

# Overall summary

## Local authority rating and score

Gateshead Borough Council

Good



## Quality statement scores

Assessing needs

Score: 2

Supporting people to lead healthier lives

Score: 2

Equity in experience and outcomes

Score: 2

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## Care provision, integration and continuity

Score: 3

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## Partnerships and communities

Score: 3

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## Safe pathways, systems and transitions

Score: 3

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## Safeguarding

Score: 3

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## Governance, management and sustainability

Score: 3

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## Learning, improvement and innovation

Score: 3

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# Summary of people's experiences

People received assessments from teams trained in how to meet their needs and waiting times for assessment had reduced over the previous year. People sometimes had to wait for an assessment, but staff took a risk-based approach and people with urgent needs were responded to promptly. People spoke positively about the staff who had assessed them and we heard multiple examples of staff using their professional expertise to help people overcome significant challenges. People were assessed and supported by a committed, competent and compassionate staff team.

Unpaid carers told us about negative experiences in accessing assessments or information and advice. There had been extensive improvement work in this area as part of a new care givers strategy but improvements to the experiences of unpaid carers had not yet been fully implemented. Local authority data showed that the experiences of unpaid carers were improving, but this was very recent.

People's experiences of contacting the local authority for advice or assessment were mostly positive. People were usually able to find the information or advice they needed but we heard examples where information had been harder to find. There were sometimes inconsistencies in access to British Sign Language interpreters.

When people required commissioned care to meet their needs, they did not usually have to wait. For people who required homecare or reablement at hospital admission, this was put in place promptly. People with more complex needs sometimes had to wait longer, but we heard about creative work by frontline teams to overcome commissioning challenges.

There was support in place for people who did not have eligible needs. The local authority commissioned services to support people to prevent, reduce and delay their needs from developing, but there were some gaps such as for people with low-level mental health conditions. There was a dedicated team who worked with people without eligible needs and we heard multiple examples of good outcomes they had achieved for people, which would often overcome gaps in community provision.

Young people who were transitioning to adulthood were supported in ways that made the transition from Children's services to adult's services smooth, but we heard how some of the improvements to this were recent and there had been difficulties previously.

People were put at the centre of safeguarding decisions, and we heard examples of people being kept safe in ways that aligned with their wishes. For example, people who could be subject to applications to deprive them of their liberty benefited from a prompt assessment of any restrictions to ensure they were lawful.

People were able to inform strategy and co-produce strategies or processes with the local authority, but some of the work around co-production was recent. People benefitted from the local authority's ability to collaborate with partners in areas such as hospital discharge mental health and safeguarding. Where people complained to the local authority, these were learned from and used to inform improvements to processes and practice.

# Summary of strengths, areas for development and next steps

The local authority was in a period of transformation and was able to demonstrate improvements to people's experiences around waiting lists. Waiting lists had come down over the 12 months before our assessment and new IT systems had helped staff and teams to better understand waiting lists. Whilst Care Act assessment waiting times had reduced the progress on delays to home adaptations after Occupational Therapy assessment were reducing, but at a slower pace. People who waited for home adaptations often had other interventions in place to meet their needs. People's needs were usually reviewed every year.

There was work to improve the experiences of unpaid carers, but this was very recent and data showed there had been low numbers of assessments provided to unpaid carers. Unpaid carers told us about delays to assessment and difficulty accessing information and advice. The local authority was aware of this and was implementing a new strategy and had recently recommissioned its carers service. Local authority data showed an improved uptake of unpaid carers assessments, but this was recent, and further time would be required for this to embed and for the local authority to continue to implement their strategy.

There were clear pathways people followed for assessment and teams had a clear identity and referral criteria. There were specialist teams to support people with a learning disability, people with mental health conditions and for hospital discharge. There were no formal arrangements with health partners to integrate frontline teams, but staff described good communication and joint working on the front line and there were clear strategic links with health partners, with shared systems and protocols. There was formal integration with health around administering shared funding, strategic approaches to hospital discharge and joint commissioning in areas such as supporting unpaid carers or access to equipment.

The local authority had support in place for people without eligible needs and had developed services to prevent, reduce and delay need from developing. There was a focus on maintaining a healthy population and we saw multiple examples of targeting interventions through public health and partnership working to prevent future need developing. For example, there had been focused work between partners on reducing loneliness and isolation as well as initiatives to increase physical activity to reduce risks around frailty.

The local authority understood its local demographics in order to meet need but some of the work to develop provision for minority groups was at an earlier stage. The local authority had a good understanding of the challenges its population faced, including areas of inequality. We saw multiple examples of partnership working to address challenges around deprivation and health inequalities, such as focused work to tackle the impacts that poverty and deprivation had on people's health and wellbeing, through support around income maximization and responding to specific health challenges people faced in deprived communities.

There have been good outcomes achieved in improving homecare provision, with local authority data showing substantial reductions in the time people waited for homecare in the previous 12 months. The local authority was continuing to develop its approach to homecare commissioning and there were pilots underway to move to an outcome-focused model. There had also been increases to intermediate care provision, with new services commissioned which had improved performance related to hospital discharge. There were some gaps when people required specialised care to meet complex needs and the local authority was working with partners to overcome this challenge. However, staff told us they were often able to commission care for people with complex needs. They told us they worked with partners to find the right care for people where they required specialist care.

The local authority had recently introduced a new team and pathway for safeguarding in response to service pressures, and we heard positive feedback about their impact. Staff said the team had brought about improvements in consistency, timeliness and learning at the front door, but that the team was seeing an increase in volumes and complexity of their work. The new IT systems did not yet give full oversight of timeliness of safeguarding, but we heard how this was monitored at team-level. There was not a waiting list for applications made to deprive people of their liberty, which meant restrictions on people were reviewed in a timely way.

Staff started working with young people transitioning to adulthood from the age of 14 and we heard about a partnership approach that involved key stakeholders to ensure a smooth transition. There had been recent improvements to pathways for young people transitioning to adult services. People had experienced some inconsistencies in timeliness of information sharing, but the local authority had made changes to process in response. These improvements will require time to become embedded and sustained.

There was a positive culture in which leaders were visible and accessible to staff and teams. Staff described feeling settled and supported during a time of transformation and change. Strategy was informed by data, feedback and was targeted. There was coherence of vision between partners and where we found shortfalls, they were already the focus of improvement activity by the local authority.

Learning was taken seriously, and staff spoke positively about the learning offer, with many undertaking qualifications and developing their careers over time. Co-production was increasingly being used to develop strategy, but the local authority was improving its approaches to strategic co-production. The local authority monitored complaints and issues, and we saw evidence of these being learned from.