

North Tyneside Council: local authority assessment

[How we assess local authorities](#)

Assessment published: 9 July 2025

About North Tyneside Council

Demographics

North Tyneside is a metropolitan borough, in the metropolitan county of Tyne and Wear. It is bordered by Northumberland to the north, and the city of Newcastle to the west. The River Tyne forms the southern boundary, with the North Sea coastline to the east. The Borough includes the towns of Wallsend, North Shields, Killingworth, Tynemouth, and Whitley Bay, and forms a continuously built-up area with Newcastle-upon-Tyne.

North Tyneside is home to 211,769 people. The majority of the population of North Tyneside are White British (92.5%) with 2.6% Asian or Asian British, 2.4% White other, 1.3% Mixed, 0.6% Black or Black British and 0.6% Other. Around 9.3% of the population live in the top 10% more deprived areas in England. North Tyneside has an Index Multiple Deprivation score of 5 (with 10 being the highest and most deprived) and is rated 83rd out of 152 (1st being most deprived). 35% of older people are living in poverty in North Tyneside's most deprived areas, with 3.9% in the least deprived areas. The healthy life expectancy in North Tyneside is relatively low compared to the national average. Women can expect to live around 57.2 years in good health, which is statistically lower than the England average of 61.9 years. Men can expect to live 61.6 years in good health, which is statistically similar to the average for England of 61.5 years. Men living the most deprived areas of North Tyneside live 11.4 years less than those in the least deprived areas. This figure is 9.9 years for women.

North Tyneside is located within the NHS North-east and North Cumbria Integrated Care System (ICS) which is divided into 4 Area-Integrated Care Partnerships (ICPs). The North ICP covers Gateshead, Newcastle-upon-Tyne, North Tyneside, and Northumberland. The Borough has strong links with the Integrated Care Board (ICB), including Northumberland, Tyne and Wear NHS Foundation Trust, and Northumbria Healthcare NHS Foundation Trust. The nearest hospital is North Tyneside General Hospital.

North Tyneside Council is led by a directly elected mayor, with elections taking place in 2025. The Council has 60 elected members, 3 from each of the 20 wards in the borough. North Tyneside is a Labour majority Council.

Financial facts

- The local authority estimated in 2023-2024, its total budget would be **£422,533,000**. Its actual spend for the year was **£458,109,000**, which was **£35,576,000** more than estimated.
- The local authority estimated it would spend **£82,521,000** of its total budget on Adult Social Care in 2023-2024. Its actual spend was **£86,752,000**, which was **£4,231,000** more than estimated.

- In 2023-2024, **18.94%** of the budget was spent on Adult Social Care.
- The local authority has raised the full Adult Social Care precept for 2023-2024, with a value of **2%**. Please note the amount raised through Adult Social Care precept varies from local authority to local authority.
- Approximately **4185** people were accessing long-term Adult Social Care support, and approximately **965** people were accessing short-term Adult Social Care support in 2023-2024. 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.

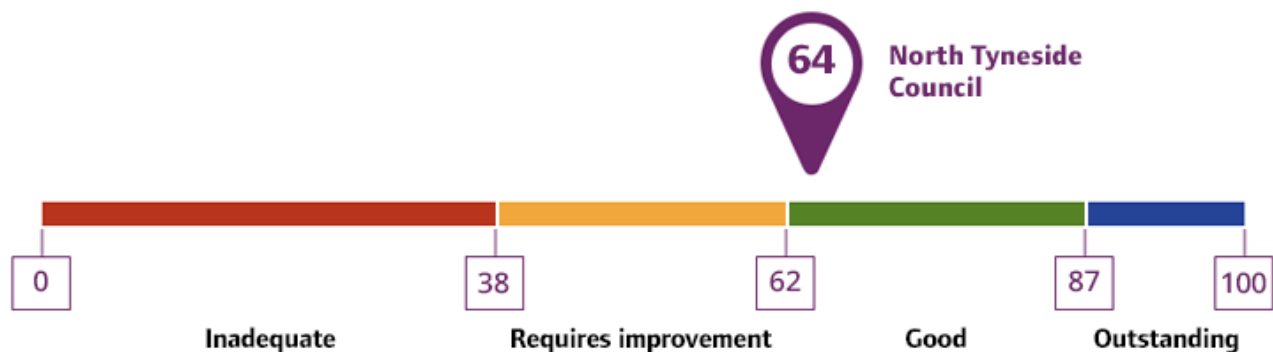
This data is reproduced at the request of the Department of Health and Social Care. It has not been factored into our assessment and is presented for information purposes only.

Overall summary

Local authority rating and score

North Tyneside Council

Good



Quality statement scores

Assessing needs

Score: 2

Supporting people to lead healthier lives

Score: 2

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: 2

Safeguarding

Score: 2

Governance, management and sustainability

Score: 3

Learning, improvement and innovation

Score: 3

Summary of people's experiences

Feedback from people in North Tyneside on their experience of accessing adult social care services was mixed. Many people and unpaid carers felt more clarity was needed to support people's understanding of the strategic work the local authority was undertaking and how they led to the delivery of meaningful outcomes for people and unpaid carers. The local authority had coproduced several improvements at the time of our assessment, but this needed time to embed before allowing analysis of the impact of these changes.

People told us Care Act assessments were conducted professionally, using strength-based approaches, and focused on whole-family support to ensure people could live at home for longer. However, they also told us they waited a long time for assessments of longer-term support needs, and there were considerable delays in annual reviews. Longer-term needs were assessed after the initial 6 weeks support offered by the council post-hospital discharge. Unpaid carers said the local authority were good at providing crisis and urgent care, but there were delays in assessments and reviews, long waits for services to start, and confusion about assessment processes for transitions between short-term and long-term support.

National data and feedback from unpaid carers were mixed, with a lack of contingency planning and access to respite services a particular point of comment. National data provided by the Survey of Adult Carers in England (SACE 2024) showed 25.00% of unpaid carers in North Tyneside were accessing support groups or someone to talk to in confidence. This was tending towards a negative variation to the England average of 32.98%. The local authority had recently invited the voluntary and community sector to carry out an extensive survey of the services available to unpaid carers in North Tyneside, leading to several changes to processes and increased respite provision in the area.

The local authority had clear priorities and a focus on prevention and early intervention, with a number of integrated services available to support eligible and non-eligible needs. However, people told us they were often unclear what the local authority support offer was, or how to access it. People felt there could be more information and services available relating to health and fitness.

People's feedback around hospital discharges and the intermediate care, rehabilitation, and enablement offer in North Tyneside was positive. The local authority's 'home first' approach had seen a shift away from residential services to looking at assistive technology and equipment to support people to continue to live more independently at home or in community-based services such as extra care. Data provided by the local authority, collated to help support understanding of people's outcomes following support from reablement services, demonstrated improvements in mobility and selfcare indicating reablement intervention had been beneficial and contributed positively to most people's quality of life.

People told us waiting times for occupational therapy assessments had increased in the past 12 months. The local authority had responded through a restructure of the service, including the use of Trusted Assessors and quick turn-around processes for common equipment requests. However, at the time of our assessment these changes still needed time to embed.

Direct payments were recognised across the board as an area of development for the local authority, with people telling us of low uptake, delays in implementation, confusing processes, and a shortage of Personal Assistants (PAs). The local authority had introduced initiatives to address this, including raising awareness in the community through coproduction groups and a drive to improve the personal assistant offer in the area.

There was a strong focus on health and prevention needs for the people in North Tyneside. The impacts of deprivation on mental health and for those people with multiple complex needs such as homelessness and drug/alcohol abuse were well known, and joint initiatives were in place to support communities who traditionally struggled to access adult social care support.

An ageing population with ongoing and complex health needs, and an increasing number of younger people with mental health, learning disabilities and autism had led to the local authority reviewing their supported accommodation offer within North Tyneside. People told us access to services was typically good, though there were some issues with the quality of homecare services.

People told us the local authority had strong partnerships with health, the voluntary and community sector, and housing, supporting key preventative and early intervention services. Access to the local authority was made easy through digital and face-to-face options based in the community and at local hospitals. The commissioned review of support for unpaid carers identified areas of development, including greater focus on social isolation and transitions for young carers. People told us communication between the local authority and health partners around Continuing Health Care (CHC) funding could be improved.

People told us there was a lack of consistency in the process for transitions from children to adult services. This was also true for people with mental health needs transitioning into community settings following time spent in hospital. The local authority had reviewed their transitions processes and introduced a co-productive Transitions Advisory Group (TAG), as well as the new role of Transitions Lead to improve consistency across all transitions.

Data provided by the local authority analysis of their Making Safeguarding Personal targets showed only 67.15% of people who raised a safeguarding concern were asked about the outcomes they wanted from the subsequent enquiry. However, 95.70% of those people asked, felt their outcomes had fully or partially been achieved. Deprivation of Liberty Safeguards (DoLS) assessments had been an issue in recent years, with prolonged delays in process and a lack of trained staff to complete the necessary paperwork. Recent additional support, including the use of independent Best Interest Advisors (BIAs), and administrative changes to the paperwork process had led to a reduction in waiting times.

People told us there were strong coproduction processes in place, particularly in the last few years, with examples of people with lived experience of care and support services involved in strategic and operational decision making. People told us senior leaders were friendly and approachable, but worried about succession planning and loss of key staff, telling us of 'corporate memory' and how information, and strong partner relationships could potentially be 'lost' when long-term staff moved on.

Summary of strengths, areas for development and next steps

North Tyneside had a long history of supporting local communities. The decline in shipbuilding along the riverside, and coal mining in the north and west of the borough, left a legacy of significant poverty. Our assessment of the adult social care function in North Tyneside took place during a time of ongoing transformation. The restructure of the adult social care directorate had begun in 2023 and was taking longer than originally planned. This was to ensure governance processes led to clear outcomes for people accessing adult social care services.

Staff and leaders told us meeting the needs of a rapidly ageing population was a key focus for the local authority, leading to increased investment in prevention and early intervention services, as well as a 'home first' approach to reablement and rehabilitation support. Community-based support also focused on the increasing number of young people with complex needs transitioning from children's services into adulthood.

Data provided by the local authority showed waiting times for assessments and reviews had been lengthy in 2023-2024. Partners and providers felt frontline teams were slow to respond to changing needs. Extensive work by the local authority, including staff recruitment and training as well as robust processes for prioritising assessments and monitoring workloads had led to a significant reduction in waiting times for both assessments and reviews by the end of 2024.

According to a voluntary and community sector survey commissioned by the local authority in 2024, feedback from unpaid carers indicated the health of those they cared for was declining, resulting in greater care needs and increased demands on unpaid carers. The local authority responded by working with unpaid carers and partners to improve the support available to them, including access to information and advice, access to respite support, and links to the Care and Connect service which was a community-based service promoting people's health and wellbeing.

Feedback from staff, leaders, and partner organisations highlighted direct payments as an area of focus for the local authority. Staff told us they were often reluctant to offer direct payments because processes to set up direct payments were cumbersome and difficult, and the complexity made it easy to make mistakes. Senior leaders told us they had streamlined the direct payment process and refreshed staff training to improve confidence and competence in completing direct payments assessments. This, combined with focused work supporting unpaid carers to access direct payments was felt to be improving outcomes for people, including through one-off payments for essential equipment and services.

Partners told us local authority frontline teams and support services enabled effective hospital discharges, with rehabilitation and enablement services identified as particularly good at promoting people's independence and reducing the need for hospital readmissions. Staff and leaders told us a recent review of 'step-down' services led to a move away from residential support to more community-based extra care modelling.

Recent changes to the way occupational therapy and the provision of equipment were managed within the local authority and their partners had led to improved outcomes supporting the home first and preventative approaches key to the new ways of working in North Tyneside. Whilst it was too soon to assess the full impact of the changes, the initial feedback from staff and providers was positive.

The recent Joint Strategic Needs Assessment (JSNA) and Market Position Statement set out the current and future health and adult social care needs of local communities, with a move to home and community-based support enabled by a series of supported accommodation and homecare review and retendering processes. Partners told us a regional approach to future supported accommodation was being explored and a review of current homecare provision locally aimed to improve the offer for hard-to-reach areas.

Partners and staff told us there were strong relationships with stakeholders. Those relationships had been built up over an extended period and allowed for constructive challenge when difficult conversations were needed. There were clear strategic links and processes for sharing information both at a local and regional level, including working towards the new North-East combined authority. There were strong integrated service relationships with health partners using pooled resources to meet joint strategic priorities.

Gateway, Care Point and Care and Connect services were used as front-door first contact and triage support, linking with health, voluntary and community services as well as crisis support teams to ensure immediate needs and low-level support services were accessed quickly and effectively.

Feedback on transitions was mixed, but the local authority had reviewed and implemented a number of changes to improve outcomes, including a new Transitions Advisory Group and the recruitment of more Approved Mental Health Professionals (AMHPs) to support mental health hospital discharges.

Staff told us there were safeguarding enquiries open longer than expected, leading to a potential for ongoing risks and concerns for people's safety. There were good partnership working arrangements and learning from Safeguarding Adult Reviews (SARs) at local and regional levels. Senior leaders told us there was a clear understanding of local safeguarding risks and issues, with a focus on self-harm, alcohol and drug misuse, and homelessness.

People, staff, and partners felt the local authority learned from feedback about their experiences of care and support. There were processes to ensure learning happened when things went wrong, and from examples of good practice at a local, regional, and national level. Leaders encouraged reflection and collective problem-solving, and staff told us they felt valued and included in decision making.

Theme 1: How North Tyneside Council works with people

This theme includes these quality statements:

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

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

Assessing needs

Score: 2

2 - Evidence shows some shortfalls

What people expect

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

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

The local authority commitment

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

Key findings for this quality statement

Assessment, care planning and review arrangements

People in North Tyneside could easily access the local authority's care and support services through several routes, including telephone, email, an online portal, and face-to-face through Community Hubs. The local authority's main community 'front-door' service, known as Gateway, supported triaging of referrals and access to urgent support services and sensory support requests. The equivalent hospital discharge service, based at the hospital, was known as Care Point, and allowed for smooth transitions into supported community and residential settings, or back into people's homes through close working with the reablement team.

Pathways and processes ensured people's support was planned and co-ordinated across different agencies and services. In addition to the main 'front-door' functions the local authority also provided Care and Connect drop-ins, a community-based service supporting face-to-face advice and information services, as well as an online 'My Care' self-referral system which was the most common point of contact for requesting advice, information and support, receiving 25.7% of all initial contacts between April and August 2024. Finally, North Tyneside offered an out-of-hours service, Care Call, a 24/7 call handling centre, and mobile falls response service. They were co-located with the out-of-hours social work team and worked closely with the Statutory Services Team to handle out-of-hours requests for Mental Health Act assessments.

Frontline teams were split into 2 localities (West and Coast) and included Community Wellbeing Teams who supported people with long-term needs and worked closely with Occupational Therapists and the Community Rehabilitation Team. The local authority also provided specialist frontline teams for people living with mental health needs, people with learning disabilities, and autistic people. Recent innovations included joint work with health partners to support adults with complex needs, such as Gateway Access Plus, supporting adults with drug and alcohol dependency, and Reablement Plus, supporting people who required short-term overnight care to return home following discharge from hospital.

People told us the approach to assessment and care planning was person-centred and strengths based. Whilst people said their care and support ensured their human rights were respected and protected, feedback was mixed in relation to Care Act assessment outcomes. National data provided by the Adult Social Care Survey (ASCS 2024) showed only 54.44% of people in North Tyneside were satisfied with their care and support. This was a negative variation to the England average of 62.72%.

The local authority had assessment teams who were competent to carry out assessments, including specialist assessments. North Tyneside's practice model, known as 'Ways to Wellbeing' supported frontline teams to complete strengths and assets-based, whole-family and outcome-focused Care Act assessments and reviews. The practice model enabled the delivery of person-centred care which reflected people's right to choice and reflected what they wanted to achieve and how they wish to live their lives.

Timeliness of assessments, care planning and reviews

Assessment and care planning arrangements were not always timely or up to date. Data provided by the local authority showed waiting times for Care Act assessment and reviews often exceeded the local authority's target timescales. As of February 2025, there were 117 people waiting for Care Act assessments, with a maximum waiting time of 106 days. Care Reviews showed similar delays, with 489 people waiting for an annual review of their care and support needs and a maximum waiting time of 12 months.

Senior leaders told us there were areas for development regarding waiting times for Care Act assessments and reviews. Long waits were influenced by increased reassessments, a rise in safeguarding alerts, and the prioritisation of high-risk cases over scheduled reviews for those deemed at lower risk. The local authority had identified the bulk of longer waits took place following handover between the front door teams and the Community Wellbeing teams, where an appearance of needs was identified, but the person was at minimal risk.

Partners told us Care Act reviews were sometimes completed without service providers or the families of the people receiving support being contacted to be part of process. They felt this meant people who lacked capacity to make their own decisions did not always have their opinions and best interests considered. People told us the local authority were sometimes slow at responding to changes in circumstances. This could lead to difficult situations where providers and unpaid carers were struggling to cope with people's needs, and this was impacting on their own health and wellbeing.

Staff and leaders told us the local authority was acting to manage and reduce waiting times for Care Act assessment, care planning and reviews. This included actions to reduce any risks to people's wellbeing whilst they were waiting for an assessment. Data provided by the local authority showed between September 2024 and February 2025 the average waiting time for Care Act Assessments had reduced by 36%, and the average waiting time for Care Act reviews had reduced by 47%. The longest waiting time for Care Act assessments completed by the Community Wellbeing service was 171 days in September 2024. In February 2025 this had been reduced to 106 days.

Staff and leaders told us there had been significant coordinated action to reduce waiting times, including the maximum waiting times for new Care Act assessments and overdue reviews. This had been achieved 'in-house' through the introduction of a new workload allocation framework designed by the Principal Social Worker (PSW) and co-developed with frontline teams. The framework allowed for analysis of safe workloads and allocation by role to ensure work was focused with the right people at the right time and was used in conjunction with the local authority's 'Waiting Well' prioritisation of need tool which provided consistent priority criteria to all teams, allowing proactive monitoring and oversight of waiting lists.

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 often undertaken separately, however there were occasions where people told us joint assessments had taken place where they felt this was more appropriate. Senior leaders told us improving support for unpaid carers had been a strategic priority over the last 2 years, responding to lower-than-average carer satisfaction with adult social care in North Tyneside.

National data from SACE (2024) was mixed, with 83.33% of unpaid carers in North Tyneside stating they had enough time to care for other people they were responsible for. This was tending towards a negative variation compared to the average for England of 87.23%. However, 71.43% of carers felt involved or consulted as much as they wanted to be in discussions, tending towards positive variation of the England average of 66.56%.

In 2024 the local authority had commissioned the voluntary and community sector to carry out a survey of unpaid carers in North Tyneside to understand their experiences and include them in a new carers support offer. Feedback from the survey identified areas of support unpaid carers felt could be improved which would have positive impacts on their outcomes and the outcomes of the people they supported. Areas of concern included access to respite services, contingency planning, and waiting times for carers assessments. Unpaid carers told us there were delays in assessments and reviews, with long waits for services to start and a need for improved access to respite opportunities.

The local authority responded by introducing a new Adult Carers Pathway outlining a tiered approach to promoting carers wellbeing. This approach offered a range of support options, including universal, preventative services and statutory assistance, as well as access to direct payments to help unpaid carers manage their needs effectively.

Partners told us there were several ways unpaid carers could access advice and support. The local authority commissioned a carers centre to provide information, advice and signposting to other services as well as having the ability to complete carers assessments for anyone not already known to the local authority. Feedback from the centre showed there was no waiting list for this route to accessing carers assessments, suggesting inconsistency in access to assessments as those completed by frontline teams often led to delays. These assessments supported unpaid carers who were already known to adult social care services and included carers assessments identified as part of the local authority's 'whole family' approach to strengths-based support planning.

Data provided by the local authority showed there were 2 people waiting for statutory carers assessments in February 2025. The average waiting time for a carers assessment was 58 days, with a maximum waiting time of 79 days. Senior leaders told us the reason for the increased median waiting times was linked to the reduction in overall waiting list size. On 27 September 2024 there were 11 carers awaiting statutory carers assessment, whilst by 14 February 2025 this number had reduced to 2 carers. Both carers were allocated to Carer Wellbeing Workers, although the assessments had not yet concluded.

Staff and leaders said the local authority was working hard to improve support for unpaid carers. There were regular audits and analysis of complaints and compliments which showed an improving relationship between the local authority and unpaid carers, around the Care Connect service based in the Community Hubs. Feedback was being used to design the 2025-2026 Carers Plan and to build on advice and information, professional approaches, and staff's understanding of unpaid carers needs through the local authorities 'Brilliant Basics' approach to staff development and training. There was a carers drop-in clinic twice a month and mental health frontline workers were based at the Carers Centre supporting work with unpaid carers who did not have a formal carers assessment.

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. My Care North Tyneside, the local authority's online self-referral and self-assessment system was redesigned in 2024 to improve accessibility and navigation. The 'living the life you choose' section focused on promoting wellbeing and resilience. Other North Tyneside council websites provided information to promote positive health, wellbeing, and social inclusion. These included 'Active North Tyneside' supporting people to live long and healthy lives, 'Employment and Skills' enabling people to access education and training, and the public health section of the corporate website which offered advice to promote healthy lifestyles.

Partners told us the local authority commissioned the voluntary and community sector to run the 'Living Well' website, offering online information and advice. For those people unable to access information and advice online, the local authority's front door Gateway service offered a Local Welfare Provision service for non-eligible needs, including information about fuel poverty, foodbanks, and homelessness.

Staff said Care and Connect offered face-to-face access to adult social care advice and information across the borough, with the most regular presence close to the most deprived areas where digital exclusion was more common. Frontline teams also told us Gateway signposted people to community services as part of their initial assessment and triage process, and the Carers Centre offered outreach and drop-in sessions where unpaid carers could speak to financial services and citizen's advice services. Staff told us eligibility for adult social care and support was assessed as part of the local authorities 'Ways to Wellbeing' practice model which identified clear criteria and benchmarking for eligibility and the type of support available to people in North Tyneside.

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 transparent. People told us they received an information sheet prior to their Care Act assessments, detailing how the local authority made eligibility decisions, allowing them to prepare for their assessment. National data provided by ASCS (2024) showed 57.41% of people in North Tyneside did not buy any additional care or support privately or paid more to 'top up' their care and support. This was tending towards a negative variation compared to the England average of 64.39%.

The local authority had a policy in place outlining the appeals process for eligibility decisions, with guidance for people on how to complain regarding care or an eligibility outcome. Data provided by the local authority showed only 3 people filed complaints about eligibility or funding decisions in the year leading up to September 2024. Of these complaints, 1 was upheld, 1 was partially upheld, and 1 was not upheld.

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. Decisions and outcomes were timely and transparent. Staff and leaders told us financial assessments could be conducted in several ways, including face-to-face, via phone, or through video calls. The local authority also helped connect people to additional income sources if needed. To improve efficiency, the local authority developed a provider portal allowing homecare providers to submit invoices electronically, and receive payment within 8 days, compared to 21 days previously.

Faster processing allowed the local authority to resolve any invoice queries sooner, so people were correctly charged or could be reimbursed without delay. The local authority recognised that currently people were waiting longer than in the past for a financial assessment due to a rising number of people receiving services. To tackle this, they were exploring online contributions calculators and financial assessment portals to enable people to plan the cost of their care in advance of agreeing to support.

Data provided by the local authority (February 2025) showed there were 298 people awaiting the completion of financial assessments. The average waiting time was 41 days, with a maximum waiting time of 119 days. Staff told us the local authority's target timescale for financial assessment was 42 days. Senior leaders told us waiting times and delays were being addressed through increased work hours and the recruitment and training of new staff. Data provided by the local authority showed maximum waiting time had significantly reduced since September 2024 when it was 305 days.

People told us financial assessments were a source of anxiety for them. Whilst services could be put in place before the completion of the financial assessment process, this left people with uncertainties about how much they may need to contribute towards the cost of their care. The financial assessment process included details of how to appeal and how to contact the Finance Team if there were any factual inaccuracies.

Staff and leaders told us if people still believed the local authority's decision was incorrect, the team leader overseeing the Visiting Officers would complete a reassessment in the first instance, in line with the local authority's Feedback, Reconsidering Decisions and Complaints procedure. The most common source of reconsideration requests was in relation to Disability-Related Expenditure (DRE) disregards.

Data shared by the local authority showed in the 3 months leading up to February 2025 there were 7 reconsideration requests, comprising 1.5% of the total financial assessments completed. In 2 instances, the assessed contribution remained unchanged. Neither proceeded to a formal complaint. In 5 instances, disregards were allowed and 3 of these reductions resolved the concerns. In the remaining 2 instances, a formal complaint was submitted. At the time of our assessment 1 investigation was ongoing, and the complaint was not upheld, leading to a subsequent Local Government Social Care Ombudsman (LGSCO) investigation which found no fault on the behalf of the local authority.

Provision of independent advocacy

People told us timely independent advocacy support was available to help people participate fully in care assessments and the care planning process. Data provided by the local authority showed in 2023-2024 there were 518 people who accessed independent advocacy. As of September 2024, there were 320 active cases, including Care Act assessments and reviews and mental health casework. Most referrals for advocacy were to support safeguarding enquiries.

National data provided by the Safeguarding Adults Collection (SAC 2024) showed only 50.59% of individuals who lacked capacity to make their own informed decisions were supported by an advocate, family member or friend. This was a significant negative variation to the England average of 83.38%.

Staff and leaders told us they had recently accessed refresher training on carrying out Mental Capacity Act assessments, including supporting advocacy referrals. Recruitment and training of BIAs and improved relationships with the commissioned advocacy provider led to positive feedback from partners and people receiving services. People told us advocacy in North Tyneside was good quality, timely, and effective.

Supporting people to live healthier lives

Score: 2

2 - Evidence shows some shortfalls

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

North Tyneside 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 for unpaid carers, people receiving adult social care support, and other people across the borough. The Adult Social Care Strategy (2024-2026) worked alongside the Corporate Strategy, Our North Tyneside Plan (2021-2025) to expand on the priorities for the borough including the provision of prevention and early intervention processes to support people to lead healthier lives and to reduce the need for long-term care.

Senior leaders worked with partners through the Health and Wellbeing Board to promote integrated working between health and social care and other partners. The Health and Wellbeing Board produced the JSNA, in collaboration with Public Health, outlining the health and care needs of people living in North Tyneside and any health inequalities across the Borough.

Data provided by the local authority 2021 census showed North Tyneside was becoming more diverse. Although it still had lower ethnic diversity compared to regional and national averages, the proportion of residents identifying as Asian, Black, mixed heritage, or from other ethnic backgrounds had risen from 4.9% in 2011 to 7.5% in 2021, mainly amongst younger age groups. North Tyneside was the second least deprived local authority in the Northeast, but there was a significant variation in deprivation levels across its neighbourhoods. Some areas, especially the coastal towns such as Whitley Bay with its popular lighthouse, were quite affluent, while others, particularly in North Shields and Wallsend, faced high poverty rates.

The local authority recognised many older people in deprived areas were facing significant hardships, with around 35% living in poverty compared to just 3.9% in more affluent neighbourhoods. Loneliness was also an issue, particularly for older adults and those with disabilities or low incomes, making social connections even more difficult. About 10% of the borough's population lacked internet access, with older and disabled individuals being the most affected by this digital exclusion. Other examples of inequalities in North Tyneside included smoking, weight management, levels of physical activity, drug and alcohol misuse, suicide, self-harm, and homelessness.

The local authority's Prevention Strategy (2024-26) outlined their vision and commitment to prevent, reduce and delay people's needs. Prevention was embedded as a principle across all partner and council strategies and a core feature of all Adult Social Care activities. Staff and leaders told us the Gateway duty team worked intensively with people who did not have ongoing social care involvement, with a preventative approach. Preventative teams including Care and Connect, Welfare Assistance, and Select and Direct were embedded within the Gateway service, and there were strong links with the Community Rehabilitation team.

Data provided by the local authority showed preventative services were having a positive impact on well-being outcomes for people. The preventative response provided by contact centres (excluding Welfare Assistance) dealt with 59% of all contacts. Gateway also worked with 10.3% of contacts requiring an immediate crisis response to a situation before moving on for long term support.

In May 2023, the Connecting Communities Strategy for Community Hubs, and Libraries (2023-2028) was agreed by Cabinet to establish 6 community hubs across North Tyneside. The hubs provided a consistent support and advice offer, tailored to local need and as well as the physical multi-agency hub buildings, the service worked with the wider community to provide a cohesive network of support and services. To tackle digital exclusion and health inequalities in minority ethnic communities the local authority was focused on Community Hubs being easily reachable by public transport, especially in areas the most deprived areas and those with diverse populations. The local authority hosted popular marketplace and networking events twice a year and were trying out new technology support through their Support Through Technology strategy, which included giving out Wi-Fi dongles to help people get online.

Partners told us the local authority had implemented several preventative initiatives showing positive impacts on people's wellbeing. Staff and leaders continued to raise awareness and combat violence against women and girls by promoting the work of Domestic Abuse Champions within adult social care. They provided mandatory domestic abuse training to local authority frontline teams, led by senior social workers from the Safeguarding Adults team. In terms of housing, the local authority had earned top accreditation from the Domestic Abuse Housing Alliance.

The local authority reported an increasing number of people of working age who needed significant support due to histories of trauma and substance use. This had led to a heavy reliance on emergency services. The local authority's Gateway Access Plus service collaborated with the North Tyneside Recovery Partnership on a detox and rehab pathway, including the provision of public health-funded specialised substance misuse social worker within the mental health service. The Health and Wellbeing Board introduced Working Well Hubs as part of the regeneration of North Tyneside to ensure the needs of people dealing with addictions and homelessness were prioritised.

Senior leaders told us they planned to further embed services targeting people with dual-diagnosis and people with multiple complex needs. Gateway Access Plus was an ICB funded, joint working project established in 2023 to support people with multiple and complex needs which resulted in barriers to accessing physical health care and housing. The local authority wished to expand the service with pooled funding to enable a wider reach and improve links with housing and drug and alcohol services.

Provision and impact of intermediate care and reablement services

The local authority worked with health partners to deliver intermediate care and reablement services which enabled people to return to their optimal independence, reduce hospital discharge waiting times, and lessened the likelihood of hospital readmissions. Place-based relationships benefited from long-term joint working and representation on partnership boards. Senior leaders told us they took pride in their approach to prevention. As a result of their approach, they saw fewer older adults needing long-term support to stay at home and a low number of working-age individuals in residential care.

Better Care Funding (BCF) was overseen by the Health, Care and Wellbeing Board, with funding primarily used to keep people at home. Staff and leaders told us the Care Point team, supported by funding from the BCF, supported hospital discharges via pathways including intermediate care, extra care step-down beds, and a home first approach using the reablement and enhanced reablement services. Senior leaders told us they stopped block-commissioning residential care beds, instead diverting resource into expanding their 'Home First' approach, enhancing capacity in reablement services, supported by occupational therapy input where needed.

In December 2024, the local authority launched an Enhanced Reablement service to complement the existing reablement offer, support complex hospital discharges, and reduce hospital re-admissions. Both services aimed to reduce or delay the need for long-term care and support. Data from the Adult Social Care Outcomes Framework (ASCOF 2024) showed 89.87% of people who had received short term support no longer required support. This was a positive variation to the average for England of 79.39%. A customer survey in 2023-2024 carried out by the local authority to assess the impact of reablement services found 81% of people rating the service as excellent and 18% as good.

Senior leaders told us about specialist support offered by the Mental Health Reablement team and the Learning Disability Enablement team who supported people living with multiple complex needs to live more independent lives through intensive, time-limited support to gain or regain independent living skills, preventing and reducing long-term needs for formal support.

Partners told us a recent review of 'step-down' services had led to a move away from traditional residential support to a more community-based extra care model, showing more meaningful outcomes for people using services and enabling people to return home sooner, and for longer. This resulted in 16 step-down beds in 2 extra-care schemes being commissioned. They supported people who were not yet ready to return home, but for whom residential care would not be necessary.

The Community Rehabilitation Team was established in August 2023 to provide functional assessments and timely reviews of new care and support plans, optimising them to avoid deskilling people and to promote independence, whilst increasing care packages where evidence shows it was required. Senior leaders told us by the end of the financial year 2023-2024 the team had completed 125 reviews, resulting in a net average decrease of 2 hours per week per service user, returning these hours into the homecare market.

The local authority shared data with us demonstrating how they measured the impact of their preventative approach. For example, Care Call, the local authority's initial falls responder, attended 3,500 incidents of people who had fallen each year, with only 3% of those going on to attend A&E. Care Call maintained the Carer Emergency Plan register, informing the local authority response to support the cared-for person, in a carer emergency. Data provided by the local authority showed the number of older people who were admitted to long-term residential care in North Tyneside was low compared to other local authority areas in the North-east and compared to the average in England. Approximately 1,400 people were supported through Reablement services each year, and the number of older people supported at home with homecare or extra care had increased 7% in 2023-2024 compared to 2022-2023. National data provided by ASCOF showed 1.60% of people over 65 years old received reablement or rehabilitation services after discharge from hospital. This was a negative variation to the England average of 3.00%.

Access to equipment and home adaptations

As part of their home first and prevention priorities North Tyneside ensured people could access equipment and minor home adaptations to maintain their independence and continue living in their own homes. The local authority's 'Select and Direct' service offered quick access to frequently needed equipment and minor adaptations, helping to eliminate unnecessary delays for occupational therapy assessments. Most of these assessments were conducted over the phone, with the team carrying out face-to-face assessments where this benefitted the person needing the equipment. In the first quarter of 2024-2025, Select and Direct completed over 300 assessments, with 94% finished within 7 days.

Staff and leaders told us they had seen a significant increase in demand and complexity for occupational therapy input, with a 17.5% rise in referrals from 2023 to 2024. This increase had led to some people waiting longer for assessments related to equipment and adaptations. In response to this, the local authority had introduced their cross-service prioritisation tool to ensure individuals at high risk were prioritised and used their workload allocation framework to ensure the best use of resources.

Senior leaders commissioned a review of the occupational therapy service in 2024 with a subsequent consultation taking place. There has been a redesign of the assessment pathway which will include clear criteria for internal and specialist teams. Within the new model the local authority introduced a new post of Principal Occupational Therapist and an additional Team Manager. This new structure was due to start in 2025 to provide a robust oversight of waiting lists and ensure strategic input into ongoing service design, improvement, and integration. There were also additional Occupational Therapy hours put into the model to support the provision of a Community Rehabilitation Service with occupational therapy advice and oversight to enable swift provision of equipment.

Referrals into the Occupational Therapy team were triaged and priority rated to support allocation decisions, with referrals suitable for quick provision of loan equipment going to Select and Direct, lower-complexity referrals allocated to Occupational Assessment officers, and more complex assessments requiring a qualified Occupational Therapist. Senior staff members oversaw all referrals. Data provided by the local authority showed in February 2025 there were 244 people waiting for equipment assessments. The average waiting time was 71 days, with a maximum of 168 days. This showed delays were increasing, with the number of people on the waiting list up by 96 people since September 2024.

The Loan Equipment Service operated a 7-day service providing an average of 2,100 pieces of standard equipment each month in 2023-2024. Data provided by the local authority showed in February 2025 there were 312 people who had been assessed for equipment and were awaiting delivery. Of these, 228 (73%) had in-stock equipment allocated to them, with a scheduled date for delivery.

Staff and leaders told us they maintained a target of 5 days for the provision of standard non-emergency (independent living) equipment. Across 2023-2024 95.3% of equipment was delivered within this timeframe. In January 2025 there was an average waiting time of 5 days from ordering to the delivery of equipment, with a maximum waiting time of 24 days. This was due to delivery delays from the manufacturer.

People and partners told us the provision of equipment in North Tyneside worked well and people received equipment in a timely manner to ensure they remained independent at home for longer. Senior leaders told us feedback from customer surveys regularly showed high satisfaction scores and leaders were confident the changes made to the occupational therapy structure would improve assessment waiting times.

Care Call was the local authority's telecare and assistive technology service, supporting around 3,500 customers. The service played an important role in assisting the North-east Ambulance Service as the first responder for falls, helping to prevent long waits for help and reducing the need for hospital admissions. As part of their Home First approach, the local authority offered Care Call free of charge for up to 6 weeks in conjunction with reablement support. As part of the enablement offer the local authority also provided Independent Living Skills assessments, including the provision of assistive technologies to promote independence at home and in the community.

Provision of accessible information and advice

The local authority's My Care North Tyneside website, and the Living Well North Tyneside service, jointly commissioned by the ICB and local authority, ensured 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. The Living Well North Tyneside and My Care websites provided information about local activities, advice, and support services.

Staff and leaders told us they had recently carried out a full redesign of available information about key topics, co-designed with members of the Inspire Adult Social Care Improvement Forum, to improve clarity and accessibility. This included improved accessibility of websites, with a 35.7% increase in people accessing the site and a 14.9% growth in the number of local community events listed there. The changes were in response to national data provided by ASCS in 2023 which highlighted difficulties in people accessing information and advice.

In the most recent ASCS (2024) the local authority saw an 8% improvement in the proportion of people who reported being able to find information easily. Despite this, the 2024 figures showed only 59.33% of people using adult social care services, and 51.52% of unpaid carers found it easy to access information and advice. This tended towards a negative variation to the England averages of 67.12% for people accessing services, and 59.06% for carers.

Senior leaders told us the local authority's prevention strategy included addressing digital exclusion. The Gateway Contact Centre dealt with over 2,000 (50%) contacts a year without progressing to frontline teams. North Tyneside also funded telephone and face to face advice from the voluntary and community sector.

Partners told us the local authority website was easy to access and understand and there were good links to information and advice about adult social care and healthy living. The site also incorporated the Living Well directory which made finding voluntary and community services easy. The local authority would supply information in different languages if asked.

People told us the local authority provided information booklets relating to maintaining independence, staying well, prevention and delay services. These information sheets covered a range of topics relating to adult social care and were available to people through request, at Community Hubs, and via social workers.

Direct payments

Data provided by the local authority showed there was not always good uptake of direct payments. 20% fewer people received a direct payment in North Tyneside in 2022-2023 than in 2021-2022. In March 2023, 345 people were receiving a direct payment, however, by March 2024 this figure had dropped to 295 people. There were low numbers of unpaid carers being supported via a direct payment in 2022-2023 with 4.2% of carers in North Tyneside receiving direct payments compared to the England average at the time of 76.8%.

People and unpaid carers told us of prolonged delays in direct payments being implemented and inconsistent advice being given by frontline teams. People had significant difficulties recruiting and retaining PAs as well as accessing training and support around managing their employment. National data provided by ASCOF (2024) showed only 13.13% of people using adult social care services received direct payments. This was a significant negative variation on the England average of 25.48%.

Feedback from staff and leaders included processes to set up a direct payment were difficult and open to error. There was limited understanding of the direct payment process within frontline teams and the administration of direct payments was difficult for people and their families. Staff echoed the difficulties identified around PA capacity with training, recruitment and retention difficulties impacting on the time it took to put support in place.

Senior leaders told us they carried out a review of the direct payments process in 2024. The local authority explored why there had been a decrease in people receiving a direct payment. The main reason cited by people receiving support and unpaid carers for not accessing direct payments was difficulties in recruiting PAs with the standard hourly rate below the offer available in neighbouring local authorities.

Staff and leaders told us the assessment and review process for frontline teams included direct payments discussions and provision of information and advice leaflets. The internal process for implementing a direct payment had recently changed, with a move to automatic referrals rather than reliance on paper-based approaches.

Partners told us urgent needs, for example hospital discharges, were dealt with quickly and people and unpaid carers had access to support with administrative issues such as payroll. Direct payments could also be used to purchase equipment, services, and one-off spot-purchases to support people's independence. The local authority had a dedicated direct payment support team along with local payroll providers to assist with recruitment and administration. They had introduced initiatives to address this, including a review of PA pay rates, additional training and support for PAs, staff, and people using direct payments, and streamlining administration and start-up processes.

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

North Tyneside understood its local population profile and demographics. It analysed equality data on adult social care users and used it to identify and reduce inequalities in people's care and support experiences and outcomes. The local authority's Equality and Diversity policy described the corporate vision for North Tyneside as a place where "people feel safe, and no one experiences discrimination or avoidable disadvantage because of their protected characteristics, background or personal circumstances."

Senior leaders told us they were working to make equality and diversity "everyone's business." This was led by the Corporate Strategy and Customer Service Directorate and supported by Cabinet Members, the senior leadership team, the Corporate Equality Group, and the Staff Networks (local authority employees with lived experiences of inequalities).

Staff and leaders involved in carrying out Care Act duties had a good understanding of cultural diversity within the area and told us they engaged with the people and groups where inequalities had been identified, to understand and address the specific risks and issues experienced by them.

The local authority commissioned the voluntary and community sector to carry out a 'community mapping' exercise to identify people with protected characteristics, seldom heard groups, and people with needs for care and support which were not being met. These key documents were used to develop North Tyneside's Health and Wellbeing Board's joint strategy, 'Equally Well: A healthier, fairer future for North Tyneside' (2021-25). Community Hubs were based in areas of most need, and voluntary and community organisations were commissioned to work closely with local communities.

The local authority was undertaking continuous, robust mapping of community groups in North Tyneside, to promote an understanding of the needs of all communities. Strong knowledge of community assets supported local engagement at ward level, and groups supporting seldom-heard and hard-to-reach groups. For example, engagement with community groups included organisations supporting seldom heard ethnic groups, for example the Bangladeshi, Jewish, and Islamic communities. This included support from the local authority's Ethnic Diversity Task Force, groups supporting the local authority's 'Live Well' focus, sports clubs, places of worship, and those offering support for people struggling with food poverty. Other community projects supporting social isolation included environmental and heritage groups as well as multiple faith groups representing Christian, Sikh, and Islamic communities offering safe spaces for people over 65 to interact with other people from their local communities.

There was a strong focus on the impact of deprivation on mental health and especially for those people with multiple complex needs such as homelessness and drug/alcohol abuse. Joint initiatives were in place to support communities who traditionally struggled to access adult social care support. For example, community initiatives were in place to support young and working-aged people who faced mental health challenges, suicidal crisis, and experiences of abuse. Other community-based groups included multiple organisations supporting people's mental and physical wellbeing, unpaid carers, autistic people, and veterans. This work supported engagement on the Adult Social Care Strategy, with the PSW using existing community networks to reach out to seldom-heard groups, offering face-to-face discussions in cultural centres and places of worship.

North Tyneside had low ethnic diversity and so the impact of support offered around deprivation was seen more evidently in the high percentile white British communities. However, the borough was becoming more diverse, with immigration from Eastern Europe, Asia and Africa, and an increased number of refugees and asylum seekers. The local authority commissioned voluntary and community sector organisations to support people migrating into North Tyneside, including personalised support, food and clothing support, and drop-in services. This enabled people migrating to North Tyneside to integrate into the local community, access adult social care services and to support the sector by taking up roles within health and social care.

The local authority reported people from minority ethnic backgrounds were overall more likely to live in poverty, and experience poorer mental and physical health. The local authority recognised many older people in deprived areas were facing significant hardships, with around 35% living in poverty compared to just 3.9% in more affluent neighbourhoods. Disabled people were particularly affected by deprivation inequalities, with approximately 25% of people living with a disability residing in struggling communities, while only 14% of those in wealthier areas face similar challenges.

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 a coproduced and adequately resourced strategy to reduce inequalities and to improve the experiences and outcomes for people who were more likely to have poor care. Senior leaders told us the Embedding Equalities Programme was an integral part of the Council Plan (2021-2025), deriving from the 'A Caring North Tyneside' priority.

Staff and leaders told us the local authority's focus on inequalities was not restricted to ethnicity. Trans, non-binary and gender diverse awareness guidance and e-learning was available to support awareness of trans, non-binary and gender diverse people. A new employment 'Transitions Toolkit' provided guidance on supporting colleagues who transitioned whilst working for the local authority. Trans and non-binary services in North Tyneside offered one-to-one support around gender identity, sexual orientation, hate crime, and access to group support.

Partners told us they were working with the local authority and people with lived experiences of inequalities to develop engagement leads within all local authority services to ensure consistency in engagement activities across the Council. These engagement processes supported the development of training for colleagues and service providers, Equality Impact Assessments (EqIAs), and a new 'Engagement' website.

People and partners told us there was also a focus on people with complex needs and equality characteristics. For example, people experiencing trauma often led to drug and alcohol addiction, self-harm, and homelessness. These people were supported by the GAP team, and tended to be young adults whose life experience had led to exclusion.

Inclusion and accessibility arrangements

People told us The North Tyneside and My Care North Tyneside websites were designed to be accessible for users with different needs. They were compatible with basic screen magnifiers, speech recognition software, and speech packages. For those who could struggle to access the websites, the local authority had processes in place to adapt information fact sheets and standard care management documents into various formats, ensuring everyone could access the information they needed.

There were appropriate inclusion and accessibility arrangements in place in North Tyneside so people could engage with the local authority in ways which worked for them, for example BSL videos explaining adult social care information, and access to translation and interpreter services. Senior leaders told us the local authority had invested in accessible environments, including facilities in all town centres and parks across the borough. 42 accessibility audits had taken place and been published, instigated by the local authority's staff networks, in conjunction with people with lived experiences, giving disabled people confidence in accessing building across North Tyneside.

Partners told us there were services available to support people with dual sensory loss. The local authority strengthened its links with deaf community groups through the work of the Equality Engagement Advisor. Bookable face-to-face interpreter services were available, whilst Sign Video enhanced access through instant online BSL interpreting. Translation arrangements included commissioned services to providing translation services, with an additional framework for document translation. The local authority also completed sensory and dual sensory assessments. Data provided by North Tyneside showed 109 sensory assessments were completed in 2023-2024.

Information about local services and activities was made accessible, with practical support and training to develop skills for independent living at home and in the community, and specialised training on mobility, both indoors and outdoors. Equipment could also be provided to help people manage their lives more independently.

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

North Tyneside worked with local people and stakeholders and used available data from the JSNA, the Provider Portal and the voluntary and community sector to understand the care and support needs of people and communities. This included people with lived experiences of accessing services and evolving analysis of JSNA data linked to specific conditions or needs. Data allowed targeted geographical analysis of deprivation and inequality, and population groups who were most likely to experience poor outcomes.

Senior leaders told us there was a 'golden thread' linking the Council Plan, the Health, and Wellbeing Strategy, and the JSNA through to services commissioned to meet people's needs. The JSNA and local intelligence about the needs of people accessing support informed the local authority's commissioning intentions to meet the changing needs of the local population.

Data provided by the local authority showed in 2023-2024 there had been a 3% rise in contacts with Adult Social Care. Short-term support had seen a 3.7% increase and long-term support had grown by 4.7%. The number of older people living in nursing homes had increased by 20%, however, there were fewer working-age people in residential care. Figures showed North Tyneside had the third lowest percentage of people aged 65 and over needing long-term community care in the North-east.

Staff and leaders told us the local authority recognised accommodating a rapidly ageing population was a significant challenge. Data provided by the local authority showed a predicted 30.80% increase in people over 75 years of age in the borough by 2030. This had led to focused investments in prevention, early intervention, and reablement services in line with the Council's home first approach. While the number of working-age individuals needing adult social care remained steady, there was an upward trend in young adults entering adult social care with complex support needs.

Whilst feedback from unpaid carers wasn't always positive, there was a recognition of the recent changes made by the local authority to address the concerns raised in the 2024 commissioned voluntary and community sector survey of carers support and an acceptance of changes being made to improve access to respite services and support for unpaid carer's mental health and wellbeing.

Partners told us the JSNA and Market Position Statements clearly identified the current and future needs for services in North Tyneside. The principal areas of focus were the increase in demand from an ageing population and the upward trend of young people with complex needs, however there were also identified shortages in complex dementia support, bariatric care, and short-term support for people with delirium coming out of hospital. Senior leaders also highlighted a need for more local residential support for autistic people.

Senior leaders told us there was a strategic move away from residential placements being the priority following a Care Act Assessment, with home and community-based services (such as extra care) being preferred. Partners told us how a regional approach to future supported accommodation was being explored and a review of the current homecare provision locally aimed to improve the offer for more rural, hard to reach areas.

People told us access to services was generally good, though there were some issues with the quality of homecare services. Some areas in the borough were seen as 'hard to reach' due to poor transport links, proportionately lower rates of pay compared to neighbouring local authorities, and increased travel times leading to difficulties in sourcing support, particularly for people organising and paying for their own care and support needs.

Senior leaders told us commissioning arrangements were flexible in these areas to offset the perceived financial disadvantages for service providers and the recent homecare review planned to address accessibility issues further. At the time of our assessment, it was too soon to see the impact of these changes for people accessing support.

Market shaping and commissioning to meet local needs

People told us they had access to a diverse range of local support options which were safe, effective, affordable, and high-quality to meet their care and support needs.

Commissioning strategies and market shaping activity supported this. Commissioning strategies were aligned with the strategic objectives of partner agencies and included the provision of suitable, local housing with support options for adults with care and support needs.

There was specific consideration for the provision of services to meet the needs of unpaid carers. National data provided by SACE (2024) showed 32.65% of unpaid carers in North Tyneside accessed support or services allowing them to take a break from caring for more than 24hrs. This was a positive variation on the England average of 16.14%. The same data source showed 20.83% of carers accessing support or services allowing them to take a break from caring at short notice or in an emergency. This was again a positive variation on the England average of 12.08% but showed at the time of our assessment the changes to improve unpaid carer's support in the borough were not embedded enough to understand the full impact as most unpaid carers were still not accessing respite services.

Staff and leaders told us the local authority commissioned models of care and support in line with recognised best practice. Commissioning supported new and innovative approaches to care provision where this led to better outcomes for people. For example, the recent review of step-down services following discharge from hospital had led to increased placements in community-based, extra care services, supported by improved rehabilitation and occupational therapy support.

Partners told us the local authority had recently commissioned a review of their Housing Needs Assessment and developed a Housing Market Position statement. This covered a range of housing solutions across older people, people with learning disabilities, neurodivergent people, and people with mental health conditions. Senior leaders told us they were working with NHS England to identify capital funding to support the development of housing provision for people with learning disabilities and mental health needs currently in hospital to deliver on the national 'Homes not Hospitals' agenda.

The Council's Housing Strategy 2023-2028 detailed the shared commitment to preventing and meeting housing support needs by tackling homelessness and increasing support for people's mental health and wellbeing. Delivered in partnership between adult social care, housing, and support providers, the scheme supported approximately 150 people in supported accommodation and 100 who received floating support any one time. In addition, the local authority provided 5 crisis beds to support people at immediate risk of homelessness.

Ensuring sufficient capacity in local services to meet demand

There was sufficient care and support available to meet demand, and people could access it when, where and how they needed it. Some services were commissioned jointly with other agencies. 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.

There was sufficient capacity for unpaid carers to have access to replacement care for the person they cared for, in both planned and unplanned situations. However, the local authority had identified key areas for development to meet future demand and the changing needs of the people of North Tyneside.

Data provided by the local authority showed despite an increase in demand, there was sufficient capacity to meet people's adult social care needs. Partners also told us hospital discharges were not impacted by service provision. We received initial concerns from service providers of reduced packages of care following Care Act reviews. However, data provided as part of our assessment showed this was not the case, with only a small percentage of care packages reducing, and an increase in care hours seen overall in the last 12 months.

Senior leaders told us North Tyneside's Market Position Statement and Market Sustainability Plan were reviewed annually, reflecting current and forthcoming requirements over the next 2 years. The local authority had regular Provider Forum meetings which highlighted where additional or different provision needed to be in place and providers confirmed frontline teams and commissioners were working closely with them to support the move to community and home-based care.

The local authority's Market Sustainability Plan for older people's residential and homecare services identified 30 care homes currently operating in North Tyneside primarily supporting older people. There were other care homes operating and supporting people with a learning disability, physical disability or with mental health needs. Of the 30 older people's care homes there were 17 homes delivering residential care only, 12 homes delivering residential and nursing care, and a care home delivering nursing care and CHC support only. Senior leaders told us there was a mix of new build provision and converted older properties. Market diversity was therefore good, and the local authority was not over reliant on any one type of provision or provider.

There were 12 care homes delivering specialist support. This covered care homes supporting working age adults with a learning disability, mental health needs, and physical disabilities, including specialist support for forensic needs. This included a dedicated residential respite unit. The local authority's market sustainability plan for learning disability and autism detailed 36 people waiting for homes from the local authority's Independent Supported Living (ISL) services.

Staff and leaders said there was an ongoing strategy of supporting people with a learning disability, people with mental health needs, and autistic people to live independently in their own homes in the community as opposed to living in a residential care setting. North Tyneside had 209 supported living services with 313 people living in them. They ranged from single-person properties to core and cluster properties with up to 16 people living in self-contained units with joined communal facilities.

People living in residential care homes who had mental health support needs expressed a desire for their own space to enjoy more privacy and independence while still having access to on-site support. In response, the local authority created a new supported living scheme, featuring 16 individual flats with 24-hour support available. Collaborating with local providers and the Mental Health Trust, they helped people transition from residential care and hospitals into these flats in 2024.

There was good provision of extra care across North Tyneside and 2 new schemes opening in 2024. Senior leaders told us they aimed to support the development of, and access to, extra care provision as an alternative to residential care. This included delaying the need for a move into a care home or as a direct alternative. There were 11 extra care schemes in operation across North Tyneside, including hospital discharge step-down support and support specifically for people with dementia.

The local homecare market was made up of 3 types of providers. There were 21 locally owned and operated services, as well as 3 franchised services and 8 services owned and operated by large organisations. Staff and leaders told us there was a range of day services in place across North Tyneside supporting older people, people with dementia, learning disability and mental health groups. Some services were directly commissioned, and some were accessed via direct payments. These services offered either building-based or community support, with therapeutic services and others linked to daily living skills or supporting employment pathways.

People told us the local authority's Shared Lives service primarily supported people with a learning disability and people with less complex needs. Staff and leaders explained how they planned to work with providers to grow and develop this service, so it supported more people and those with more complex needs.

The Market Position Statement stated the top 3 challenges for market provision were recruitment and retention of care staff and nurses, provision of complex dementia support, and short term-support for people with delirium coming out of hospital. Feedback from partners highlighted the need for improved bariatric provision and an improved offer for autistic people needing residential care. There had been reduced waiting times for homecare recently, with a waiting list of fewer than 20 people which has contributed to a 34% decrease in the number of short-term residential placements needed during 2023-2024.

Data provided by the local authority showed so far in 2025 there had been a 36.6% drop in short-term residential care admissions and a 15.4% reduction in long-term placements due to initiatives aimed at boosting homecare capacity. In the past year, the number of providers and the number of overseas workers in care home and homecare provision had increased, enabling the market to continue to meet demand.

There was some need for people to use services or support in places outside of their local area. When support was being accessed from outside of the area, there were plans to provide it in the local area, so people could move back there if they wished to do so. Data provided by the local authority showed in September 2024 there were 113 people living in residential care provision and 66 people living in nursing care provision outside of North Tyneside. Of these, 32 (total) were placed in the last 12 months. Reasons for out-of-borough placements cited personal or family choice and specialist support needs.

Ensuring quality of local services

The local authority had clear arrangements to monitor the quality and impact of the care and support services being commissioned for people and it supported improvements where needed. At the time of our assessment there were 83 provider services in North Tyneside registered with CQC. Data on CQC ratings showed 81.25% of nursing care homes were rated good or outstanding, with 18.75% rated requires improvement. 96% of residential care homes and 90% of supported living services were rated good or outstanding. 79.41% of homecare services had received a good or outstanding rating. 3 adult social care locations had been de-registered in the previous 12 months.

Data provided by the local authority showed there had been 1 embargo for homecare in the last 12 months, the reason for this was not given. There had been 3 residential and nursing home embargos over the last 12 months due to concerns around the physical environment, organisational safeguarding and a CQC notification of removal of registration.

The local authority's Procurement Plan and Approach to Quality and Value for Money (2023-2026) detailed the arrangements for ensuring high quality sustainable services to meet people's needs and deliver value for money. Senior leaders told us they had a monitoring plan for all commissioned care services and had recently completed the annual monitoring of all homecare services.

Staff and leaders told us they worked closely with providers, including self-assessments, planned and unplanned visits, and feedback from people receiving services. When quality assurance concerns were identified, frontline staff worked with the provider to address and review these. Service improvement plans were put in place and the local authority and health partners visited regularly to monitor progress and to provide training and advice. Provider forums took place quarterly and were used to share information, development and best practice, and a provider portal allowed the local authority to closely monitor performance data such as visit times and support hours provided.

Feedback from providers was mixed, with some feeling the quality assurance process had changed recently, leading to confusion and a lack of clarity of actions needed to improve quality. However, this feeling was not shared by all providers. Most found the local authority to be supportive of quality improvement processes, including training and development.

People told us their experience of the quality of provider services was mixed, with homecare services identified as not always offering quality support. Staff and leaders told us they were responsive to these concerns and had clear processes in place to work with providers to improve outcomes for people. People confirmed when they raised concerns with the local authority they were listened to, and issues were acted on in a timely manner. Data provided by the local authority following a survey of provider services in September 2024 showed 88% of people surveyed who were receiving homecare support were 'happy', or 'very happy' with the service they received.

Ensuring local services are sustainable

The local authority collaborated with care providers to ensure the cost of care was transparent and fair. To understand the costs associated with providing care, the local authority consulted with local care home and homecare providers. To understand the costs associated with providing care and support recruitment and retention, the local authority consulted with local care home and homecare providers and incorporated National and Real Living Wage increases into their Medium-Term Financial Plan (MFTP) for 2022-2023. This aligned with their goals for market sustainability and workforce planning to ensure there was enough capacity.

The local authority's contracting arrangements were efficient and provided stability for providers and allowed them to plan ahead. However, providers told us recent changes to banding criteria and the upcoming National Insurance changes presented genuine financial risks to their ability to sustain high quality, safe services. Staff and leaders confirmed the banding system for residential payments had recently changed, citing quality improvements and market stimulation as the reason for the move. All providers could move up to the top banding if they achieved the required quality assurance scores.

Senior leaders told us they had recently completed a homecare needs assessment and performance review as part of the wider commissioning exercise for the new homecare contracts. It provided a data analysis of demand by area and service group and considered future need. Some providers had reported in some areas they were making a loss. The analysis considered where the current contract was not effective and areas to increase efficiency and save money. It considered feedback from providers and national comparisons and looked at areas for future analysis such as the experience of self-funders, and the increasing nature of assistive technology.

Feedback from providers was that their main areas of concern were financial pressures and the recruitment/retention of staff. Providers told us the local authority worked with them and other stakeholders to understand current trading conditions and how providers were coping with them. Engagement and monitoring arrangements enabled the local authority to get early warnings of potential service disruption or provider failure; contingency plans were in place to ensure people had continuity of care provision.

Data provided by the local authority showed there had been 1 contract handed back for supported living in the last 12 months. This was due to staff recruitment and retention issues. There had also been 1 contract handed back for homecare in the past 12 months. This was due to quality concerns. There had been no residential or nursing care home contracts handed back in the last 12 months. There had been 1 care home closure in the last 3 years. This was because of low numbers of people living there. People were given the option to move to a 'sister' home the provider operated in North Tyneside.

The local authority understood its current and future adult social care workforce needs. National data provided by Skills for Care Workforce Estimates (2024) showed adult social care staff turnover rates in North Tyneside were 0.31, tending towards a negative variation compared to the England average of 0.25. Sickness rates amongst adult social care staff were also higher in North Tyneside, with an absence rate of 8.22 tending towards a negative variation compared to the England average of 5.33. And the number of adult social care staff with a Care Certificate in progress, partially completed, or completed was 41.93%, showing a negative variation to the average for England of 55.53%.

Senior leaders told us they worked with care providers, including PAs and other agencies, to maintain and support capacity and capability. North Tyneside council launched North Tyneside Care Academy in 2023 to encourage individuals to pursue careers in adult social care and to develop the skills of the current workforce in the borough through a cross-sector adult social care strategy. A dedicated Care Academy Coordinator worked with schools, colleges, and the local Job Centre Plus to create a website showing career paths, training opportunities, job openings, and positive stories from the adult social care field. The Academy was guided by a steering group made up of managers from adult social care providers and representatives from various sectors.

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 worked collaboratively with partners to agree and align strategic priorities, plans and responsibilities for people in the area. North Tyneside had integrated aspects of its care and support functions with partner agencies where this was best practice and when it showed evidence of improved outcomes for people.

Partners told us they had strong strategic and operational relationships with the local authority. Relationships had been built up over a long period and allowed for constructive oversight and scrutiny. The local authority had strong links with the ICB through their joint Health and Wellbeing Board, the North Tyneside Health, Care and Wellbeing Executive, and the SAB. Joint strategic commitments to North Tyneside were set out through the Equally Well strategy (2021-2025), Ageing Well (2020-2025), and North Tyneside's Commitment to Carers (2024-2029).

Senior leaders told us the local authority used pooled resources to create strong integrated services with health partners. For example, the new Gateway Access Plus service was funded by the Integrated Care Board and delivered by the local authority in line with the national CORE20PLUS5 approach. Core20PLUS5 is a national NHS England approach to support the reduction of health inequalities at both national and system level. The service worked with people with multiple social exclusions and included a dedicated nurse working alongside adult social care workers.

The joint-funded Strategic Manager for Integration role was based within the adult social care senior leadership team, ensuring joint health and social care arrangements worked well, overseeing support to people during and following discharge from hospital. In August 2024 data provided by the local authority showed they were lead commissioner for 322 people who were receiving joint-funded aftercare support in the community after discharge from hospital under s.117 of the Mental Health Act.

People told us the local authority had strong partnership links which provided positive outcomes for their health and wellbeing. For example, the Whole Life Disability Partnership arrangement with Northumbria Healthcare Foundation Trust provided specialist adult social care services for disabled children and young people, offering assessments, support, and services to help them live fulfilling lives into adulthood, including those with complex needs.

The commissioned review of support for unpaid carers identified areas of development, including greater focus on social isolation and transitions for young carers. The Carers Partnership Board were working with the voluntary and community sector to further develop community-based support.

Arrangements to support effective partnership working

When the local authority worked in partnership with other agencies there were clear arrangements for governance, accountability, monitoring, quality assurance and information sharing. The Health, Care and Wellbeing Executive was the strategic link to partner organisations, with performance scrutiny and overview via the Integrated Care Partnership.

Roles and responsibilities were clearly defined through section 75 agreements to avoid duplication of actions and ensure effective use of pooled resources. A section 75 agreement is an arrangement between NHS bodies and local authorities to share resources and commission health and social care services.

Partners told us examples of joint working included shared information systems to aid hospital discharges, joint-funded posts supporting North Tyneside's home first approach, and the development of intermediate care across the borough. Public Health allocated over £1 million annually to adult social care for various preventative programs. For instance, to support the Drug Strategy and Alcohol strategic objectives, funding a Specialist Substance Misuse Lead Social Worker connected to the North Tyneside Recovery Partnership, enhancing residential detox and rehab service for people struggling with alcohol and substance misuse.

Senior leaders told us more robust quality assurance processes were being developed, including partnership information-sharing arrangements and a review of dashboard-level performance data sharing. For example, local authority staff now had access to the Great North Care Record, which was a software plugin integrated into the local authority's case management system. This tool gave staff direct access to NHS health information through the Health Information Exchange.

A Falls Strategy has been in place in North Tyneside for several years and working groups, including people with lived experience, were developing a 5-year refreshed strategy at the time of our assessment. Partners told us there was a multi-agency Falls Service in place allowing the local authority to work closely with police, fire and health colleagues to reduce the need for people to attend A&E.

Senior leaders told us they used opportunities to pool budgets and jointly fund services with partners to achieve better outcomes for people using adult social care services. For example, BCF had been used to provide investments into community-based services, which included Care Point, intermediate care (including bed-based facilities complemented by a community rehabilitation team), out-of-hospital community health services, and a hospice-at-home service for end-of-life care.

Staff and leaders told us BCF supported the ongoing development of the frailty pathway and the integration of existing provision, including mental health roles supporting the multi-disciplinary health and adult social care offer. Improvements relating to urgent community response and the introduction of a virtual ward approach for frailty also supported this provision. Existing BCF schemes included Care Call who supported the Reablement, and the Community Rehabilitation teams with access to equipment and adaptations. Community health services funded by the BCF provided a multi-disciplinary team providing admissions avoidance and whilst Care Call focused primarily on discharge services, approximately 25% of their referrals were 'step-ups' within the community to prevent hospital admissions.

People told us communication between the local authority and health partners around CHC funding could be improved. People could often assume they would be given full CHC funding and could be frustrated when this did not happen. Partners told us the issue may be around the different local authorities having different processes in place for CHC leading to people inadvertently being given inaccurate information. Staff and leaders told us CHC commissioning was agreed at a regional level, supporting joint-funded packages but leading to short-notice of decision making on care packages.

Impact of partnership working

The local authority monitored and evaluated the impact of its partnership working on the costs of adult social care and the outcomes for people. This informed ongoing development and continuous improvement.

Whilst people felt partnerships, particularly with health partners, were strong, they told us they were concerned about succession planning. They spoke about 'corporate memory' and how information, and strong partner relationships could potentially be 'lost' when long-term staff moved on.

Staff told us partnership arrangements between mental health services and housing had significantly improved, with joint meetings taking place to discuss people with complex needs who were unlikely to be eligible for adult social care services were highlighted as vulnerable were they to become street homeless. Partnership working had supported joint understanding of their holistic needs, and this had been embedded by the incorporation of a mental health nurse as part of the housing team. This approach had also supported people in prison who required adult social care support to transition back to the local community.

Partners also told us the extra care step-down flat provision had been a positive experience for people. It stopped delays in discharges and meant people were able to get back to their homes more quickly.

People told us about the positive impacts of partnership working in North Tyneside. For example, the continued development of Care Point within the integrated frailty service implementing the 'home first' response to hospital discharges had led to improved access to equipment and occupational therapists.

Staff and leaders shared how, in response to an independent national review of drug treatment, the local authority had developed a new residential rehabilitation pathway in collaboration with key agencies and people who had lived experience of recovery services. The pathway was supported by a multidisciplinary team, including a specialist social worker and other professionals from local health services.

Data provided by the local authority in September 2024 showed the Gateway Access Plus service worked with 28 people, with outcomes including a reduction in safeguarding alerts, A&E attendances, an increase in GP registrations, improved engagement with North Tyneside Recovery Partnership (NTRP), and increased access to mental health services.

Senior leaders shared how partners jointly shared quality assurance and scrutiny functions through multi-agency audits. The framework agreement allowed work to be audited by managers from the various agencies involved in people's support, using the same tool to enable triangulation. These audits were used to evaluate people's experiences of receiving support and whether they received outcomes meaningful to them.

Learning was fed back to support service improvement plans. Staff and leaders told us they used Care Point performance data to align local authority staffing levels to the effective support of hospital discharges. Local authority staff attended daily hospital ward handovers and recorded discharge destinations to inform joint-commissioning decisions.

Staff and leaders also told us about the establishment of the 6 Week Review Team, reablement specialists who provided functional assessments and short-term rehabilitative support for people who had recently started receiving a homecare service for the first time. The set-up of the team was driven by a recognition frontline teams often implemented a package of care in a crisis, after which initial support needs could subside. Working in a multi-disciplinary model, including priority access to occupational therapy expertise, they 'right-sized' care packages in an evidence-based manner.

Working with voluntary and charity sector groups

The local authority worked collaboratively with voluntary and charity organisations to understand and meet local social care needs. North Tyneside had an umbrella organisation to represent and develop the community and voluntary sector in the borough, who were also commissioned to deliver specific projects. To support this the voluntary and community sector was represented on senior level boards by the umbrella organisation to support key decision making and deliver preventative support on behalf of adult social care. Senior leaders told us the outreach to seldom-heard groups was undertaken by the local authority directly, with the PSW and Corporate Engagement team engaging with voluntary and community sector organisations and faith leaders in line with the Adult Social Care Strategy Project Plan. However, not all voluntary and community partners fully understood their partnership with the local authority and felt communication could be improved.

People told us the Living Well North Tyneside Partnership operated the Living Well North Tyneside website on behalf of the local authority and ICB. The site promoted the prevention and wellbeing focused offer in the area, providing information about activities to support healthy lives and social inclusion as well as sources of support and advice in the area provided by the voluntary and community sector. In March 2024, the local authority worked jointly with partners to deliver a professionals networking event to celebrate both the relaunch of Living Well North Tyneside and World Social Work Day.

The local authority provided funding and other support opportunities to encourage growth and innovation. However, voluntary and community partners told us contracts were often only set for 12 months, making it difficult to plan ahead to ensure continuity of provision and support for community groups. Senior leaders told us this was being reviewed, with the possibility of longer contracts being offered in the future.

Senior leaders told us in October 2024, an analysis of Lived Experience Feedback interviews enhanced confidence in the local authority's own thematic analysis and provided critical and independent suggestions for improvement activity. For example, areas for improvement were identified such as unpaid carer support, access to respite, transitions, and consistency of core customer service.

People told us surveys of unpaid carers were completed annually by the Carers' Centre in partnership with other voluntary and community organisations. The intelligence gathered directly shaped the work plan of the multi-agency Carers Partnership Board. Partners said North Tyneside were proactively working together with voluntary and community carer groups to improve the impact of support services for unpaid carers, for example through joint work on the Carers Ways to Wellbeing process.

Partners in the voluntary and community sector told us about a commissioned project to support hospital discharges. The project was jointly funded between the local authority and health partners using BCF grants. The 'Settle at Home' scheme used volunteers to support people at home in the community to support people upon hospital discharge to ensure they had food, heating, and a point of contact. People felt this was going well and they hoped the funding would continue.

Theme 3: How North Tyneside 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: 2

2 - Evidence shows some shortfalls

What people expect

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

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

The local authority commitment

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

Key findings for this quality statement

Safety management

The local authority understood the risks to people across their care journeys and risks were identified and managed proactively. The effectiveness of these processes in keeping people safe was routinely monitored. Senior leaders told us safety was a priority for everyone. The views of people who used services, partners and staff were listened to and considered.

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 which protected people's rights and privacy.

National data showed safety statistics in North Tyneside were in line with national averages. For example, 88.33% of people who used adult social care services said those services made them feel safe. This showed no statistical variation to the average for England of 87.82% (ASCS 2024). Similarly, 81.63% of unpaid carers said they felt safe, showing no statistical variation to the England average of 80.93% (SACE 2024).

North Tyneside's Corporate Risk Register held oversight of adult social care concerns and the actions taken to mitigate strategic and operational risks, and was subject to scrutiny by senior leaders, cabinet members and independent partners. Risks to adult social care service delivery were managed at a departmental level through quality assurance and governance processes, including the recording of mitigating actions and the use of prioritisation tools to analyse and triage concerns.

Oversight of risk across all adult service provision included Risk Enablement Panels where staff and leaders could seek advice and support where there was significant or perceived substantial risk to people accessing services, unpaid carers, members of the public, or staff. Senior leaders ensured management oversight of risk through their Legal Gateway Panel.

Staff and leaders told us there were processes in place to ensure risks were monitored and people were kept safe across their care journeys. Front-door services were used as first contact and triage support, offering advice, information, and equipment, reducing waiting times and preventing and delaying the need for longer-term support. Jointly funded crisis-support teams, including out-of-hours services, ensured immediate needs and low-level support services were accessed quickly and effectively.

Partners told us there was an effective jointly agreed hospital discharge policy, with local authority teams co-located and working with hospital discharge teams. Care Act and occupational therapy assessments were completed by Care Point social workers and Community Wellbeing Officers for people new to social care or allocated to frontline teams if they were already known to adult social care.

The local authority had link workers for specific wards, attending regular multi-disciplinary ward meetings and enabling strong relationships with health partners. Trusted Assessors were employed to ensure effective discharge via direct referral to the Reablement Support team, providing the equipment and community support needed to improve people's outcomes and reduce the likelihood of hospital readmissions.

Staff explained how 'Waiting Well' and 'Staff Huddle' processes, both at the front door, and in frontline teams enabled daily risk rating of waiting lists base on multiple intersectional factors such as immediate concerns, informal support available, and length of time waiting for assessment.

Senior leaders told us mental health support included well-coordinated hospital discharge planning including Dynamic Support Register review meetings and Care Treatment reviews to ensure people experienced safe and sustainable returns to community settings.

Safety during transitions

People told us North Tyneside co-produced, planned and organised how to meet their care and support needs, together with people, partners, and communities. This was done in ways which improved their safety across their care journeys and ensured continuity in care. However, feedback on transitions, where people moved between services, was mixed.

People said the quality of support available for young people transitioning from children to adult services was sometimes dependent on which frontline worker was supporting them. People we spoke with suggested social workers should be enabled to meet and engage with families at an early stage to develop trust and confidence before taking over people's assessments and transition processes. Feedback specific to young people with learning disabilities highlighted gaps in support around finding employment and travel training programmes.

People told us of confusion about the assessment process for the transition between services after the initial 6 weeks support offer into longer-term support, leading to delays in packages of care and lack of involvement in decision making around which providers supported them.

Partners told us the local authority had established an Adult Carers Pathway for young carers and older children who provided care. Staff conducted carers assessments for young people nearing the age of 18, including both young carers and those with care needs. This approach ensured continuity of support and maintained a family-centred perspective, allowing for a smoother transition as young people entered adulthood.

Senior leaders told us a commissioned review of all the local authority's transitions processes had identified concerns in the process for hospital step-down to residential services, leading to the implementation of a new, enhanced reablement service and use of extra care provision to improve outcomes for people leaving hospital. In response to the review the local authority had introduced a co-productive Transitions Advisory Group (TAG), as well as the new role of Transitions Lead to improve consistency across all transitions. The Transitions Advisory Group comprised senior managers from Adult Social Care, Children's Services, CAMHS, SEND, and Adults and Children's Commissioning, who provided ongoing oversight, support and challenge to allocated workers and their managers.

The local authority had also recruited more AMHPs, with further positions advertised, to support mental health transitions and aimed to improve information sharing by developing case recording systems to enhance communication between children's and adult services for young people with mental health needs.

Staff and leaders told us 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. The local authority sought to use out-of-area placements where it was necessary to meet specialist needs or at the request of the person receiving support and their family. All placements of this nature included joint-authority agreements on commissioning, assessment, and reviews, and safeguarding processes, including annual checks, and sharing of information between local authorities. North Tyneside maintained responsibility for reviewing people's needs and all such reviews work carried out face-to-face.

Contingency planning

The local authority undertook contingency planning to ensure preparedness for potential 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. Funding decisions or disputes with other agencies did not lead to delays in the provision of care and support.

As part of the commissioned report into unpaid carers support the review highlighted people and unpaid carers felt contingency planning as part of their support planning process could be improved. Whilst national data showed more than the national average number of unpaid carers accessing respite services, many unpaid carers told us they had not been offered contingency planning as part of their carers assessment and others shared experiences of lengthy delays before respite and short breaks were available to them.

Senior leaders shared their response to unpaid carers concerns around access to emergency plans. As well as improving access to respite services and changes to improve the uptake of direct payments, the local authority had redesigned assessment pathways to incorporate contingency plans. Staff and leaders told us there had been a relaunch campaign in 2024 of the Carers Emergency Plan Service, including encouraging people to submit emergency contingency plans with the local authority for their future care needs. This was open to anyone living in North Tyneside, regardless of eligibility or access to adult social care.

Providers told us business continuity was an integral part of the commissioning process. The local authority's Provider Concern Process ensured a multi-agency approach to planning for emergency responses to service provision concerns. Plans identified alternative support options for people affected by service interruption or provider failures in a timely way. If people who fund their own care and support were affected by provider failure, the local authority also supported them to make alternative arrangements to ensure continuity of support.

Staff and leaders told us tender processes for commissioned services required providers to evidence their business continuity arrangements. Compliance was verified during quality monitoring visits, and the local authority's Resilience Team offered support to providers, alongside focused discussion at provider forums regarding effective preventative action and continuity responses.

The local authority had clear, council-wide Business Continuity Plans in place to minimise the impact of emergency situations such as loss of information's systems, adverse weather conditions, and issues with staffing levels. In the event of an incident, North Tyneside Council had robust command and control structures in place to support internal and multi-agency response and recovery arrangements. This included a Business Impact Analysis of emergency situations with the potential to impact on adult social care provision.

Safeguarding

Score: 2

2 - Evidence shows some shortfalls

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

The local authority's systems, processes, practices to make sure people were protected from abuse and neglect were not always effective. Oversight of the length of time safeguarding enquiries took to resolve was not always robust and investigations took longer to resolve than expected.

Feedback on people's experience of safeguarding processes included concerns around unsafe hospital discharges leading to readmissions and stress and anxiety for people and their families. Safeguarding enquiries around people's transition between services were not always robust, with the local authority's 8-step process not always followed, and recent SARs highlighted systemic gaps and areas for improvement including how the escalation of people's risky behaviours were recorded and responded to, how incidents of people's sexual safety and risks were responded to, particularly in the context of lack of mental capacity, and the timeliness of interventions from out of hours services.

Senior leaders told us they received monthly safeguarding performance reports, with quarterly operational and SAB updates analysed with the SAB Chair. Leaders were briefed on performance data including the number of initial safeguarding contacts, the number of concerns progressing to Section 42 enquires, and themes around the types of abuse being seen in different service areas of North Tyneside. Despite this, not all staff understood the data available to them or how to use it to keep people safe. Staff understanding of safeguarding data dashboards varied, with some telling us they were unaware of them. This led to confusion around performance outcomes and a lack of communication about themes and trends.

The North Tyneside SAB oversaw partnership arrangements in the borough to ensure local safeguarding arrangements were in place to help and protect adults at risk. The SAB reported into the Health and Wellbeing Board and the Safer North Tyneside Board. Scrutiny occurred through the Council's Caring Sub-Committee, which was responsible for performing the overview and scrutiny function for all matters relating to adult social care in North Tyneside.

Staff told us there were processes in place for managing safeguarding concerns. Concerns were triaged by front door teams and subsequent enquires led by frontline teams with the support of their service managers and the safeguarding team. The safeguarding team provided regular support and advice to frontline teams as well as monitoring the quality and progress of enquiries. However, despite processes being in place to monitor safeguarding enquiries, a number of concerns remained open to investigation for considerable periods of time.

Responding to local safeguarding risks and issues

There was a clear understanding of the safeguarding risks and issues in North Tyneside. The local authority worked with safeguarding partners to proactively reduce risks and to prevent abuse and neglect from occurring. Senior leaders told us there was a clear understanding of safeguarding risks and issues, with a focus on self-harm, alcohol and drug misuse, and homelessness. For example, the local authority created its first alcohol strategy, following an increase in hazardous and dependant drinking, increasing numbers of children being admitted to hospital due to alcohol intake, and an increase in the number of crimes involving alcohol.

Senior leaders told us the SAB Manager provided quarterly updates on progress against priorities to the council's Senior Leadership Team ensuring all senior leaders in the council were sighted on the work of the Board and current safeguarding issues. The SAB reported an increase in safeguarding concerns by 21% from 4,000 in 2022-2023 to 4,834 in the year 2023-2024. Section 42 enquiries increased by 14% from 1,412 to 1,611 in the same period.

Staff and leaders told us lessons were learned when people had experienced serious abuse or neglect, and action was taken to drive best practice. For example, 2024 saw developments positively impacting safeguarding practice in North Tyneside, with the launch of a Safeguarding Transition Protocol, a refreshed Exploitation Policy and Procedure, and the creation of a Multi-Agency Risk Management (MARM) Protocol.

Partners told us there were strong working arrangements and learning from SARs at local and regional levels. The North Tyneside SAB Annual Report for 2023-2024 highlighted 3 new SAR referrals had been made in the previous 12 months. Decisions were also made on 2 cases deferred from the previous year. Of these 5 SARs, 3 did not meet the threshold for review criteria and 2 proceeded to a full SAR.

Staff and leaders told us learning from the first SAR in 2024 included 8 recommendations in January 2024 in relation to multi-disciplinary responses and multi-agency knowledge about sexuality and mental capacity, professional record keeping, and incident protocols. Further learning in September 2024 identified systemic gaps and areas for improvement for partners within the system including how the escalation of people's risky behaviour was recorded and responded to, how incidents of people's sexual safety and risks were responded to, particularly in the context of a lack of mental capacity and the timeliness of out-of-hours services. Learning from the second SAR highlighted gaps in partnership working, pre-admission and assessment checks.

Senior leaders told us they had implemented a 'SAR In Rapid Time' methodology for the first time in 2024, enabling an expedited timeline to publication, ensuring timely action to address identified learning. As well as ensuring learning by agreeing actions to support practice improvement and hosting multi-agency events and briefings the local authority produced bitesize video learning to promote wider engagement from staff. North Tyneside also undertook non-SAR learning briefings, to ensure learning was taken from situations which did not meet the criteria for full SAR investigations.

Partners told us multi-agency risk pathways such as the Multi-agency Risk Assessment Conference (MARAC) and the MARM Panel ensured a partnership approach to safeguarding and high-level risks such as self-neglect, hoarding, and domestic abuse. The local authority played a lead role in the daily Multi-Agency Safeguarding Hub (MASH) triage, enabling more accurate risk assessment, shared decision making, and improved partnership working. Responding to increasing numbers of safeguarding concerns, a dedicated Safeguarding and Public Protection Practitioner from Cumbria, Northumberland and Tyne and Wear NHS Trust joined the Adult MASH in 2024, to facilitate improved communication and collaboration with involved mental health services.

Responding to concerns and undertaking Section 42 enquiries

Staff and partners told us there was clear guidance on what constituted a Section 42 safeguarding concern and when S42 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 S42 enquiries. When safeguarding enquiries were conducted by another agency, for example a care or health provider, the local authority retained responsibility for the enquiry and the outcome for the person concerned.

Staff and leaders told us they maintained operational leadership of safeguarding practice through a team of specialist senior social workers, providing consultation and guidance across frontline teams. This included leading on quality assurance and scrutiny of safeguarding responses, undertaking scheduled and deep dive/thematic audits, monitoring team performance, and scrutinising out-of-timescale S42 enquiries. Despite this, data provided by the local authority showed S42 safeguarding enquiries remained open for extended periods of time. For example, data showed multiple safeguarding enquiries which were still open 120 days after initial concerns were raised.

Data provided by the local authority showed at the end of January 2025 there were 268 ongoing S42 enquiries with an average length of 53 days. The longest ongoing S42 safeguarding enquiry had been open for 1,342 days at the end of January 2025. Senior leaders told us they were aware of the length of time this enquiry had been open, and the specific reasons for this, and were working in collaboration with safeguarding partners to monitor and mitigate the risk. The local authority and their partners had taken the specific decision to leave this safeguarding enquiry open to ensure the safety of the person during unique circumstances.

At the time of our assessment there were 35 safeguarding adult enquiries which had been ongoing for over 120 days. For each enquiry, a summary was provided outlining the concerns, agencies involved, and key features of the protection plan implemented to keep people safe. We were assured processes were in place to keep people safe and where enquiries were still open, this was as a conscious decision by the local authority to maintain contact with people rather than due to lack of engagement or implementation of actions to keep people safe.

Data provided by the local authority showed 4,697 safeguarding referrals had been received between April 2024 and January 2025, up from 3,899 for the same period in 2023-2024. 31.34% of safeguarding concerns received in this period were progressed to S42 enquiries. This was down 2.13% on the previous year. National data provided by SAC (2024) showed the average number of safeguarding referrals received per year by North Tyneside between 2019 and 2023 was 3,615, with the average number of referrals progressing to S42 enquiries being 1,217 (33.67%). The average for England for the same period was 30.46%. In January 2025 there were 471 safeguarding concerns received, with 133 S42 enquiries started and 266 on-going enquiries at the end of the month.

The local authority's '8 Steps' procedures defined target timescales for safeguarding adult enquiries. Information gathering and decision making on progressing safeguarding concerns to S42 enquiries took place within 48 hours of the receipt of a new concern. Monitoring enquiry duration formed a key element of Safeguarding Adults Senior Social Workers' scrutiny of performance in their aligned teams, using data to highlight enquiries which could require additional focus, support, or escalation. However, timescales could be extended with a clear rationale for doing so, with protective measures in place to mitigate risks. The local authority told us they believed this was in line with the principles of adult safeguarding, balancing person-centred practice with the duty to protect.

Following a case conference, if risks remained under-managed, the enquiry remained open with case conference reviews scheduled as a maximum every 30 working days. Senior leaders told us there was no defined maximum enquiry length. In complex situations where concerns persisted, it was felt continuing safeguarding adult enquiries provided a framework for ongoing multi-agency partnership working, and management oversight.

Staff and leaders told us the number of DoLS referrals had continued to rise year on year, with a 78% year to date increase reported in August 2024-2025 compared to 2023-2024. Despite this the number of people on the waiting list for a DoLS assessment had dropped by 13% to 501 people by the end of July 2024. Since then, the number of people waiting for DoLS assessments had begun to increase with 618 people on the waiting list in February 2025. The local authority had implemented a DoLS Project Plan, increasing the capacity of their DoLS team and streamlining the referral and assessment processes, making it easier for people to get the support they need. They had trained 11 more signatories and refreshed the Mental Capacity Assessment training available to frontline staff.

As a result of the changes made to manage DoLS assessments, staff and leaders told us waiting times had reduced significantly, from 10 months at the start of 2024 to 4 months at the time of our assessment and projected the number of people waiting for DoLS assessments would also begin to reduce significantly by mid-2025.

Staff and leaders told us risk was managed for people waiting for DoLS assessments through the use of the local authority's 'decision support tool' in conjunction with the 'Waiting Well' prioritisation of need tool which provided consistent risk criteria and actions to keep people safe for frontline teams. Senior leaders told us they used the ADASS DoLS Priority Tool to support decision making and to ensure frontline staff focused on the most urgent cases first.

Partners expressed frustration about long waiting lists for DoLS assessments, telling us how they had an impact on people receiving support as well as their families as they were not able to change their circumstances while awaiting the outcome of assessments.

Making safeguarding personal

People told us safeguarding enquiries were carried out sensitively, keeping the wishes and best interests of the person concerned at the centre. 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 others.

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, under the Mental Capacity Act 2005 and their rights under the Equality Act 2010 and they were supported to make choices which balanced risks with positive choice and control in their lives.

North Tyneside SAB Annual Report 2023-2024 showed 81.4% of adults at risk were asked their desired outcomes through the S42 process, an increase on the figures for 2022-2023 of 79%. However, data provided by the local authority's January 2025 safeguarding dashboard showed only 67.15% of people who raised a safeguarding concern between April 2024 and January 2025 had been asked about the outcomes they wanted from the subsequent enquiry. Data also showed 95.70% of those people asked, felt their outcomes had fully or partially been achieved.

Partners told us relevant agencies were not always informed of the outcomes of safeguarding enquiries and a multi-agency review commissioned by the SAB identified areas for safeguarding process development including communication needs not being considered, diversity and difference not being recognised, and MARM processes not always being followed. The findings of the review also identified examples of good practice. For example, the Mental Capacity Act 2005 was followed, action was taken to reduce risk, there was sufficient intervention, and people were generally kept informed.

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 governance, management, and accountability arrangements at all levels within the local authority. These provided visibility and assurance on the delivery of Care Act 2014 duties, people's care and support experiences and outcomes, quality and sustainability of service provision, and risks to delivery of adult social care provision.

People told us senior leaders and Council Members were committed to engaging with people with lived experience of accessing services. People had access to senior leaders through multiple coproduction forums, groups and partnership boards and were seen to be friendly and approachable. However, many people and unpaid carers did not always understand the role of the local authority as defined by the Care Act 2014 or how they worked with partners to support adult social care. The overall picture was one of developing and improving services, with areas of strong performance and areas of development, requiring on-going relationship-building with some people and unpaid carers accessing support services.

Our assessment of the adult social care function in North Tyneside took place during a time of on-going transformation. The restructure of the adult social care directorate had begun in 2023 and was taking longer than originally planned. In its first year, the new directorate had undergone a senior management restructure to better align service areas and improve strategic focus. With this new structure in place, work had begun on a 2-year strategy to outline the medium-term vision for the directorate.

Senior leaders ensured there were clear roles, responsibilities, and accountabilities within adult social care and across all partner organisations. The local authority's political and executive leaders were well informed about the potential risks facing adult social care provision. These were reflected in the corporate risk register and considered in decisions across the wider council.

At the time of our assessment there were 9 ongoing risks recorded on the adult social care risk register, and 1 new risk identified. Risks included demand on adult social care leading to Care Act 2014 duties not being met, AMHP services lacking capacity to meet statutory responsibilities, borough-wide adult social care workforce reductions due to overseas worker licenses being revoked leading to gaps in service, Care Call system failure risks, and Occupational Therapy waiting list increasing leading to gaps in service delivery.

There were oversight and scrutiny processes in place. For example, the Caring sub-Committee provided Cabinet Members the opportunity to understand, evaluate and challenge senior manager briefings and reports. The Health and Wellbeing Board provided oversight of the delivery of the local authority's Equally Well strategy (2021-25), with the Director of Adult Social Services (DASS) an integral part of the board as well as having strong links with senior leaders from local NHS organisations and the voluntary and community sector, driving effective partnership working.

The North Tyneside Health, Care, and Wellbeing Executive reported into the Health and Wellbeing Board, and this was chaired by the North Tyneside Council Chief Executive. The role of this multi-disciplinary group was to drive collaboration and oversee integration at the most senior levels. Heads of Service and Senior Management Team meetings had a rolling agenda and business assurance cycle, to ensure all service areas were represented equally and received internal scrutiny.

The DASS, Senior Management Team, and staff at all levels were presented with quarterly updates on the findings from the Practice Quality Assessment Framework, including triangulation with themes from people with lived experience. These findings informed practice development activity and service-level improvement plans. For example, following a notable rise in contacts coming through Care Point led to a deep dive to establish whether preventative measures could have been taken where people were already open to adult social care services.

Staff and leaders told us the Practice Quality Assessment Framework provided data on the quality of practice experienced by people who drew on care and support, and unpaid carers who receive statutory assessments, measured against local and national standards. There were different sampling approaches undertaken, to ensure people more likely to experience inequity were sampled, for example, through Thematic Case Reviews and Making Safeguarding Personal Reviews.

Staff and leaders explained how the audit process was based on peer reviews. Audits were undertaken by managers outside of the worker's direct line management hierarchy. For general casework, reviewers were paired and met to discuss findings. This built peer-to-peer relationships and knowledge transfer between managers from different teams. For example, good practice in contingency planning in mental health had spread across the whole directorate by this method. Specialist Practitioners played a key role in practice assurance and supported the PSW. This had expanded audit activity to include multi-agency audit frameworks where work was audited by managers from the various agencies involved in people's support.

Strategic planning

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

Partners told us there were strong joint-working arrangements in place with the local authority, including coproductive approaches to strategic planning. Resources were pooled where appropriate, and innovative ways of working were explored. Senior leaders had a clear vision for the future and how they wanted to achieve it.

Senior leaders told us adult social care strategic plans aligned with legislation and statutory guidance, the Council's Corporate plan, and multi-agency strategies to which the council was a participant, for example, Better Health and Wellbeing for All 2023-2030; Ageing Well 2020-2025; Autism Strategy 2021-2026; and North Tyneside Commitment to Carers 2024-2029. The local authority's priorities for 2024-2025 were detailed in the Directorate Action Plan which was monitored corporately through quarterly progress updates to the Corporate Performance Team, Senior Leadership Team, and the elected Lead Member for Adult Social Care.

The Adult Social Care Strategy 2025-2026 outlined the aims and objectives for the department over the next 2 years, setting targets to continue improvement during the on-going restructure of the directorate, whilst preparing for a new strategy to take the local authority through to the end of the decade. The strategy was developed using information from the JSNA, demographic data, and from locally gathered information such as community mapping and feedback from provider forums and people with lived experience.

Staff and leaders told us key themes for 2025-2026 included supporting social inclusion and meaningful activities as drivers of prevention and efficiency of interactions with people to reduce handoffs and repetition in processes, improving customer service, and developing the range and quality of community-based support to meet people's needs.

Information security

The local authority had arrangements to maintain the security, availability, integrity and confidentiality of data, records, and data management systems. Online information and advice were available on cyber-security, and a statement of compliance explained how personal data was collected, stored, used, and destroyed. Information sharing protocols were agreed by the local authority and supported secure sharing of personal information in ways which protected people's rights and privacy.

Staff had data protection training, and the local authority had an information governance team and Caldicot Guardian with oversight of this. A Caldicott Guardian is the senior person responsible for protecting the confidentiality of people's health and care information.

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 within the local authority. Staff said they were proud to be part of working for North Tyneside due to its positive culture. We were told from staff and leaders there was good and effective communication between teams, with regular meetings and training sessions. The DASS was keen to receive feedback from staff on how processes were working, and where improvements could be made. Work had been done to find a balance between advancement and moving at a pace comfortable for staff. This was evidenced through the recent re-shaping of the Occupational Therapy team.

However, processes did not always identify learning opportunities. For example, the local authority Workforce Strategy detailed their main challenges and key priorities; however, it did not detail how they planned to achieve their priorities. Safeguarding Adults data dashboards showed the local authority had systems in place to gather data but did not provide any learning or improvement plans. Senior leaders told us they were currently unable to triangulate costs, demand and service capacity. More work was needed to embed data use amongst management teams. Staff and leaders told us there was no system for managing complaints at an informal level, and therefore they were unable to capture themes and trends and there was a lack of oversight over these complaints.

Staff and leaders told us there had been an increase in demand for adult social care services leading to the continuous development of the directorate to meet the changing needs of North Tyneside. Local authority staff had ongoing access to learning and support to ensure Care Act duties were delivered safely and effectively. Under the new leadership structure there had been an advancement of the application of new technology and workload management tools to support with staff capacity. Senior leaders told us there were some further improvements which could be made to the understanding and quality of data shared between leaders and frontline teams.

The local authority's Workforce Strategy detailed their key priorities which included growing and developing the workforce to meet the future needs of North Tyneside. Other priorities included building and enhancing equality, diversity, and inclusion in the workforce. Staff and leaders told us they were keen to support their staff to progress in their career in North Tyneside. There was a focus on a wide range of Continuing Professional Development (CPD) courses, personnel training for managers, and specialist training for those who wished to specialise, such as BIA training.

Leadership within the local authority showed a commitment to ongoing improvements to training and guidance on practice. National data provided by the Adult Social Care Workforce Estimates (2024) showed 27.69% of local authority and independent provider staff had completed Mental Capacity Assessment and DoLS training. This showed a negative variation to the average for England of 37.58%. Senior leaders had responded by providing updated Mental Capacity Act 2005 training included practical workshops focused on common decisions, which had shown a positive impact on the quality of practice according to surveys of people receiving support.

Staff and leaders were positive about the support offered to staff who were newly qualified. The training programme was developed with a combination of theory and practice. This included an emphasis on anti-oppressive practice, anti-racism, and intersectionality. The Assessed and Supported Year in Employment (ASYE) had been a focus for North Tyneside as part of the continuous development offer for newly qualified social workers. These programmes were evaluated and kept under review. Staff told us they were given autonomy to try new ways of working and to make decisions in the best interest of the people they were assessing.

The local Authority had developed annual 'Choose to Stay' interviews for all staff as a focused discussion with their line managers. This document was designed to understand why people were choosing to stay with North Tyneside as an employer, with the aim of understanding how to build on their strengths, rather than a one-off interview for staff who were leaving.

Partners stated the local authority had participated positively in supporting research into the needs of people receiving services. Staff and leaders were proactive in engaging with reviews, helping to identify people to speak to, and providing access to relevant data. There were information sharing agreements in place to support this. This improved the quality and quantity of research for the people of North Tyneside. An example of how this had impacted the community was the Hospital to Home Project, which sought to understand how health and social care services provided after hospital discharge impacted on people's outcomes. Partners said the research influenced commissioning decisions around hospital discharge.

The local authority had several forums in which they encouraged collaborative working, including a steering group supported by the voluntary and community sector to seek grants for community-based support and advice activities. The local authority partnered with the voluntary and community sector to create the Inspire Adult Social Care Improvement Forum, which used lived experiences to prioritise audit findings and co-design improvements. This included enhancing public information, revising assessment frameworks, and developing strategic and operational approaches to meet people's adult social care needs.

North Tyneside had a strong sense of coproduction which could be seen through on-going practice as well as in the development of new projects and processes. Senior leaders told us they were delivering on commitments to further developing coproduction at all levels of decision-making, outlined in 'Stronger Together: Developing Coproduction in Adult Social Care', and continued to progress with the development of coproduction becoming 'business as usual' within the work plan for the new Adult Social Care strategy.

People told us a key example of the local authority's commitment to coproduction was the Autism Better Together group which was a lived experience group who also supported with the shaping of services. People with lived experience co-produced the local authority's All-age Autism strategy, leading to new residential respite services and the design and delivery of autism training in response to a rising need for competent complex service provision within North Tyneside.

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. There were processes to ensure learning happened when things went wrong, and from examples of good practice. Leaders encouraged reflection and collective problem-solving. For example, concerns about incomplete information being shared with family members about step-down services led to information sessions to embed new handover and discharge processes.

Staff and leaders told us opportunities for learning were taken from multiple sources, including complaints and compliments, safeguarding concerns (including SARs), and public engagement forums. The local authority also invited feedback from staff and partners and arranged cross team audits get a reflection of the quality of work being completed. These audits invited the voice of the person accessing services when being completed. For example, a coproductive review of mental health services led to identified priorities within the new Council Plan, including elements of the priority to people being cared for and supported if they became vulnerable, including if they became homeless.

There was evidence of learning from SARs such as specialist training for deaf/blind assessors. We were told SAB had sought feedback from people with lived experience of safeguarding referrals as well as feedback from partner organisations. Feedback shaped how the local authority adapted strategies moving forward. Some examples given included predatory marriage, domestic abuse, and cuckooing of people with learning disabilities.

Partners told us North Tyneside participated in peer review and sector-led improvement activity. The local authority drew on external support to improve when necessary. Recent reviews of support available to unpaid carers, information and advice services, and homecare provision had all utilised external partners to lead on consultation, engagement and analysis of services and their impact on people's health and adults social care outcomes. The local authority used learning and feedback from regional and national forums to influence best practice and to shape service provision.

Data provided by the local authority showed there had been 35 adult social care complaints received during 2022-2023 with 40% of complaints either upheld or partially upheld. Data showed over the 3 years 2021-2024 the proportion of adult social care complaints which were not upheld had increased. However, national data from the LGSCO (2023-2024) showed 6 detailed investigations had been referred to them with 100% uphold rate, showing the local authority's decisions had been overturned. The data showed the local authority had 100% compliance in completing actions identified by the LGSCO.