with sight loss.

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## Theme 2: Providing support

This theme includes these quality statements:

- Care provision, integration and continuity
- Partnerships and communities

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

# Care provision, integration and continuity

Score: 2

2 - Evidence shows some shortfalls

## What people expect

I have care and support that is co-ordinated, and everyone works well together and with me.

## The local authority commitment

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

## Key findings for this quality statement

### Understanding local needs for care and support

The local authority used and shared some data with partners to understand the care and support needs of people and communities. Following a Corporate Peer Challenge in 2022, the local authority identified improvements were needed in how data and intelligence for the published Joint Strategic Needs Assessment (JSNA) was being used. They had developed a data strategy to bring data together in one place and to ensure the JSNA was a key priority and central repository for all data and insights. The local authority was developing an intelligence hub to use data across the council to provide intelligence and deepen understanding of communities and gaps. The local authority had live data feeding into PowerBi dashboards to understand the social care landscape.

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The local authority told us they had undertaken in-depth needs assessments with partners to inform strategies, including measurable outcomes for some priority areas. For example, in 2023 a substance use assessment informed the substance use strategy and a behavioural insights enquiry was carried out to understand the needs of people with complex drug and alcohol use. A similar approach was planned with unpaid carers to inform an updated unpaid carers strategy for 2025-2030.

The local authority had worked with local people and stakeholders to understand the care and support needs of people and communities and included some communities who were most likely to experience poor care and outcomes. Unpaid carers and partners told us the local authority listened and used co-production to develop the Joint Health and Wellbeing Strategy and Unpaid Carers Strategy. We heard from other people and partners who thought more could be done to include the voices of seldom heard people and those who encountered barriers to inclusion. Senior leaders described how co-production had been used to include people in the selection and decision-making process for a new provider. We heard from a provider who said the local authority consulted them rarely or in generic terms about the care and support needs of local people.

Voluntary sector partners had a mixed view of the local authority's understanding of communities, one partner felt there was little understanding, while other partners thought the staff and leaders worked hard and collaboratively to understand the community and care and support needs. One partner said the local authority were enthusiastic about collaboration and there was regular involvement in strategy meetings. The local authority had focused on some key priorities, but not all communities felt involved or listened to. However, we heard of good practice in, for example, supported living, where a provider and the local authority had worked together to develop safe accommodation for people with complex needs.

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Staff told us they had good data to support procurement activity, had access to real time and forecast data and undertook feedback surveys with those using services and unpaid carers. Senior leaders told us a landscape tool was used to predict future demand for services, the tool focused down to service level information and helped commissioning decisions and developments. For example, based on current levels, the forecast data predicted an increased future demand for residential care. The local authority told us of a number of interventions that had been introduced to enable people to stay in their homes including aids and adaptations, occupational therapy and overnight home care to reduce admissions to residential care.

Hartlepool Borough Council commissioned and provided a range of services for people with eligible and non-eligible social care needs. The local authority told us there was a small number of providers, but the market was stable. National data showed 81.71% of people who use services felt they have choice over services, better than the England average (70.28%), ASCS 2023-2024.

The local authority identified unpaid carers as a priority and commissioned services to provide advice, information, support, carers assessments and support for direct payments. Unpaid carers were positive about the support they received. An unpaid carer of a person with complex needs told us the support had been amazing.

The Adult Social Care Commissioning Strategy 2023-2029 outlined how adult social care intended to commission services which took a strength-based approach, with principles of co-production, promoting equality and inclusion, choice and commission and early intervention services. Whilst the strategy showed clear links to duties under the Care Act, there was more work to do to embed detailed market analysis and data from the JSNA into the Adult Social Care Commissioning Strategy and the Market Position Statement for Hartlepool were underpinned by detailed analysis of the market. A senior leader told us there were clear commissioning priorities that were monitored, progress against the adult social care plan could be seen in the year 1 commissioning strategy update. The local authority monitored the local care market, staff monitored the performance of providers in the care market at a local, regional and national level.

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The local authority had a priority to enable people to have choice in how to live independently. We heard about how the local authority used feedback from people using services to support this, for example in the procurement of supported accommodation. The local authority also had a shared lives scheme, and we were told of one example where siblings had been supported to transition from foster care into a shared lives arrangement within the family setting.

The local authority worked closely with public health and integrated care services to align strategies and objectives. There was a local implementation group, which met with neighbouring authorities to consider provision across the Tees Valley. This included a complex care framework with 21 providers across the five local authorities. Staff told us that more work needed to be done to ensure the correct services were on the framework.

Senior leaders and staff in adult social care recognised housing needed to be more integrated into adult social care commissioning and recognised the need to develop a joint housing strategy to focus on people's needs and choices. The local authority told us about an increase in the number of housing developments linked to regeneration activity across Hartlepool. This had contributed to an increase in occupational therapy referrals linked to rehousing applications. We heard from staff, leaders and partners the condition of some housing in the borough was poor and if they were to meet the ambition to maximise the opportunities for people to remain in their own homes and live independently without risk, then there need to be stronger links between housing and adult social care strategies.

## Ensuring sufficient capacity in local services to meet demand

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Hartlepool has a small, but stable care market. With a small market there is a risk this could be fragile. There were 2 home care providers, 22 commissioned care homes across 18 providers for older people, learning disability and mental health. The local authority told us they had 5 extra care schemes, 6 supported living providers and 5 shared lives providers. The local authority said there was sufficient care and support available to meet demand and the small market meant staff could respond to demand and capacity issues quickly and flex services to ensure needs are met but were aware of potential fragility.

Staff told us all care home settings were contacted at the beginning of each week to ascertain bed availability and to offer support on any developing issues. Senior leaders said the over reliance on the use of residential care was addressed by the local authority. For example, leaders described the implementation of the overnight home care service implemented in April 2024 as well as training for social workers and occupational therapists. Following a 16-week pilot, the local authority found a reduction by half of the people who might have entered residential care. The local authority shared data to show a reduction in long term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes (per 100,000 population). The data showed a reducing trend of supported admissions since 2016. The local authority told us this was due to a range of measures implemented through the Better Care Fund and with partners.

The local authority told us they intended for the service to be rolled out to registered providers with a focus on intermediate care and hospital discharge. The local authority told us they had no people waiting for home care and where registered providers had not been able to pick up long-term packages, the local authority's in-house Direct Care and Support Service had provided the service or extended their intervention to ensure there was no break in care and support.

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In relation to gaps in care provision some partners said the local authority were proactive in including the voluntary sector and identifying gaps. For example, additional funding had been provided around commissioned carer services which meant unpaid carers did not need to wait for support. However, other organisations felt commissioning of the voluntary sector lacked funding and resulted in less choice for people.

Local authority data showed an average 94% bed occupancy for residential and nursing beds and staff told us there was enough capacity in the system. Staff told us there was good access to extra care housing to support independent living, with 5 schemes in place. A panel from special needs housing, commissioning, the housing provider and the rehabilitation team screened referrals for supported living. Most people did not have to wait unless they chose a specific scheme which staff said might take longer. The local authority told us the 4 Tees local authorities and the Integrated Care Board had secured capital funding from NHS England for an enhanced supported living model to support people with a learning disability and complex needs.

Local authority data showed for the 12-month period prior to May 2024, the local authority supported 644 people using residential and nursing care. In November 2024, 89 people were placed out of area. The local authority told us the main reason for people to live out of area was to be closer to family, with a small number of people with a learning disability requiring bespoke provision. For people placed out of area the local authority said there were monitoring and review systems. Monitoring and liaison with the host local authority was undertaken by commissioning teams, with quality checks before people were placed out of area and there was ongoing monitoring undertaken by locality teams. Local authority data, for the 12 month period prior to May 2024, showed 99% of people living out of area have had a review, with 100% having had some contact, including welfare checks.

## Ensuring quality of local services

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Hartlepool local authority had a quality monitoring and improvement programme to provide good quality, safe services with a skilled workforce to ensure safe, dignified and fulfilling lives for people. There was a quality standards framework in place for care and support services which was coproduced with providers and reviewed annually. The framework stated there would be, at minimum, an annual assessment against the framework's domains and outcome indicators for person centred care, safe care and treatment, governance, and environmental factors.

The local authority's quality of service data was positive. For example, there were 39 active adult social care provider locations registered with Care Quality Commission (CQC) in Hartlepool (September 2024- CQC internal data set). The CQC data showed 81.82% of nursing care homes were rated good, with 18.18% requiring improvement. 93.33% of residential care home were rated good, with 6.67% requiring improvement. Home care services, 83.33% were rated good with 16.67% without an overall rating. 100% of all supported living services were good. The local authority said 96% of their commissioned services received a good CQC rating.

The local authority commissioning team had oversight of care homes, as part of their audit work they looked at care plans, accidents and incidents, spoke to staff, residents and Healthwatch. The medicine optimisation team undertook twice yearly visits and infection prevention control leads undertook audits. Care Homes were graded 1 (good) to 4 (poor). Staff told us all care homes were graded 1 which corroborated against CQC ratings. There were no commissioning embargoes and no contracts were handed back in the 12 months previous to June 2024. People told us they were happy with their support and had been supported to become more independent and had found care home staff helpful.

We heard feedback from partners and providers who provided preventative services. They told us there were formal contact monitoring meetings and we were told monitoring was light touch and focused on outcomes for people as opposed to outputs of the number of people seen. This aligned with a strength-based approach to care and support interventions for prevention, reduction, and delay.

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## Ensuring local services are sustainable

The local authority worked closely with their providers to understand current trading conditions, contracting arrangements were efficient, and the cost of care was transparent and fair. The local authority identified a number of challenges faced in Hartlepool including deprivation, health inequalities a high prevalence of health-related conditions and incidence of drug related deaths being twice the national average. The local authority described adult social care as not always seen as an attractive career option and they were seeking to address challenges with recruitment and retention in the social care sector.

They told us whilst social care relationships with providers was good, the size of the market meant they were vulnerable to change such as a provider ceasing to operate or a new employer outside of social care entering the employment market. Whilst the local authority had an internal adult social care workforce strategy, they recognised that there was a need to identify workforce gaps and challenges in the independent care sector. The local authority had in place several initiatives to identify and address these gaps. The local authority had supported provider sustainability through winter pressures with additional payments made to care homes for older people to facilitate timely and well- arranged admission through the hospital discharge routes. The approach enabled care homes to ensure assessment and decision making staff were available 7 days a week from December 2024 to February 2025.

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A health and social care academy was launched in September 2024 to build capacity and capability in the social care workforce. The health and social care academy part of North Tees NHS Foundation Trust Faculty of leadership, learning and improvement, in partnership with Hartlepool College of Further education and Hartlepool Borough Council and funded by UK Government through the national Town Deals programme. A small range of courses and training options were available, with some covering social care scenarios. The local authority told us work was ongoing to develop a shared curriculum and promote the academy as a route to working in social care. Whilst there was an adult social care workforce strategy for the local authority's workforce, we did not see a strategy for the recruitment, training and retention for the provider market.

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# Partnerships and communities

Score: 3

3 - Evidence shows a good standard

## What people expect

I have care and support that is co-ordinated, and everyone works well together and with me.

## The local authority commitment

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

## Key findings for this quality statement

## Partnership working to deliver shared local and national objectives

The local authority worked with health partners, the voluntary and community sector, police, public health, neighbouring authorities and joined Teeswide approaches to align strategic priorities. They collaborated with communities and stakeholders and jointly agreed priorities, aligned plans, and focused on collective outcomes.

There was regional and sub-regional work around specialist provider networks, Teeswide Safeguarding Adults Board, and the Tees Community Equipment Service. Hartlepool Borough Council were part of the Health and Wellbeing Alliance (HWA) which included adult social care, NHS Trusts, primary care networks and public health. The HWA raises awareness of opportunities for people and works together to maximise those opportunities.

The Health and Wellbeing Board had good engagement with partners. The voluntary sector, North Tees, and Hartlepool NHS Foundation Trust, Healthwatch, Public Health, Integrated Care Board (ICB) place lead (who was also Vice Chair of the Board), and adult social care were all represented. People with lived experience also sat on the Board. A voluntary sector partner involved in the Health and Wellbeing Board and Health Scrutiny Board told us the local authority were receptive to scrutiny, listened and were supportive.

We heard from health leaders that relationships with the ICB were good, the ICB covered 14 local authority areas. Hartlepool Borough Council is the smallest authority within the ICB and we heard from an elected member the local authority had a strong voice, with senior leaders chairing working groups within the Integrated Care Partnership. There was an integrated care strategy developed by the partnership with a focus on better health and wellbeing for all. There were partnerships in place to ensure the integration of care and support provision, contribute to prevention and delay of needs for care and support and work together to improve the quality of care.

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There were strong relationships with public health which sits within Hartlepool Borough Council. The Health in all Policies (HIAP) was a council and system wide approach to consider health issues in all policy and decision making. Adult social care was using this approach to identify and link public health and social care priorities and work to the Council Plan.

The local authority had integrated care and support functions with partner agencies to improve pathways for people. The Integrated Single Point of Access draws on different expertise and skills from health and social care to work together. Senior leaders told us the ISPA continued to develop and the local authority were involved in the development of a platform which was accessible by both health and social care staff to give real time information on people's pathway through the health and social care system. Adult social care's ambition, alongside the Foundation Trust, was to extend this platform beyond hospital into community care and support.

Partners and staff talked about the improved hospital discharge pathways and wider coordination of care. For example, where partners raised issues around communication, these were addressed by the local authority with partners.

The LA had several effective operational partnerships that supported the community led support approach. Autistic people and people with a learning disability who were in crisis or high risk of crisis were regularly reviewed through the Dynamic Support Register. The approach was coordinated between with Tees Esk and Wear Valley NHS Foundation Trust (TEWV) learning disability team co-located with local authority's Young Adults Transitions and Learning Disability Team. There was a daily police huddle to join up adult social care with neighbourhood police intelligence and enabled, for example, care and support staff to provide timely support or address safeguarding concerns.

## Arrangements to support effective partnership working

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

The Health and Wellbeing Board had oversight of the Better Care Fund (BCF). Plans for the BCF were developed collaboratively between Hartlepool Borough Council, North Tees & Hartlepool NHS Foundation Trust and the Northeast and North Cumbria Integrated Care Board. The local authority had formal and informal partnership working relationships to support delivery and used pooled resources to effectively deliver better outcomes for people. There was a Pooled Budget Partnership Board, and an operational group met regularly to plan, monitor, and evaluate delivery. A senior leader in the ICB told us Hartlepool Council worked positively with the ICB and were open to change and new ways of working.

For example, the local authority said there has been a reduction in length of hospital stays with 9.2% (2022-2023) lasting for 14 days (down from 9.9% in 2019-2020) and 4.1% lasting over 21 days (down from 5.3% in 2019-2020). Leaders spoke of how the strong partnerships and integrated delivery had helped to keep focus on reducing the length of hospital stays.

The local authority had agreements in place under Section 75 (NHS Act 2005) for the complex care framework and Tees Community Equipment Services. The local authority delegated some Care Act related duties through commissioning for example, carers assessments and specialist sensory loss assessments. A partnership agreement with a neighbouring authority provided the adult social care emergency duty team on behalf of the five Tees Valley local authorities.

The local authority partnered with TEWV and secured Better Mental Health Funding, to fund a number of projects. One project focused on wellbeing of men aged 18-35 who were isolated and struggling to cope, the men formed a group and came together weekly helping each other to restore feelings of belonging and purpose.

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The local authority also worked with TEWV to deliver transformation of community mental health services which developed the weekly virtual huddle, building on the work of community led solutions and community hubs. Staff told us this brought teams across organisations together to facilitate good conversations to enable people to access the right support at the right time with the appropriate practitioners. A voluntary sector partner told us this had been a positive relationship, and they could discuss issues and be involved in the multi-disciplinary approach.

The local authority had used funding from the Community Pot to support Covid 19 recovery to invest in community provision, for example the Community Led Inclusion Partnership (CLIP) to advance the social model of disability and bring the voice of disabled people into partnership with health and social care. The model looked at ways of removing barriers which restricted life choices for disabled people caused by the way society is organised, rather than by a person's impairment or difference.

## Impact of partnership working

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The local authority and partners monitored their partnership working and the impact it had on outcomes for people. Effective use of pooled resources was also monitored. For example, there were measures against BCF outcomes which showed hospital discharge data, estimated and actual, over quarterly periods. The local authority BCF end of year submission for 2023-2024 showed avoidable admissions, discharge to normal place of residence, falls and reablement were on target. The rate of admission to residential care was not meeting their planned target in 2023-2024. However, the local authority told us that the target for 2024-2025 was improving with the rate of admissions for the second quarter at 266.2 against a whole year target of 626.7. The local authority used wellbeing tools to evaluate outcomes for people using care and support services and the value of a strength-based approach. Wellbeing outcomes had also been used in a cost comparison exercise produced by the National Development Team for Inclusion (NDTi). The exercise followed a person receiving care and support and compared the monetary value of interventions against how things might have been without multi-agency community support. The results showed the cost benefit of maximising a strengths based and a multi-agency approach.

One person told us how the multi-agency approach to supporting them after discharge from hospital enabled them to build independence and re-establish relationships. We saw from assessment paperwork a social worker had worked with a community nurse colleague to support a person to understand relationships, consent and safety.

## Working with voluntary and charity sector groups

The local authority funded and commissioned voluntary and community organisations to understand and meet local social care needs and there were strong relationships with some voluntary partners. We heard, however, this was not consistent for all voluntary and community groups and there was more to be done to improve relationships.

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We heard some groups views were not well listened to or their services not well utilised, thereby limiting the availability or access to support for seldom heard people. One group told us they were unsure if enough staff within the local authority knew they existed or what they did. We heard the length of commissioned funding gave some stability. However, the level of funding had an impact on services having the capacity to deliver.

The local authority provided funding and other support opportunities to encourage growth and innovation. Groups told us the local authority were proactive when working with voluntary sector organisations. For example, there was good engagement with the sector to decide how to use the Long Term Plan for Towns fund. Another organisation told us about the food bank strategy, supporting people to move from food banks to low-cost subsidised community shops bringing affordable food into communities to reduce the cost of a weekly shop. Voluntary sector organisations embedded in community hubs told us they were seen by local authority staff as partners and maintained strong links both operationally and strategically.

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## Theme 3: How Hartlepool Borough 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

Leaders and staff recognised the safety and risks people could face along their care and support journey. The local authority considered safety a priority for everyone with a proactive and effective approach to managing and identifying risk.

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Senior leaders told us they managed safety in the care system by ensuring all local authority staff were properly supported and equipped with the tools they need to safely manage care. They ensured policies and processes complemented those of all partners who were involved in people care journey, including partners in the Teeswide Safeguarding Adult Board, operational partners in the ISPA, community hubs and providers. Senior leaders told us the approach to safety management and transitions was not limited to childhood through to adulthood, but includes all service areas, across organisations and systems.

Leaders had identified some communities which experienced more vulnerabilities than the general population and, with partners, had undertaken needs assessments and developed strategies. For example, the Substance Misuse Needs Assessment fed into the Drug and Alcohol Strategy and set out the approach for prevention, early intervention, reducing harm, supporting wider health needs and reducing associated crimes.

Staff told us after people received a diagnosis of dementia from their GP a referral into preventative mental health was made to complete the Care Act assessment as early as possible after diagnosis, this meant people's views and wishes were captured before their condition progressed. We were told joint work between adult social care and public health had begun to undertake a dementia needs assessment to develop further evidence based priorities.

There were embedded systems in place to ensure care pathways and processes were aligned to management information systems and in policies, procedures and guidance. Hartlepool had invested in a case management system in 2023. Leaders told us the system was co-developed with staff and the training and guidance enabled staff to manage risks across people's care journeys, monitor transitions and the continuity in care.

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Staff had access to shared systems with partners to respond quickly to concerns and risks, this included the emergency duty team who were in place to ensure people received the same level of service and protection from harm outside of normal working hours. There were information sharing protocols to support safe, secure and timely sharing of information and to ensure the right services were in place at the right time. Staff across the local authority could access basic equipment and resources to meet people's short-term needs.

The local authority and partners had developed a culture of weekly huddles for staff from across the system to share information, learning and to manage risk for people on caseloads. Huddles included multi agency staff working in the community, police, health and localities. Staff, from teams such as commissioning, also attended routine information sharing meetings with partner organisations such as CQC.

## Safety during transitions

To support transition between services or pathways, the local authority recognised transition was a time when gaps between services could bring increased risk and a joined-up approach was required to support people.

The local authority equipped staff to ensure care and support were planned and organised with people, partners and communities in ways which improved safety across their care journeys and ensured continuity of care. The Care and Support Customer Pathway for Adults and their Carers included comprehensive guidance and principles covering the customer journey at all stages and provided guidance on person centred assessment, reviews and access to advocates.

Staff were provided with summary guidance on transfer of care at all points of a person's journey including, preparing transition from childhood to adulthood. The guidance reminded staff at all points, planning must involve the person and any unpaid carers (including young carers), where appropriate.

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Staff told us there were good relationships with other colleagues and the hospital discharge team within the ISPA. Staff told us social workers were based at the hospital and would visit people on wards to begin early discharge planning. There was a senior social worker in the ISPA team to support hospital discharge and staff could respond 24 hour and 7 days a week to jointly assess and respond to a person's needs. Social workers felt able to challenge decisions, for example if there were concerns about capacity. We heard how a social worker supported a person and their family to engage with an advocate and express their views, when there was a conflict over a capacity assessment.

There were person-centred pathways to help prevent risk to people's continuity of care. There was a home first and discharge to assess process which required staff across the health, housing, voluntary and community sector and social care system to understand the importance of a person's needs in discharge. Health leaders also told us they recognised too many people had been discharged to care homes and health and adult social care continued to work on making sure there was capacity in the system to support people at home and sustain the virtual care offer.

Providers gave mixed feedback on whether people received coordinated, safe support when moving between services. For example, one provider told us there was good communication regarding hospital discharges, however, another provider told us planning did not always cover the required equipment or financial support.

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Leaders, staff and people identified effective arrangements for safe transitions from child to adult services. There were pathways for identifying, assessing and allocating people with complex and non-complex needs and multi-agency working. Senior leaders told us there were good relationships between adult and children's services, with regular meetings via the Transitional Operation Group (TOG). The TOG received referrals from the age of 14 for children with complex or additional needs. Staff told us they generally worked with young people from the age of 16. We were told support for the young person would come from the appropriate team, preventative mental health team, locality team or young adults and learning disability team. The commissioned service for adult unpaid carers also held a support contract for young and young adult carers which they told us enabled them to offer a seamless service for young people at all stages of their caring role.

Staff from the young adults and learning disability team told us they worked closely with schools and colleges, and they attended annual reviews for young people who had an Education Health and Care Plan. A parent carer told us they had attended a meeting with the social worker held at the school. They were involved in the young person's plan and were clear what would happen when they left school, where they would attend and for how many days.

Staff were equipped with tools to support young people prepare for adulthood and had links to NDTi resources on preparing for adulthood. Systems and processes to support people moving out of borough were in place. People's safety and wellbeing were supported when moving to a new local authority area. The local authority understood the importance of maximising people's independence whilst mitigating risks.

## Contingency planning

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The local authority undertook contingency planning to ensure preparedness for possible interruptions in the provision of care and support. The local authority had contingency and emergency preparedness plans in place. Plans included nursing and residential home closure plans, business continuity plans and quality standard frameworks for equipment and premises.

The local authority knew how to respond quickly when unexpected issues arose. The plans had been tested during an extreme weather event and the local authority told us they were able to offer an immediate and effective response resulting in care home residents, whose home had suffered a structural emergency, to be safely removed to alternative accommodation on the same day. This was supported by a 'buddy system' for care homes who stepped in to support residents from other settings.

The local authority had plans in place to monitor provider failure. The local authority told us they had not had any recent provider failures, but had used their plans in the past when a provider gave 1 months notice of closure. The local authority worked in partnership with other organisations to ensure positive outcomes for residents.

Unpaid carers were involved if emergency and contingency plans were enacted. During the carers assessment plans for care and support were discussed. We also heard from unpaid carers that the local authority's commissioned service supported unpaid carers when their caring role had ended.

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# Safeguarding

Score: 3

3 - Evidence shows a good standard

What people expect

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

## The local authority commitment

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

## Key findings for this quality statement

### Safeguarding systems, processes and practices

There were effective systems, processes and practices to safeguard people from abuse and neglect. The local authority had made structural changes by introducing safeguarding leads, following a Partners in Care and Health peer review, to embed safeguarding expertise across social work teams. Safeguarding enquiries were now carried out in locality social work teams which staff told us was positive due to the relationships they already had with people. Staff knew where to access policies and told us they used them to support them in their practice to make robust judgements.

The local authority worked with the Safeguarding Adults Board and partners to deliver a co-ordinated approach to safeguarding. The Safeguarding Adults Board covered 4 Local Authority areas, which meant they benefited from shared learning. Partners spoke positively about the local authorities' response to safeguarding and described good relationships. At the request of the Board's chair, the 4 local authorities were working together to include a director of commissioning and housing representative on the board, in order to have a whole system approach to address risks in the region.

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There was a strong multi-agency safeguarding partnership, with clear roles and responsibilities for identifying and responding to concerns. There were systems in place for staff and managers to attend a number of meetings with partner organisations where information in relation to risk was shared and actions agreed. This included a High-risk Adults Panel, daily police huddles, mental health huddles and fortnightly meetings with an organisation who provided drug and alcohol support. There was also multi-agency working in the ISPA where safeguarding concerns were received, including staff who supported people experiencing domestic abuse.

National data showed in Hartlepool 75.54% of people who use services feel safe which was somewhat better than the England average of 71.06% ASCS 2023-2024. The percentage of carers who felt safe was 89.36% which was better than the England average of 80.93%. SACE 2023-2024.

An advocacy service had supported with the production of materials to raise awareness of safeguarding with the public. Partners told us they knew how to raise safeguarding concerns and guidance was clear. However, a partner organisation told us that people who were deaf were not able to raise safeguarding concerns directly with the local authority due to the lack of accessible methods for them to make contact. The local authority told us that with the TSAB, British Sign Language videos were developed in 2024 and in co-production with the deaf community and these are available on the TSAB website. The local authority was reviewing the accessibility of their website and were considering the needs of deaf people, and some staff had started to train in British Sign Language to improve communication with deaf people.

Staff told us they had relevant training, support and supervision. They said trauma informed practice training had been commissioned and delivered after learning from a Safeguarding Adult Review (SAR) in another local authority area. A SAR is a multi-agency review process which seeks to determine what could have been done differently to prevent harm or death to an adult with care and support needs.

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Staff said there was a project officer for safeguarding who worked with managers to provide training for providers and there was a monthly safeguarding breakfast meeting for providers to talk about safeguarding matters and to identify any training and development they might need.

## Responding to local safeguarding risks and issues

There was a clear understanding of the safeguarding risks in the local area with plans in place to address them. For example, there was a service which supported people with more complex needs from outside of Hartlepool, where there was a consistently high number of safeguarding referrals. The local authority worked with the ICB and other regional local authorities to provide regional oversight and share information about safeguarding and risks in this service. They had also been proactive in working with the provider and a safeguarding link officer had been allocated to provide support with safeguarding thresholds and proactive management of risks.

In response to an increase in self-neglect the local authority had worked with the voluntary and community sector to create a support service. Staff told us there were weekly huddles to discuss people experiencing self-neglect and hoarding issues and a pathway for people to get support to declutter including counselling services.

Lessons were learned when people experienced serious abuse or neglect and action taken to reduce future risks and drive best practice. A senior leader chaired the subgroup of the Safeguarding Adults Board in relation to Safeguarding Adults Reviews. This enabled them to have oversight of learning from SARs from the 4 local authorities covered by the Board. Staff told us learning from SARs was embedded through newsletters, the monthly safeguarding surgery and peer supervision. An example of learning taken by Hartlepool in response to a SAR in another local authority area was the introduction of a team around the care setting. This was a process where there was a named member of staff from adult social care who worked alongside the Commissioned Services Team linked to every care home and supported living setting. Staff told us this gave more oversight of services and was a way to offer support and build relationships with registered managers.

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There were effective processes in place to manage risks around Deprivation of Liberty Safeguards (DoLS) assessments. In 2023/2024 the local authority received 1,441 DoLS applications and 98% of these were authorised. Data provided by the local authority in October 2024 showed there were 132 DoLS applications awaiting assessment. The median waiting time over the previous 12 months was 13 days with a maximum wait of 30 days. Referrals were triaged using the prioritisation tool developed by the Association of Adult Social Services (ADASS), and if people were waiting, they were reprioritised on a weekly basis.

The North East DoLS Leads Steering Group (NEDLSG) had created a DoLS feedback form to seek views on the process of assessing and authorising DoLS in care homes and hospitals. Staff told us the person subject to a DoLS assessment would be offered the feedback form with support from the appointed Relevant Persons Representative, a family member or friend. The form consisted of simple questions about people's experiences with pictorial prompts, happy, sad, okay and not sure icons to help completion.

## Responding to concerns and undertaking Section 42 enquiries

Data provided by the local authority in June 2024 indicated an increase in safeguarding concerns over the last two years, and a decrease in the number of concerns which progressed to a safeguarding enquiry. In 2022/2023 1606 concerns were raised of which approximately 57% progressed to a safeguarding enquiry. In 2023/2024 there were 1,799 safeguarding concerns received, of which approximately 39% progressed to a safeguarding enquiry.

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A senior leader told us work had been done to promote concerns being addressed through multi-disciplinary teams or through assessments and reviews, rather than safeguarding enquiries, where appropriate. They said this had an impact with the number of safeguarding concerns progressing to a safeguarding enquiry reducing to 29% in quarter 2 of 2024/2025. Staff spoke positively about different multi-disciplinary meetings where risk could be discussed.

Data provided by the local authority in June and October 2024, showed there were no waiting lists for safeguarding concerns or safeguarding enquiries. Live data at individual and team level was monitored by managers via a Power BI dashboard. The data also identified themes and trends, for example in relation to types of abuse and location of risk.

There was a system to ensure consistency in decision making in relation to whether safeguarding concerns progressed to a safeguarding enquiry. Safeguarding concerns were received into the ISPA where there were safeguarding leads. A team of staff reviewed and triaged referrals and the decision to close or progress to a safeguarding enquiry was authorised by a manager and an audit tool was completed. There was also a Teeswide Safeguarding Adults Board's Decision Support Guidance document which staff accessed to assess risk and support consistent decisions.

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Where safeguarding enquiries were conducted by another agency the local authority retained responsibility for the enquiry and the outcome. Providers told us they could be asked to investigate a safeguarding concern themselves or jointly investigate with social workers. A provider shared an example of a safeguarding enquiry they carried out alongside the social worker, where they focused on the staff investigation and the social worker worked with the person. They said this gave a better understanding of the situation. Another provider told us the local authority had been extremely supportive and worked with them with a complex safeguarding situation. The local authority also monitored standards of investigations and staff told us about current work with a provider to ensure investigations, and the outcomes were at the right standard. Most providers said the local authority informed them of the outcomes of safeguarding enquiries.

The local authority focused on preventing abuse and neglect through their community led approach and multi-disciplinary working. Staff told us there was a weekly rota for responding to concerns that had not met the safeguarding threshold. We were also told that a team was responsible for undertaking welfare checks each week for people who were not known to adult social care. Staff would visit people who were not known to the local authority where concerns had been raised but had not met the safeguarding threshold. There was no policy however, for staff to follow if the person was not in, and staff would revisit or leave a note depending on the nature of the concern.

## Making safeguarding personal

Safeguarding enquiries were carried out with the person's wishes and best interests at the centre. Staff told us making safeguarding personal was embedded and ensured they spoke with the person about the outcomes they wanted. They said the restructuring of safeguarding work into teams, had supported this person-centred approach as workers had an ongoing relationship with the adult. An example was shared of undertaking safeguarding work with a young person who was being supported by a multi-disciplinary team to work towards the outcomes the person wanted.

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Providers told us the local authority was very person focused and responsive to safeguarding concerns. An example was shared where a social worker attended a safeguarding incident within 10 minutes to provide support to the person and liaise with partner agencies, to ensure they received a response which supported their wellbeing.

People were supported to participate in the safeguarding process as much as they wanted and helped to understand safeguarding. One person who had experienced abuse was supported by the social worker to understand the safeguarding process, and a safe space was created for them to be part of a meeting in which they could express their choices about the support they received.

Staff told us they had good relationships and access to advocacy. National data for Hartlepool showed 81.25% of people lacking capacity were supported by an advocate, family or friend during the safeguarding process. This was similar to the England average of 83.38%, Safeguarding Adults Collection (SAC) 2023-2024).

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## 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

There were governance, management and accountability arrangements at all levels in the local authority these provided visibility and assurance on quality, sustainability and risks to carry out Care Act duties.

We found the staff and managers we spoke with felt valued, were clear about their roles and were motivated to work for the people of Hartlepool and were embedded in the community. There was a stable and long serving workforce and leaders enabled the workforce to develop and progress. The senior leadership team had identified succession planning was a priority to ensure the local authority was future proofed against any retirements or unexpected absence.

Staff told us the senior leadership team were visible, approachable and not isolated from the wider workforce. People who used services talked positively about their experience of assessment and interaction with frontline staff. Unpaid carers also reflected their good experience of using services and how partnerships developed by the local authority enabled proactive identification, assessment, and access to support.

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The local authority had risk management, performance and escalation arrangements in adult social care and the wider council. Risks in adult social care were reflected in a departmental risk register showing accountability through monitoring and action and wider council management escalation.

Partners reported on the strong leadership in adult social care and positive membership of external and sub-regional boards. Providers reported a good working relationship with the local authority, they felt supported. One provider told us the support they received was phenomenal. The co-production group said they felt listened to and relationships were built and barriers overcome.

The senior leadership were established and worked well together, and we found leaders to be curious, passionate and committed to the people of Hartlepool.

We heard some people knew how to access the information and advice they needed. However, there was room for improvement in ensuring all communities had equal access to accessible information about care and support and the local authority acknowledged the need to refresh communication channels.

Elected members had oversight and although the lead member for adult social care was a new chair, they told us members were encouraged to ask questions, scrutinise officers and challenge robustly.

## Strategic planning

Senior leaders acknowledged challenges in the strategic planning which impacted on delivery of the Care Act. Gaps were understood by leaders but were not always articulated in strategic plans. For example, some of the Joint Strategic Needs Assessment was not up to date resources had been allocated to support review of data so it could underpin strategies such as the Market Position Statement and Carers Strategy.

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The programme for developing or reviewing strategies included community involvement and voice. The Carers Strategy (2019-2024) had a priority to increase the wider participation of unpaid carers to influence decision making at a local level. We were told a planned joint strategic needs assessment for unpaid carers with public health would be developed in co-production with unpaid carers and voluntary sector organisations.

Staff told us an internal partnership board meeting for housing and a housing strategy involved focus groups to bring the voice of the community to the board meetings.

The Adult Social Care Strategy (2024-2029) laid out the key priorities. These were; co-production, commissioning, workforce, safeguarding, partnership and community led support and strength-based practice. There was a delivery plan for the strategy and how the strategy would be monitored was clearly set out with an annual quality assurance report.

Adult social care leadership had real time data to support resourcing and to inform decision making. The local authority used Power BI reporting, which included a waiting list report, DoLs activity report, safeguarding activity report and reports from the support hub and ISPA. Staff told us how they benefited from the landscape tool which enabled them to predict trends, future demand for services and identify where resources needed to be targeted.

## Information security

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The local authority had arrangements to maintain the security, availability, integrity and confidentiality of data, records and data management systems. There was a data protection policy which supported staff to keep people's personal information safe and Data Protection leads and processes for data breaches. Information outlining the rights of individuals to access their own information, is publicly available on the local authority's website. The local authority used a secure data management system to store people's information, and the local authority had completed the Data Security and Protection Toolkit to check the local authority's standards for information governance. Staff told us they had secure arrangements for sharing information externally and with partners. For example, the use of secure encryption for emails.

Staff told us the assessment paperwork included information about data protection, and workers had to indicate this had been discussed with the person, and who they had consented to share information with. There was also space to include who not to share information with.

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# 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

There was a positive, inclusive and supportive culture of continuous learning and improvement. Staff had ongoing access to learning and support, so Care Act duties were delivered safely and effectively with opportunities for career development. The local authority's Learning and Development Programme 2024 outlined mandatory and optional learning and development courses for adult social care staff for 2024-5. These aligned with the local authority's Care Act duties and the values and priorities in the Adult Workforce Strategy 2023- 26 and Implementation Plan, which clearly set out how the workforce priorities in the adult social care workforce strategy would be achieved.

The local authority's nomination for Supportive Social Work Employer Award 2024, which resulted in a silver award, detailed the 2023/24 Local Government Association Employers Standards Health Check for registered social workers had identified Hartlepool as the best performing local authority in the country for the 2nd consecutive year. The nomination included a number of positive testimonials from staff which outlined the positive support received from the local authority.

The nomination also evidenced positive feedback from people who had received support and services from a range of teams. Themes from the feedback included person centred approach, advocating for individuals, empowering individuals and being knowledgeable and caring. Staff gave us examples of going above and beyond to support people including staff delivering Christmas dinners and setting up a rota to care for a dog to facilitate the owner being admitted into hospital.

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The local authority had dedicated practice months to look at case file audits, speak to people who used services and undertake practice observations. Other forms of continuous learning and development for staff included monthly supervisions and 'theory of the week' where current issues were discussed using social work theories. Managers of care settings and carers groups had been invited as guest speakers to team meetings.

There were no recruitment challenges for the local authority, who had a low turnover of staff. A big focus was on growing their own staff which included an apprentice scheme, best interest assessor training and an Assessed & Supported Year in Employment (ASYE) for newly qualified social workers. Shadowing opportunities in different teams and secondments were available to staff to share knowledge, build resilience and stay motivated.

The local authority was committed to working collaboratively with people and partners to actively promote and support innovative and new ways of working to improve people's social care experiences and outcomes. A voluntary sector group told us they felt the local authority embraced co-production well and the lived experiences of people with mental health issues had helped to inform strategies and services in the local authority. Other groups felt there was improvement required with communications and described the local authority's journey of co-production as an ongoing one, with some areas of further development needed. The local authority told us their co-production work continued to gather pace. They were looking at the wider landscape of opportunities for people with a learning disability, further education colleges, parent/carers forum and using the Working Together For Change model to review provision and think creatively for the future.

The local authority actively participated in peer reviews and sector-led improvement activity. For example, the North East Directors of Adult Social Services Lived Experience Forum which aimed to support local authorities in the North East to work to ensure co-production and lived experience representation was present in decision making, design and delivery across the region as a routine part of processes and planning. A recent local government corporate peer challenge highlighted the community hubs as an example of successful co-production.

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An assurance visit was commissioned in May 2023 and was undertaken by a former Director of Adult Social Services. The visit focused on the quality of adult social care practice. Feedback identified a positive culture, accessible leadership and ambition for people with care and support needs with an area for development, to establish and embed co-production. The local authority has been proactive in taking action and learning from the review.

The local authority told us of ongoing level access shower research, by a university, into the impact of installation and waiting time for people. The local authority was awaiting the outcome of this.

## Learning from feedback

The local authority used a number of ways to obtain feedback from people, staff and partners about their experiences of care and support and delivery of Care Act duties. There was a clear feedback loop between frontline staff and senior management for example, senior leaders having regular meetings with team managers and operational staff.

Voluntary and community groups told us the local authority responded to feedback and gave an example where people had not liked an approach to a service which was being introduced, and the local authority then changed the approach based on the feedback they were given. Another group shared an example where the local authority provided training to staff to prevent a situation occurring again following a complaint.

There were processes to ensure learning happened when things go wrong both locally and in other areas and recommendations were acted on. For example, staff attended Safeguarding Adults Reviews (SAR's) meetings and shared learning from these and staff gave an example of how an area of practice had changed for all social workers.

The local authority told us the complaints procedure was flexible to ensure needs of the complainant were met and allowed for an approach based on the best way to reach a resolution.

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Local authority data showed of the 16 complaints investigated from April 2023 to March 2024, fifteen were concluded and 2 complaints were referred to The Local Government and Social Care Ombudsmen's (LGSCO). The Ombudsman closed the complaints without further investigation and the LGSCO current data relating to adult social care complaints showed they had not carried out any detailed investigations into complaints involving the local authority.

Learning from complaints was shared and discussed within management forums to ensure improvements identified were communicated to the workforce. In the same period, (April 2023 to March 2024), 47 compliments were received ranging across all adult social care services.