Sunderland City Council: local authority assessment

How we assess local authorities

Assessment published: 9 May 2025

About Sunderland City Council

Demographics

Sunderland is a metropolitan borough in Tyne and Wear, North East of England. It covers 53 square miles with 99% of the population living in urban areas. Sunderland has a population of 274,211 based on Census 2021.

Census data showed that 59.37% of the population are working age adults, and 20.77% are aged 65 and over. Children make up 19.8% of the population. The population of over 65s and over 80s is expected to rise to 24% and 6.5% respectively by 2031.

Sunderland has an Index Multiple Deprivation score of 9, with 10 being the most deprived and is the 27th most deprived local authority out of 153 local authorities (with the 1st being the most deprived). Twenty-two percent of the local population live in the most deprived areas in Sunderland. The population of Sunderland is predominantly white with just over 5% identifying themselves as an ethnicity other than white.

Sunderland borders the local authority areas of, County Durham, Gateshead, and South Tyneside. The local authority sits within the North East and North Cumbria Integrated Care System (ICS) and is one of 14 local authorities within the ICS patch. The city has 25 wards, each with 3 councillors, across 5 Localities with a Labour controlled council.

Financial facts

- The local authority estimated that in 2023/2024, its total budget would be **£447,128,000**. Its actual spend for that year was **£454,507,000,** which was **£7,379,000** more than estimated.
- The local authority estimated that it would spend **£124,889,000** of its total budget on adult social care in 2023/24. Its actual spend was **£129,833,000,** which is **£4,944,000** more than estimated.
- In 2023/2024, **28.57%** 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 **4775** people were accessing long-term adult social care support, and approximately **630** people were accessing short-term adult social care support in 2022/23. Local authorities spend money on a range of adult social care services, including supporting individuals. No two care packages are the same and vary significantly in their intensity, duration, and cost.

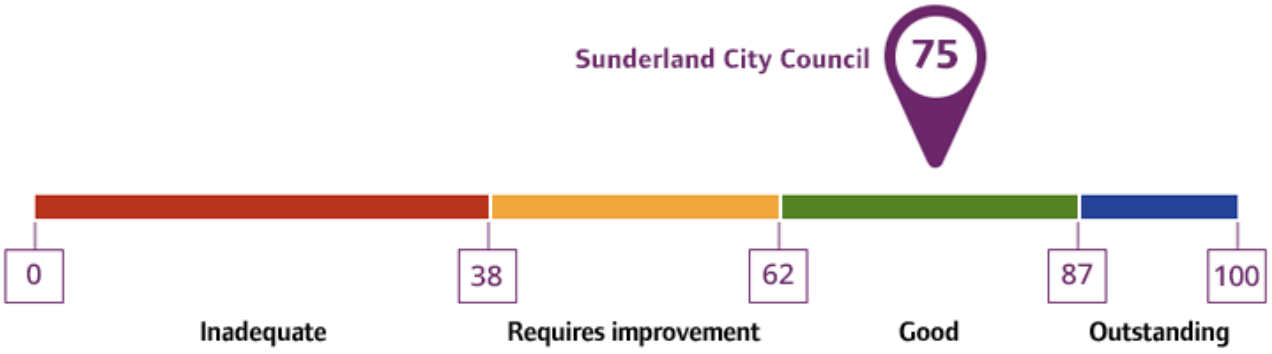
This data is reproduced at the request of the Department of Health and Social Care. It has not been factored into our assessment and is presented for information purposes only.

Overall summary

Local authority rating and score

Sunderland City Council

Good



Quality statement scores

Assessing needs

Score: 3

Supporting people to lead healthier lives

Score: 3

Equity in experience and outcomes

Score: 3

Care provision, integration and continuity

Score: 3

Partnerships and communities

Score: 3

Safe pathways, systems and transitions

Score: 3

Safeguarding

Score: 3

Governance, management and sustainability

Score: 3

Learning, improvement and innovation

Score: 3

Summary of people's experiences

People told us they received clear information, regular reviews, and emotional support from the local authority staff. They said the staff supported them and listened to their personal preferences and wishes such as quieter living environments and family connections. People experienced positive outcomes such as moving out of homelessness and achieving greater independence.

People told us there was good support provided when transitioning from hospital to community. There were examples of empowerment such as the use of direct payments to create and achieve short term support. Support was tailored to people's individual needs. People reported positive experiences with assessment and support, including increased independence, choice, and control. Support services had helped individuals to live more fulfilling lives and achieve their goals. There was a strong focus on reablement to support people to remain independent at home. The local authority experienced challenges with capacity and demand for reablement services and people told us there were limited respite options. Difficulties in recruiting and retaining staff in the care sector were ongoing but the local authority continued to strategically plan and act around this. People were involved in shaping service provision, there was ongoing improvement work in coproduction to ensure peoples experience fed service development.

Unpaid carers' voices were valued, and their needs were addressed. Unpaid carers could access respite care, training, and emotional support. Unpaid carers did not all feel involved in planning and decision-making processes. There was strong collaboration between the local authority and carers' centre to improve the experiences of unpaid carers. Unpaid carers received a range of support, including information, advice, respite options, and advocacy services. However, some unpaid carers told us there were disruptions in service provision during transitions which led to uncertainty and stress for families, and there was a limited choice for respite.

Summary of strengths, areas for development and next steps

The local authority's restructure focused on improving people's outcomes and their journey through adult social care. Staff and individuals consistently praised the stable leadership team's innovative approach to service restructuring. This restructure positively impacted people needing care, stakeholders, and staff.

There were waits for assessments, though data showed these were improving. A recently restructured multidisciplinary front door team enabled quick responses to needs. This streamlined process ensured people felt heard and understood, with staff encouraged to use creativity and innovation to meet individual needs. Relationship-based practice was strengthened by joined-up working.

Effective systems identified risk and addressed urgent cases, prioritising crisis situations to prevent deterioration. While Direct payments uptake was low, leaders were actively working to improve this through broader community engagement and education about social care.

Data analysis informed decision-making and resource allocation. The local authority actively monitored the market, identified gaps, and collaborated with providers to develop new services, offering support through training, guidance, and quality monitoring. Effective brokerage and commissioning arrangements matched needs with appropriate services. Staff created bespoke services when existing provisions were unsuitable, and processes efficiently matched people waiting for care with providers, reducing waiting times.

Transparent processes supported financial assessments, with clear policies and social worker involvement enabling tailored support. Although delays in financial assessments existed, the local authority had addressed this by recruiting additional staff. Strong business support and data management teams used a data-driven approach to identify trends and target interventions. Safeguarding practices were personalized, involving individuals and unpaid carers.

Efficient referral and triage processes fed into clear risk assessment and case categorisation. Staff maintained strong relationships with local care providers and ensured communication was regular and transparent. Clear processes managed concerns, and feedback and audits drove learning and improvement. Integrated records facilitated information sharing, improving efficiency and decision-making.

Quality assurance systems included regular reviews and audits. Practice changes included an emphasis on face-to-face assessments and upholding human rights during mental capacity assessments, implemented following safeguarding adult reviews. Recording systems highlighted repeat data patterns to ensure safe practice, such as medication error management triggering alerts after multiple occurrences.

Collaboration between adult social care, children's services, and the Integrated Care Board was effective. Staff demonstrated person-centered planning with colleagues and partners, creating tailored support plans for people with complex needs. Collaboration with external partners like police, health, and providers was strengthened by regular governance and process reviews. Social work and healthcare were successfully integrated, particularly in complex cases using the Complex Adults Risk Management Process (CARM) process, signposting, and short-term assessment to prevent and delay needs. Improved data sharing and shared funding agreements further strengthened joint decision-making.

Early intervention approaches, such as supporting young people with potential future needs, were strengthened by regular meetings to coordinate transition plans and strong partnership working with external partners.

Leaders demonstrated passion for their community and a clear understanding of service gaps, implementing innovative solutions. The senior leadership team and staff were committed to the local authority’s vision and strategy. Relationships between leaders, staff, and the community were holistic, person centered, and strength based. Resources aligned with individual needs and wellbeing.

A culture of continuous improvement, learning from mistakes, and sharing best practices was evident. Ongoing investment in staff development included training, apprenticeships, and leadership programs, with a focus on person-centered practice and trauma-informed care. A positive organizational culture fostered a supportive and inclusive work environment, with regular supervision and peer support. Joint working between the principal social worker and principal occupational therapist provided additional training for newly qualified staff.

The local authority was progressing innovative technology use, such as magic notes and telephony applications, improving efficiency and communication. The senior leadership team was committed to staff wellbeing, innovation, and co-production.

Theme 1: How Sunderland City 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's Adult Social Care Strategy had identified a priority to define and agree a new model of social work utilising a strength-based approach. The local authority had implemented a new front door provision in May 2024 which was central to their prevention strategy. The front door brought together a multi-disciplinary team which included social workers and occupational therapists and due to phased implementation was embedded in practice at the time of this assessment. As part of the development of the front door, the local authority had integrated the role of the single point of contact and the support offer from partners in the voluntary sector to develop a joined-up approach. The front door used a three-conversation approach which encouraged putting people at the centre of their assessment and care planning. It focused on a first conversation focused on listening and connecting with the person, a second person led conversation that support risk assessment and crisis contingencies, and a third conversation based around building a good life.

The restructure was modelled on a vision to ensure people's journey through the assessment system within the local authority was smooth. The adult social care operational guidance, published in May 2024, provided a detailed guide for staff on how to deliver strengths-based adult social care. It set out the local authority's core values, aspirations, and the importance of quality assurance. The document covered all areas including guidance on the front door, safeguarding, and Deprivation of Liberty Safeguards (DoLS). The front door provided a single point of access for referrals, with a focus on early intervention and prevention, where people could be quickly assessed and referred to appropriate services. The local authority had consulted widely within the sector to develop this model, which also included a carers centre and voluntary sector staff. Staff gave examples where people needed both a social worker and an occupational therapist assessment, which previously would have involved 2 visits. Now this was 1 joint visit, and the person only needed to have the 1 conversation.

There were effective systems for identifying and addressing urgent cases. Staff told us how the systems had supported people in crisis to be prioritised and receive immediate support. Further integrated working between the front door and safeguarding teams was being discussed with strategic managers to streamline processes, so quicker responses to support better outcomes could be obtained.

Assessments and care planning could be accessed via telephone, online or face to face. The local authority had strengthened this process through the implementation of portals which supported self-assessment and trusted assessments, completed by providers for both care act assessments and therapy assessments. This was in response to people's feedback that they could not always easily access the local authority's care and support services. Adult social care operated 24/7 with duty and out of hours able to respond quickly to address presenting needs.

Data from the Adult Social Care Survey 23/24 for Sunderland showed that 67.9% of people were satisfied with their care and support and and 80.42% of people felt they had control over their daily lives. This was in line with the England average.

Staff consistently worked creatively and were encouraged to use innovation and technology to support people to utilise and build upon their own strengths. This strengths-based approach was evidenced in records which used positive language. There were examples of care and support for people with complex needs where personalised care and housing provision was created to enable and support independence. Staff gave examples of strengths based and person-centred practice such as the provision of a direct payment to a person with mental health issues that supported them to access the community in a more creative way. This resulted in a growth of confidence enabling them to subsequently learn to drive, go to college and then find employment, promoting independence and preventing the need for long term services. Staff told us they had tools which supported them to have a strengths-based conversation whilst ensuring that the strengths-based assessment was captured in records.

People told us about their journey through adult social care was focused on their wishes and they felt listened to. Pathways and processes ensured people's support was planned and co-ordinated across different agencies and services. The local authority had assessment teams who were competent to carry out assessments, including specialist assessments. Social workers and assessment officers worked with a variety of partners to ensure people's needs were assessed quickly and any opportunities to prevent, reduce and delay need were identified. Staff told us an example of their person-centred approach with a person who frequent hospital admissions. Staff worked closely with the person and supported them to move accommodation and reduce their care and support by 98%. Due to the positive outcome and interventions from staff, they were shortlisted for team of the year award for Social Worker of the Year Awards. Leaders and staff described how integrated records benefitted the care planning and assessment process, which was helpful to understand the holistic picture for each person. Staff had access to health records which improved awareness of and transferring of information. For example, they could see how many times a person had attended hospital. The safeguarding team also shared their electronic recording record system which ensured promotion of safety within the assessment processes.

The local authority commissioned a service to complete their specialist and sensory assessments. Staff told us the there were good relationships which ensured people received the assessment, support they needed, and information was shared accordingly.

Sunderland's adult social care teams were focused on every person being supported in a way that worked for them. In 2023/2024 the local authority received 14,832 contacts for social care support. Eighty-eight percent of social care assessments were completed within 28 days. Also in 2023-2024, 95% of reassessments were completed within 28 days and 86.7% of people received their annual review compared to 72.9% in 2022/2023. Most providers told us the local authority engaged with them well and completed reviews around 6 weeks and after a year. Sometimes there was a wait for a social worker to be allocated which could be challenging if people's needs had changed. However, social workers communicated well when people had been allocated to them. Providers were able to send information to social workers through a portal about any changes to a person's needs, which was then used to inform the statutory review. Some providers carried out their own quarterly reviews. There was some anxiety from providers about getting provider staff trained to enable them to ask the right strengths-based questions. However, providers told us the portal was a positive change and an opportunity to reduce duplication and allow everyone to work together to achieve the best outcomes for people.

Staff told us about an app which had been designed to carry out reviews of care and support plans and equipment in non-complex cases. If the person consented, they received a call from the app. There were mitigations to ensure a member of staff called the person if the app was not successful at making contact. People gave positive feedback of their experiences using the app.

Timeliness of assessments, care planning and reviews

The local authority was acting to address waiting times for assessment, care planning and reviews. This included actions to reduce any risks to people's wellbeing, while they were waiting for an assessment. Staff risk assessed allocations using a risk assessment tool. Any delayed allocations were reviewed weekly. However, staff did not know how big the delayed allocations list was, but managers had good oversight and systems to monitor.

The local authority had a system to monitor assessments and reviews and whether these had been completed within their own target timescales. There were regular reviews, updates, and supervision to ensure quality and accountability. Monitoring systems ensured people could receive consistent support and protection through regular case reviews. The mean, median and maximum waiting times were also calculated. Data was shared by the local authority for waiting times for Care Act assessments and financial assessments. This showed, 53 of 113 new care assessments were overdue and had missed the 28-day timeframe and 672 of 4002 pending care review tasks were also overdue. Although there was work needed to improve this journey for people, it was an improving picture and performance over the last twelve months was showing reductions in maximum wait times. For example, the maximum wait time for new Care Act assessments had reduced from 100 days in July 2024 to 85 days in November 2024.

Leaders were cited on the waiting times for care assessments and reviews and had created action plans to address this including employing additional staff and ensuring they had completed onboarding training before they began their role.

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 commissioned a carers service to deliver the statutory carers assessments and held the budget for carer support payments. The benefit of this partnership arrangement was holistic support could be provided to unpaid carers, their families, and young carers. The data provided by the local authority showed that there was 1 new open carers assessment since July 2024. There were no carers assessments overdue and there was a mean, median and maximum wait time of 7 days.

National data for Sunderland National data for Sunderland from the Survey of Adult Carers in England 2023 - 2024 showed 2.9% of carers accessed training for unpaid carers (England average 4.30%). This was corroborated by unpaid carers who felt they could not always access training. The data also showed a positive variation, 44% of unpaid carers were satisfied with social services compared with the England average 36.83%. This said, 11% stated they were dissatisfied with social services and as such work was still needed by Sunderland.

There was also positive variation with 74.9% of unpaid carers that feel involved or consulted as much as they wanted to be in discussions (England average 66.56%) and 87.9% of unpaid carers with enough time to care for other people they are responsible for (England average 87.23%). There was ongoing work in Sunderland to support unpaid carers in the community. The local authority had taken action in response to the aforementioned national data and introduced bespoke training and celebration events for carers. There was acknowledgment that further improvements were needed to improve the whole journey and experience of carers.

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

People were given help, advice, and information about how to access services, facilities, and other agencies for help with non-eligible care and support needs. We heard examples such as support people had received to make plans in the event of an emergency. This included a carers card which they carried to let people know in an emergency that they have a dependent family member reliant on them.

There was an online resource for people and unpaid carers to search for services, activities and organisations and contact the council, enabling online self-referral. There was also a platform which incorporated social prescribing by linking people to services and self-help resources. Both websites had accessibility and language options which were clear to see and use, they allowed people to change font, backgrounds, language and had a recite function.

The front door service offered a single point of access for older people offering low-level tailored support such as support groups, information, advice, and advocacy. It aimed to connect people with their communities and address social isolation.

Eligibility decisions for care and support

The local authority's framework for eligibility for care and support was transparent, clear, and consistently applied. Decisions and outcomes were timely, and evidence based. The local authority had a process in place for handling reconsideration and appeals against Care Act provisions. There had been no formal appeals made against Care Act assessments since May 2023.

Leaders advised there were no themes of concern relating to eligibility for care and support. Staff explained how they used funding creatively when applying eligibility. For example, staff were encouraged to use small amounts of money for one-off work which could make significant changes. Disabled Facilities Grant funding had increased, and staff made use of the discretionary element to make the changes. Staff worked with people with progressive conditions to make sure decisions showed why they had eligible needs. This meant that people could get the right support at the right time as decisions were defensible.

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. There were transparent and supportive processes for financial assessment including clear policies, flexibility, and involvement of social workers in the assessment process. People could complete financial assessments through the local authority's online portal and staff could complete referrals through the local authority's electronic recording system. Although referrals were processed in date order the team demonstrated a flexible response to risk, giving an example where they were able to provide a financial assessment to relieve stress to an unpaid carer and enable them to continue with their caring role.

Leaders were cited on waits for completing financial assessments. They told us they had taken action to mitigate risks and were capturing improvements in production and compliance. For example, they told us the number of overdue financial assessments was reducing. Additional staff had been employed to address the waiting list and staff told us care could start before financial assessment had taken place to ensure people's needs were met, wellbeing was prioritised, and risks mitigated.

Data shared by the local authority corroborated this. From July to November 2024 there was a 16.9% increase in new financial assessments that had not been completed within the local authority's 28-day target timescale. However, improvements were seen in the mean wait time for new financial assessment reducing from 29.43 days in July 2024 to 25 days in November 2024, and the median wait time for new financial assessments had reduced from 23 days in July 2024 to 17 days in November 2024. The number of financial assessment reviews overdue also saw an improvement reducing from 1572 in July 24 to 221 in November 24.

For financial assessment reviews the data shared by the local authority showed that of the 221 assessment reviews which were overdue, 117 were overdue by more than the target timeframe of 28 days. This did not equate to a percentage improvement since July 2024, but the mean days had reduced from 154 in July 2024 to 129 in November 2024 and median days had reduced from 132 in July 2024 to 83 days in November 2024.

Additional staff had been employed to address the waiting list and staff told us care could start before financial assessment had taken place to ensure people's needs were met, wellbeing was prioritised, and risks mitigated.

There had been appeals against financial assessments, between June 2023 - June 2024 a total of 28 reconsideration requests were made. Of the 28, 3 were upheld, 16 not upheld, 8 partially upheld and 1 withdrawn. Between June 2023 and June 2024, there were 4 appeals, 3 were not upheld and 1 was partially upheld. The main reason for the reconsiderations and appeals was said to be disability related expenditure. Staff told us they had worked very closely with the financial assessment team and carried out joint visits when needed. People and staff told us they benefitted from using the local authority financial calculator which had been quick and easy to use.

The local authority had a contributions policy which covers disability related expenditure and was kept under review, taking account of the cost-of-living impact for customers.

Provision of independent advocacy

Timely, independent advocacy support was available to help people participate fully in care assessments and care planning processes. The local authority's commissioned advocacy service were commissioned to provide all statutory advocacy. There was no general advocacy in the contract, but they had been approached for spot purchase for complex cases such as financial issues. The service they knew the local authority well and people told us it was helpful to have that independent support to generate something that was bespoke for the person.

Staff told us the advocacy service was responsive, particularly when the need for an Independent Mental Capacity Advocate was required during hospital assessments. We spoke with people who had been supported by advocates who told us this was a supportive service which was available quickly. The service also gathered feedback from people they supported about their experience of advocacy and measured various outcomes such as goals, rights, quality of life and the client's voice. People's feedback was, positive and said that their voice had been listened to.

Supporting people to live healthier lives

Score: 3

3 - Evidence shows a good standard

What people expect

I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.

I am supported to plan ahead for important changes in my life that I can anticipate.

The local authority commitment

We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.

Key findings for this quality statement

Arrangements to prevent, delay or reduce needs for care and support

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

There was a digital platform to connect people to local services and support, and social prescribing systems to connect people to community resources and activities. The Health and Wellbeing Board had a focus on a system wide approach to health and wellbeing including introduction of community spaces for social interaction and support.

Specific consideration was given to unpaid carers and people at greatest risk of a decline in their independence and wellbeing. The Survey of Adult Carers in England 2023-24 showed that 19.11% of carers were able to spend time doing things they value or enjoy and 88.3% of carers who found information and advice helpful which was also showing better outcomes than the England average.

Preventative services were having a positive impact on well-being outcomes for people. National Adult Social Care Survey data showed 95.1% of people who used services in Sunderland felt clean and presentable, and 93.9% of people who used services got adequate food and drink. Both of which showed better outcomes than the England average.

In Sunderland, 63.1% of people said help and support helped them think and feel better about themselves. Which was reinforced by 73.11% of people who reported that they spend their time doing things they value or enjoy. The local authority had identified it was not always easy for unpaid carers to visit the drop-in sessions available or attend the activities available. As a result, they had created an app as an alternative way of reaching unpaid carers who needed support, improve awareness of services available, connect carers with each other and increase identification of unpaid carers.

Drawing on the benefits of having this multidisciplinary team, the local authority created a role to focus on falls prevention. This was a response to high numbers of falls in the older population, and in a further effort to prevent, reduce and delay care and support needs, and hospital admissions. The falls lead had progressed the vision of the council and the preventative duty through creation and delivery of a fall's prevention programme. This was an overwhelming success and significantly reduced hospital admission related to falls. This further evidenced positive outcomes, promotion of dignity and independence and promotion of integration with health services. The role was mentioned in staff meetings to ensure all staff could direct people to the provision wherever appropriate.

Provision and impact of intermediate care and reablement services

The local authority worked with partners to deliver intermediate care and reablement services that enabled people to return to their optimal independence.The transfer of care hub was a team based in the local hospital who focused on hospital discharge. The team provided the assessment and reablement services to support people to return home and rebuild their skills and independence. The care hub improved communication and integration between partners and reduced length of hospital stays by approximately 2/3 days. People also told us the care hub had helped them to return to their own homes and regain confidence in their own abilities. However, staff, people and partners told us there was often not enough capacity to provide reablement for everyone who needed it. Senior leaders had plans to further develop this provision.

There was also a hospital social work team who were based in Sunderland hospital. They took referrals from any hospital and completed assessments for people whose needs were not suited to a discharge to assessment process. This was a 7-day service.

National Adult Social Care Outcomes Framework Data (ASCOF) data for Sunderland showed 2.3% of people 65+ received reablement/ rehabilitation services after discharge from hospital in 2023/24. This was lower than the England average of 2.91%, as was the data showing 79.1% of people 65+ were still at home 91 days after discharge from hospital into reablement/rehab, which compared to 83.8% nationally.

Staff told us they had no assessment waiting lists for people who were ready to leave hospitalWhere the need for reablement care had been identified the team assessed within 4 hours which supported towards a smooth transition home. A home-first approach supported the least restrictive and proportionate approach to a safe hospital transitional journey. Staff explained where people were identified as requiring long term support, they considered bed-based rehabilitation first as opposed to residential care. Staff told us the bed-based rehabilitation was highly effective in promoting people's independence and safety though at times capacity impacted their ability to meet the demand. Where appropriate, people were discharged home with a reablement care package.

Assessments were carried out with people prior to hospital discharge to ensure the process was led by their preferences. Staff were proud of their person centred and holistic approach to supporting people. Examples included supporting people with major adaptations through the disabled facilities grant, such as level access shower facilities. Staff also gave examples of how they used a whole family approach when planning safe and person-centred discharge home.

The local authority had a commissioning intentions database which enabled commissioners to work with people early to identify and create bespoke solutions to meet their needs. Young people were added to the database when they turned 16 so that commissioners could work with them, their family and the social worker to start planning how best to meet any accommodation needs. Plans then considered the wishes and aspirations of the young person alongside their assessed support need. Where appropriate, internal, and external partners were involved, and we were told examples of existing services and properties being repurposed or and new services being developed. Staff told us that this relationship and collaboration with commissioners was highly beneficial in planning ahead.

Staff gave examples of how commissioners worked with housing, a social worker and occupational therapist to identify an existing empty property that would be suitable for renovation for a person moving back to Sunderland.

The local authority provided occupational therapy and physiotherapy support to adults living in registered care homes within the boundaries of Sunderland or living in care homes over the Sunderland boundary but registered with a Sunderland GP. The service offer included to prevent deconditioning, falls, physical and cognitive decline, and the delivery of rehabilitation to promote the development of independence.

The local authority had a Section 75 arrangement in place to use the Better Care Fund to provide both bed-based and home based reablement services. The local authority performance indicators show that most discharges from reablement services were to home and with outcomes met. The local authority told us they used better care funds to provide the right care in the right place at the right time. Examples of this included increased capacity within discharge to assess teams (D2A), implementation of therapy team to support people in residential and nursing homes, increased use of personal assistants to support non-complex discharges and improved use of automated telephony post discharge.

Telephone reviews were conducted for people who had recently been discharged from reablement. The reviews would take place the day after the service finished, then again at 2 weeks and day 91 after the service had finished. This was to identify people who may need further intervention as early as possible and to prevent further hospital admissions. People told us the review process helped them to regain independence and reach goals.

Access to equipment and home adaptations

People could access equipment and minor home adaptations to maintain their independence and continue living in their own homes. The local authority had created digital health hubs within the community, designed to provide support to people who had limited skills with technology. These were supported and promoted through digital inclusion events. As the use of technology was a focus for the local authority to enhance and promote people's independence, a tech team provided people with support, for example people transitioning from landlines to alternative solutions.

The local authority had a smart house which highlighted the digital technology they had available, and it enabled people and professionals to see what could be done using technology to promote and enable independence. The local authority provided a range of smart home technology and voice enabled devices, such as smart speakers, tablets, smart plugs, and sensors. The smart house was an example of evidence-based work which was reinforced by testing the technology by ageing well ambassadors. Further technologies were being explored, improved care records and transfer of information to front line workers. Artificial intelligence was being explored to support development of personalised routines and reminders, medication management, and reducing social isolation.

The local authority was piloting a service using artificial intelligence via a screen. The aim was to reduce the need for face-to-face care and was available via a reablement service which was monitored by therapists. The service offered prompts/reminders and contacted family and friends. Equipment was given free of charge for the pilot however the plan was this would be chargeable if the pilot was successful. There was also a device used to identify changes in behaviour or recognise concerning behaviours, enabling families to care for family members themselves and reduce the need for formal services through the local authority enable social workers and therapists to develop personalised care plans. The device could monitor temperature, door usage, movement, and power use - key items associated with eating and drinking. There were measures to monitor the new technology and protect people's rights to privacy. Staff told us they used innovative assistive technology to promote independence and enhance safety. An example provided was a person who was at elevated risk of falls due to physical needs was provided with an interactive device that closed the curtains. This was the least restrictive measure and provided the person with choice and control.

Staff told us about the strength of the assistive technology offer. Staff explained that all assistive technology was free to residents, with equipment being provided on loan for as long as was beneficial. There were sometimes delays with the equipment getting to people as quickly as staff would like, for example when bespoke equipment was required. Not everyone that could benefit from assistive technology could do so, due to digital poverty. Work was undertaken to overcome digital poverty, by giving a person a tablet they were able to do their own finances, shopping, maintain social contacts by video calls and see who was at the front door. People who funded their own care and support could access telecare free of charge for up to 6 weeks if on a reablement pathway or privately if they wished to do so. These services could also be funded through a Direct payment.

The Home Improvement Agency and tech team received referrals from trusts and professionals, equipment referrals came from staff with prescribing rights. Staff were able to arrange for equipment to be delivered to people within a day. Staff gave an example of equipment being provided on Christmas Eve to a person who was at end of life.

The local authority had measures to monitor the use of equipment, which enabled staff to identify where people required additional support, contact, or whether equipment provided by the local authority was still being used and was still appropriate. There was a multi-disciplinary approach to monitoring the needs of people with complex needs who were supported by technology. This ensured people whose needs had increased were identified and supported promptly.

The local authority had systems and process to manage waiting times for community occupational therapy or care home occupational therapy. On 1 March 2023, 287 people were waiting more than 28 days for a wheelchair assessment. Providers told us the occupational therapy service was supportive when there were manual handling issues for example, they visited the service to demonstrate a different move to staff, or to assess equipment for suitability. There were 38099 deliveries completed by the equipment service for 2023/24. This included 759 same day orders for health and 268 for community. From January to March 2024 there were 193 referrals for Disabled Facilities Grants (DFG). A total of 563 minor alterations were completed and the average waiting time was 11 days.

Data provided by the local authority showed the number of people awaiting an occupational therapy assessment was 898 of which 344 were overdue. The median wait was 28 days the maximum wait was 317 days. Once equipment was ordered the median wait time was 3 days and the maximum waiting time is 272 days. Telecare median waiting time were 6 days, and the maximum waiting time was 37 days.

As part of the adult social care digital strategy the local authority commissioned housing services to incorporate assisted living technology, such as lifelines, with new build properties. As part of this strategy staff completed a survey which concluded staff were confident to use digital technology to support people using the service and their carers.

Provision of accessible information and advice

People could easily access information and advice on their rights under the Care Act and ways to meet their care and support needs. This included unpaid carers and people who funded or arranged their own care and support. National data for Sunderland in the national Adult Social Care Survey 2023-2024 showed 68.9% of people who use services found it easy to find information about support which was higher than the England average of 67.9%. This was complemented by data showing 65.6% of carers found it easy to access information and advice, also higher than the England average 59.06%.

The local authority had reviewed their performance from national data from the Adult Social Care Survey for 2023-2024. The biggest percentage decrease was the proportion of people who use services who find it easy to find information about services. The local authority was updating their website information in relation to adult social care and assessing opportunities to improve or replace their online advice, information, and guidance provision.

Staff told us about a relatively new online platform providing a directory of services and other prevention information. They explained they signposted people to the platform and used it themselves to provide information. This said, staff told us people who were not confident online could find it challenging to use. They explained this was mostly overcome by staff finding information on the platform and then emailing or posting it out to people. Social prescribers also supported people to access information online.

Staff said that where people had limited skills with technology, voluntary sector staff, who were part of the front door team, could go out and give the information. There were 20 digital health hubs in city to help people with no technological skills to complete forms, and digital inclusion events were held. Staff were working with commissioned agencies on information pamphlets and written information was given to people and placed in GP surgeries. People could access information in easy read formats and in different languages as requested. Staff had access to translation and communication services to support them to provide information and advice in ways that met people's needs.

The local Authority used message boards to provide information to people. The tech team were collaborating with people and telecommunications providers to move away from land lines and use alternative approaches which would enable them to have greater access to innovative digital solutions. The tech team held tech forums with partners, for example a care home group was created to provide updates to providers on new tech.

The Carers Strategy had been produced using feedback from unpaid carers and what was important to them. A main point from the strategy included improving the way the local authority identified unpaid carers. To achieve this the local authority held a range of face-to-face sessions, unpaid carers week events, online and postal surveys. Unpaid carers told us after a carers assessment they received a lot of information and leaflet and could access the carers centre which was a key source of information.

Feedback from surveys had identified mental health was a key concern for young people, and they were unaware of where to get help. As a result, volunteers created a suite of videos. They approached key mental health support organisations, who were involved, and videos were made in partnership with them and made available through the local authority or partner organisations.

There were guides for people accessing adult social care which outlined different housing options such as supported living, extra care, residential care and nursing care, day centres, short breaks, and shared lives and how people could access these services. There was also a guide which outlined some of the different services that were available to support people to regain independence such as 'home first, discharge to assess' and the support of reablement.

Direct payments

Sunderland Adult Social Care Outcomes Framework (ASCOF) data 2023-24 showed that 13.1% of service users received direct payments which was significantly less than the England average. The data also showed 23.6% of service users aged 18-64 received direct payments which was significantly less that the England average of 38.06%; and 4.4% of service users aged 65 and over received direct payments, also significantly less that the England average 14.80%.

The local authority recognised the reduced uptake and had a Direct payment Strategy which evidenced a new model for direct payments with a specific team for direct payments whose aims were to promote direct payments and increase the uptake. Data shared by the local authority showed the local authority had increased the number of people receiving a direct payment from 261 in 2023-23 year to 294 in 2023-2024. There was a programme of work aimed at increasing the overall direct payment uptake to 20%. Performance was measured through data and use of reports, which were discussed at monitoring meetings, where they looked at trends and impact on people's outcomes.

Staff were encouraged to support creative use of direct payments. For example, supporting the provision of equipment via a direct payment. This gave people using the service choice and freedom to buy equipment independently. For example, we heard of hospital discharge grants which were used to purchase a microwave and table and chairs to enable a person to remain independent and leave hospital in a timely way. There were direct payment champions, who had produced a promotional video and provided training courses and showed how to be creative in meeting needs. Social workers said the direct payment team were accessible and provided monthly drop-in sessions.

The local authority had identified a theme coming from case file audits about inconsistency in how direct payments were discussed with people. After further investigation they discovered there was a lack of confidence from some staff in the direct payment processes. The direct payments team continued to promote direct payments through staff drop ins, staff events linked to Personal assistants and reviewing the direct payments guidance to improve staff confidence and understanding.

People had ongoing access to information, advice, and support to use direct payments. For example, we saw leaflets that explained how to access direct payments, what a direct payment was and the support available to set direct payment up. The local authority had commissioned a service to complete a piece of work around people's knowledge and understanding of adult social care. It was aimed at understanding if people knew how and where to access information they required.

Although direct payment uptake was improving, the uptake of direct payments was low. Leaders told us the local authority were committed to integrating direct payments further into the adult social care practice but were focussing on ensuring the wider community understanding was there first. For example, there was ongoing work with the community to communicate what care provision was looking like for the future and how traditional models of care, such as residential care were no longer seen as the best options for most people.

People told us their main concern with direct payments was the provision of personal assistants. They said it was challenging to find age appropriate, young, and skilled staff. This was corroborated by unpaid carers who said that social workers offered direct payments, however it was difficult to recruit personal assistants. The finance team had responded to feedback by arranging presentations for unpaid carers. Unpaid carers who had managed to source personal assistants and used direct payment gave positive feedback about the support provided. Initiatives were being tried to boost the personal assistant pool, for example by working with the Skills for Care agency.

Equity in experience and outcomes

Score: 3

3 - Evidence shows a good standard

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 told us challenging inequalities was a key priority. Partners told us there had been a positive response to unrest in the summer of 2024 and the local authority had worked well with partner agencies to promote cohesion in local communities. Whilst there was a positive response, the local authority subsequently identified factors which had contributed to the unrest. For example, lack of communication with more deprived areas and large numbers of students recruited from overseas. The local authority had made working closely with local stakeholders and partners a higher priority in the future to help improve community cohesion as a result of learning. They felt they needed to have begun work earlier with the local communities to ensure integration as they felt this had contributed to some of the unrest.

The local authority understood its local population profile and demographics. It analysed equality data on social care users and used it to identify and reduce inequalities in people's care and support experiences and outcomes. There was an understanding of the changing demographics and how this affected equal access to services. The local authority had identified inequalities related to ethnicity, age, and disability and was using the Better Care Fund to address them. This included developing an aging well neighbourhood model in deprived wards and improving perinatal mental health support.

Leaders were informed of changes in the local population, including increased diversity in students, international recruitment in health and social care, and a rise in refugees and asylum seekers. The local authority conducted insight work, commissioned services for hard-to-reach communities (for example around men's mental health), and have implemented changes like providing more translators. They also collaborated with universities and voluntary organisations for veterans to address specific needs, especially in mental health and housing.

Staff told us about their experiences of diversity in the local area. Staff gave examples of sensitivity to cultural needs such as when working with members of the traveling community and explained that leaders encouraged active engagement with less frequently heard communities in deprived areas. For example, a service was commissioned to gather feedback on services which the local authority shared learning from with commissioners and providers.

Leaders and staff acknowledged the challenge of reaching certain groups, such as young people who primarily interact online. The local authority had identified the need for support groups for parents of visually impaired children and visually impaired members of the LGBTQ+ community and had taken action to embed these to improve people's wellbeing. The local authority had also worked with Young Asian Voices to provide training for personal assistants, aiming to expand the market and promote adult social care access.

Since 2020, there had been an increased focus on homelessness and safeguarding. Following four deaths within the homeless community, a thematic review was commissioned, which revealed changes in the age profile and increased prevalence of mental health issues, alcohol, and substance misuse. Leaders told us the local authority are addressing homelessness and vulnerable groups as a priority: they have worked to integrate homelessness services with ASC with a focus on preventing homelessness and domestic abuse through early intervention.

The local authority proactively engaged with the people and groups where inequalities had been identified, to understand and address the specific risks and issues experienced by them. The teams worked with various communities, including African, Eastern European, and diverse cultural and ethnic groups and assisted the Bangladeshi community in developing a new domiciliary care service, by providing business and marketing guidance. The local authority had taken what they had learnt from experience with the Bangladeshi community and applied that learning when working with the African Caribbean community. The local authority used learning from a complaint to undertake some focused work with community leaders from a seldom heard group and to raise the profile and knowledge around adult social care in the community.

The Principal Occupational Therapist and Principal Social Worker both supported staff when doing outreach work which had led to improved outcomes. For example, a complaint from the Bangladeshi community where the local authority had not been sensitive to cultural needs of a family was explored. They found that the community did not feel able to come to ask for help. This resulted in some focused work with the community leaders and resource development within the community centre to raise the profile and knowledge around adult social care in the community. The local authority had regard to its Public Sector Equality Duty (Equality Act 2010) in the way it delivered its Care Act functions; there were equality objectives and an adequately resourced strategy to reduce inequalities and to improve the experiences and outcomes for people who are more likely to have poor care. The local authority actively used equality, diversity and inclusion impact assessments and collaborated with organisations to ensure inclusive practices. They collaborated with various organisations, including the local football club and large organisations within the city centre, to address inequalities and promote cultural capacity within the community.

Data analysis had been used to identify disparities in service uptake, such as lower direct payment usage among Bangladeshi communities. Data had informed decisions about service delivery, such as the need for increased cultural competence and community cohesion efforts.

Inclusion and accessibility arrangements

There were appropriate inclusion and accessibility arrangements in place so that people could engage with the local authority in ways that worked for them, for example British Sign Language or interpreter services. There was recognition of, and action plans to address the need to support staff and enhance their cultural capability and confidence. Leaders prioritised equality and diversity in workforce development and practice, including recruitment, training, and service delivery. Staff engaged with individuals and families facing challenges such as domestic abuse, mental health issues, and substance misuse. We heard examples where staff utilised resources like translation services, men's and women's clubs, and mental health groups to support diverse needs.

Staff told us about translation and interpreter services, they also gave examples of using a communication aid app which was installed on a number of staff electronic devices which were kept centrally and could be accessed both in and outside office hours. The app allowed verbal translation, written translation, and the use of pictures to enable a total communication approach. Staff told us they had been able to access interpreters quickly and they also held a list of the languages spoken by Mental Health Advocates (MHA). An example given was when a Mental Health Advocate interpreter was able to understand the cultural needs of a person which led to positive outcomes for the person.

Leaders told us about the changing population and demographic in Sunderland. Providers and partners described how they were working with the local authority to support these changes. We saw examples of this in a provider network meeting which looked at changing demand and population, and the impact of this on staffing structures. Following this meeting there was a briefing about international recruitment, the benefits, and pitfalls and how to support care staff through the scheme.

The local authority have worked with the provider network around better care planning to reflect the preferences of the LGBTQ+ community. The local authority had delivered an equality and diversity presentation, looking at equal opportunities in recruitment and training requirements. The network were reviewing the Workforce Strategy with equality, diversity and inclusion being central to this.

Theme 2: Providing support

This theme includes these quality statements:

- Care provision, integration and continuity
- Partnerships and communities

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

Care provision, integration and continuity

Score: 3

3 - Evidence shows a good standard

What people expect

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

The local authority commitment

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

Key findings for this quality statement

Understanding local needs for care and support

The local authority worked with local people and stakeholders using data to better understand the care and support needs of people and communities. Staff described how there was a focus on individuals, with sharing of information supporting a collaborative approach to meeting people's needs in a person-centred manner. The needs of unpaid carers were threaded through the work done by the local authority, reflecting a commitment to understanding their specific needs and challenges. Information on unpaid carers needs was gathered in a variety of ways, including face to face meetings. The commissioned carers organisation told us unpaid carers were high on the agenda for the local authority and they worked closely with the local authority to understand unpaid carers needs.

Information about local needs was outlined in the local authority's Joint Strategic Needs Assessments (JSNA) and market position statements. The publicly available JSNA summary for 2023-24 reflected the overall aims of the local authority, with links to more detailed analysis of need such as the Ageing Well JSNA. The latter demonstrated an understanding of the needs of older people in Sunderland, including themes of dementia, an increase in complex needs and elevated levels of falls which were central to discussions with local people, staff, and partners. The Market Position Statement, 2024 was central to interpreting the JSNA for commissioners and the care market, outlining the local authority's central priorities for care provision, such as preferred models of care delivery.

The JSNA: Learning Disability (2023) noted the recorded prevalence of people with learning disability in Sunderland was marginally higher at 0.8% compared to a prevalence of 0.5% in England. It highlighted the challenges from the increased complexity of needs, including the growth of people with a learning disability with early onset dementia. This assessment provided commissioners with information about the specific issues for people with learning disabilities, to complement data about the wider increase in dementia. The report had also considered the needs of young people transitioning into adult services to support the planning for future need and included intelligence about black and minority ethnic communities to support a greater understanding of local need.

Staff supporting people with learning disabilities and autism told us they had a strong working relationship with commissioners, meeting with them regularly to discuss the current and future needs of specific people they were working with and any gaps in provision. Staff reflected a positive commitment to ensuring care provision was developed in line with people's individual needs. The local authority had systems in place to ensure data was analysed on an ongoing basis. Weekly meetings were held to review the commissioning intention data base where themes of need, demographic, location, and bed capacity were summarised. This data was analysed against reports to understand whether care provision was meeting local needs.

Although co-production was not fully embedded within the local authority, there were systems in place to capture people's views on local needs. The local authority had commissioned a service to gather feedback from people receiving care at home. The survey captured an understanding of what was important to people and unpaid carers to ensure people's needs were met, such as good communication with care providers.

The local authority had engaged with some stakeholders to understand local needs, working closely with partners, such as health and housing. A health partner told us the diagnostic work that had been commissioned by the local authority and other system partners, had been valuable in increasing understanding of local need, particularly for people waiting in hospital while ready for discharge.

The local authority had contacted a local ethnic minority community group to understand the needs of people in the community to help ensure care provision met the needs of people from this community, including their cultural needs. This was an approach the local authority had recently strengthened, and senior leaders and staff told us they were committed to developing a greater understanding of needs through further links with different communities in Sunderland.

Market shaping and commissioning to meet local needs

Data for Sunderland showed 73.08% of people who used services felt they had a choice over services, which was higher than the England average of 70.28%. Adult Social Care Survey (ASCS) 2023. Feedback from people and unpaid carers we spoke to was mixed in relation to choice. Some people described working with staff to choose accommodation with support which met their needs, with some being involved in developing new services. People and staff gave us positive feedback about the development of bespoke accommodation with support following targeted commissioning to address gaps in the market.

However, some unpaid carers told us there was lack of choice about respite options as people had been offered only 1 care home and insufficient personal assistants hampered the availability of alternative options. The data for unpaid carers accessing support or services allowing them to take a break from caring for more than 24 hours was 22.3%, was positive compared to the England averages of 16.14%, respectively, Survey of Adult Carers in England (SACE) 2024. Senior leaders and staff told us they were shaping the market away from bed-based respite in care homes and pointed to recent action they had taken to improve the availability of personal assistants to promote choice in respite provision. However, the impact on peoples experience was not yet known.

Senior leaders and staff pointed to 'Keeping Well,' the new tender for care at home services, as an example of shared market shaping which supported the shift away from bed-based and task-focussed care. Staff told us there was a gap in availability of reablement services and commissioning staff described how this initiative aimed to address this, through the promotion of reablement as a priority across all care providers accepted through the tender. Commissioning staff described how the tender had been openly published to stimulate the market and encourage innovation and welcome new providers.

Health partners described positive collaboration around people's health needs with an understanding of the complexity of people's needs being used in the modelling and shaping of services. They told us there were aligned strategic commissioning objectives, such as the shift towards home-first and the focus on reablement.

Providers and staff told us the local authority worked well with providers to stimulate and shape the direction of the market. There were structures such as market oversight networks to enable ongoing communication and stimulate innovation. They described strategic discussions about transformation and the importance of the preventative approach, working with providers to understand the shift away from bed-based and task-based care. This had led to the ongoing increase in extra care provision.

Funding priorities had reflected the local authority's focus on developing and maintaining people's independence with the commissioning of an external service to provide effective preventative services and equipment at the front door, to reduce the need for ongoing services. Some funding arrangements with long-term partners were more fixed and there was limited evidence to indicate funding was used strategically to promote innovation across the whole care provider and voluntary sector.

Resources such as the commissioning intention database and market update reports were used to shape the development of care provision to ensure it met local needs. New supported living accommodation had been co-produced with agencies, considering the needs and preferences of named individuals transitioning from children's to adult services and adults with complex mental health needs leaving hospital. These collaborative approaches were designed in line with best practice.

Commissioning strategies reflected the vision of the local authority; to ensure people stayed independent for as long as possible, support people to live healthier lives, promote wellbeing, support people to make informed choices and to provide care in the right way at the right time. There was a focus on the cultural change needed from staff to implement the current strategies and how this would be achieved, such as through a review of existing provider contracts.

Unpaid carers' needs were a key focus of market shaping, as demonstrated by the recently updated Carers Strategy (2022-24). The strategy had been coproduced with carer representatives. The strategic direction of the local authority had been shaped by co-production. The objectives reflected an understanding of the priorities which unpaid carers had discussed with us. This included a review of services providing short break and replacement care across the city, development of accessible alternatives ensuring sufficient capacity in local services to meet demand.

Ensuring sufficient capacity in local services to meet demand

The local authority was actively addressing areas where capacity needed to grow to meet demand. This was being done both strategically through planning and in the short term to respond effectively to sudden changes in demand. Better Care Funding and a Market Sustainability Improvement grant had been used to temporarily increase the capacity of domiciliary care provision. There were systems to measure performance and test the effectiveness of any remedial actions. The local authority told us in June 2023 they had 148 people awaiting a community care package and through these initiatives they had reduced the waiting list to 13 people awaiting a care package in February 2024. This demonstrated that the actions they had taken had reduced pressure on the system and had a positive impact on people awaiting care.

There was a heavy reliance on care home provision and occupancy rates were high at over 90%**.** This posed a risk to the council, such as in event of a care home closing due to financial challenges. Senior leaders described an increased focus away from residential care towards promoting community-based care solutions and this was echoed in our discussions with staff across the council. Staff gave us examples of innovative care arrangements they had developed with people, avoiding unnecessary admittance to residential care. People and unpaid carers we spoke to were positive about alternatives such as supported living. Some unpaid carers spoke enthusiastically about how they had used direct payments to source personal assistants, as an alternative to residential or formal day care.

The local authority's vision for community-based care provision had meant a reduction in care home respite beds and increased encouragement for unpaid carers to use alternative respite solutions, such as personal assistants. However, as previously mentioned some unpaid carers told us the lack of personal assistants could make this challenging for people with more complex needs. This had impacted on their ability to set up alternative arrangements when planning a break from their caring role. Staff told us they had recognised the market in community-based respite care was still catching up with demand and in response they had commissioned a new sole occupancy respite service to provide increased capacity and choice. Alongside this there was a focus on increasing community-based solutions, such as targeted recruitment and training of personal assistants which had resulted in an increase in supply. This was not yet impacting the carer/people's experience and needed time to embed or make a difference to the market.

Partners and staff told us there was a lack of capacity in reablement services, so that some people's reablement needs were picked up by a domiciliary care agency which was not a reablement specialist. Commissioning staff advised they were addressing this through the upcoming tender. The tender had not yet been put in place, so further time was needed to measure the effectiveness of this approach.

The local authority told us that in June 2024 the number of people placed out of area was 143 people, with most of these residing within the northeast region. They told us a lack of specialist resources was a key factor to out of area placements. Staff we spoke with said there was of a lack of provision for people with complex mental health needs. Senior staff discussed measures being taken to support people who wished to return to Sunderland.

We had positive feedback about commissioning initiatives aimed at increasing capacity, such as recent improvements in the supply of supported living accommodation for people with learning disabilities and people with mental health needs. Staff from teams across the local authority described how they had collaborated to design bespoke care arrangements for named individuals, which reflected their individual needs and usually involved them continuing to live in the community, which minimised the impact of any lack of capacity in formal care settings. A partner also told us the local authority had started to work more effectively with the voluntary and community organisations to promote their role in supporting people to access additional care arrangements.

There were processes to manage demand for care provision, with data being analysed geographically to match demand against capacity and local availability. Collaborative discussions between managers, providers and staff enabled resources to be moved around and people's needs to be met in a timely manner. The system was used to maximise all community and bed-based resources available to support the hospital discharge process.

Some services, such as the provision of community equipment, were commissioned jointly with health, with the local authority being the lead commissioner. In these instances, there were clear roles and accountabilities for monitoring the quality of the services being provided and the outcomes for the people using them. Health partners told us these arrangements worked effectively, with good communication with local authority staff over the provision.

Ensuring quality of local services

Feedback from people and families was mixed in relation to the quality of local services. All the people we spoke with told us they had been involved in in choosing their accommodation and were positive about the quality of the care provision. We also had positive feedback about the provision of wheelchairs and the local authority's 'Smart House' where people had gone to test out equipment. However, although staff told us they had positive feedback about respite provision, some carers felt the quality was not good. The local authority described the quality checks in place to monitor respite provision and how they were promoting more choice and options for unpaid carers requiring a break.

Stakeholders and staff were positive about the quality of the local authority's care provision, with any concerns being about lack of availability rather than quality. Feedback was particularly positive about the quality of recently commissioned services, such as new supported living services. This demonstrated the actions being taken by the local authority to address lack of capacity had a focus on quality and a commitment to developing services in line with best practice.

Adult social care services in Sunderland overall were rated by CQC as 5.80% outstanding, 84.78% good, 0.72% requires improvement, with the remaining services unrated. We were told there were no providers under suspension. With no inadequate services these figures reflect a positive picture in relation to the quality of care provision in Sunderland. The local authority had clear arrangements to monitor the quality and impact of the care and support services they commissioned and used this information to support improvements where needed. There was a quality framework in place and as part of this providers regularly returned data about care provision. There were systems to analyse the information gained from monitoring of care provision. Data was evaluated for risk and actions taken in response. This included information from any safeguarding concerns.

The local authority told us they used the same framework to monitor the quality of the care provided by other services they commissioned. Local authority staff completed regular monitoring visits to commissioned providers. A provider told us these meetings and the associated quality monitoring reports were helpful. Staff responded to risk, with ad-hoc contact taking place when concerns were raised. For example, staff described how they had increased monitoring of a provider, including visits, when a neighbouring authority raised concerns. Providers told us communication with the local authority was open and the local authority was challenging but fair and supportive, when necessary.

There was a regular provider forum which provided opportunities to discuss key themes and drive improvements. Providers we spoke to told us the forum helped them share learning and ideas they could implement in their service. A provider told us they had recently discussed good practice around promoting equality and diversity.

There were some arrangements for capturing people's feedback of the care they received, such as through individual reviews and through other organisations. The local authority also used technology to offer people more opportunities to provide feedback. The local authority had commissioned and implemented an automated telephony app to expand its ongoing communication and feedback with customers. The automated call took place annually and supported the completion of the annual review. It also gathered feedback on the assessment and care planning process. This also enabled the local authority to measure the effectiveness of the care it commissioned, capturing themes and trends about what was working well and where improvements were needed. The local authority told us they were planning to set up a network for people with lived experience to enhance how they captured feedback.

The local authority included information from partners to monitor the quality of services. There were also systems, such as joint meetings for them to share information and escalate any concerns, for example with health partners, and ensure any actions taken were communicated and consistent.

Ensuring local services are sustainable

The local authority had a Market Sustainability plan which outlined how it planned to ensure local services were sustainable, such as negotiations with providers about fees. The local authority collaborated with care providers to ensure that the cost of care was transparent and fair. There had been no contracts handed back to the local authority by adult social care providers in the 12 months prior to our assessment. Staff described how they had worked collaboratively with two providers who had contacted them to inform them their services were not financially viable. By reviewing the service model with input from staff across the local authority, a solution was reached, and the services remained open.

The local authority's contracting arrangements provided stability and allowed them to plan, as evidenced in the new Keeping Well tender for home care services. Staff told us a decision was made to have a fixed contract term to offer stability to providers. Despite the less flexible nature of this approach, staff felt it was necessary to offer existing providers more security at a time when care costs were a factor affecting sustainability of services.

Risk management tools were used to monitor trading conditions and get early warnings of potential service disruption or provider failure. Staff gave an example where they had supported a provider at risk of failure and prevented service disruption, having a positive impact on people who were using the service. They also gave an example where they had worked together effectively with a provider and stakeholders to respond to any temporary and unexpected provider failure. Providers told us about the open relationship with the local authority meant they felt able to contact staff proactively to discuss concerns and seek solutions.

Providers told us workforce retention and recruitment were regularly discussed with local authority staff at provider forums. One provider told us the local authority paid a realistic fee which enabled them to pay the living wage. There were multiple areas where the local authority was acting in response to workforce challenges, such as supporting providers with issues around international recruitment, and signposting to training resources. Data from the national adult social care workforce estimates showed that for Sunderland the % of adult social care staff with care certificate in progress or partially completed, or completed was 58.05% which was higher than the regional figure of 50.45%. Actions to support the local workforce needs also included a recent focus on maintaining and supporting capacity and capability of the personal assistant workforce, recognising this as a priority area.

The local authority used data effectively to ensure the sustainability of local care market. There were systems to support them to understand how, when and where to target the support, diverting resources flexibly to ensure the right services were available when needed. Efficient brokerage systems such as geographical mapping of care request were also in place to support care providers to pick up care packages promptly, supporting their sustainability.

Partnerships and communities

Score: 3

3 - Evidence shows a good standard

What people expect

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

The local authority commitment

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

Key findings for this quality statement

Partnership working to deliver shared local and national objectives

The local authority was passionate about working with partners to promote a shared commitment to the health and wellbeing of people in Sunderland. There was a particular focus on collaboration to maximise community assets and strengths. A partner told us partnership working with the local authority was positive and breaking down barriers meant a focus on people's journey. This had helped improve co-ordination of services and pathways for people.

Leaders effectively used multi-agency boards to plan strategically and work together to tackle urgent priorities. The central themes guiding the Health and Wellbeing Board of 'Starting Well, Living Well and Ageing Well' were threaded through the work carried out by the local authority with their partners. For example, staff described the positive impact of the ageing well ambassadors, recruited by local partners, who helped ensure the needs of older people were central, both strategically and operationally. Ambassadors championed areas of interest such as the needs of people with dementia. A partner told us the ambassadors influenced leaders thinking.

There were strong city-based partnerships with numerous agencies and more localised projects such as the HALO (Hetton Aspirations Linking Opportunities) which focused on health and housing improvements alongside reducing crime and anti-social behaviour in one locality. Relationships with local health and housing partners were particularly strong, with the local authority, Integrated Care Board (ICB) and the main housing provider spearheading strategic priorities.

Well-developed connections with health partners were being strengthened further through increased health and care integration. The local authority told us they were proud of the strong system-wide governance and shared commissioning arrangements. Health partners confirmed they and the local authority had worked hard to establish the strong relationships and arrangements, working effectively and collaboratively to address priority areas such as hospital discharge.

There was a positive partnership with the main external housing provider, around delivering prevention objectives and developing bespoke accommodation. This strong partnership had improved outcomes for people. People told us they enjoyed living in their new homes, which was an example of the type of bespoke accommodation being developed. Reflecting the theme of 'Living Well,' partners worked together to help people sustain their tenancies and reduce the need for formal care services. Staff gave us examples where people had achieved improved accommodation and outcomes because of partnership working with housing providers.

Arrangements to support effective partnership working

The commitment to strong partnership working was supported by effective systems, with clearly defined roles and responsibilities. The recent developments in the local authority's front door service reflected best practice in partnership working. Voluntary sector and commissioned services were a central part of the front door, working alongside local authority staff as equal partners. For example, handing out warm home packs to people being supported by social workers in the team. Partners and staff spoke passionately about how this joint team enabled them to work collaboratively to meet people's needs effectively and promptly. They told us co-location in one building enhanced ongoing communication between agencies and increased efficiencies through reduced duplication. They described examples where different agencies had carried out joint visits, so people were seen more promptly and did not need to tell their story twice.

There were arrangements to promote effective partnership working with the local Integrated Care Board (ICB) and management of the Better Care Fund. The local authority told us these were being strengthened as part of their transformation road map for integration. Health partners told us decisions about care were agreed as a system and there were joint appointments and pooled budgets to support this approach. They described how this had worked well when planning for winter pressures. A systemic approach, rather than individual organisational efforts, was taken to develop winter funding plans which focused on prevention and the patient journey from admission to discharge from hospital.

Health and social care staff were supported by effective systems which enabled them to work closely around complex cases. The local authority role as commissioner on behalf of the ICB supported this joint working. A member of staff described how a person with complex mental health needs required joint funding to return home from hospital. Local authority managers communicated well with health counterparts and there had been no delays to the planned discharge. Providers told us the joint funding arrangement enabled a more seamless experience when they picked up new packages of care.

The sharing of care data was key to partnership arrangements with health and other agencies and leaders told us said they were proud to have been in the forefront of developing the Great North Care Record initiative. The Great North Care Record is a system that allows healthcare providers in the North East and North Cumbria region of England to securely share patient information electronically. This includes information like diagnoses, medications, and hospital admissions. The goal is to improve the quality and efficiency of patient care by giving healthcare providers a more complete picture of a patient's medical history. Staff described proactive measures to promote integration of care records with health. Staff working in hospital discharge described how their role was enhanced by being able to view health records as it helped them understand people's needs better. Leaders told us developing safe sharing of data with partners, such as providers was key to their vision for partnership working.

Impact of partnership working

The local authority monitored and evaluated the impact of its partnership working. A senior leader described systems which supported this, such as Better Care Fund partnership meetings, and how as part of governance arrangements a working group had been set up to carry out an in-depth review of integrated care. A health partner told us there were mechanisms in place for review by health and social care in the event of financial limits being reached during commissioning activity. Leaders told us shared care records and jointly funded staff supported the monitoring of the impact of partnership working and these were areas they were enhancing. Key partners fed back that meetings to review their contracts were open and they felt able to speak up about any challenges.

Partners told us the local authority responded well to feedback, using it to inform ongoing development and continuous improvement. The local authority had adjusted activity after reviewing a 2-year Better Care Fund Plan against agreed targets. Two providers told us they had gained insight through attendance at different working groups, reflecting the local authority's openness to scrutiny and feedback.

Working with voluntary and charity sector groups

The local authority told us they recognised the unique contribution of the community and voluntary sector in the provision of care and support. There was evidence of positive involvement with the voluntary and charity sector, however we received mixed views and experiences across the different organisations we spoke to. Organisations with established relationships with the local authority spoke of involvement as equal partners.

The local authority told us the Sunderland Voluntary Sector Alliance (SVSA) was established in 2021 to support the growth and sustainability of the voluntary and community sector (VCS) in Sunderland. Recognising the sector's crucial role in the city, the local authority, along with funding from the European Structural and Investment Funds and other partners, supported the SVSA's initial development. The SVSA operated with a defined strategy and a Board of Trustees, ensuring strong governance and a collaborative approach with statutory and voluntary partners. It had become a key point of contact for commissioners and funders seeking to engage with the VCS in Sunderland. The SVSA played a vital role in supporting the sustainability and growth of the VCS, meeting the needs of residents across the city and fostering effective partnerships and collaboration.

Staff confirmed there were some funding arrangements which had been set up historically with key organisations and were renewed every year, as they continued to meet the local authority's strategic priorities. However, some organisations told us the local authority was not sufficiently transparent in their allocation of funding, with rolling contracts affecting equitable access to funding. The LA told us the majority of these had now gone through a process of competitive retender by procurement. This was to encourage a broader range of organisations to submit a tender and to enable increased sustainability for the successful organisation due to the award of longer periods of funding

Organisations who had established links with the local authority gave multiple examples demonstrating positive relationships and where the funding they received had improved people's outcomes and wellbeing. One organisation described how the local authority communicated well with them. Members of the local authority were involved as trustees on their board, and they sent representatives to one of the local authority's oversight groups, which they had found useful.

Feedback from some organisations we spoke to indicated improvements were needed to ensure engagement was meaningful and strategic. The local authority recognised it needed to engage more with grassroots organisations and gave us an example of how they were applying learning from engagement with one community to improve engagement with others.

The local authority had also spearheaded significant changes in how the voluntary and community sector was coordinated locally. Changes were aimed at driving improvements in this area, including ensuring the sector was more involved at a strategic level. Alongside key partners, they had commissioned an organisation to help ensure funding and support to organisations reflected existing, rather than historical needs. Leaders and staff across the organisation spoke with commitment about this change in approach. There was an emphasis on promoting innovation and creativity to enable bespoke and individualised approaches to meeting people needs.

These changes had not been in place long enough for improvements to be fully implemented and embedded. However, the commitment the local authority had shown demonstrated a pro-active approach to ensuring funding was targeted effectively and voluntary and charity sector groups were strategically involved in the planning and delivery of services to meet the requirements of the Care Act.

Theme 3: How Sunderland City 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

Safety was a priority for everyone, the local authority understood the risks to people across their care journeys; risks were identified and managed proactively. Policies and processes about safety were aligned with other partners involved in people's care journey. This enabled shared learning and drove improvement. Information sharing protocols supported safe, secure, and timely sharing of personal information in ways that protected people's rights and privacy.

The effectiveness of these processes in keeping people safe was routinely monitored. Systems around quality assurance were supportive and included regular reviews and audits to maintain high standards. Staff told us about changes in practice approach such as an emphasis on face-to-face assessments and upholding human rights in mental capacity assessments which was learning implemented following a safeguarding adult review. Other safety measures were embedded in the electronic recording system such as flags that presented to staff when repeat data patterns were identified. For example, medication errors management in provider services generated specific triggers if there were more than 3 occurrences for 1 person.

Proactive discharge planning was a focus, and teams concentrated on ensuring community support was in place before discharge. Data shared by the local authority showed increases in reablement capacity. For example, in 2022/23 there were 788 periods of reablement for 684 people and in 2023/24 there were 1335 periods of reablement for 1099 people. However, staff told us that more reablement provision was needed to enable the team to get the best outcomes for people.

There were admission avoidance projects to prevent unnecessary hospital admissions through integrated working. These complemented a larger piece of work around reframing people's expectations of care and what options can look like, which was born from the local authority's overarching vision and strategy. The local authority was particularly proud of the falls prevention work led by the falls lead, which significantly reduced hospital admissions due to community falls. People and staff told us about the work and the positive impact it was having. There were also hospital discharge grants to support discharge and prevent readmission. There was also a step-down unit which offered a supportive environment for patients to gradually regain their independence. For the previous year it had received 474 referrals. Outcomes following step down stay showed that 244 people were discharged home, 59 moved to permanent placements and 54 people had another hospital admission.

The local authority told us about their Care Home and Community Care Services Partnership (CHCSP). This was a forum for representatives working within the CHCSP to share experiences of collaborative working across all providers, and where city-wide solutions could be discussed, and resolutions sought from across the health and social care sector.

Safety during transitions

Care and support were planned and organised with people, together with partners and communities in ways that improved their safety across their care journeys and ensured continuity in care. This included referrals, admissions and discharge, and where people were moving between services. There were examples of collaborative approaches between adult social care, children's services, and the ICB all of which evidenced person-centered planning and tailored support plans for individuals with complex needs transitioning from children's services to adults services. Assessments were centred around people's wishes and needs, and staff were encouraged to be creative in their approaches to meeting needs, making innovative use of technology to support independence.

There were early intervention strategies, for example identifying and supporting young people with potential future needs and adding young people to commissioning intentions database from 16. The strategy was reinforced by a governance structure that included transition management groups with regular meetings to discuss and coordinate transition plans. We heard about strong levels of partnership working, including collaborative relationships with external partners to ensure smooth transitions. Staff told us that the transition process did not automatically end when a young person became 18, and that it often continued beyond this point for example, to allow a trial and test period for different service options, until the right support was in place.

Staff explained that most young carers were already known to their service due to joined up working and the focus highlighted to all adult social care and carers centre staff on identification. This meant that transition could commence at an early stage, or new referrals could be made by social work teams. Transition staff described the Carers Centre as an all-age service, meaning the adult carers element and the young carers element (0-25) worked together. They told us one of the challenges was working with young carers whose voices are seldom heard, or from seldom heard groups. Staff told us there were plans to make more effective use of their digital offer to young carers, enabling them to make contact out of office hours.

They also told us that the commissioning team supported them to identify and reach out to any relevant Voluntary and Community Sector (VCS) groups, such as Young Asian Voices. Another challenge was finding ways to inspire young carers during transition to set and achieve their own goals. They have worked with the college to run an event for young carers that highlights opportunities - this was successful and a number of carers that attended started college or are now employed locally.

Specific consideration was given to protecting the safety and well-being of people who were using services which were located away from their local area, and when people moved from one local authority area to another. Some teams had access to various grants which included the Home Safety Grant, Hospital discharge Grant and Innovation Grant. Staff explained the grant provision was not means tested, it was available for everyone, and they were able to use the provision creatively to support safe transitional discharge home. Staff shared a person-centred example of using the home safety grant for a person who was prone to falls and with his consent they changed the internal glass doors to solid wood doors.

A piece of research was completed by Healthwatch in 2023-2024 about people's experiences of hospital discharge. The research led to the hospital trust developing a 24-point improvement plan. The local authority introduction of more streamlined and technology enhanced review process was part of the work to support this.

Providers told us that ahead of any package moving to their service they were provided with an assessment of need, liaising, and communicating with the social worker. Where people were transferring from an existing service, and where appropriate they were invited to planning meetings, or to meet the person and their care team in their current environment, to ensure a safe and effective transfer of service.

The local authority had clear pathways detailed in their hospital discharge business process which provided a guide for staff to follow within the process. To support hospital discharge, the local authority had direct payment grants which people could access for up to four weeks and use flexibly. This approach was intended to speed up the person's ability to leave hospital and was considered by social work staff as part of the initial assessment. Staff gave examples where this had supported people to return home and maintain their dignity and independence.

The local authority had a clear process and guidance for staff to follow when utilising out of area care and support which staff said helped them to provide and source appropriate support. Staff told us the commissioning data base was used to help staff plan for people's safe return from out of area care.

Contingency planning

The local authority undertook contingency planning to ensure preparedness for interruptions in the provision of care and support. The local authority knew how it would respond to different scenarios; plans and information sharing arrangements were set up in advance with partner agencies and neighbouring authorities to minimise the risks to people's safety and wellbeing.

The local authority had established business continuity plans to mitigate potential disruptions resulting from adverse situations such as widespread IT failure, floods, or pandemics. These included (but were not limited to) their safeguarding and therapy teams/services. There was a list of people, their designations and contact details for who to contact in an emergency. These details were not embedded within the business continuity plans themselves but were available to all staff. There was also a provider failure plan which detailed email addresses for people but not their job designation.

The local authority had a risk management plan with example scenarios for each commissioned portfolio. Levels of risk were attached to each scenario and possible actions to take to mitigate the risk were available. Staff were aware of this plan which was designed to support staff to make decisions and manage risk efficiently and effectively.

Safeguarding

Score: 3

3 - Evidence shows a good standard

What people expect

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

The local authority commitment

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

Key findings for this quality statement

Safeguarding systems, processes and practices

There were effective systems, processes, and practices to make sure people were protected from abuse and neglect. The team were supported by strong business support and data management teams which operated a data-driven approach to identify trends and target interventions. The safeguarding systems were reinforced by effective collaboration with partners, including police, health, and other agencies. However, leaders identified there was further work to be done through training and looking at the alternatives for signposting.

The local authority worked with the Safeguarding Adults Board and partners to deliver a co-ordinated approach to safeguarding adults in the area. The Safeguarding Adult Board undertook an independent review which resulted in condensing to 1 board and 3 sub-groups and a more streamlined system change to.

The out of hours service was supported by the Customer Enabling Service, who managed all contacts into the local authority. There was always a manager, social worker and an Approved Mental Health Professional (AMHP) on duty. A handover occurred every day with teams to alert the out of hours service to any cases that could require their support. All out of hour's support was case recorded, and the allocated worker and team were sent a notification. Where required, a more formal handover of the out of hours intervention was provided. For example, if there was urgent follow up action needed during office hours.

There were regular reviews of governance and processes to ensure effectiveness of out of hours and safeguarding. For example, efficient referral and triage processes fed into clear risk assessment and categorisation of cases. These were further supported by a threshold tool which professionals completed. Staff had strong relationships with providers and open communication channels with clear processes for managing concerns. A wider focus on learning and improvement was gained through feedback and audits. Audits were reviewed and fed into the safeguarding board as evidence of how the local authority were meeting its duties under the Care Act 2014.

There was a strong multi-agency safeguarding partnership, and the roles and responsibilities for identifying and responding to concerns were clear. Information sharing arrangements were in place so that concerns were raised quickly and investigated without delay. There was an embedded person-centered approach to safeguarding investigations. This was supported by effective collaboration with mental health professionals, the wider frontline teams and other stakeholders. We heard about a proactive approach to modern slavery and effective advocacy services for individuals. There was a focus on making safeguarding personal and involving service users but also on prevention and early intervention. The culture in the local authority fostered an approach of continuous learning and improvement based on feedback and national best practice. This was supported by data in the national adult social care survey 2023-24, which showed that in Sunderland 81% of people who use services feel safe which was higher than the England average. Additionally, 89.8% of people who used services said that those services have made them feel safe, also higher than the England average.

A similar picture was presented in Sunderland's data from the Survey of Adult Carers in England. It showed that 85.5% of carers felt safe which was higher than the England average of 80.93%.The local authority training data showed that all staff involved in safeguarding work were suitably skilled and supported to undertake safeguarding duties effectively which was corroborated by their provider survey.

Responding to local safeguarding risks and issues

There was a clear understanding of the safeguarding risks and issues in the area. The local authority worked with safeguarding partners to reduce risks and to prevent abuse and neglect from occurring. The safeguarding board aligned its work with national policies on serious violence, domestic abuse, and child protection. There was a focus on prevention and the safeguarding board recognised the importance of prevention, with a focus on early intervention and addressing root causes of concerns. This was followed up by effective collaboration, for instance the involvement of various stakeholders, including Ageing Well Ambassadors, ensured a holistic approach to safeguarding.

There was a commitment to data-driven decision making, such as the use of data and feedback from Domestic Homicide Review (DHR)s and Safeguarding Adults Review (SAR)s enabling and encouraging informed decision-making and continuous improvement. For example, following SARs the local authority had carried out outcome-based work through a SAR group who looked at outcomes from DHR's as well. The safeguarding board regularly reviewed governance which had led to the creation of the SAR group whose focus was on SARs learning and thresholds. Where there was cross over learning with DHRs and SARs this was identified by an overseeing manager and used to inform analysis, learning and system improvements.

Lessons were learned when people had experienced serious abuse or neglect, and action was taken to reduce future risks and drive best practice. A SAR follow-up assurance exercise report considered work undertaken by partners to embed their actions approximately 18 months following the publication of the SAR in 2021. The review was carried out by the Quality Assurance (QA) sub-committee. Though the SAR was published in August 2021, the action plan was monitored and updated on a regular basis until its completion in June 2023, when it was shared with the QA sub-committee to consider assurance and progress. The local authority demonstrated ongoing review of the implementation of recommendations and learning in an overview report, with multi-agency contributions, to demonstrate continued improvement and developments. All actions were in place across the partnership, the report reviewed the continued developments since that point. These included further delivery of training packages, the setting of further objectives, and review of evidence of continued improvement. Staff told us they had received 7-minute briefing information on the learning from Safeguarding adult's reviews.

Following a SAR, the safeguarding adult board had established the Complex Adults Risk Management Process (CARM). There was a recognition of the risk to adults who had capacity to make decisions for themselves but were at risk of serious harm or death from self-neglect, lifestyles or refusal of services. The process did not replace existing legislation but was an additional tool to support joint working between professionals, establishing actions and clarifying roles and responsibilities. Staff told us CARM was particularly important in supporting engagement with partners, such as health professionals when joint working with people with complex needs.

Sunderland Safeguarding Adults Board (SSAB) Strategic Delivery Plan recognised that strong governance arrangements, quality assurance data from statutory partners, and well-planned and robust assurance mechanisms such as audits were the foundation for a successful Safeguarding Adults Board which achieved consistent positive progress. Links to information were provided on the SSAB homepage to various information tabs, such as 'training'. This included information and guidance about courses from many areas such as Sunderland City Council's Learning & Skills Service. Further links to information were provided on the SSAB homepage, to various information tabs such as learning resources which included a series of 7 minute safeguarding adult reviews, a series of 7 minute briefings on subjects such as, domestic abuse, female genital mutilation, Prevent (Radicalisation), various forms of self-neglect, sexual abuse, and trafficking and modern day slavery to name a few with some briefings on good practice.

The ICB also attended regional chairs groups to get a regional picture. The ICB had appointed executive nurse for safeguarding which strengthened links and improved efficiency across the partnership. The chair also worked for North East ADASS, and supported commissioning arrangements. These arrangements enabled more information sharing and alongside good relationships with providers enabled successful regional work around modern-day slavery. Leaders recognised that further links were needed with the aging well ambassadors, and there were more opportunities around prevention agenda.

Commissioners were made aware of any emerging safeguarding themes, for example increases in the number or pressure sore related concerns. Providers also submitted information about the number and type of safeguarding incidents as part of quality monitoring which also fed into monitoring around organisational concerns and abuse.

Staff working told us about a new project in safeguarding called Safe Sunderland - Safe Place. It built upon contextual safeguarding but was based on risks posed to a whole community by a place, rather than to/from a named individual. If an area or place was recognised as risky for a community, such as a park, street, or shopping centre, a plan would be developed with partners, including adult social care, to make the whole area safe.

Responding to concerns and undertaking Section 42 enquiries

Staff and leaders had clarity on what constitutes a Section 42 safeguarding concern and when section 42 safeguarding enquiries were required, and this was applied consistently. There was a clear rationale and outcome from initial enquiries, including those which did not progress to a Section 42 enquiry.

Data for Sunderland from national Safeguarding Adults Collection (SAC) showed there were 805 Enquiries meeting section 42 threshold in the past year. The data showed the conversion rate from safeguarding concerns to section 42 enquiries had significantly reduced from 2021 (49%) to 15.6% in 2023. Leaders told us their analysis of data over the past few years of the annual report data had shown a low conversion rate, some high referrals and some which should not have been referrals and should have led to signposting. In response to this the local authority examined the thresholds and threshold referral tool. In co-production with partners, they worked to roll out training which leaders advised influenced and resulted in more appropriate referrals which enabled staff to focus on more complex work.

Staff were positive about the improvements and told us leaders had listened to the need to provide a better tool. Outcomes for people were improving as a result and the system was able to keep people safe more effectively. Staff told us an artificial intelligence application they had started to use was having a positive impact on the administration of safeguarding concerns.

Data provided by the local authority showed there were no safeguarding concerns awaiting an initial review and no section 42 enquiries awaiting allocation for enquiries to be made. There were clear standards and quality assurance arrangements in place for conducting section 42 enquiries. When safeguarding enquiries were conducted by another agency, for example a care or health provider, the local authority retained responsibility for the enquiries and the outcome for the person(s) concerned. Providers told us they were involved in strategy meetings relating to their service and that the local authority's safeguarding lead explained what actions were required, which was supportive.

The safeguarding culture was a learning, non-blaming culture. Several providers said how much they valued feedback from the local authority that enabled lessons to be learned. Providers also talked about how they were kept updated about matters relating to safeguarding, including the commissioning team providing briefings with updates on things like modern slavery, and the Safeguarding Adults Board (SAB) sharing information and videos regularly. The Operational Safeguarding Team also attended the provider network meeting, for example to talk about how to use the threshold tool.

Safeguarding plans and actions to reduce future risks for individual people were in place and they were acted on. Relevant agencies were informed of the outcomes of safeguarding enquiries when it was necessary to the ongoing safety of the person concerned. Providers told us the local authority safeguarding system worked well. Response times following a concern being raised were good, even for low-level concerns.

The local authority had completed significant work around their Deprivation of Liberty Safeguards (DoLS) processes and systems following the 2014 supreme court ruling. The local authority had invested resources in the DoL's team following the ruling and had prepared for the Liberty Protection Safeguards (LPS). This was evident as the local authority had nine best interest assessors (BIA's) in the DoL's team and had 35 BIA's trained in the community teams. This investment had led to sufficient resources which resulted in there being no waiting lists for new DoL's applications or renewals. Staff told us they had been provided with dedicated resources to clear the community DoL's. For example, in 2023 they had cleared the backlog of over 200 community DoL's, as the local authority offered overtime to Best Interest Assessors who were working in the locality teams. Staff told us their workloads were manageable, and they had very good management oversight and support through monthly supervision sessions. Data for Sunderland corroborated that there were no waiting lists for DoLs applications or reviews.

Hospital Deprivation of Liberty Safeguards (DoLS) referrals had increased in the past year, but the DoLS team had been able to support people without any additional waiting lists. There was a dedicated email for all DoLS referrals, which was triaged daily by a manager and was assigned to a social worker without delay, for a Mental Health Assessment or a Best Interest Assessment. Staff told us they were able to plan the renewals of community DoL's. They provided us with an example of picking up all the Learning Disabilities renewals 3 months in advance to avoid people waiting for a DoL's assessment. Staff told us they had formed positive working relationships with care home providers. This was corroborated by providers and unpaid carers. An example provided was when a person's needs had changed or whether a person still required a DoL's application, the Care Home Providers updated the DoL's team. The DoLs process ensured people received support.

Making safeguarding personal

Safeguarding enquiries were carried out sensitively and without delay, keeping the wishes and best interests of the person concerned at the centre. Staff worked with people for enough time to build trust and ensure their safety, but also to build understanding of best communication and what was important to them.

People had the information they needed to understand safeguarding, what being safe meant to them, and how to raise concerns when they did not feel safe, or they had concerns about the safety of other people. People could participate in the safeguarding process as much as they wanted to, and people could get support from an advocate if they wished to do so. People were supported to understand their rights, including their human rights, rights under the Mental Capacity Act 2005 and their rights under the Equality Act 2010 and they were supported to make choices that balanced risks with positive choice and control in their lives.

Data for Sunderland from the national safeguarding adults collection showed that 100% of individuals lacking capacity were supported by an advocate, family, or friend during safeguarding processes. This was significantly higher than the England average and showed Sunderland's commitment to making safeguarding personal and the value the teams place on ensuring people's voice was prioritised in safeguarding proceedings. Making safeguarding personal was part of Sunderland's strategy and data was obtained from statutory processes from the front door to evidence progress in relation to this.

The local authority commissioned a service to undertake a survey with people who experienced the safeguarding process. The aim was to obtain feedback on work with the public on messaging, for example around their understanding of self-neglect. Some examples of the positive findings included the majority of people surveyed understood the safeguarding process and information they had been provided and were encouraged to express their views throughout the safeguarding process. There were also areas for improvement identified, such as ensuring that each individual's expressed outcomes were recorded, even if they may not be achievable. The survey also identified that half the people surveyed did not know who to contact and how to make contact with someone to get help. In response to this the local authority introduced a programme of work around prevention which included making procedures more accessible and user friendly, resources had been added to the Sunderland safeguarding adults board website to support this.

The local authority took steps to ensure information was available and accessible to all. For example, there was a guide for people using the service which included an explanation of what Safeguarding is, who is responsible for reporting it and where to report. Additionally, the Safeguarding Adults Board commissioned a service to create an easy read version of their annual report each year which aimed to make the report accessible to all residents.

Sunderland Safeguarding Adults Board (SSAB) Strategic Delivery Plan aimed to improve safeguarding by establishing an effective Board to drive change, using data and research to influence service design and delivery, clarifying leadership roles, challenging partners, and implementing an outcomes-focused, person-centered safeguarding model. This included providing resources, briefings, and case studies, and delivering mental capacity training and professional curiosity guidance to promote diversity and equality.

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 clear and effective governance, management, and accountability arrangements at all levels within the local authority. The local authority was proud of having a stable leadership team and a clearly defined structure of governance. Governance arrangements included fortnightly directorate management meetings attended by senior leaders and the attendance of additional principal staff quarterly. Development and improvement activity were led by senior leaders within the service, such as the Quality Assurance and Performance Group which focused on driving improvements in performance and practice as well as celebrating and sharing good practice. Leaders were visible, capable, and compassionate. Staff and key stakeholders told us challenging conversations were welcomed and worked through due to good relationships and a long-standing senior leadership team who were cited on and passionate about the city.

Systems provided visibility and assurance on delivery of Care Act duties. For example, the local authority finalised a review of their structure in Summer 2023 which created a quality assurance team to oversee practice improvement. Improved data systems, information collection and dashboards supported effective oversight.

Throughout the assessment we saw and heard of a consistent and respected leadership team who had and continued to oversee an innovative and creative approach to restructuring the service. We heard of the positive impact the restructure was having for people with care and support needs, key stakeholders and staff within the organisation.

Leaders were passionate about the place they worked and the people in their communities. They knew where their gaps were and were taking innovative and considered approaches to filling those within their gift.

The relationships between leaders and staff, leaders and community and staff and community were holistic, person centred, and strengths based at every opportunity. The resources supporting this approach were innovative and aligned with what was important to people and how this impacted their wellbeing. Staff consistently praised the numerous forums and workshops that facilitated regular interactions with senior leaders. These platforms not only provided opportunities for open dialogue but also demonstrated a clear commitment to acting upon staff input. Staff feedback consistently portrayed a senior leadership team as highly visible, competent, and empathetic. Leaders actively engaged with staff, showing genuine interest in their work and personal lives. This was evident through their ability to recall specific projects and personal details. Formal forums for leader-staff engagement were a regular occurrence. Staff feedback through regular surveys and a proactive "you said, we did" approach further strengthened this two-way communication. Staff expressed confidence that their feedback would be valued, addressed, and acted upon appropriately.

The local authority effectively utilised data and evidence to guide its adult social care decisions. This included using information on risks, performance, inequalities, and outcomes to shape its overarching strategy, allocate resources strategically, and implement actions to enhance the well-being of individuals and communities. The current integrated adult social care strategy was data-driven and directly aligned with public health objectives, specifically addressing health inequalities. Examples of this data-driven approach included strategic resource allocation such as commissioning and funding for preventative services, such as falls prevention and homelessness initiatives. These examples were specifically aligned with the local authority's strategic priorities and public health findings. Furthermore, there was a strong alignment and coherence of strategy between the local authority and its partner organisations.

There were clear risk management and escalation arrangements. These included escalation internally and externally as required. There were formal mechanisms for elected officials to oversee the actions of executive leaders. Further avenues for professional scrutiny, such as collaborations with external partners and participation in various partnership boards also existed. These platforms facilitated data sharing, enabling partners to scrutinize and hold the local authority accountable for its Care Act responsibilities. The local authority's political and executive leaders were well informed about the potential risks facing adult social care. These were reflected in the corporate risk register and considered in decisions across the wider council.

Strategic planning

The local authority used information about risks, performance, inequalities, and outcomes to inform its adult social strategy and plans, allocate resources and deliver the actions needed to improve care and support outcomes for people and local communities.

The local authority had prioritised homelessness and safeguarding, collaborating with Housing colleagues. There was recognition of the changing demographics of the area, including the growing Bangladeshi, Indian, and Filipino communities, as well as an increase of refugees and asylum seekers. The boards had taken steps to foster and prioritise community cohesion, such as responding to the needs of the Bangladeshi community and addressing misconceptions about refugees and migrants.

Information security

The local authority had arrangements to maintain the security, availability, integrity and confidentiality of data, records, and data management systems. There were arrangements and protocols to ensure safe sharing of data with partners. Information was kept confidential though secure recording and information storage arrangements.

Staff received training in how to handle information safely Information security and governance were risk areas which were monitored as part of audit plans and governance arrangements.

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 an inclusive and positive culture of continuous learning and improvement. Local authority staff had ongoing access to learning and support so that Care Act duties were delivered safely and effectively. There was a comprehensive training and development offer which included supportive supervision and learning at all opportunities. Learning was identified and reinforced by data, which also fed thorough audit and performance management. There was support for continuous professional development. The local authority had a culture of continuous improvement, with a focus on learning from mistakes and sharing best practices. There was constant investment in staff development such as staff training and development, including apprenticeships and leadership programs. Staff and leaders engaged with external work, including research, and embedded evidence-based practice in the organisation. Staff told us they had comprehensive access to training to support to deliver best practice.

Staff reported they were able to deliver a strength based and person-centred approach as the local authority has invested in the three conversations approach. The three conversations approach had three distinct conversations which were used to understand what really mattered to people and families. This was a relationship-based approach where practitioners listened to people and connected them to resources to maintain safety and promote independence and where identified provided proportionate and least restrictive services.

The local authority learned from people's feedback about their experiences of care and support, and feedback from staff and partners. This informed strategy, improvement activity and decision making at all levels. The local authority had developed a Carers Board to support and monitor implementation of the carer's strategy. They also had an engagement plan with all key stakeholders on how to identify, recognise and support unpaid carers.

There were processes to ensure that learning happened when things went wrong, and from examples of good practice. Leaders encouraged reflection and collective problem-solving. When talking to us about the senior leadership team, staff said that they were visible, approachable and communication is good. Staff told us that they felt listened to. They gave examples such as the Telephony App to demonstrate how the senior leadership team had listened to frontline workers about barriers and challenges to practice and then taken positive action to make improvements.

People told us they would feel able to speak up if they had concerns. To improve communication with people, the local authority was increasing utilisation of technology such as text messages, teams calling and emails, rather than relying solely on telephone communication. They were ensuring communication was clear, timely and followed up in writing as appropriate. The local authority was using feedback provided by people via the Telephony app to improve their approach in relation to their review activity and to target resources more appropriately.

The Overview and Scrutiny Committee were actively working to improve the health and wellbeing of the workforce. The committee was exploring the use of technology to enhance care delivery, such as the use of fobs for emergency calls, and establishing a work group to address the needs of people with Alzheimer's and Dementia.

The local authority worked collaboratively with people and partners to actively promote and support innovative and new ways of working that improved people's social care experiences and outcomes. Coproduction was emerging throughout the local authority's work and the local authority recognised they needed to continue improving in this area. In Frontline Services we saw work being progressed to enhance carer identification, respite services, and advocacy support. The approach to brokerage and commissioning had enabled the establishment of networks for people with lived experience which was seen as a positive step towards further co-production.

The approach to data-driven commissioning meant the use of surveys and feedback from Healthwatch informed commissioning decisions and service specifications. While some unpaid carers reported positive experiences of co-production, a small number felt excluded or misunderstood. This said we saw positive examples of co-production such as the wheelchair forum and the involvement of unpaid carers in service development.

The local authority actively participated in peer review and sector-led improvement activity. The local authority drew on external support to improve when necessary. The local authority shared learning, best practice and innovation with peers and system partners to influence and improve how care and support was provided. Through all teams there was cohesive partnership working including collaborative efforts between frontline teams and other agencies, which had strengthened service delivery. The local authority was progressing innovative and effective uses of technology which had improved efficiency and communication. The senior leadership team was committed to staff wellbeing, innovation, and co-production.

The local authority was driving innovation in assistive technology to promote independence and reduce reliance on traditional care services. Key innovations included a "smart house" which showcased available digital technologies like voice-enabled devices, smart plugs, and sensors, providing a practical demonstration of their potential. The local authority were also exploring the use of AI for personalised routines, medication management, and social isolation reduction, including a pilot service using AI via a screen for prompts, reminders, and family contact, aiming to reduce face-to-face care needs. The local authority were piloting a device that monitored behaviour (temperature, door usage, movement, power use) to identify changes and concerning patterns, empowering families to provide care and reducing reliance on formal services. The data from the device was also being used to inform and personalise care plans developed by social workers and therapists. The authority emphasised evidence-based practice (testing by ambassadors) and was actively exploring further technologies and improvements, including enhanced care records and information transfer. They were also piloting services with plans for future implementation based on pilot success, while prioritising privacy and data protection.

Learning from feedback

The local authority learned from people's feedback about their experiences of care and support, and feedback from staff and partners. This informed strategy, improvement activity and decision making at all levels. The local authority had a range of policies and procedures for managing complaints and compliments. They held a monthly operational meeting to review complaints and compliments. Meetings were chaired by strategic managers within the service area and invitations were extended to team managers and senior practitioners who had an active complaint pertaining to the practice in their teams.

There was also a quarterly feedback forum to share learning from the operational meetings across the directorate. Senior leaders chaired these meetings. Invitation to the forums were extended to Heads of Service, Strategic Managers, Commissioning Team, Team Managers, Senior Practitioners, and the Complaints Manager. Learning from the feedback forum informed the performance and quality assurance group to enable collation of the quarterly report by the Principal Social Worker and Occupational Therapist and influences case file audit. It also impacted on the supervision and appraisal process at individual and team level.

There were processes to ensure that learning happened when things went wrong, and from examples of good practice. Leaders encouraged reflection and collective problem-solving. There was a total of 79 complaints received for adult social care in 2023-2024. The local authority had taken several actions in relation to complaints. One action was the establishment of a quarterly feedback forum where themes and trends from complaints, compliments and appeals were discussed alongside other feedback so that timely action could be taken, and this also supported development and learning. There was a themed case file audit completed in February 2024, including a desktop audit of open cases in relation to contact and communication with the people. The findings of this audit were used to develop a more effective performance reporting which managers could access, which highlighted any inactivity in case recording. Practice standards had also been reviewed and updated to set out expectations for practitioners. The local authority monitored the outcomes of complaints referred to the Local Government and Social Care ombudsman (LGSCO).
