

CQC assessment of ASC: Appendix 1 – CQC summary report

*The text below is the summary from the CQC's report. The full report is available on the CQC website, at the link given in Section **Error! Reference source not found.** of the main report. Numbers in square brackets refer to the summary in Appendix 2 of how issues are being addressed.*

Summary of people's experiences

Overall, people had a good experience of adult social care in Northumberland. The local authority understood the barriers to accessing care and support, to preventing reducing and delaying the needs for care and worked with its partners to ensure that people had good experiences. However, people felt that at time there were barriers in relation to accessing information and how they influenced and contributed towards key strategies [1].

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

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

However, there were mixed views of people's experience about access to community and employment for people with learning disabilities due to transport links and a lack of specialist support for people with behaviour that challenges [2]. People felt supported and happy in the transition from children's services to adulthood and were pleased with the joint working between statutory partners. Young people's voice was instrumental for developing their future plans and ambitions, and social workers ensured young people were able to share them with people who were important to them. People felt transitions to adulthood would be even better if they were closely aligned with educational and employment opportunities [3].

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

People whose access to care and support depended on having the right housing option found they were not always able to access the specialist services they need, which meant they could be placed out of county or offered an alternative [4]. Also, people with needs requiring changes to property sometimes experienced frustrations around the Disabled Facilities Grant (DFG) process due to the time it took to make changes to properties [5].

The experiences of carers in Northumberland were mixed [6]. Some carers spoken to stated they did not feel they had time to engage in activities and interests that enriched their own lives, and work with younger-aged carers was limited. Other carers felt their own

needs had not been recognised as individuals but rather as extensions of the person receiving care and support. However other carers felt once a carers assessments had taken place, the support they received was good.

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

Summary of strengths, areas for development and next steps

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

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

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

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

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

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

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

Areas of improvement include improving the experience of unpaid carers in Northumberland [6]. The local authority understood carers were key to ensuring people

were supported to live as independently as they could, and carers were also entitled to support to ensure they lived full and meaningful lives in and beyond their caring roles. Access to extra care and general housing was an area Northumberland continued to work on to meet current and future adult social care needs [4].

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

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

Direct payments had not been fully used in Northumberland [7]. The reasons for this were varied, from changes in how services could be accessed, to the prioritisation of direct payments as an option to accessing care and support. However, the local authority had started to explore ways to increase the use of direct payments to meet needs and had employed people to work alongside adult social care to share best practice examples and demonstrate how specific needs could be met particular in rural communities where access to providers was limited.

The local authority and its partners needed to further strengthen co-production with people with lived experience across all areas of its work [8]. Additionally, the way in which it worked with the Voluntary and Community Sector (VCS) needed to be further improved through longer-term commissioning arrangements, which could help the sector to plan and give services time to settle, innovate and develop beyond its initial ambitions [9].