

Newham Council: local authority assessment

Newham Council have requested a review of one or more of its ratings

[How we assess local authorities](#)

Assessment published: 19 December 2025

About Newham Council

Demographics

Newham Council is a London borough local authority with a population of 351,256. Situated in East London, it includes areas such as Stratford, Plaistow, Canning Town, Manor Park, Forest Gate, West Ham and East Ham. Canning Town and Custom House are the most deprived areas of Newham.

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

The population is predominantly people of working age with nearly 70% of people in Newham of working age compared to the England average of 59.4%. People aged 65 and over make up around 7% of the total population, but there is a growing ageing population in Newham. Newham is one of the most ethnically diverse places in the country. 45% of residents identify as Asian, 28% as White, 18% as Black, 5% as Mixed, and 4% identify within a 'other' category.

The Integrated Care System covers the North East London Integrated Care Board (ICB), which is part of the North East London Health and Care Partnership. Newham's place partnership consists of East London NHS Foundation Trust, Barts Health NHS Trust, local Primary Care Networks and Newham Health Collaborative (GP Federation).

Newham Council is led by the Labour party since 1971, with 59 Labour councillors, 3 Green, 3 Newham Independent Party and 1 Independent. There has been a directly elected Mayor since 2002.

Financial facts

The Financial facts for Newham Council are:

- The local authority estimated that in 2024/25, its total budget would be **£676,651,000**. Its actual spend for that year was **£760,618,000** which was **£83,967,000** more than estimated.
- The local authority estimated that it would spend **£115,301,000** of its total budget on adult social care in 2024/25. Its actual spend was **£140,688,000**, which was **£25,387,000** more than estimated.
- In 2024/25, **18.50%** of the budget was spent on adult social care.
- The local authority has raised the full adult social care precept for 2024/25 with a value of **2%**. Please note that the amount raised through Adult Social Care precept varies from local authority to local authority.

- Approximately **4,880** people were accessing long-term adult social care support, and approximately **910** people were accessing short-term adult social care support in 2023/24.

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.

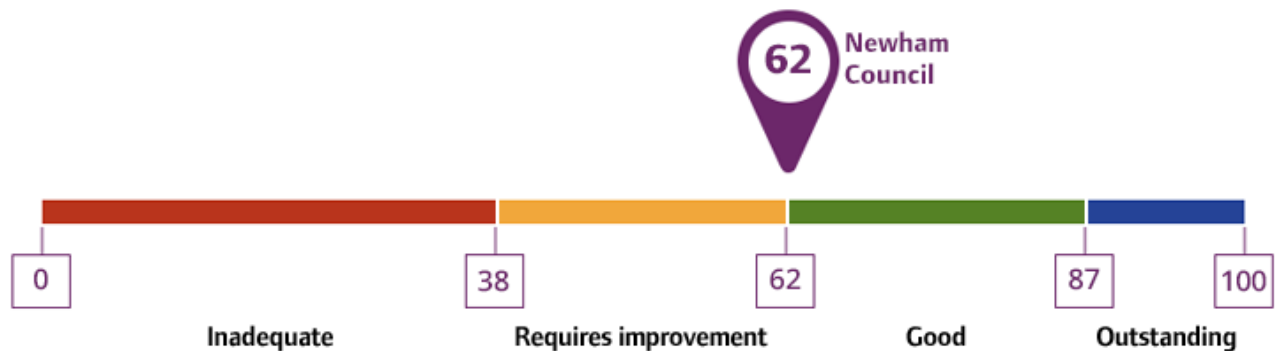
Overall summary

Newham Council have requested a review of one or more of its ratings

Local authority rating and score

Newham Council

Requires improvement



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: 2

Partnerships and communities

Score: 3

Safe pathways, systems and transitions

Score: 2

Safeguarding

Score: 3

Governance, management and sustainability

Score: 2

Learning, improvement and innovation

Score: 3

Summary of people's experiences

People's experiences of accessing adult social care in Newham were mainly positive. Staff conducted Care Act 2014 assessments which focused on people's strengths and abilities, in a person-centred way. The feedback received about the approach from staff was positive. People told us they received assessments from kind, dedicated, and compassionate staff.

Most people told us they were able to access services easily. The local authority had a wide range of online, written and verbal communication channels for people to access services and had a translator service to support people whose first language was not English. Paper copies of information in other languages were also available if needed and could also use British Sign Language interpretation services if required.

The local authority front door consisted of the Access to Adult Social Care Team, and Mental Health Adult Social Care Assessment Team (MHASCAT) front door. Teams had a good understanding of what was available for people in the community with and without eligible needs under the Care Act 2014. We heard examples of how staff worked with people at an early stage before they had developed eligible needs, to prevent, reduce and delay the need for statutory services.

The experience of unpaid carers was mixed; some unpaid carers told us they did not always know who to contact or what support could be available for them, whilst others told us they had a named worker and could contact them easily when needed. Unpaid carers received their own assessment which could be carried out either separately or at the same time as the cared for person, whichever suited the unpaid carer best, and we saw examples of care planning to meet their eligible needs. Unpaid carers spoke positively about the support available to them from the voluntary sector.

Staff worked closely with partners to meet people's needs holistically. We received positive feedback about the range of voluntary services available to people. We saw examples of positive joint working both internally with teams and with other partners such as health and housing. People received support from staff who worked closely with health, for example, during hospital discharge, to ensure people received the right care, at the right time, in the right place.

Summary of strengths, areas for development and next steps

Newham local authority knew itself and the people of Newham well. There was mainly positivity amongst staff, who told us they felt valued and motivated. However, some staff told us they felt progression opportunities were available to some more than others. Recruitment and retention were an issue in Newham within some specialist teams such as Occupational Therapy and the Learning Disabilities Team. However, teams were well established, and we met long serving members of staff, which included agency staff as well as new members of staff throughout our assessment. Leaders identified the use of agency supported with recruitment and retention, and there was a focus on creating permanent roles within Newham. Overall staff felt supported in their roles and were positive about training and opportunities to progress in their careers. There was a clear emphasis on staff wellbeing and equality in the workplace and improvements were continuing to be made to support the diverse workforce.

Staff told us the leadership team, including the Director of Adult Social Services (DASS), was visible and friendly. Leaders had an 'open door approach' and staff felt confident about being able to approach senior leaders, including the Chief Executive, if they had any queries or concerns. There was a clear understanding of social work practices, and their challenges amongst leaders. Leaders, managers, and staff demonstrated investment in strength-based approaches, and there were examples of this throughout our assessment. Staff said they felt listened to, and the local authority was aware of where the gaps were and what improvements needed to be made.

The local authority was focused on the prevention and delay of people developing future needs and reducing people's reliance on formal services. Staff were focused on achieving positive outcomes for people. Individual examples of promoting independence and reducing dependencies were shared, such as providing people with equipment to help them continue to live safely at home. The local authority worked well with partners and the community and voluntary sector to prevent, reduce and delay needs and worked with them to achieve shared outcomes.

People told us they felt safe, and there were robust policies and procedures in place to provide safe care and support. Staff had a good understanding of the challenges in Newham, for example, housing, deprivation, and diversity.

The approach to supporting people who were transitioning between teams and services was changing and was yet to be fully embedded during our assessment. Feedback from people transitioning from other services was mixed, including feedback regarding transitioning from children's to adult's services, hospital discharge, and moving between teams.

Waiting lists for assessment of people's care and support needs in Newham were relatively low. Where there were waiting lists, staff used a triage process, an escalation policy, and risk-assessed in order to prioritise needs appropriately. We heard how external factors such as housing could impact a person's transition and processes were in place to support this and were being reviewed and analysed to improve effectiveness.

There was not always sufficient care provision in Newham for people living with higher support needs such as complex learning disabilities, mental health needs, or advanced dementia. People were often placed out of the borough; however, the majority of these people were placed in neighbouring boroughs close to Newham.

Equality, diversity and inclusion were embedded throughout practice and were at the forefront of the local authority's corporate vision and adult social care vision. People felt included and understood with their protected characteristics identified and considered. The local authority worked closely with people in the community, ensuring equal access for everyone by providing outreach support to people in hard to reach areas.

There was clear co-production with people who used services, and their carers. People told us they were listened to and included in decision making, however, some people felt communication with the next steps could have been clearer. This included the creation of the updated Carers Strategy.

The local authority worked well with partners and the voluntary and community sector to support people holistically and in the least restrictive way. Building relationships and collaborative working was a priority within adult social care.

Theme 1: How Newham 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

There were several ways in which people could access information about the local authority's services; this included online via their website, telephone or email through the Access to Adult Social Care Team and the Mental Health Adult Social Care Assessment Team (MHASCAT) which are the first Point of Contact Teams. The front door team was staffed by Adult Social Care professionals and sits within the service, separate from the main councils contact centre.

Staff described how the Access to Adult Social Care Team, and Mental Health Adult Social Care Assessment Team (MHASCAT) were the front door for adult social care, which provided early interventions such as signposting, information, and advice to people using a strength based, person-centred approach from the first contact.

If a person required a Care Act assessment, they would be referred to the appropriate team, and people's needs would be rated using a Red, Amber, Green (RAG) method to determine risk. If a person's needs were determined to be Green (not urgent), they would be placed onto the waiting list for the appropriate team, for example, a Neighbourhood Team, Mental Health Assessment Team, or the Learning Disability Team. Where the request for support was deemed urgent, this would be allocated to staff immediately. People who have been screened as non-urgent for an assessment were supplied with a 'Waiting well and safe booklet' that provided options to either self-refer to or explore with support from their wider network. Those on the waiting list were contacted on a regular basis to review if their circumstances had changed and reassess level of risk and reprioritise where necessary.

The approach to assessment focused on people's strengths and what was important to them. Staff and leaders gave examples of strength-based, person-centred practice, and this was reflected in people's feedback. People told us they felt respected, listened to, and given choices during assessments. The approach reflected people's right to choose, built on their strengths, reflected what they wanted to achieve, and how they wished to live their lives. The assessments were then used to develop personalised care plans. The examples seen showed that people's human rights were respected and protected, including responding to any protected characteristics as defined under the Equality Act 2010. Staff told us how they ensured a person's culture and religion were respected during assessment. For example, providing staff who spoke their language, ensuring access to an interpreter or advocacy when needed and providing a female social worker to protect cultural beliefs.

The people we spoke with told us they felt included in their assessment and were given the opportunity to be involved in decision making with their own care and support. One person told us the social worker stayed with them longer than they should have done to ensure they had all the information needed to support them and another told us they had the same worker for some time and had built a positive relationship with them and felt supported and respected.

In contrast, national data from the Adult Social Care Survey 2023-2024 showed 61.48% of people were satisfied with their care and support. This was somewhat worse than the England average of 65.39%. 69.90% of people felt they had control over their daily lives. This was worse than the England average of 77.62%.

Staff articulated examples of good strengths-based practice. We heard examples of people being supported to achieve outcomes in different areas of their lives, such as maintaining important relationships, being more active in the community, or gaining employment, however, staff told us supporting people into employment could be difficult due to the social deprivation within Newham. Staff told us supporting employment was particularly difficult for people with a learning disability; plans were in place to improve this.

Leaders were proud of the strengths-based approach frontline staff used, and this was evidenced in quality assurance audits.

Pathways and processes ensured people's support was planned and coordinated across different agencies and services. Staff were positive about their partnership working and how this helped people to get the best outcomes, by reducing the need for people to tell their story repeatedly. Leaders and partners identified whilst their partnerships were strong, there was still work to be done to ensure full collaborative working to fully meet people's needs holistically.

The local authority had assessment teams who were competent to conduct assessments, including specialist assessments. Staff were qualified in their area of specialism such as Approved Mental Health Professionals and Occupational Therapy. Staff told us they were provided with opportunities for specialist training such as working with people with learning disabilities, practice development, and career development opportunities.

Timeliness of assessments, care planning and reviews

Although median waiting lists were low assessment and care planning arrangements were not always timely and up to date. Data provided by the local authority showed there were 152 people waiting across all teams for a Care Act assessment with the median wait time of 11 days and the maximum wait time for one person of 726 days. The local authority told us the waiting time of 726 was an isolated concern and was due to factors such as lack of engagement and complex needs. Waiting lists across teams varied, and staffing shortages were even as one of the reasons for longer waiting lists. The highest number of people on the waiting list was for older people with physical disabilities with 85 people awaiting a Care Act assessment, with a median wait of 10 days and a maximum wait of 145 days. The local authority told us that 2 people were currently waiting over 100 days for their assessment to be completed. Both people were allocated Social Workers; these people have complex circumstances and engagement to complete the assessment activity was ongoing. Both people currently have service packages in place to reduce risk while waiting for an assessment. Of the 85 people waiting, 75 were allocated to a worker, and the remaining were waiting to be allocated. The shortest wait list was for people with a learning disability with 17 people waiting for an assessment with the median wait time of 0 days and the longest wait time was 47 days. Of the 17 people waiting, 10 people were allocated to a worker, and 7 people were waiting to be allocated for an assessment, all of which were currently under the 30 days waiting target set by the local authority.

We heard from partners how external issues such as housing could impact and affect a person's outcomes. For example, Newham has a large number of people affected by homelessness and when people who were homeless are admitted into hospital this could cause delayed discharge due to the person not having a suitable place to recover. We heard how actions have been taken to reduce this with the recruitment of a 'homeless hospital social worker'. However, prior to this role being in place people's needs increased due to delayed discharge by deconditioning people in a hospital environment as opposed to a home environment. We also heard how the reablement team had made improvements and supported people using therapies in their own home. We heard how joint funding was used between health and adult social care to fund therapies for people who were medically ready but were unable to be discharged due to other factors such as limited care capacity or housing. This helped people to maintain their physical skills in a hospital setting and reduced the risk of deconditioning whilst awaiting discharge.

Reviews of care were not carried out in line with best practice in a timely manner. Data provided by the local authority in June 2025 showed that there were currently 855 people awaiting a review with the median wait time of 129 days and the maximum wait time of 1364 days. The longest wait for reviews was in the learning disabilities team in which data showed that in June 2025 there were 457 people awaiting a review with the median wait time of 457 days and the maximum wait time of 1364 days. The local authority told us that most of the reviews overdue by 365 days were currently assigned to the learning disabilities over 25's team. Leaders told us an audit carried out of the top five longest waiting cases indicated that all have had contact within the past three months. The audit also evidenced the delay in completing the review was at the request of the carer, due to specific and complex family needs and one had been completed and was awaiting write up.

National data on Short and Long Term Support 2023-2024 (SALT) showed 56.12% of people receiving long term support had been reviewed (both planned and unplanned reviews). This was similar to the England average of 58.77%.

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

Unpaid carers received a separate assessment to the person with care needs and staff understood how the needs of unpaid carers were distinct from the person they cared for. Unpaid carers could also receive an assessment at the same time as the cared for person if they preferred. Documents we reviewed regarding carers assessments were person centred and took in to account the carers limitations and abilities within their caring role. Feedback from unpaid carers was mixed, some unpaid carers told us the process was smooth, and they felt well supported whilst others told us they were unclear what a carers assessment could offer. Partners told us they felt the local authority's communication with unpaid carers could be better. We heard how some unpaid carers were not aware of the support they could receive and felt unpaid carers had not been given the relevant information regarding their right to their own care and support. The Local Authority told us the Carers Resident Advisory Group was established to improve support and engagement from the Carers in the community. We heard how videos and leaflets had been co-produced with people who use services and partners to promote unpaid carer assessment uptake and to promote carers rights.

Staff told us how carers were actively identified and supported through assessments and supported with their wellbeing. For example, staff told us about a carer who was provided with funding to pay for a laptop and printer, to engage in an online course to help develop their skills. We also heard how carers were identified during the hospital discharge process and were supported as part of the discharge planning. One carer told us they were put in contact with the carers support service following the cared-for person's discharge from hospital, and this was put in place by the hospital social worker as part of the discharge plan. However, partners expressed concerns regarding unpaid carers not always being fully involved in hospital discharge planning.

Staff told us how they carried out carers assessments in a strength based, person centred way with the unpaid carer at the heart of the assessment. Staff gave examples of how they were able to provide support to unpaid carers. They described supporting an unpaid carer who wanted driving lessons for them to be more independent and have better access to travel. Another example was how staff worked with the carer to find a suitable day centre with the person they cared for, to allow them to have the time to find suitable respite. Staff told us a flexible respite budget could be used for carers. For example, staff told us about supporting a carer to access a gym membership to maintain their own health and wellbeing and how they were able to use direct payments to support this.

Leaders and staff identified more could be done in relation to accessing and identifying unpaid carers to ensure appropriate support was provided, the local authority were looking into ways in how best to identify and support unpaid carers. We also heard mixed feedback regarding unpaid carers reviews for example, one unpaid carer told us reviews were carried out routinely whilst another told us they had to chase for a review.

The local authority was working together with unpaid carers and partners to revise their All-Age Carers Strategy. The local authority had set up a Carers Resident Advisory Group for unpaid carers to have their say on support and services needed for unpaid carers. The local authority had plans to meet quarterly and to create an action plan for improvements to be made with a Bi-annual report to be presented to the group with the first report to be presented in 2026.

Data provided by the local authority dated June 2025 showed there were 9 people waiting for a carers assessment with a median wait time of 15 days and a maximum wait of 352 days. Of the 9 people waiting for a carers assessment 6 had been allocated and 4 people were awaiting allocation. The local authority also told us there were 1191 unpaid carers awaiting review over the coming year (2025-2026). Leaders identified the need to improve unpaid carers reviews. Leaders told us that whilst unpaid carers were waiting for a formal review staff would carry out welfare calls or send out a waiting well letter to provide unpaid carers with updates, advice and guidance. One unpaid carer told us they had not received a review and felt staffing issues meant reviews were not being carried out as frequently as they should.

Data from the Survey of Adult Carers in England (SACE) showed 34.43% of carers who reported that they had as much social contact as desired. This was somewhat better than England average of 30.02%. The survey also showed 51.76% of carers not in paid employment because of caring responsibilities. This was significantly worse than England average of 26.70%. Which demonstrated the mixed feedback from carers we found.

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. Partners told us the local authority worked well with the voluntary sector and supported people with non-eligible needs to access the correct advice and support and improve outcomes for people. For example, working with asylum seekers, refugees, and migrants in the community to ensure they were aware of the support available to them.

The local authority communicated well with partners; information was shared regularly in relation to the issues and gaps in the community such as domestic violence and the cost of living crisis to ensure people with non-eligible needs were correctly signposted to appropriate services. Staff signposted people to other council services, partners and external agencies for help and support for needs that were not eligible under the Care Act 2014. Staff were aware of the services available in the community and had built positive relationships with the voluntary sector.

The local authority had clear guidance in place for staff to follow to support people with non-eligible needs to ensure appropriate sign posting, advice and guidance was provided using a preventative approach for people who were not eligible for care and support under the care act. Contacts were recorded on the adult social care recording system and were monitored and reviewed to identify any themes or trends of contacts from people with non-eligible needs. The local authority told us they had a process in place in which if a person had contacted the local authority 3 times within 12 months this would trigger an escalation process in the recording system to ensure appropriate action was taken.

Eligibility decisions for care and support

The local authority's eligibility framework for care and support was transparent, clear and consistently applied. Decisions and outcomes were timely and transparent.

The local authority had clear guidance on eligibility criteria for staff. The document outlined the local authority's responsibilities under the Care Act 2014. It described people's rights under the Act and how to proceed if eligible.

National data from the Adult Social Care Survey showed 65.82% of people who do not buy any additional care or support privately or pay more to 'top up' their care and support. This was similar to the England average of 64.39%.

Financial assessment and charging policy for care and support

The local authority had clear frameworks in place for assessing and charging adults for care. However, partners told us people who used services, and their unpaid carers often felt confused about the charging process. The local authority told us that all staff who carry out financial assessments have the relevant training, skills and knowledge to do so effectively, looking holistically at people's finances supporting people with benefits advice to maximise their income. The Finance Assessment and Charging Team offered monthly drop-in sessions for all Adult Social Care professionals to support them in understanding Financial Assessments and provide advice on what welfare benefits residents may be entitled to.

Data provided by the local authority showed that improvements have been made regarding the waiting times for financial assessments. Data showed that in February 2025 there were 101 people waiting for a financial assessment with a median wait time of 36 days and a maximum wait time of 65 days. In June 2025, this was reduced to 29 people waiting with a median wait time of 10 days and a maximum wait time of 34 days.

Provision of independent advocacy

The local authority has commissioned an independent advocacy provider to deliver all statutory advocacy services in the area. An advocate can help a person express their needs and wishes, weigh up and make decisions about the options available to them. People told us they were given enough time and information to make informed decisions and were offered support when needed either via a family member or independent advocate when required. Safeguarding Adults Collection data 2023-2024 showed 100% of people who lacked mental capacity were supported by advocates, family, or friends. This was better than the England average of 83.38%.

Local authority staff told us there was good access to independent advocacy and gave examples of when advocacy had been used to support decision making and gain people's voices.

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

The local authority worked with people, partners and the local community to make available a range of services, facilities, resources and other measures to promote independence, and to prevent, delay or reduce the need for care and support. There were strategies and action plans in place, although a senior leader told us it was difficult to evidence the link between community services and prevention, limiting the data and insight available to leaders in terms of strategic planning. The local authority's Adult Social Care Practice Framework had a prevention-focused approach, with staff guided to consider assets available in people's local networks and communities, as well as assistive equipment such as technology and adaptations during their assessment and support planning.

National data from the Adult Social Care Outcomes Framework (ASCOF) showed 78.53% of people no longer required support after receiving short-term support, which is similar to the England average of 79.39%.

People told us they were involved in delivering the actions of the local authority's strategic prevention work. For example, one person told us how they were involved in creating the Newham New Deal partnership to provide people living with dementia better access to activities, improving wellbeing and independence. Leaders told us the 50 Steps to a Healthier Newham Strategy, was produced in collaboration between adult social care and public health. There were a Health and Wellbeing Strategy in place with 5 key objectives, and although the local authority recognised there were inequalities and poverty within the borough, some improvements were more embedded than others. As part of the strategy, the local authority planned to make their mental health services and treatment more accessible to people less likely to access care and support and were developing a single point of access for people with mental health conditions.

We heard how a person's experience of hospital discharge was positive, telling us they received a lot of support from adult social care to help them become independent when they were discharged. A multi-disciplinary team had supported them, and this helped improve their outcomes. However, partners told us issues with housing in the area could often lead to people's discharge being delayed. This meant some people's care needs could worsen, and we heard how people with mental health conditions were more likely to suffer a relapse of their condition when their discharge was delayed because of accommodation shortages. The local authority described having an acute housing crisis, significantly impacting their ability to support people with Care Act eligible needs to maximise their independence. We heard how a combination of deprivation and significant health inequalities had led to a rise in people being admitted to hospital with mental health conditions and physical health problems.

Staff were passionate and dedicated to helping to prevent, reduce and delay care needs for people. Staff told us how they had worked with partners to reduce a person's package of care and introduce less restrictive options. We also heard about a person being supported to travel and see family abroad to improve their wellbeing. Services were being used to promote independence and reduce needs, for example, people were sign posted to voluntary organisations to support people with short term needs to gain knowledge and independence rather than relying on statutory support. Staff told us this was beneficial because they had seen a reduction in the care packages people received.

People were generally positive about the support they received to help them maintain their independence and wellbeing. For example, one person told us they enjoyed accessing a specially adapted rehabilitation gym run by the local authority, and this helped to keep people independent and healthy in a tailored way which met their needs. National data from the Adult Social Care Survey showed 65.82% of people who used services said help and support helped them to think and feel better about themselves, which was slightly better than the England average of 62.48%.

Specific consideration was given to people at greatest risk of a decline in their independence and wellbeing. In partnership with health, the local authority provided health checks for people living in contingency hotels and worked with health partners to ensure people were registered with a GP and referred for a Care Act assessment if required. The local authority had created specialist pathways for people such as the 'rough sleeping homeless pathway' and 'substance misuse pathway', recruiting additional staff to improve resources in these areas. This work had shown positive outcomes, with the local authority's data showing 90% of people who engaged in the rough sleeping pathway remained in their new accommodation, reducing the likelihood of their care needs worsening. Initiatives to support homeless people at risk included working with a local shopping centre to provide a safe, secure space at night for people, working in partnership with public health. Housing and adult social care teams worked together to create a Vulnerability Toolkit, this supported housing teams to identify people who have eligible Care Act needs and refer them for support. A partner told us how there was a high population of homeless people in Newham but since the creation of the specialist housing support posts, they saw all people being discharged from hospital to a form of accommodation and have told us this work helped to prevent unnecessary re-admissions.

Staff also worked in partnership with health colleagues as part of the dynamic risk support group, which oversaw the risk of people with a learning disability developing further care needs. For example, we heard how the advocacy service had been commissioned to have employment and recruitment support built into the contract, in response to data showing a lower level of employment amongst people with a learning disability and autistic people. Staff told us training from the advocacy service was co-delivered by a person with lived experience and staff told us they saw how this helped people learn new skills and increase their independence.

Community resources were used to help with prevention and promoting independence. We were told about schemes, which aimed to reduce isolation and improve wellbeing for people who may be more at risk of developing further needs. One person told us how it had supported them to make friends, reduce social isolation and improve their wellbeing. The use of libraries and community centres for physical activities and health promotion was available for people. Providers told us the use of trusted assessors meant access to aids and equipment had significantly improved, with some providers being trained themselves, reducing waiting times and improving provision. The Newham Carers Community was commissioned to provide support for unpaid carers, who linked carers with support groups and local services, as well as providing advice and information.

Further expansion of the Be Connected scheme was part of the local authority's Adult Social Care plan, in-line with their plans for improved working with the voluntary, community and faith (VCF) sector to help with the prevention work. A partner told us although they were commissioned by the local authority to provide preventative services, funding often did not allow for long or meaningful pieces of work to be carried out, limiting impact. Another partner told us there was a lot of collaborative working between the local authority and the VCF sector but more could be done to drive the prevention agenda. This was also highlighted by a partner who told us they had seen an increase in people with higher level needs referred to their day services and told us poor responses and communication from the local authority could sometimes mean people's needs worsened before support was put in place. Other improvements planned by the local authority included the piloting of an evidence-based falls prevention service, more social activities for people with dementia and people with a learning disability and improving people's awareness of the Well Newham Hubs to enable better access to preventative services.

Provision and impact of intermediate care and reablement services

The local authority worked with partners to deliver intermediate care and reablement services that enabled people to return to their optimal independence; however, data and feedback showed this was an area for further development. For example, a health partner told us the local authority could be more ambitious with their approach to reablement as there was an inconsistency of involvement from occupational therapists and physiotherapists. Leaders told us they had identified this inconsistency, and therapies were now included with all reablement offers where needed.

One person told us they had undergone reablement and felt they received the right level of care following this service, and an example we saw of reablement showed staff worked in a holistic way to promote independence and meet a person's specific goals. However, national data from the Adult Social Care Outcomes Framework (ASCOF) showed 75% of people aged 65 or over were still at home 91 days after discharge from hospital, which was worse than the England average of 83.70%. Data also showed 1.65% of people aged 65 or over received reablement services after discharge, which was worse than the England average of 3%. Leaders told us improvements had been made in reablement to support people to remain independent and in their own home for longer, this included more occupational therapy lead discharges. We heard how the local authority had created leaflets regarding reablement to raise awareness for people during hospital discharge.

The local authority told us about improvements in place to improve intermediate care and reablement services. These improvements followed a review in 2024, where posts for a homeless coordinator and housing advisor were created to work alongside hospital teams. Staff told us this helped to improve outcomes for people who may be homeless, so planning could begin earlier in the process. Improvements also included the creation of a dedicated intermediate care service for people with mental health conditions as a stepdown service, and investment had been made to improve the number of older people who were supported with reablement. The reablement service was now accessible to all people and staff told us they had been given additional staff and resources to manage an increased capacity. People could access reablement before a Care Act assessment was completed, and we heard from staff how they ensured the same worker stayed with the person throughout the process to improve continuity.

Data provided by the local authority showed improvements, for example, 98% of people being happy with the outcomes of their reablement at 91 days, and a 44% increase in referrals to the reablement pathway over the previous months. Further plans were in place to develop the intermediate care offer through commissioning dedicated providers.

Work was ongoing to provide a more in-reaching reablement service on the hospital wards to prevent people's health and care needs worsening during their hospital stay. The aim was to ensure people have goals ready for when they are discharged, helping to maximise the opportunity to reduce, prevent and delay and achieve more independence when they return home. Staff told us they had in-house and external provisions which were available for them, and reablement was accessible for people in a timely way. We heard examples from staff of how they supported people to improve their independence, such as changes to people's home equipment and trusted assessors were used in the reablement team to support the provision of equipment and aids. Leaders told us there was a drive to ensure reablement and promoting independence was an ethos of all frontline practitioners.

Access to equipment and home adaptations

People could access equipment and minor home adaptations to maintain their independence and continue living in their own homes. There was currently no waiting list for Occupational Therapy Assessments or equipment, and the local authority had worked to make improvements in this area. There was an increased number of trained trusted assessors within the Home Adaptations for Independent Living (HAIL) and reablement teams, who could issue minor adaptations when an occupational therapy (OT) assessment may not be needed. Many staff told us how they had become trained trusted assessors, and this helped with managing capacity and promoting people's independence, with other teams speaking of how this benefited the support they could provide as practitioners. Trusted assessors were also used in the Access Team, Independent Living Support Services and the Mental Health Enablement Team. Staff also told us there was close working between OTs and trusted assessors within the different frontline teams, as well as partnership working with housing teams to achieve better outcomes for people.

There was a targeted approach by the local authority to improve access to equipment and adaptations and to ensure timely provision. For example, 3 external providers had been contracted to complete equipment assessments for people. An OT project manager was recruited to oversee the project, with a training and induction programme designed for the providers, along with a quality assurance process to oversee the governance and delivery.

Staff provided training and advice for people using equipment and adaptations. For example, staff told us they could refer people to 'The Lounge' for people to trial simple pieces of equipment and aids before they used it. Staff also told us they visited people's homes to show them equipment or take people to the shop where equipment was being displayed. We heard an example of how a person was supported to maintain their independence in a person-centred way by the installation of a mechanical wardrobe rail, allowing them to continue dressing independently.

Referrals for equipment and adaptations were prioritised based on the level of the person's need. Actions were taken to prioritise urgent need and to reduce waiting lists. Staff told us urgent equipment was often available from their own stock, with most equipment being delivered to people within 24 hours to 7 days. This was within local authority expected timeframes.

Staff told us they used technology enabled care as a digital tool to support people in maintaining their independence. Staff gave an example of supporting a person who was at risk of falling with a pendant alarm, which helped improve their confidence and reduced the need for more formal care interventions. Staff also told us they use tools such as medication dispensers, bed sensors and other falls alarms to promote independence and keep people safe.

Provision of accessible information and advice

People could not always access information and advice on their rights under the Care Act and ways to meet their care and support needs, including for unpaid carers and people who fund or arrange their own care and support. Calls, emails and other communication were responded to by staff in the access team who provided information, advice and signposting or made referrals to adult social care services. However, some feedback from people showed the local authority could improve how well they responded and provided information. For example, one person told us it could be difficult to contact someone in the team, and they sometimes waited a long time for a response. Some carers we spoke to told us they did not know how to contact the carers' support service and had not been given information about carers' support from the local authority.

This was reflected in the national data from the Survey of Adult Carers in England which showed 51.19% of carers found it easy to access information and advice, which was worse than the England average of 59.06%. Although there was information provided for carers, such as a Support for Carers webpage and information in community locations, more could be done to ensure carers were aware of and had easy access to information and advice in a way that was best for them. However, data from the Adult Social Care Survey showed 66.91% of people who used services found it easy to find information about support, which was similar to the England average of 67.12%.

Information and advice were provided for people in the community via the Well Newham Hubs. Advisors working in the hub provided 1:1 support for people's health and wellbeing, with the local authority's data showing 1,236 referrals to services had been made through the hubs between June 2023 and June 2024. The local authority's website provides the Well Newham Directory of Services, with information on community support and services.

An online self-assessment tool for people to find the right solution for their health and care needs called Ask SARA had been developed, and we heard from a person with lived experience who told us they had been involved in the design and production of this service.

Staff told us people could be provided with information in a way that suited their needs, such as through easy-read or translated documents and had easy access to interpreting or translation services. A partner told us the local authority had supported a health literacy project, which supported people with a learning disability and people with a sensory impairment to navigate through health and social care systems. Written information was also available and translatable for people relating to topics such as hospital discharge and reablement services

Direct payments

There was good uptake of direct payments, and they were being used to improve people's control about how their care and support needs were met. People had ongoing access to information, advice and support to use direct payments.

National data from the Adult Social Care Outcomes Framework (ASCOF) for 2023/24 showed 32.85% of people who used services received a direct payment. This was better than the England average of 25.48%. Data also showed 24.84% of people who used services aged 65 and over received a direct payment which was significantly better than the England average of 14.32%.

The local authority had a direct payments team who supported people through the process, including a 6 week 'handholding' service when people started using the payments. The team supported people with the initial set up of the direct payment and the sourcing of a care provider or personal assistant. When people were referred to the team, staff will provide written information, visit the person face-to-face in their home or in a public place, based on their preference. Staff told us they work hard to build relationships with people to support them through the process. One person told us how they were supported to set up and manage their direct payment, and that it helped them to have more control over decisions around their care and support. There was guidance available for staff with information on how direct payments were set up and monitored.

Staff were proud of their direct payments performance and various staff teams told us they were able to use them to provide person-centred, strengths-based care. For example, staff told us about a person with sensory impairments who was supported to recruit a personal assistant who they trusted, which was important for them in managing their daily activities. Staff told us they used direct payments as a way of making sure people could access the right care and support which met their cultural, social and religious needs. For example, staff were able to support a person to hire a personal assistant using their direct payment who could provide care in-line with their religious practices. A partner told us direct payments for carers were person-centred and flexible, based on the needs of individual carers.

People could access information about direct payments through factsheets provided by the local authority, containing information about how they are used and who to contact. Staff also told us there was a coffee morning available in the community which people could attend to learn more about direct payments. People could also access drop-in sessions at the local library to provide face-to-face information, although the local authority told us there was a low take-up of these sessions. Lunch and learn sessions were available to staff to increase their knowledge and confidence around direct payments.

Staff told us sourcing personal assistants for people with higher needs, including people with a learning disability or autistic people, could sometimes be difficult. Training was provided to personal assistants which the local authority helped to organise, and work was ongoing to improve the number of personal assistants in the area. The local authority told us this work included using the Care Provider Voice forum to advertise vacancies, although this also had a low take-up from applications. This highlights that although direct payments are used and promoted, more work could be done to ensure there is sufficient capacity in the market of personal assistants to ensure people's specific needs can continue to be met.

Equity in experience and outcomes

Score: 3

3 - Evidence shows a good standard

What people expect

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

The local authority commitment

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

Key findings for this quality statement

Understanding and reducing barriers to care and support and reducing inequalities

The local authority clearly understood its local population profile and demographics. It analysed equality data on social care users and used it to identify and reduce inequalities in people's care and support experiences and outcomes. Leaders and staff had due regard for groups of people living in Newham who were more likely to experience health and social care inequalities, such as ethnic minority communities, asylum seekers and refugees, people who were homeless, people who used substances and alcohol, people with mental health needs, and older people.

The local authority proactively engaged with the people and groups where inequalities had been identified, to understand and address the specific risks and issues experienced by them. The local authority understood Equality, Diversity and Inclusion (EDI) affected everyone in one way or another. The councils EDI vision spread across the people of Newham and the staff working for the council to ensure everyone felt listened to and included. We heard clear examples of how EDI was embedded throughout strategy, procedures and practice across adult social care. For example, staff told us about a piece of work carried out regarding people in the LGBTQ+ community who did not feel able to express their sexuality. Staff told us they co-produced a policy with people, providers, health partners and LGBTQ+ group representatives to promote equity and inclusion and to support providers with ensuring people have equal opportunities to relationships.

The local authority funded two local organisations, to explore and raise awareness of LGBTQ+ within older people and carers from the South Asian community. Feedback from people involved evidenced that people felt able to make their voices heard and were more aware of the support available to them. The local authority was planning to develop this work further by establishing a multi-agency advisory group. Another example was support given to understand people's cultural and dietary needs for care homes to provide more culturally appropriate food options.

Staff spoke about understanding intersectionality regarding equity, diversity and inclusion. Staff told us about how the Mental Health Strategy had been developed from a perspective of intersectionality, with consideration given to the various aspects of the whole-person approach. Staff told us they connected with multiple community groups to inform and integrate their priorities. People told us that their cultural and religious beliefs were important to them and felt supported by services within the local authority and the community to access appropriate services for them such as the community group for older people from South Asian communities. One unpaid carer told us they met with the carers service in their local church as this was somewhere accessible and familiar to them.

The local authority provided outreach for asylum seekers and refugees in the community. The Welcome Newham One Stop Shop was launched in June 2022 to provide Information, Advice and Guidance. We heard how the local authority carried out drop ins at GP surgeries and would visit local cafes and hotels in which asylum seekers and refugees reside to provide information and advice so people would know where to go for support. However, partners told us they felt work to support refugees and asylum seekers could be further improved.

Equity was engrained throughout processes and policies to ensure consideration of equality, diversity and inclusion. For example, the Health and Wellbeing Strategy, the Health Equity Programme, and the Tackling Racism, Inequality and Discrimination programme (TRID), which focused on how the local authority will address inequalities within Newham. Processes were in place to ensure people who had no recourse to public funds but had eligible care needs under the Care Act were given an assessment, and care and support as required under the Care Act 2014.

Leaders told us they used funding from the Integrated Care Board (ICB) to support people with health inequalities as part of their Health Equity Programme. For example, they used funding to create a deaf outreach worker post to identify the needs and provide support to the deaf community.

The adult social care recording system had fields to record a person's protected characteristics to enable data to be monitored and analysed to determine who was contacting the local authority and identifying seldom heard groups.

Local authority staff involved in carrying out Care Act duties had a good understanding of cultural diversity within the area and how to engage appropriately. The Newham workforce was diverse, and staff were aware of how to communicate with people appropriately. Staff received training on cultural competency and were aware of the seldom heard people in the community and their needs. The local authority had an Equality, Diversity and Inclusion (EDI) lead in place to highlight the importance of EDI to staff and in the community.

Staff told us how they were able to provide links for people to services which could provide for their cultural, social and religious needs. For example, they supported a person to access a local Buddhist temple to support their mental health recovery and social isolation. Staff also told us of an example where they respected a person's religious needs by finding a care package which could accommodate prayer times.

The local authority had regard to its Public Sector Equality Duty (Equality Act 2010) in the way it delivered its Care Act functions. Local authority staff involved in carrying out Care Act duties had an excellent understanding of cultural diversity within the area and how to engage appropriately. We found the culture of listening and sharing power with people and communities came from the top of the local authority and was evident throughout the teams we spoke with and the documentation we saw. The adult social care workforce was diverse which supported them to further understand cultural differences and diversity both within the workplace and in the community. Staff received training in cultural competency, trauma informed practice and were invited to meetings and forums to discuss EDI and being confident in having sensitive conversations.

Inclusion and accessibility arrangements

There were appropriate inclusion and accessibility arrangements in place so that people could engage with the local authority in ways that worked for them, for example, interpreters were used when required to support communication with people who could not speak English. Some staff spoke other languages and used their skills to communicate effectively with people. We heard examples of staff using their language skills to build trust and rapport with people and by building relationships were able to effectively communicate and support people the way they wished to be supported. Most people told us information was given to them in the correct format to meet their communication and cultural needs. However, some people felt they were digitally excluded and relied on voluntary sector organisations to support with form filling. One person told us they found it difficult contacting the local authority and felt there needed to be more accessible information for people with dyslexia or who had difficulty reading. Leaders told us there were services within the community that supported people with accessibility needs for example supporting to fill in referral forms etc.

The local authority provided information, care plans and assessments in other languages and formats when needed such as easy read, braille and large print to ensure accessibility to everyone. Information Online and in print such as leaflets had been co-designed with residents to ensure they were easily accessible and relevant to meet their needs. Leaflets included a 'language panel' for residents to call, email or use a QR code to receive a free translation of the document. Information was also available in video, some of which included translation and British Sign Language to be inclusive.

The local authority's webpage had a British Sign Language (BSL) live function. This connects people to BSL interpreters via video call. The interpreter can view the same webpage as the user and interpret the content. The interpreters also supported people to contact the Access to Adult Social Care Team for further queries or to discuss a care need. In total, 619 people connected to Sign video interpreters between January 2024-January 2025.

The local authority had a Sensory and Impairment team to support people with sensory needs to ensure accessibility to services, this included support filling in forms and travel training to allow people to maintain their independence within the community.

The local authority told us there was guidance in place to ensure all communication was inclusive, using clear language with no jargon to ensure accessibility for all.

Theme 2: Providing support

This theme includes these quality statements:

- Care provision, integration and continuity
- Partnerships and communities

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

Care provision, integration and continuity

Score: 2

2 - Evidence shows some shortfalls

What people expect

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

The local authority commitment

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

Key findings for this quality statement

Understanding local needs for care and support

The local authority used a variety of methods to understand the needs of the local community to commission the right services. Staff and leaders told us about the use of data to inform commissioning practice. Leaders highlighted concerns regarding care provision, particularly meeting growing needs and population growth and the capacity of the residential care provision in Newham. Leaders told us there has been a growing demand for care services and the complexity of people's needs, including support for dementia and other age-related conditions. Workforce challenges such as recruitment and retention of skilled care workers in some teams have remained a challenge. Leaders identified that whilst they felt their care provision was good and was continually improving, there was still some way to go to ensure they could meet the future needs of the people living in Newham.

The local authority had a good understanding of the people living in Newham and worked together with public health and the Integrated Care Board (ICB) to ensure people across the borough had access to the same level of services and support. Leaders identified equity and equal access to support and services could be difficult at times due to the diversity within the borough, and this was a priority in Newham. The Newham Joint Strategic Needs Assessment (JSNA) titled "50 Steps to a Healthier Newham" stated that Newham is the third most deprived borough in London. People living in deprived areas tended to have less good health, typically experience poorer health at younger ages, and have shorter life expectancy than people living in less deprived areas. The JSNA also showed there were marked inequalities in life expectancy between the most and least deprived parts of Newham. In 2018-20, the difference was 6.6 years in females and 8.1 years in males. The five most common long-term conditions in Newham in 2023 were hypertension (high blood pressure), obesity, diabetes, depression, and asthma. The local authority adapted the resource available dependent on people's needs. Partners and leaders understood how such conditions could have a holistic impact on both a person's health and social care needs and worked together in a preventative way to reduce care and support needs and improve people's health and wellbeing.

The local authority had a range of commissioned services available for people to support their needs in the community; this meant people did not have to wait very long for care and support to be in place. Data provided by the local authority showed there were currently no waiting lists for people waiting for a home care package once they had been assessed.

The provision for residential care and nursing homes was limited in Newham. However, the local authority worked closely with the other 6 North East London boroughs to provide support for people, which meant people could be placed close to Newham and their local communities when there was a need for out of borough placements.

Data provided by the local authority showed there were 541 people living in nursing or residential care homes. The highest percentage of people living outside of the borough were people with learning disabilities. Data showed 94 people were currently living in a nursing or residential placement specialising in learning disabilities. There were 64 people living outside of Newham with 31 of those people living within the North East London area and 33 people (35%) living outside of the North East London area. Reasons given by the local authority for out of area placements included people's choice to live closer to family, capacity of care provision, higher care needs such as complex mental health needs, learning disability needs including challenging behaviours, provision for people over 65 years especially dementia care, people needing 1:1 support and temporary respite becoming long term care.

There was joint work with housing to build more extra care facilities to support people to remain in the borough. For example, the local authority had recently created further extra care beds to support people to remain independent in the community. The local authority told us extra care provision had reduced care home placements by 10%. The local authority had identified gaps in supported living and extra care options to support people throughout their life course including people with more complex needs.

Staff worked closely with providers to ensure there was a good level of good quality care provision in Newham.

Providers felt the local authority had a good understanding of people's needs and would seek advice and support where needed. Providers felt supported building and shaping their services to better meet the needs of people in Newham.

Market shaping and commissioning to meet local needs

People had access to a diverse range of local support options that were safe, effective, affordable, and high-quality to meet their care and support needs. We heard how the care providers recruited people from a range of communities, and there were effective working relationships with care providers through the local authority's Commissioning and Quality Assurance teams. This aided understanding and demonstrated the local authority's ambition to provide equality and diversity of care provision, particularly the delivery of culturally specific care provision.

National data from the Adult Social Care Survey 2023-2024 showed 72.89% of people who use services who feel they have choice over services. This was similar to the England Average of 70.28%.

Commissioning strategies were aligned with the strategic objectives of partner agencies for example, health, housing and public health. The local authority and the East London NHS Foundation Trust (ELFT) were committed to creating joint commissioning strategies across key need groups such as older people, unpaid carers, people with a learning disability and/or autism, and mental health. Newham's Commissioning Action Plan (Mental Health and System Integration) 2024- 2026 worked with ELFT, housing and voluntary sector organisations to create pathways for people with mental health needs, housing needs and employment access. There was commitment to coproduction in commissioning activity, and several commissioning strategies had been coproduced with people and partners. The plan also included recovery programmes coproduced with people with lived experience. Feedback from leaders regarding the recovery programme was positive stating the people who had successfully completed the recovery programme had remained in their own tenancy and lived their lives independently.

There was consideration for the provision of services to meet the needs of unpaid carers. The local authority funded Newham Carers Community which consisted of 3 local organisations commissioned to meet the wellbeing of carers. Newham had a well-established community and voluntary sector that also supported people in the community and their carers. Feedback from unpaid carers about the resources within the community was mainly positive.

National data from the Survey of Adult Carers in England (SACE) 2023-2024 showed 16.67% of carers accessing support or services allowing them to take a break from caring at short notice or in an emergency. This was somewhat better than the England Average of 12.08%. 19.61% of carers accessing support or services allowing them to take a break from caring for more than 24hrs. This was similar to the England Average of 16.14%.

32.65% of carers accessing support or services allowing them to take a break from caring for 1-24hrs. This was somewhat better than the England Average of 21.73%.

The local authority commissioned models of care and support that were in line with recognised best practice. For example, the local authority commissioned for outcomes rather than commissioning 'tasks or services' providers told us they had flexibility to deliver the service in ways that met people's preferences.

Ensuring sufficient capacity in local services to meet demand

There were not always sufficient care and support available to meet demand, and people could not always access it when, where and how they needed it. The local authority often relied on out of borough placements due to the limited care home capacity within the borough for people with complex care needs. Staff and leaders told us they had good relationships with neighbouring local authorities and that whilst people were placed out of borough, they mainly remained close to Newham which reduced the impact on the person receiving care. There was sufficient capacity to meet demand in relation to homecare.

Partners told us finding specialist care and support such as specialist dementia care could be difficult in Newham. We heard from staff about how out of area placements were managed, reviewed and supported with some people choosing to live nearer family and there was clear evidence of people out of area being supported well. Staff told us they had good communication with other local authorities and continued to support and review people out of the borough to ensure safety and minimise risk. Partners told us there were gaps in complex care particularly for those with learning disabilities, mental health needs, or advanced dementia.

The local authority has a range of commissioned services available for people to support their needs in the community. This meant people did not have to wait very long for care and support to be in place. However, there were waits for people who needed supported living, residential care or nursing care. Data provided by the local authority showed people could wait up to 80 days to find appropriate supported living accommodation, up to 32 days for residential care and up to 14 days for nursing care. Reasons for this given by the local authority were complexity of care, capacity and funding delays. Whilst delays in care provision could have a negative impact on a person's wellbeing and increase demands on family carers, leaders advised that due to the nature of these placements, delays were unlikely to contribute to hindering a person's recovery or deconditioning and family members were supported with home care to reduce pressure on them.

In 2024 the North East London (NEL) Directors of Adults Social Services (DASS) created the NEL Market Management Group, which was led by Newham. This included leaders from Newham, Waltham Forest, Redbridge, City and Hackney, Tower Hamlets, Havering and Barking and Dagenham. The Market management group commissioned a gap and needs assessment in September 2024. The group also looked at commissioning, provider voice and care home management to support the NEL care market.

We heard of actions taken to improve and increase provision in Newham for example, the local authority had developed an extra care facility to support older people with their growing needs, supporting people to live in their own homes for longer and reducing the need for residential care. The service included people with dementia, mental health issues, and physical disabilities. Data provided by the local authority showed a 10% decrease in the need for residential care in the 12-month period after the opening of this service. This meant more people were able to live independently in the community. The local authority told us people living in the service needed on average 27 hours support per week however, the service was built to support with ongoing and increased needs for people.

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. For example, we heard how some people were jointly funded with health. Staff told us this worked well, and staff felt able to discuss and challenge a person's health and social care needs to ensure appropriate funding. Staff told us any discussions with health regarding funding did not impact the person and their service provision.

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. The local authority actively gathered information on peoples experience in both the home care service commissioned and in residential settings using a variety of methods to gather and act on feedback. 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.

The local authority's Quality Assurance Framework aimed to ensure high quality, evidence-based practice, continuous improvement of providers, learning and person centeredness. Provider reviews completed by the local authority were an integral part of the framework. Follow-up visits were determined by the risks regarding the recommendations given from the contract monitoring.

Over the past 12 months there was 2 embargoes placed by the local authority on home care services meaning they were restricted with the commissioning to their service; the local authority told us this was due to issues with sponsorship licensing. There were no embargoes for residential or nursing care.

The local authority's approach to quality assurance was positive and providers felt respected and supported. Providers felt the commissioning team was approachable, open and honest and gave them clear feedback and support to improve.

The local authority supported training and development across the care sector, and providers were able to discuss any concerns regularly with the local authority. Examples of learning and discussions held through the provider forums in which they felt listened to and supported were shared.

Ensuring local services are sustainable

The local authority collaborated with care providers to ensure that the cost of care was transparent and fair and ensured staff were paid the London living wage and travel. The local authority used data to ensure that providers were being paid fairly, with a flexible approach dependant on complexity and communicated with providers clearly. Staff told us pay was also monitored during their quality assurance visits to ensure staff were being paid fairly and correctly.

The local authority's contracting arrangements were efficient; they provided stability for providers and allowed them to plan. Providers felt safe in their contractual arrangements and ensured the terms and conditions for staff were fair. The commissioning process was seen as fair and that the local authority ensured equal commissioning of services to ensure allocation was fair and equitable for providers.

The local authority worked with providers and 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 that people had continuity of care provision in this event. The local authority created a Provider Quality Handbook which was co-produced with providers to ensure clear communication on standards and expectations of providers and the local authority. The local authority also provided training for providers to enable their staff to have the correct skills and knowledge to carry out their role. Feedback from providers regarding support and training was positive.

Staff told us they undertook annual quality assurance visits and would visit providers flexibly as and when needed. Providers told us the local authority were supportive and approachable, and providers felt supported to improve.

The local authority understood its current and future social care workforce needs. It worked with care providers, including personal assistants and other agencies, to maintain and support capacity and capability.

National data from Adult Social Care Workforce 2023-2024 Estimates showed 75.26% of ASC staff had a care certificate in progress, partially completed, or completed. This was significantly better than the England average of 55.53%. There were 16.98% of adult social care vacancies. This was significantly worse than the England average of 8.06%. National data from Adult Social Care Workforce Estimates also showed that the ASC staff turnover rate was 0.23%. This was similar to the England average of 0.25%.

Partnerships and communities

Score: 3

3 - Evidence shows a good standard

What people expect

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

The local authority commitment

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

Key findings for this quality statement

Partnership working to deliver shared local and national objectives

The local authority worked with partners to agree and align strategic priorities, plans and responsibilities for people in the area. Newham has adopted a 'total budget' style Section 75 agreement with the Integrated Care Board (ICB). The scope of the agreement currently covers adults, health and communities; public health; community mental health and learning disability NHS services; the Better Care Fund (BCF) and external grants such as Disabilities Funding Grant (DFG) and hospital discharge funding. A Section 75 agreement is an agreement between local authorities and NHS bodies which can include arrangements for pooling resources and delegating certain NHS and local authority's health-related functions to the other partners.

Newham is part of the North East London Integrated Care System, which includes seven boroughs: Newham, Barking & Dagenham, Tower Hamlets, Hackney, Redbridge, Havering, and Waltham Forest. Each borough has its own place-based partnership that brings together councils, NHS, GPs, voluntary sector, and residents to co-design services.

Newham's place partnership consists of East London NHS Foundation Trust, Barts Health NHS Trust, local primary care networks and Newham Health Collaborative (GP federation). The NHS foundation trust works across boroughs to provide care more efficiently and shares best practice across boroughs. Partners work together to improve health outcomes, reduce inequalities, and develop a sustainable workforce. We heard how adult social care and NHS partners were working together to ensure a strong and sustainable workforce and jointly working on commissioning strategies for people with Mental Health, urgent care and community services. Newham was also part of the Workforce Development and intelligence group led by London ADASS and Skills for Care.

Partners across Newham worked together to create and implement the Joint Strategic Needs Assessment titled 50 Steps to a Healthier Newham Strategy 2024-2027. The aim of 50 Steps to a Healthier Newham is to improve health and reduce health inequalities for people of all ages in Newham. The objectives of the strategy were to drive meaningful action across the wider determinants of health, work in partnership and mobilise communities, showcase and integrate work already underway to improve health in Newham, deliver benefits to equity, climate and inclusive economy alongside health benefits, act as an advocacy tool for policies that promote prevention and health equity in Newham and beyond.

Staff told us about positive working relationships and how they worked together to identify gaps and improve services, for example, a lack of good quality housing was an issue in Newham. We heard how adult social care, housing and health worked together to support people with their health, care and housing needs identifying the impact each had both separately and holistically. Partners and leaders identified there could be improvements to the level of collaborative working and were committed to improving this to support people in a holistic way, reducing the need to 'retell their story'.

Internal teams worked well together to ensure a holistic approach to a person's care and support. There was close working with Housing and Occupational Therapy to prevent, reduce and delay people's care needs.

The local authority worked effectively with voluntary partners to achieve objectives. The local authority told us they had a good voluntary sector in the borough, and the voluntary sector was a crucial source of support for people and unpaid carers.

Arrangements to support effective partnership working

When the local authority worked in partnerships with other agencies, there were clear arrangements for governance, accountability, monitoring, quality assurance and information sharing. Roles and responsibilities were clear. Leaders used data and audits to maintain oversight of their section 75 agreements and had regular strategic meetings to discuss any concerns or best practice outcomes.

The local authority used a "total budget" approach to fund services with partners to achieve better outcomes. For example, the Better Care Fund has been used to improve hospital discharge. In adult social care, a "total budget approach" refers to a way of managing and allocating resources where the entire budget for a person's care and support needs is considered as a whole, rather than being split across different services or funding streams.

Impact of partnership working

The local authority monitored and evaluated the impact of its partnership working on the costs of social care and the outcomes for people. The local authority identified a lack of adequate, affordable long-term housing for the people of Newham and identified the impact this may have on someone with care and support needs. The Newham Living programme was devised to build, acquire, renovate or partner to develop new supported living housing. The local authority told us 109 vacancies for new homes had been created with a further 273 being developed. 75 additional vacancies had been created for "later living" houses to support older people to remain in their own home.

The Better Care Fund (BCF) was used to fund a homeless discharge social worker post to support people who were homeless and ready for discharge from hospital, supporting them to find appropriate temporary accommodation to support their health and care needs. This post was initially created for 1 year and has been in place for 6 months, there has been no analysis of this role however, leaders and partners told us they felt this role had a positive impact on homeless discharge with all people being discharged into temporary accommodation since the introduction of this post. Partners told us this had also improved readmission rates. This meant people were not going in and out of hospital unnecessarily promoting independence and wellbeing. Leaders told us there were plans in place to make the role permanent within hospital discharge processes.

Partners told us they had a good relationship with the local authority, and they were invited to relevant boards and consulted on important topics. They stated the local authority was supportive if they raised an issue. They also felt the local authority valued the voluntary sector and understood they provided services that the local authority could not provide. This meant the voluntary sector was able to support the local authority by identifying gaps and issues in the community to enable better support for people living in Newham.

Providers told us they felt listened to and respected as equals and worked with the local authority to improve services and provided their knowledge and expertise in what was needed in the community. Providers told us how the local authority worked with them during a safeguarding concern with supportive approaches which focused on how to improve the service to ensure safe care and support for people. This allowed providers to be open and honest and seek advice and support to reduce the risk of further safeguarding concerns.

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. For example, the local authority told us about supporting a local charity who provided food to people in the community by purchasing some commercial fridges to enable the charity to store and provide more food to people in Newham. The local authority also worked with the voluntary sector to distribute free vitamin D supplements to people over the age of 60. This initiative was part of the “Well Newham” program which was a joint programme with public health and adult social care. The programme aimed to support the health and wellbeing of residents. The campaign highlighted that older adults may find it harder to get enough vitamin D naturally. The local authority provided the vitamin D supplements to voluntary organisations who then handed them out to the community, the outcome of this had not been reviewed or analysed.

Feedback from partners was mainly positive. Partners told us the local authority respected their opinions and worked well together whilst other partners told us they felt communication could be improved and that increased funding from the local authority would help the voluntary sector to evolve with the community to better meet their needs.

Theme 3: How Newham 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. Risks were identified and managed proactively, and the effectiveness of these processes in keeping people safe was routinely monitored. Risk was monitored regularly, and managers and senior social workers reviewed the presenting risks in incoming referrals. Once allocated, staff would regularly monitor their caseload and risk through regularly contacting people to ensure people were waiting well.

Regular audits took place to identify risk, and actions were taken to manage risk. For example, staff told us there was an alert on their recording system that would highlight if someone had contacted the local authority at the front door for advice and guidance 3 times within the last 12 months. This ensured that people received the correct advice, care and support at the right time.

Staff told us that the waiting lists and caseload management systems were well managed. Triage and risk assessing frameworks were easy to use and provided consistency for staff and managers. There were monthly performance meetings with managers to discuss areas of concern as well as areas of good performance.

Policies and processes about safety were aligned with other partners involved in people's care journeys. There were examples of working closely with partners and how collaborative working between adult social care, health and public health and other partners meant learning was shared to meet joint goals and outcomes. For example, we heard how learning from a Safeguarding Adult Review in relation to a fire incident resulted in joint working with the fire brigade to identify fire risks in people's homes. This learning was shared with frontline staff and leaders told us this had made a positive impact with referrals from adult social staff to the fire service increasing.

Information sharing protocols supported safe, secure and timely sharing of personal information in ways that protected people's rights and privacy. For example, some staff had read only access to health records to support with hospital discharge or to prevent hospital admission.

Safety during transitions

Care and support were planned and organised with people, together with partners and communities in ways that improved their safety across their care journeys and ensured continuity in care. This included referrals, admissions and discharge, and where people were moving between services.

Feedback from people regarding the transition process was mixed we heard how the transition process worked well and that people and their unpaid carers felt included and informed in the process. However, one unpaid carer told us they did not feel included or involved and as a result their cared for person lost out on services when they turned 18 years old.

Staff told us they became involved with young people transitioning from children to adults' services from around 16 years old to ensure people had received an assessment and had care and support in place once they turned 18 years old. Staff gave examples of person-centred, strength-based support for people transitioning from children to adult services. Staff explained how they supported people to continue in education and or gain employment and worked closely with children's services to ensure a smooth transition for people transitioning from children's to adult's services. Leaders identified the process for people transitioning from children to adult services needed to be improved and had started to make improvements to support this and to ensure people were seen earlier to reduce anxiety for people and to ensure appropriate services were in place for people in a timely manner. Ensuring people had the correct information regarding adult services such as the possible cost of care to the person receiving care and support. Partners also felt improvements could be made to ensure people transitioning from children to adult services were introduced to adult services sooner. Leaders told us transitions for people from children to adult services was a priority. With the three main priorities being to review the current service provision, work better with the voluntary and community sector and to commission a "whole systems approach".

We heard how improvements had been made for people transitioning through services to ensure timely care and support and continuity of care. For example, the introduction of the homeless hospital discharge worker and the restructuring of the transitions team to include all transitions for people turning 18 years old with eligible care and support needs within adult social care and not just people with a diagnosed learning disability. The transformation of the transitions team was still underway during our assessment and therefore the local authority was unable to identify any improvements in practice this has made to date. Leaders told us they felt this would ensure that all young people moving into ASC could have a smoother transition from Children and Young Peoples Services, regardless of their primary health need. For example, mental health, sensory or physical disabilities was a timelier way of supporting people on their transition process rather than sending to different teams. This would also mean that people would receive care and support regardless of any medical diagnosis.

There were clear pathways for safe hospital discharge, including hospital discharge from mental health. People told us they were kept informed and given a choice. The local authority used the discharge to assess model to ensure people could return home before a Care Act 2014 assessment was carried out where appropriate.

The local authority had a clear process in place to protect 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 also had a process for transferring cases between internal teams. There was also a checklist to follow, which stated a manager must agree to the transfer to another team.

Contingency planning

The local authority undertook contingency planning to ensure preparedness for interruptions in the provision of care and support. The local authority knew how it would respond to different scenarios, such as a cyber-attack, loss of data, power outages, or business failures. 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. This meant people continued to receive care and support in a timely manner despite disputes over funding. Staff told us how they would work with partners to ensure people received the support they needed in a timely manner with effective communication agreeing funding quickly so not to delay care and support being put in place.

Provider failure may be caused by several factors including deregistration by regulators, termination of contracts, and loss of premises or closure due to financial pressures. The local authority told us any alternative provision would be dependent on people's needs, and they aimed to provide a service as similar as possible to the previous one. Providers told us the local authority supported them to reduce the risk of provider failure by providing regular advice and support and working with providers to improve services.

Safeguarding

Score: 3

3 - Evidence shows a good standard

What people expect

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

The local authority commitment

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

Key findings for this quality statement

Safeguarding systems, processes and practices

There were effective systems, processes and practices to make sure people were protected from abuse and neglect. All safeguarding referrals came through the Safeguarding and Independent Living Team (SAIL). The team would then screen the concern and determine whether the concern needed to be progressed to a section 42 enquiry. A section 42 enquiry is the action taken by a local authority in response to a concern that a person with care and support needs may be at risk of or experiencing abuse or neglect. The SAIL team would undertake any immediate action required to safeguard a person; all other concerns would be assigned to the relevant social work team to allocate an enquiry officer. The section 42 enquiry would then be passed on to the relevant team or allocated worker to carry out the full investigation. The local authority told us practice is overseen by a designated Safeguarding Adults Manager (SAM) who would retain overall responsibility for the progression of enquiries. Leaders told us the local authority delegated their adult safeguarding duties to the East London NHS Foundation Trust (ELFT). Leaders told us the local authority remained the lead agency and retained the safeguarding adult's manager responsibilities, while ELFT coordinated adult safeguarding enquiries for people who were under the care of the Trust.

The local authority and ELFT have an agreed Memorandum of Understanding that outlines the agreed operational procedures between the two organisations in relation to adults safeguarding concerns and Section 42 Enquiries. Leaders told us ELFT and adult social care have regular interaction and communication to ensure that adult social care has sufficient oversight and receives assurances that statutory responsibilities were being met. Monthly meetings were attended by managers in both organisations and electronic records are kept to monitor progress.

ELFT Mental Health and Learning Disabilities staff attend joint training sessions for Enquiry Officers facilitated by the local authority.

National data from the Adult Social Care Survey 2023-2024 showed 66.58% of people who use services who feel safe. This was somewhat worse than the England Average of 71.06%. 85.46% of people who use services who say that those services have made them feel safe and secure. This was similar to the England Average of 87.82%. The survey of Adult Carers in England showed 73.77% of carers who feel safe. This was worse than the England average of 80.93%.

Staff felt supported with safeguarding decisions and felt they had the correct knowledge, skills and training to carry out their work in relation to safeguarding and the deprivation of liberty safeguards (DoLs). Safeguarding training promotes an understanding of what preventative actions can be taken to reduce risks to adults. It also aids the quality of referrals made and the skills and knowledge required to investigate concerns for people with care and support needs and their unpaid carers. The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions for people who may lack the mental ability to do so for themselves.

The local authority regularly attended the Safeguarding Adults Board (SAB). The SAB consisted of several agencies including health, adult social care, voluntary sector, police and probation. This meant that safeguarding was everybody's business and supported the safeguarding process in a holistic way. Partners told us they were included in the Safeguarding Adults Board and felt supported by the local authority to understand safeguarding and ensure people's safety, including providing specialist training for partners and communicating clearly what constituted as safeguarding concern and a section 42 enquiry.

Leaders told us the local authority had dedicated staff who attend the Multi Agency Risk Assessment Conference (MARAC) and Prevent Panel and Multi-Agency Public Protection Arrangements (MAPPA) meetings and disseminate actions, intelligence and learning to appropriate staff/teams. For example, cuckooing, self-neglect and fire safety. This meeting was also attended by partners such as police and health.

There was a multi-agency safeguarding partnership, and the roles and responsibilities for identifying and responding to concerns were clear. Information sharing arrangements were in place so that concerns were raised quickly and investigated without delay. The local authority worked with the Safeguarding Adults Board and partners to deliver a coordinated approach to safeguarding adults in the area. Leaders and team managers had regular oversight of data in relation to safeguarding.

Responding to local safeguarding risks and issues

There was a clear understanding of the safeguarding risks and issues in the area. The local authority worked with safeguarding partners to reduce risks and to prevent abuse and neglect from occurring. Staff had identified domestic violence as a growing theme and requested further training and support when supporting victims of domestic violence. Staff told us they were supported by carrying out domestic violence training in order to ensure staff had the relevant skills and knowledge to support adults at risk in their role.

We heard how practice drove positive and person-centred outcomes for people. For example, we heard how housing and safeguarding worked together to reduce the risk of cuckooing. Cuckooing is a practice where people take over a person's home and use the property to facilitate exploitation resulting in them losing control of their property. The practice often involves exploiting individuals who are more vulnerable or isolated. The property may then be used for criminal activity, including drug dealing, sexual crimes and storing weapons. Staff gave an example of where they supported an older person to move from their home as they wished to re-locate following being a victim of cuckooing, staff told us how they worked in collaboration with the police and other neighbourhood teams to support the person to achieve a positive outcome which ensured the person's safety and wellbeing.

The local authority also identified an increase in needs and risks relating to drug and alcohol use. The local authority worked with public health and health partners to monitor and review risks on a regular basis. The local authority provided specialist training and support to staff to ensure they had the correct skills and knowledge to work with people living with drug and alcohol abuse. Partners were also working together to provide health advice and signposting to people who may require support in relation to drug and alcohol use.

Lessons were learned when people had experienced serious abuse or neglect, and action was taken to reduce future risks and drive best practice. The local authority had a clear Safeguarding Adults Review (SAR) protocol to support the investigation of SARs when things went wrong. Staff told us the outcomes of SARs were shared with them. Staff attended regular training sessions and learning development sessions to discuss and learn from SARs.

Staff were fully aware of the two recent SARs that had been reported and described the practice changes that were currently being discussed, and the shared learning they had received in relation to the SARs. Staff told us the SAB had four main themes, Mental Capacity, Self Neglect, Cuckooing, and Modern-Day Slavery, as these were the main concerns highlighted in Newham.

Responding to concerns and undertaking Section 42 enquiries

There were clear standards and quality assurance arrangements in place for conducting a section 42 enquiry. There was clarity on what constituted a section 42 safeguarding concern, and when section 42 safeguarding enquiries were required, this was applied consistently. There were a clear rationale and outcome from initial enquiries, including those which did not progress to a section 42 enquiry. The local authority ensured oversight through audits to ensure processes were followed. The local authority took immediate action where it needed to refer to other agencies, such as the police, or to put measures in place to make sure people were safe.

Providers spoke positively about safeguarding support from the local authority. Providers felt able to contact the local authority for advice and guidance on safeguarding concerns and felt the local authority supported them without blame to reduce risk for people.

Data provided by the local authority showed there were 245 open safeguarding enquiries in July 2025, with 84 open for more than 3 months. Staff told us the local authority's target for dealing with safeguarding enquiries was 30 days. Leaders confirmed there was no deadline to complete enquiries, this was a 'soft target' as this was a complex area, and the nature of some enquiries could take longer to address. Data provided by the local authority showed that staff did not always meet the target, the reasons for this included the complexity of the case. Staff told us data was monitored monthly, with team managers and heads of service having an oversight of enquiries allocated to frontline workers.

Relevant agencies were informed of the outcomes of safeguarding enquiries when it was necessary to the ongoing safety of the person concerned. Providers were kept informed regarding the outcome of section 42 enquiries and supported to make any improvements to practice reducing risk.

Making safeguarding personal

Safeguarding enquiries were carried out sensitively, keeping the wishes and best interests of the person concerned at the centre. Examples of how the process was person centred and gave the person the chance to make an informed choice was shared. Staff told us how they used their cultural competency and understanding of religion and faith to determine appropriate support and intervention speaking with the person and determining their understanding, wishes and needs in relation to safeguarding concerns and monitoring risk. People were given choice, advice and guidance to keep themselves safe and free from harm.

People could participate in the safeguarding process as much as they wanted to, and people could get support from an advocate if they wished to do so. People were supported to understand their rights, including their human rights, rights under the Mental Capacity Act 2005 and their rights under the Equality Act 2010 and were supported to make choices that balanced risks with positive choice and control in their lives.

National data from the Safeguarding Adults Collection showed 100% of individuals who lacked capacity were supported by an advocate, family, or friend. This was better than the England average of 83.38% and was reflective of our findings.

The local authority gained feedback from people who had received safeguarding support. Of the six people spoken with, four out of six respondents (67%) felt as safe as they wanted to be after the intervention. Five people (83%) said they had received updates, and three said the support they received met their needs. However, the local authority acknowledged through analysis of feedback that five people were not invited to meetings and four did not know who to contact if they had any questions. Only half of the people were asked what would make them feel safe. This meant the survey process was not consistent and could not build a clear picture of how people felt following a safeguarding enquiry. Leaders told us making safeguarding personal was something they wanted to continue to improve on and embed throughout practice.

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: 2

2 - Evidence shows some shortfalls

The local authority commitment

We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Key findings for this quality statement

Governance, accountability and risk management

There were clear and effective governance, management and accountability arrangements at all levels within the local authority; these provided visibility and assurance on the delivery of Care Act duties, quality and sustainability and risks to delivery and people's care and support experiences and outcomes. However, there was instability within the local authority and adult social care leadership team. The Director of Adult Social Services (DASS) had been in an interim role for the past three years, an advert for a new permanent DASS was live during our assessment. Staff and partners told us improvements had been made since the appointment of the interim DASS such as improvements in safeguarding, working on collaborative working and building relationships. Following our assessment the Chief Executive of Newham Council stepped down from their role and the Mayor of Newham has decided not to run for Mayor in the next cabinet election. Despite such changes and uncertainty, the DASS, leaders and staff remained focused on adult social care and the wellbeing and outcomes for the people of Newham.

Leaders within adult social care had clear roles, responsibilities and accountabilities. Leaders were seen as approachable and visible, and that staff could ask for advice and guidance at any time, and this was encouraged and supported.

People with lived experience were aware the local authority had made changes to improve the impact on people's care and support experiences and outcomes, for example through co-production of the Carer's Strategy and commissioning processes. People involved in the co-production groups had described them as open, honest and transparent conversations, however, some people told us they felt communication on actions taken could have been better. People, partners and staff told us the local authority really valued people and worked with the vision of improving services and the quality of life for the people of Newham. Leaders understood the diverse challenges in Newham and were passionate about improving outcomes for people.

There were clear risk management and escalation arrangements in place. These included escalation internally and externally as required. Newham's senior leadership team had a clear delegation and escalation process. Team managers and senior social workers monitored risk regularly within their teams and through data which provided regular strategic oversight to leaders.

The DASS had clear oversight of data and any issues or concerns regarding support and care for people in Newham. The Chief Executive and cabinet members had a good relationship with the DASS and felt involved and consulted about the potential risks facing adult social care (ASC). Leaders accepted and were open to scrutiny. The scrutiny chair felt able to challenge and felt their concerns and ideas were listened to and considered. These were reflected in the corporate risk register and considered in decisions across the wider council. Potential risks included recruitment and retention of staff, leaders told us how experienced staff would leave ASC due to retirement or moving borough and this would lose vital skills and knowledge within teams that was sometimes difficult to replace. The local authority tried to overcome this with a strong training and career progression package and ongoing support but understood this was an ongoing concern.

Strategic planning

The local authority used information about risks, performance, inequalities and outcomes to inform its adult social care strategy and plans, allocate resources and deliver the actions needed to improve care and support outcomes for people and local communities. The local authority had relaunched their Workforce Strategy to meet the needs of a diverse workforce. The local authority had also signed up the Workforce Race Equality Standard (WRES) to support equality within the workplace for staff from Black and Ethnic Minority backgrounds. The local authority was also finalising their new Equality Strategy at the time of our assessment. Additionally, in March 2025 a Workforce and Culture group was set up to further support staff and strengthen the ongoing equality work.

The local authority had a clear focus on independence and prevention and worked closely with Public Health and health colleagues to achieve this, supporting people in Newham to live healthier, happier lives in a holistic way.

Commissioners focused on providing a consistent, quality service across the whole of adult social care to ensure there was a joined-up, collaborative approach to meeting people's needs and achieving outcomes. The commissioning process was clear and had been co-produced with providers and people who use services to ensure it met the needs of the people in Newham. The local authority used information about risks and performance to carry out the actions needed to improve care and support outcomes for people and local communities.

The commissioners worked in specialist areas, for example, commissioning for older adults, mental health, and learning disabilities. Staff told us this helped focus on the needs of those specialist areas, making it easier to make improvements that were appropriate for people instead of a blanket commissioning approach. Staff were aware each group had their own specific needs and challenges, for example, supporting people with a learning disability to gain employment or providing care and support for people with severe mental health needs.

The local authority had close relationships, good sharing of data and clear oversight of their section 75 agreements. Partners told us they worked closely with the local authority to ensure they were meeting their contractual agreement and meeting their responsibilities under the Care Act, the DASS told us they received regular data and had regular meetings with strategic leaders in health to ensure the best outcomes for people.

Information security

The local authority had arrangements to maintain the security, availability, integrity and confidentiality of data, records, and data management systems. Strict policies and procedures were in place for staff to follow. Staff have completed relevant information security training including GDPR.

There were examples of measures in place to ensure the sharing of information remained secure and confidential. This included gaining consent from people and/or their families and clearly communicating how people's information would be used and stored use of secure electronic systems, encrypted emails, auditing, and recording calls.

There were processes in place to ensure information was shared with stakeholders securely and maintaining confidentiality. Some staff had access to health records and read-only information relating to a person, to facilitate a positive experience for people going through assessments, care planning, and review processes.

Learning, improvement and innovation

Score: 3

3 - Evidence shows a good standard

The local authority commitment

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Key findings for this quality statement

Continuous learning, improvement and professional development

There was an inclusive and positive culture of continuous learning and improvement. Local authority staff had ongoing access to learning and support so that Care Act duties were delivered safely and effectively. Staff were supported and encouraged to carry out training relevant to their roles to support practice.

Leaders worked together with staff to identify through audits any themes and trends for staff training. Quality assurance was monitored via several routes to ensure continuous learning and improvement.

Feedback from staff regarding support for continuous professional development was mixed. We heard how staff were supported to progress in their career. There were members of staff who had completed their Apprenticeship, Assessed and Supported Year in Employment (ASYE), and had been supported to progress to more senior roles if they wished to. However, other staff members felt this support was selective and was not widely offered to all staff consistently and fairly. Some staff felt middle and senior management were not reflective of the cultural diversity within Newham. We heard how the local authority had signed up to the Workforce Race Equality Standard of which the primary goal was to ensure that staff have equal access to career opportunities and fair treatment in the workplace. Leaders identified this as a priority within the workforce.

The local authority worked collaboratively with people and partners to actively promote and support new ways of working that improved people's social care experiences and outcomes. The local authority worked well with providers to ensure quality assurance and best practice for providers. There were examples of where the local authority had been approachable to providers, supported with quality assurance and provided training opportunities for the workforce to ensure good quality care. Providers told us they felt supported and respected by the local authority. Providers told us they could access training through the local authority which helped financially and ensured their staff had good quality training.

Co-production was embedded throughout the local authority's work. There were several co-production groups in place including co-production groups for a domestic abuse strategy, carers strategy, support with recruitment, housing and homelessness, commissioning and many others. Leaders told us the carers strategy had been co-produced with over 500 unpaid carers to gain their feedback and support improvements in practice, as a result the local authority had included a carer specific zone on their Well Newham website to improve access and information to unpaid carers. Feedback from people with lived experience was mixed regarding co-production dependent on the co-production work they were involved in and the need for change and improvement. People with lived experience told us they felt respected and listened to however, some people felt they were unclear what action had been taken because of the co-production work.

The local authority shared learning, best practice and innovation with peers and system partners to influence and improve how care and support was provided. Multi-disciplinary teamworking supported learning across teams and across health and social care. We heard how the local authority learnt from partners to improve practice. For example, partners worked closely as members of the Safeguarding Adults Board (SAB) to review and identify learning from Safeguarding Adults Reviews (SARS). Partners told us how learning when things went wrong had improved significantly within Newham and leaders were open to change and improved practice.

Learning from feedback

The local authority learned from people's feedback about their experiences of care and support, and feedback from staff and partners. This informed strategy, improvement activity and decision making at all levels. The local authority told us they monitored people's satisfaction following an assessment or a review and used this to improve practice. Improvements made because of people's feedback included an initiative the local authority called the "person not process" which ensured staff focused on tailoring communication to meet the needs of the person, other changes included focusing on reducing Occupational Therapy assessment times and more joint working with health partners to provide more timely and joint up support.

Staff told us how data was used from National surveys, resident advisory groups, and complaints data to shape services and to understand people's lived experience. For example, feedback from people who were homeless led to the creation of step-down services and improved pathways for people with no recourse to public funds.

The local authority had used findings from a peer review completed in June 2024 to make improvements to practice. A Practice Improvement Board was developed to identify areas of practice which needed improving, the board identified strengths-based practice as an area for improvement. Evidence of improvements made were evident throughout our assessment, staff and documents reviewed provided examples of strengths based, person centred practice.

The local authority received 110 complaints between February 2024 and January 2025. 10 out of the 110 complaints received were upheld. This was a reduction in complaints received the previous year with 117 complaints received and 17 complaints upheld. Between February 2024 and January 2025, four Adult Social Care complaints escalated to the Local Government Ombudsman (LGO) Of the four cases reviewed, two complaints were upheld due to delays in care, support, and service arrangements, while the other two were not upheld, as Adult Social Care's actions were deemed reasonable. In one upheld case, delays in both care provision and repairs were identified, while another highlighted delays in assessing social care needs, providing carer support, and approving funding for day services. There were processes to ensure that learning happened when things went wrong, and from examples of good practice. Leaders encouraged reflection and collective problem solving. Staff could speak with their team, their manager and leaders openly and honestly and gain advice and support both formally in supervision and informally.
