



Adults, Wellbeing and Health Overview and Scrutiny Committee

Date **Friday 3 February 2023**
Time **9.30 am**
Venue **Committee Room 2, County Hall, Durham**

Business

Part A

**Items during which the Press and Public are welcome to attend.
Members of the Public can ask questions with the Chairman's
agreement.**

1. Apologies for Absence
2. Substitute Members
3. Declarations of Interest, if any
4. Any Items from Co-opted Members or Interested Parties
5. Adult Social Care Update - Report and presentation by Jane Robinson, Corporate Director of Adult and Health Services (Pages 3 - 50)
6. Shotley Bridge Hospital Project Update - Presentation by Richard Morris, Associate Director Lead, County Durham and Darlington NHS Foundation Trust (Pages 51 - 62)
7. County Durham GP Appointments - Presentation by Colin Stephenson, Head of Primary Care (County Durham) North East and North Cumbria Integrated Care Board (Pages 63 - 72)
8. Quarter 2 Forecast of Revenue and Capital Outturn 2022/23 - Report of the Corporate Director of Resources (Pages 73 - 80)

9. Quarter 2 2022/23 Performance Management Report - Report of the Corporate Director of Resources (Pages 81 - 98)
10. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration

Helen Lynch
Head of Legal and Democratic Services

County Hall
Durham
26 January 2023

To: **The Members of the Adults, Wellbeing and Health Overview and Scrutiny Committee**

Councillor P Jopling (Chair)
Councillor J Howey (Vice-Chair)

Councillors V Andrews, C Bell, R Charlton-Lainé, I Cochrane, R Crute, K Earley, O Gunn, D Haney, J Higgins, L A Holmes, L Hovvels, C Kay, C Lines, C Martin, S Quinn, K Robson, A Savory, M Simmons and T Stubbs

Co-opted Members: Mrs R Gott and Ms A Stobbart

Co-opted Employees/Officers: Healthwatch County Durham

Contact: Joanne McCall Tel: 03000 269701

**Adults, Wellbeing and Health Overview
and Scrutiny Committee**

3rd February 2023

Adult Social Care Update Report

Ordinary Decision



Report of Corporate Management Team

Jane Robinson, Corporate Director Adult and Health Services

Councillor Chris Hood, Portfolio Holder for Adult and Health Services

Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 To update Adults, Wellbeing and Health Overview and Scrutiny Committee on current issues impacting on the Adult Social Care service in County Durham.

Executive summary

- 2 The profile of the Adult Social Care workforce and the demands upon and the delivery of services have significantly changed compared with pre Covid-19 pandemic.
- 3 There are a number of significant changes ahead for the service including some key legislative/ policy changes.
- 4 These changes include:
 - Social Care Charging Reforms
 - Introduction of a national quality assurance framework for local authority Adult Care services by The Care Quality Commission (CQC)

- Amendments to the Mental Capacity Act (2005) which will replace Deprivation of Liberty Safeguards with Liberty Protection Safeguards
 - A refreshed national Adult Social Care Outcomes Framework.
- 5 As well as managing changing demand on the service (including increased complexity in need and a changed demographic), implementation plans are currently in place in relation to each of these key drivers, as well as responding to other changes in demand across adult care.

Recommendation(s)

- 6 Adults, Wellbeing and Health Overview and Scrutiny Committee is recommended to:
- (a) note the contents of this report and to receive a further update report in 6 months.

Background and Context

- 7 **General service level data.** Adult Social Care services in County Durham currently support 22,539 people who need and are eligible for support (*correct as at 17 January 2023*).

People who access our services
<p>22,539 individuals</p> <p>10,273 open cases in older persons/ physical disabilities/ sensory support services (7,423 with care & support provisions)</p> <p>2,404 open cases in integrated learning disabilities services (1,740 with care & support provisions)</p> <p>8,504 open cases in integrated mental health services (482 with care & support provisions)</p>
Workforce
<p>1030 total staff in Adult Care workforce</p> <p>278 in older persons/ physical disabilities/ sensory support service</p> <p>128 in integrated learning disabilities service</p> <p>103 in integrated mental health service</p> <p>119 in safeguarding, access & practice development service</p> <p>31 in operational support</p> <p>370 in County Durham Care and Support (in-house provider)</p>
Budget
<p>£391M AHS gross expenditure</p> <p>£254M AHS gross income</p> <p>£137M AHS net expenditure</p> <p>Of the above, £187M is spent on independent sector care provision</p>

- 8 The aims of the service are to:
- a) support adults to regain or maintain independence.
 - b) ensure vulnerable adults who are at risk of abuse, harm or neglect are safeguarded.
 - c) improve people's wellbeing and help them achieve outcomes.
 - d) prevent unnecessary admissions into hospital or other forms of 24hr/ long term care.
 - e) prevent, reduce, and delay the demand for formal adult social care support.
- 9 This is achieved by:
- a) providing individuals with lower level needs the advice, information, and support to self-manage and retain independence for as long as possible.
 - b) providing individuals with higher level needs short term services with a focus on enabling the person to regain some independence.
 - c) assessing and meeting longer term needs once the person is at their optimal level of functioning and where all other options have been explored.
 - d) making enquiries and undertaking investigations in situations where potential abuse is suspected.
- 10 The service benefits from strong regional relationships with other Local Authorities via the North East Association of Directors of Adult Social Services Network (ADASS) and North East Adult Principal Social Workers Network. Within these networks, collaboration is underway to further develop a number of key areas of focus including workforce, support to carers, technology enabled care, equality and diversity issues and quality assurance.
- 11 Adult Social Care operates within a complex legislative framework, and there are a number of key national policy drivers due for implementation in 2023:
- a) The Health and Care Bill 2022 will bring about 2 significant changes:
 - (i) amendment to the Care Act (2014) to implement Adult Social Care Charging Reforms.

(ii) introduction of a new assurance framework which will include an independent assessment of local authorities' delivery of adult care functions by the Care Quality Commission.

b) Amendments to the Mental Capacity Act (2005) which will replace existing Deprivation of Liberty Safeguards with new Liberty Protection Safeguards.

12 Despite the Department for Health and Social Care offering local authorities the option of applying Care Act easements during the pandemic where they would struggle to deliver on some of their key functions, Durham County Council Adult Social Care Service continued to operate a full care management and care co-ordination service throughout the pandemic.

13 The service presents regular assurance reports to Durham Safeguarding Adults Partnership (including throughout the pandemic period) regarding quality and availability of the Adult Care service to the public and users of our services.

14 Reflecting a national trend, recruitment and retention are significant issues for the service at present, and the workforce currently has high turnover and absences compared with the averages over the last 4 years.

Rolling year workforce data			
Quarter 3	Sickness % Time Lost	Average Working Days Lost	Turnover %
2022/23	5.65%	14.13	10.38%
2021/22	5.20%	13.11	10.36%
2020/21	5.51%	14.00	8.88%
2019/20	4.85%	12.28	5.50%

15 Significant staff turnover has been experienced as the service comes through the pandemic period. This has resulted in losses of experienced workforce. Experienced staff and managers have left the service, and those replacing them include high levels of newly qualified and inexperienced staff. This trend is not unique to County Durham and is an illustration of the pressure faced across the adult social care sector.

16 Currently, 51.30% of Durham's Adult Care workforce are over 50 years of age and 13.63% are over the age of 60. This is an influencing factor

as more staff have chosen to retire from their roles early as we have emerged from the pandemic.

- 17 Such turnover impacts on service quality and continuity. Consequently, the service has recently undertaken audit work to understand this further and to inform its current and planned service development activity.
- 18 Competitive salaries, hybrid working models that afford greater flexibility, and rationalising the amount of work-related travel due to cost-of-living pressures are factors that have resulted in greater numbers of staff moving between jobs across the region.
- 19 Many of the service's quality assurance processes were temporarily scaled back during the pandemic response period. As health and social care work through a recovery period, a revised quality assurance strategy has been implemented which includes:
 - a) enhanced quality assurance activity to triangulate data and evidence already known, with feedback from frontline practitioners and managers, peer review activity, and feedback from service users and carers.
 - b) a more robust approach to recording and acting upon lessons learned from case reviews, and monitoring impact on direct social work practice.
 - c) making use of real-time data in Business Intelligence dashboards to highlight performance issues at an earlier stage, undertaking detailed analysis where required and developing actions to improve performance. This work directly feeds into a Service Improvement Plan. Adult Care are currently working with corporate ICT colleagues to pilot the use of new (intelligent-i) software to support this work.
- 20 The Covid-19 pandemic and Adult Services' response to the challenges it brought have also changed social care professional practice with adults in several ways, including the acceleration of 'digital practice' models, and a refreshed acknowledgement of the need for trauma informed approaches – not only in relation to work practices with adults, but also how staff care responsibilities are approached.
- 21 Tools to better measure complexity in adult care caseloads are currently being developed. Due to the multi-faceted nature of the core business these are likely to be beneficial as a guide only. Professional feedback from frontline operational teams suggests that the service has seen an increase in complexity and level of need in users of our services. Certainly, operational teams are experiencing sustained levels of

pressure. This is also supported by national commentary, including through regular surveys undertaken by ADASS.

- 22 Increasing demands on social care are result of several factors, including;
- a) The legacy of the pandemic, where the standing down of elective surgery has resulted in a progression of health/care needs.
 - b) The cost-of-living crisis which is impacting on mental and physical health and contributing to a range of growing complex social challenges. Similarly, there has been a significant increase in mental health presentations and a higher prevalence of hospital discharge referrals and of elderly patients leaving hospital with pre-existing social care needs.

23 In response to how strongly they agreed with the following statement in the latest national Local Government Association (LGA) annual Social Work Health check survey – “I have experienced an increase in severity of need in people being referred to me and/or my team” – Durham Adult Care staff scored this 86 out of 100 (i.e., a significant proportion of staff who responded to the survey agreed or strongly agreed with the statement). This experience is mirrored regionally and nationally within LGA Health check narrative feedback which includes:

- “workloads are undoubtedly increasing and feel more complex due to the issues on the ground we are facing currently”
- “workload is often dependent on the amount of workflow and staffing which means it’s not always possible to have a manageable workload”.

A number of factors are contributing to this, including higher staff turnover; people delaying in asking for help during the pandemic; increased prevalence of mental health; increased social isolation and loneliness; increased pressure and demand on NHS provisions. This complexity is extremely challenging to manage, the workforce is under considerable and sustained strain, it is showing signs of fatigue, and resources are increasingly stretched.

24 In the most recent national Social Work Health Check survey undertaken in Dec 2021/January 2022, 115 DCC adult social care staff responded to the survey, this equates to c.20% of the eligible staff cohort. The outcome of which rated their employer as **good** against all 8 national standards for employers of social workers for the second year running.

25 The 8 standards are:

- a strong and clear social work framework
- effective workforce planning systems
- safe workload and case allocation
- wellbeing
- supervision
- continuous professional development
- professional registration
- strategic partnerships.

26 Despite the obvious pressures, this is a sign of a positive working culture.

27 In response to the changing profile of the workforce, and the complexity in casework, the service is rolling-out a programme of service improvement which will continue into the Spring of 2023. This started in October 2022 with a 'Practice Reset', refreshing baseline standards, and ensuring all staff and managers are aware of these. To support this work, a casework toolkit has been launched for frontline adult care practitioners covering specific practice areas outside of their everyday interventions. This is to be complimented by delivery of a robust series of events around the theme of managing risk where practitioners will be invited to improve or consolidate their existing knowledge and skills in relation to risk analysis and risk management, including positive risk taking and its impact of people's wellbeing and personal autonomy.

28 The vision for Adult Care has recently been refreshed to reflect the national vision for adult social care, and in conjunction with the new AHS service plan. The Adult Care Vision is to:

Ensure adults with care and support needs and their carers receive the care and support they need, when they need it, to support them to live the lives they want.

In order to achieve this, there is a focus on our three key themes of **prevention, choice and control**, and **quality assurance**.

29 Over the next 12-24 months, the service will be required to respond to the implementation of at least two key national policies (as well as some other changes in adult social care):

- Care Quality Commission Assurance Framework.

- Mental Capacity Act amendments which will implement new Liberty Protection Safeguards.

These are significant changes, and each requires its own robust implementation programme, significant resources, robust communications plan, and appropriate learning and development for the officers involved.

- 30 Until the autumn statement announcement on 17th November, the service was working toward the implementation of the Social Care Charging reforms. The government has now pushed this back until October 2025 at the earliest.
- 31 The autumn statement has also resulted in government taking funding from care reforms and fair cost of care implementation and transferring to a Social Care Grant which can be utilised for adult and children social care. Nationally this equates to:
- £1.3 billion in 2023/24 and a further £600 million in 2024/25 bringing total to £1.9 million.
 - Extra £640 million nationally for local govt in 23/24 and a further £440 million in 2024/25 bringing total to £1.08 billion to support early discharge from hospital. Funding via BCF and a new specific grant for adult social care.
 - Ability to increase council tax by 2% for an adult social care precept in 23/24 and 24/25.
- 32 Implications of the remaining key strategic drivers, and updates on other strategic priorities are set out below.

CQC - Assurance Framework for Local Authorities delivery of Adult Social Care

- 33 From April 2023 onwards, the Care Quality Commission (CQC) will re-introduce an assurance framework for local authority Adult Social Care services. It is anticipated that this will take the form of inspection.
- 34 The national assurance framework is based around the 5 Key Lines of Enquiry currently used by CQC for social care provider services and NHS services i.e. It will seek assurance on whether our services are:
- Safe

- Effective
 - Well led
 - Caring
 - Responsive to people's needs
- 35 CQC will look at evidence including data collection; narrative in a self-assessment document where it will gauge the service's understanding of its own strengths and weaknesses (including what plans it has in place to address its weaknesses); perceptions of leaders, managers, and staff; perceptions of our partners; perceptions of users of our services.
- 36 The CQC will collate evidence and focus its interrogative enquiries around 4 key themes:
- **Working with people** – assessing needs, supporting people to live healthier lives, prevention, wellbeing, information, and advice.
 - **Providing support** – markets (including commissioning activity), integration and partnership working.
 - **Ensuring safety** – safeguarding, safe systems, continuity of care.
 - **Leadership** – governance, learning, improvement, innovation.
- 37 As part of our approach to quality and assurance within Adult and Health Services a corporate Oversight and Assurance group chaired by the Chief Executive and involving the Corporate Management Team, and a service-based Quality Assurance Board chaired by the Corporate Director, Adult and Health Services have been established. Part of their remit is to oversee Quality and Innovation Leadership Team Meetings, a Self-Assessment Writing Group, and Inspection Preparation Group.
- 38 Our Quality Assurance Strategy is currently being refreshed. The service is working closely with its partners who are already subject to regular inspection including Tees, Esk and Wear Valley NHS Trust, County Durham and Darlington Foundation Trust, Children and Young Peoples Services, and also our own in-house provider to enhance our understanding of how they co-ordinate their response to inspection.
- 39 A programme of service improvement activity is in progress for the rest of the current financial year including staff and manager sessions with the senior leadership team (see point 26).

- 40 The Performance Management Framework has been reviewed and the senior leadership team uses this to focus in on specific areas requiring further interrogation. 'Impact Statement' proformas are used to frame the key line of enquiry and to provide a framework to ensure consistency in developing the understanding of issues and in setting improvement actions, then monitoring those actions.
- 41 To ensure the service's public-facing information remains accessible and complies with the requirements of the Care Act, work is being undertaken with corporate communications and ICT colleagues to update and refresh the Adult Care pages on the council's website.
- 42 Work has started to remodel the approach to service user and carer engagement to ensure that the voices of users of our services are integral to our service improvement work. Using the principles within the corporate co-production toolkit, an Integrated Involvement Strategy has been developed (led by our Integrated Commissioning Service).
- 43 An annual Self-Assessment document has been prepared. This document, read together with an extensive evidence-base gives some narrative context to the services performance data across the 4 key CQC themes referenced at point 34. It highlights what we do well, where our areas for development are and what our improvement plans aim to achieve over the next 12 months. It also gives a summary of what the leadership team understands about the successes/ areas for improvement in each of the key areas as well as the perceptions of the frontline workforce, and our service users and carers.
- 44 As a member of the regional ADASS group focussing on assurance-readiness, Durham County Council agreed to be the first to submit its Self-Assessment as part of an annual conversation with an ex-Director of Adult Social Services. This took the form of a peer-led review and in September 2022, the senior leadership team spent a half day engaged in this activity.
- 45 Rigorous professional challenge was applied across various areas of the overall evidence submitted and a findings report was shared with the group.
- 46 The table below summarises the high-level findings.

Good Practice	Areas for Development
Theme 1: Working with People	
<ul style="list-style-type: none"> • Comprehensive co-production framework • Effective reablement offer • ‘Proud track record of effective partnership working’ • Relative high satisfaction from survey findings. • Some good audit results • hospital discharge assessments prioritised • Strong integrated health and social care foundations 	<ul style="list-style-type: none"> • A programme of engagement/ co production/ user survey activity • A risk assessment matrix/ algorithm to improve assurance over casework backlogs • Caseload data • Refreshed audit schedule and methodology • The demonstration of how integration is making a difference • Improve info to public offer, including Locate, website • Strength based practice
Theme 2: Providing Support	
<ul style="list-style-type: none"> • The investment in Supported Living and Extra Care • Levels of engagement concerning Fair Cost of Care • Work with providers during the pandemic • In house CQC ratings and recognition of benefits of retaining some provision. 	<ul style="list-style-type: none"> • The model/ prevalence of reablement provision • The domiciliary care and direct payment offer • Further development of outcome-based commissioning methodologies (residential and domiciliary care) • Signposting to the Voluntary & Community Sector • Relationship development with care sector

Theme 3: Ensuring Safety

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| <ul style="list-style-type: none"> • Support for individuals lacking capacity during safeguarding episodes • Recognition of where investigative work to improve practice is needed • Clear signposting on the Safeguarding Adults Board (SAB) website • Community reference group and expert by experience input at SAB • The outcomes from LGA SW health check- 'good' across all 8 standards | <ul style="list-style-type: none"> • The low concern to enquiry ratio from the police • Clarity on pathways across safeguarding interventions • The potential quality differential across areas of adult protection • The completion of tasks within the system • Some gaps in data |
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Theme 4: Leadership

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| <ul style="list-style-type: none"> • Level of NHS investment • Level of operational integration • Influential system leadership & jointly appointed senior posts • Our relative Integrated Care System journey • 'Effective partnership working with strong foundations' • AHS Workforce Development Strategy and its associated successes • Prominence of staff Mental Health, wellbeing, and resilience throughout the service • The Care Academy successes • Staff engagement | <ul style="list-style-type: none"> • 'Adult social care as a corporate priority' • The read across from corporate docs/ priorities to AHS delivery • Clear set of objectives with the VCS (an outcome framework) and visibility of effectiveness • Improving data quality to support informed decision making • Quarterly reporting, including reasons why staff leave the service • Supervision rates in Mental Health services • Improve reported evidence of the difference integrated care delivery makes |
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| <ul style="list-style-type: none">• Comprehensive Data Insight Reports about performance | |
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47 The next steps will be to shape a service improvement plan based around these findings, and to continue with the service's practice improvement programme. This includes the implementation of a refreshed quality assurance strategy, and the commencement of CQC assurance preparation work with staff in advance of direct case file evaluations and interviews with inspectors.

Implementation of Mental Capacity Act amendments including Liberty Protection Safeguards

48 Deprivation of Liberty Safeguards are a key part of the Mental Capacity Act (2005), and provide a robust process for ensuring that any adult who is unable to make their own significant decisions regarding where they should live or how their care and support needs should be met are - where it is necessary for their own safety and protection – appropriately deprived of their liberty in order to have their care and support needs met, either within a care home or acute hospital setting, or within their own home or other community supported living arrangement. Specialist assessments must be carried out by qualified Best Interest Assessors to ensure that all other least restrictive options have been explored and that the person has access to adequate representation.

49 Currently, the Local Authority acts as the authorising body for any deprivation of liberty in care homes or acute hospital settings (unless the decision to deprive the person of their liberty is contested), whilst any authorisations of deprivations of liberty in community settings, as well as any contested cases must be via a court order from a judge in the Court of Protection.

50 Most of the deprivation of liberty referrals relate to adults in care homes and the process for authorisation is fairly streamlined. However, for contested decisions and all community cases, additional work is required by social work staff who must prepare witness statements and other supporting evidence for court hearings.

51 Changes to be implemented in 2023 - when, as part of Mental Capacity Act (2005) amendments, Liberty Protection Safeguards will replace the current Deprivation of Liberty Safeguards - will see more responsibilities for “necessary and proportionate” assessments becoming part of mainstream social work assessments, and the introduction of Approved

Mental Capacity Professionals to undertake more complex assessments.

- 52 Although the changes should ultimately lead to reduced numbers of referrals into the court of protection, there will be significant retraining requirement for social work staff, a minimum 'awareness' training for the rest of the workforce and redesign work in the current case recording system.
- 53 As of 17 January 2023, there were 1,432 adults within eligible social care needs in Durham who are subject to Deprivation of Liberty Safeguards (DoLS). The DoLS service in Durham have a number of outstanding applications (like many other local authorities since a benchmark case in 2014 – known as the Cheshire West Judgement - established a low threshold for what constitutes a deprivation of liberty and substantially changed practice in this area of adult social work). After this change in 2014 there was a 10-fold increase in referrals into our DoLS Team without a significant increase in the staffing of the service.
- 54 There were 837 outstanding DoLS applications in Durham at the end of December 2022, of which 44% are currently progressing through the assessment process.
- 55 Since 2014, work has taken place with Legal Services colleagues to risk-assess the managed backlog and a robust screening system is in place in the team. The risks have been deemed as low, as these adults are typically in a place of safety in residential or nursing care, not challenging placement decisions or actively asking to or trying to leave. Higher risk or complex cases are prioritised for assessment.
- 56 Due to the significant changes in the Mental Capacity Act amendments expected to be implemented in 2023, Local Authorities are refocussing their efforts on reducing backlogs to minimise risk of additional work when the changeover in frameworks for managing these cases occurs.
- 57 A Project Board, chaired by the Head of Adult Care was established in January 2022 to oversee the management of the backlog. Data and Systems and Performance colleagues have overseen significant improvement in breaking down the performance and associated issues.
- 58 £550K additional resource has been made available (£150K in 2021/22 and £400K for 2022/23) to manage the volume of work required to address the backlog. Extensive use of independent Best Interest Assessors (BIAs) is being made and 3 additional temporary BIAs have recently been appointed to the in-house team. Other local authorities will also be trying to address their backlogs ahead of the Mental Capacity Act amendments expected to be implemented next year, and

there is limited availability of potential candidates with the specialist skills and qualification.

- 59 We continue to do everything we can to reduce the backlog as far as possible prior to the implementation of new legislation – including training more existing staff in this specialist area of practice and pursuing further temporary recruitment episodes.

Other issues affecting the service currently

- 60 **Recruitment and retention** remain a significant challenge in the service, with current turnover and vacancy rates further impacting on capacity and performance (see point 15). This mirrors the national picture affecting the social work workforce.
- 61 The new [AHS Workforce Strategy](#) and specific action plans for each part of the service outline the intentions to further strengthen career pathways for existing staff, and the services focus on succession planning.
- 62 The service works very closely with Payroll and Employee Services and corporate People and Talent Management colleagues to regularly monitor the recruitment issues and have recently created a new temporary post to focus specifically on the immediate recruitment needs of the service. Corporate Human Resources continue to support with work already ongoing.
- 63 Recruitment and retention issues in the social care sector are not specific to adult services. Where practicable the service therefore works closely with Children and Young People's Services to consider joined-up approaches. This includes sharing approaches to workforce development strategies, digital learning, and development platforms, and working together to consider opportunities to raise the profile of social work in Durham by using events such as the annual World Social Work Day (in March) to showcase good practice, continuing professional development and career pathways offers to social work staff.
- 64 **Self-neglect and hoarding cases.** The service has seen an increase in, self-neglect and hoarding possibly due to the increased prevalence in mental illness. Self-neglect became a formal category of abuse with the introduction of The Care Act (2005) and requires a structured and co-ordinated response from skilled professionals using a multi-agency approach, trauma-informed approach.
- 65 Self-neglect and hoarding are recurring themes in national Safeguarding Adults Reviews.

- 66 7% of all safeguarding adult concerns in County Durham feature self-neglect and it is now the joint third most prevalent category of abuse (after physical abuse and neglect/acts of omission).
- 67 Much self-neglect/ hoarding behaviour stems from past trauma, adverse childhood experiences, Post Traumatic Stress Disorder, bereavement, illness, or addiction. Effective social work with adults who self-neglect requires a specific skill set and a longer term more in-depth approach to build trusting relationships, using trauma-informed approaches.
- 68 This is a growing area of work the service is responding to, requiring a robust new training programme to embed trauma informed practice. Additional resource was secured to bolster the County Durham Care and Support, Support & Recovery Service to provide an effective intensive response where it is needed, and it's new Breakthrough service launched on 16th January 2023.
- 69 **Health and Social Care Integration.** The Health and Care Act 2022 received Royal Assent on 28 April 2022. The Act includes provisions to strengthen health and care integration which the Government set out in more detail in the Integration White Paper (February 2022).
- 70 Cabinet agreed on 14th September 2022 that health and care partners should work towards a Joint Committee which will be co-produced with the Integrated Care Board; operate in 'shadow form' from October 2022; and be fully operational from April 2023.

The Council has a strong track record in integrating health and care services over many years. In 2018, the Council and Partners formed the County Durham Care Partnership (CDCP) which brought people and organisations together to organise and deliver care closer to home through new paradigms which improve service delivery and provide better care. The Partnership's shared vision is "To bring together health and social care and voluntary organisations to achieve improved health and well-being for the people of County Durham".

- 71 To date the Partnership has:
- integrated Adult Care and NHS Community Services and formed stronger working relationships with primary care.
 - sustained integrated teams in Mental Health and Learning Disabilities services.
 - progressed integration through an Integration Programme.

- made joint appointments with health partners in Commissioning and Adult Social Care and Community Services
- revised the CDCP structures in April 2021 in anticipation of changes in the Health and Care Act 2022.

The Adult Care service is part of an Integration Programme working across 12 operational areas to:

- Streamline services to make access easier for service users.
- Share resources especially the skills of our workforce and the finance available.
- Prevent needs becoming more acute through early intervention.

Of note has been the work undertaken with the NHS on improving Occupational Therapy, working collaboratively on hospital discharge, and setting up an Urgent Community Response Service.

- 72 The local authority's longstanding partnership with Tees, Esk and Wear Valley (TEWV) NHS Trust supports our multi-disciplinary approach to supporting the needs of adults with learning disabilities or mental illness. The trust has recently undergone an organisation wide restructure including in the senior leadership team, and new strategic relationships are developing. It is recognised by both organisations that there are significant operational challenges – both having launched new case management systems within the last 18 months, growing pressure on psychiatric wards, a rising numbers of mental health presentations, appropriate and proportionate community provision and managing crisis response.
- 73 The local authority and TEWV's integrated leadership team are committed working in partnership to develop service delivery and general practice to support integrated teams, managers, and practitioners to work effectively; in a co-ordinated way to achieve improved outcomes for service users.
- 74 A new role – integrated with TEWV - has been created and it is anticipated that this officer will work with the Director of Integrated Community Services and the Head of Adult Care to further progress the integration programme within mental health and learning disabilities services.
- 75 **A refresh of the national Adult Social Care Outcomes Framework (ASCOF)** is to be implemented soon and this will directly impact on the services performance monitoring and reporting systems.

- 76 ASCOF is a national data reporting set which measures how well care and support services achieve the outcomes that matter most to people. The ASCOF is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability. The Department for Health and Social Care is leading on a refresh of the framework.
- 77 It is anticipated that the refreshed framework will:
- Better measure what people value in their lives in terms of independence and wellbeing.
 - Measure the impact of local authorities' adult social care functions in meeting those policy objectives of the Care Act currently omitted from ASCOF, for example: the effectiveness of commissioning in driving a high quality, sustainable care market, and how well a local authority prevents the need for adult social care, the escalation of people's needs (demand management) and wellbeing.
 - Include a more balanced set of health and social care indicators including what happens to people before/ after they leave hospital.
 - Better measure efficiency and effectiveness of the use of resources by local authority adult social care functions.

Conclusion

- 78 Nearly three years on from the onset of the Covid-19 pandemic, the service finds itself in a position where:
- the workforce has changed significantly (including levels of skill and experience across the staff and managers).
 - social work practice itself has changed significantly with increased use of digital communications and proportionate face-to-face interactions.
 - remote working has altered opportunities to learn directly from peers and inductions into the service and student placements are different to previous experiences and therefore consistency and quality may have been impacted in some areas.
- 79 The service is operating at full capacity with 'business as usual' levels of referrals but service users experiencing increasing levels of complex needs. Over a decade of austerity has significantly contributed to case work becoming increasingly complex as community infrastructure has

retracted. Rising numbers of hospital discharge and safeguarding referrals and work requiring trauma informed responses contribute to a system under considerable pressure.

- 80 The resilience and dedication of staff is to be commended. They continue to make such a difference in their support to some of our most vulnerable and disadvantaged adults; by ensuring their rights are upheld and their social care needs are addressed.
- 81 General customer satisfaction rates remain good - 64.5% of service users report being extremely or very satisfied with the care and support services they receive. This is comparable to the NE figure of 65.3% and the national figure of 63.9%. Numbers of complaints into the service remain relatively low (79 in the year 2021-22, with 32% of them not upheld).
- 82 The adult social care landscape continues to change due to demographic and societal changes, and in response to national policy drivers.
- 83 The service is as prepared as it can be for the introduction of a number of major national changes in adult social care delivery and monitoring, despite these posing major strategic and operational challenges and requiring significant resource to implement.
- 84 We continue to prioritise the visibility and accessibility of our supportive leadership team and maintain a strong focus on staff wellbeing and resilience and workforce development.
- 85 [Feedback from recent Head of Service staff engagement sessions](#) and Adults and Health Service Roadshows indicates that staff feel engaged and supported by the senior leadership team.
- 86 Our in-house CQC regulated care providers consistently achieve positive outcomes from their annual inspections. Of our three regulated adult social care provisions, 2 are rated as 'outstanding' and 1 as 'good'.
- 87 Initial findings from the recent annual conversation have supported the service's focus on learning from performance data and feedback from staff, managers, and service users, as well as consolidating understanding of what works well in Adult Care in Durham.
- 88 Despite the challenges that lie ahead, the service is in a good position to reset social care practice following the impacts of the pandemic and establish new baselines and quality assurance models moving towards annual inspection, social care reform and other key pieces of national policy/ legislative change over the next couple of years.

Background papers

- None

Other useful documents

- None

Author(s)

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Appendix 1: Implications

Legal Implications

The service must ensure it is compliant with all legislative frameworks, and responsive to change as these are amended. All staff must be supported with legal literacy relevant to their social care roles. Without this, the authority is at risk of reputational damage and litigation.

Finance

Additional resources have been secured to support the anticipated changes and further scoping work is underway in relation to Social Care charging reform and LPS implementation.

Consultation

Consultation Advisory Group will be engaged in any public consultation if required in relation to the impending changes.

Equality and Diversity / Public Sector Equality Duty

N/A – all service user groups affected. Equality Impact Statements undertaken.

Climate Change

N/A

Human Rights

Human Rights are upheld by the application of existing legal frameworks – The Care Act (2014), The Mental Capacity Act (2005) and the Mental Health Act (1983).

Crime and Disorder

N/A

Staffing

Further resource secured to support planning & modelling stages and eventual implementation of the changes detailed within this report. No existing contracts will be affected.

Accommodation

N/A

Risk

Risk of reputational damage and litigation if the service is not redeveloped appropriately to meet the policy and legal changes planned. This is managed within the corporate risk register.

Procurement

N/A

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Adults, Wellbeing and Health Overview and Scrutiny

Adult Social Care: An overview

February 2023

Refreshed vision for Adult Social Care

“Ensure adults with care and support needs and their carers receive the care and support they need, when they need it, to support them to live the lives they want.”

Annual Budget

- Made up of:
 - Grants
 - Better Care Fund
 - Joint monies with NHS for integration
 - Service user contributions
 - Council tax/ business rates/ rents and other charges
-
- **£391M** AHS gross expenditure
 - **£254M** AHS gross income
 - **£137M** AHS net expenditure
 - Of the above, **£187M** is spent on independent sector care provision

People we support

Currently supporting over 22,500 adults in County Durham with a wide range of social care needs:

- Age related frailty
- Physical disabilities
- Learning disabilities
- Mental Health
- Substance misuse issues
- Sight or hearing impairment
- Brain injury
- Prisoners with social care needs
- Those who have caring responsibilities for other adults with social care needs.

Older persons /
physical disabilities
/ sensory support
needs

10,273 open
cases

7,423 in
receipt of care
& support
provision

People with
learning disabilities

2,404 open
cases

1,740 in
receipt of care
& support
provision

Adults with mental
ill health

8,504 open
cases

482 in receipt
of care &
support
provision

Service aims

- support adults to regain or maintain independence
- ensure vulnerable adults who are at risk of abuse, harm or neglect are safeguarded
- improve people's wellbeing and help them achieve outcomes
- prevent, reduce, and delay the demand for formal adult social care support
- prevent unnecessary admissions into hospital or other forms of 24hr/ long term care

Integrated working with health partners

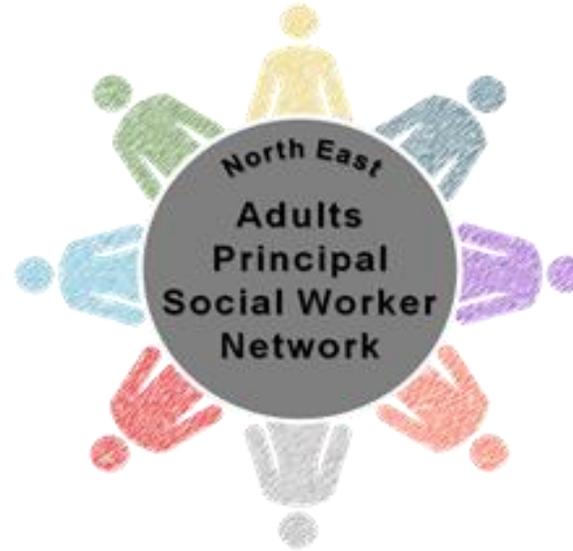


North East and
North Cumbria



Tees, Esk and Wear Valleys
NHS Foundation Trust

Regional collaboration



Our Workforce

1030 total staff in Adult Care workforce

278 in older persons/ physical disabilities/ sensory support service

128 in integrated learning disabilities service

103 in integrated mental health service

119 in safeguarding, access & practice development service

31 in operational support

370 in County Durham Care and Support (in-house provider)

Current workforce challenges

Sickness absence

- Higher than average sickness absence rates
- 5.65% time lost in last quarter
- Average working days lost = 14.13

Turnover

- 10.38% turnover in last quarter – nearly double what it was 4 years ago
- Higher than average vacancy rates

Ageing workforce

- 51.3% of staff over age of 50
- 13.63% over the age of 60

Experience

- Increase in proportion of newly qualified staff and supervisors
- Challenge to manage complex casework and consistent practice standards
- Lack of experienced candidates for jobs

Main legislative frameworks

Care Act
(2014)

Mental
Capacity Act
(2005)

Mental Health
Act (1983)

Human Rights
Act (1998)

Page 38 Impending legislative change

- The Health and Care Bill 2022 will bring about 2 significant changes:
 - amendment to the Care Act (2014) to implement Adult Social Care Charging Reforms (now delayed until 2025).
 - introduction of a new assurance framework which will include an independent assessment of local authorities' delivery of adult care functions by the Care Quality Commission.
- Amendments to the Mental Capacity Act (2005) which will replace existing Deprivation of Liberty Safeguards with new Liberty Protection Safeguards.

National Quality Assurance Framework

5 Key Lines of Enquiry

- Safe
- Effective
- Well led
- Caring
- Responsive to people's needs

Evidence and enquiry based around 4 key themes

- **Working with people** – assessing needs, supporting people to live healthier lives, prevention, wellbeing, information, and advice.
- **Providing support** – markets (including commissioning activity), integration and partnership working.
- **Ensuring safety** – safeguarding, safe systems, continuity of care.
- **Leadership** – governance, learning, improvement, innovation.



Annual Conversation Feedback: Theme 1 – Working with People

Page 40

Good Practice

- Comprehensive co-production framework
- Effective reablement offer
- ‘Proud track record of effective partnership working’
- Relative high satisfaction from survey findings.
- Some good audit results
- hospital discharge assessments prioritised
- Strong integrated health and social care foundations

Areas for Development

- A programme of engagement/ co production/ user survey activity
- A risk assessment matrix/ algorithm to improve assurance over casework backlogs
- Caseload data
- Refreshed audit schedule and methodology
- The demonstration of how integration is making a difference
- Improve info to public offer, incl Locate, website
- Strength based practice

Annual Conversation Feedback: Theme 2 – Providing Support

Good Practice

- The investment in Supported Living and Extra Care
- Levels of engagement concerning FCoC
- Work with providers during the pandemic
- In house CQC ratings and recognition of benefits of retaining some provision.

Areas for Development

- The model/ prevalence of reablement provision
- The domiciliary care and direct payment offer
- Further development of outcome based commissioning methodologies (res and dom)
- Signposting to the VCS
- Relationship development with care sector

Annual Conversation Feedback: Theme 3 – Ensuring Safety

Page 42

Good Practice

- Support for individuals lacking capacity during safeguarding episodes
- Recognition of where investigative work to improve practice is needed
- Clear signposting on the SAB website
- Community reference group and expert by experience input at SAB
- The outcomes from SW health check- 'good' across all 8 standards

Areas for Development

- The low concern to enquiry ratio from the police
- Clarity on pathways across safeguarding interventions
- The potential quality differential between adult protection and s42 -repeat referrals
- The completion of tasks within the system
- Some gaps in data

Annual Conversation Feedback: Theme 4 – Leadership

Good Practice

- Level of NHS investment
- Level of operational integration
- Influential system leadership & jointly appointed senior posts
- Our relative ICS journey
- ‘Effective partnership working with strong foundations’
- AHS Workforce Development Strategy and its associated successes
- Prominence of staff MH, wellbeing and resilience throughout the service
- The Care Academy successes
- Staff engagement

Areas for Development

- ‘Adult social care as a corporate priority’
- The read across from corporate docs/ priorities to AHS delivery
- Clear set of objectives with the VCS (an outcome framework) and visibility of effectiveness
- Improving data quality to support informed decision making
- Quarterly reporting, including reasons why staff leave the service
- Supervision rates in MH services

Comprehensive Data Insight Reports about performance

Quality Assurance



- Self Assessment
- Evidence base
- Refreshed QA framework
- Layered approach to audit activity
- Triangulate data from audits with feedback from service users, staff and partners
- Refreshed approach to monitoring lessons learned, corrective action and impact on frontline social care practice
- Performance Management Framework - Business Intelligence dashboards – early identification of ‘drift’ – Impact Statements
- Quality Assurance Board
- Oversight and Assurance Group

Mental Capacity Act (2005) Amendments

- Adults who lack mental capacity to make decisions about where and with whom they live and how their care & support needs are met are deprived of their liberty in order to keep them safe from harm (1432 adults in Co.Durham)
- Impending changes will 'downstream' some existing processes
- Only highly complex cases (safeguarding, removal of a person at risk, etc) will go to Court of Protection
- Current pool of specialist Best Interests Assessors will be working on contested and complex cases
- Mainstream social work to include 'necessary and proportionate' assessments.



Mental Capacity Act 2005

Hoarding and Self Neglect

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Support & Recovery Breakthrough Service Self Neglect & Hoarding



Support & Recovery is part of Durham County Council's In-House Provider Service

The Breakthrough Service is a new and targeted development within Adult & Health Services. It will provide intensive specialist interventions to support vulnerable adults who present with self-neglect and hoarding behaviours following referral from Assessment Teams. This is a team who have extensive experience, knowledge and skills to support individuals with self-neglect and hoarding behaviours. The service aims to support individuals to enhance their wellbeing and achieve safer and healthier outcomes.

Refreshed national Adult Social Care Outcomes Framework

ASCOF is a national data reporting set which measures how well care and support services achieve the outcomes that matter most to people

Used locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability. The DHSC is leading on a refresh of the framework.

It is anticipated that the refreshed framework will:

- Better measure what people value in their lives in terms of independence and wellbeing.
- Measure the impact of local authorities' adult social care functions in meeting those policy objectives of the Care Act currently omitted from ASCOF, for example: the effectiveness of commissioning in driving a high quality, sustainable care market, and how well a local authority prevents the need for adult social care, the escalation of people's needs (demand management) and wellbeing.
- Include a more balanced set of health and social care indicators including what happens to people before/ after they leave hospital.
- Better measure efficiency and effectiveness of the use of resources by local authority adult social care functions.

Despite the challenges facing the service and impending changes...

- ✓ Resilient and dedicated workforce
- ✓ Good levels of staff engagement with the senior leadership team
- ✓ Good customer satisfaction rates (64.5% of service users report being extremely or very satisfied with the care and support services they receive. This is comparable to the NE figure of 65.3% and the national figure of 63.9%.)
- ✓ Comparatively low numbers of complaints into the service (79 in the year 2021-22, with 32% of them not upheld)
- ✓ Of our three regulated adult social care provisions, 2 are rated as 'outstanding' and 1 as 'good'
- ✓ Rated by our staff as 'good' in all 8 of the LGA's standards for employers of social workers
- ✓ Good organisational self awareness re: strengths, successes, areas for improvement – annual conversation and self assessment



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Redevelopment of Shotley Bridge Community Hospital

Progress Update

Adults Health and Wellbeing Overview and Scrutiny Committee – February 2023

Reminder - Project Principles

Page 52



County Durham
and Darlington
NHS Foundation Trust

- Clinically led
- Ongoing patient and public engagement
- Honesty and transparency
- Ongoing stakeholder involvement
- Working as part of the County Durham system
- Future proofing model of care and estate solutions



safe • compassionate • joined-up care



www.cddft.nhs.net

Clinical Model

Service	Model	Changes to existing
Outpatients/Specialist outpatients	Specialty, community and visiting OP services. Minor Ops, ophthalmology and audiology	All existing OP clinics will continue. Minor Ops – e.g. skin procedures
Family Health	Ante and post natal clinics, sexual health, gynae clinics and procedures	Increased capacity for gynae procedures – addn colposcopy provision
Urgent Treatment Centre	24/7 provision as per current model.	Retain existing model –part of emergency care system resilience. 2 additional UTC rooms
Rehabilitation/therapies	Continuation of current services	All therapies will be housed within single department
Diagnostics	X Ray, Ultrasound, Echocardiography	Increase in Echocardiography provision. Area created for mobile CT/MRI
Inpatient rehabilitation	Mainly step down from acute, option for step up from community. Total 16 beds	Originally 8 commissioned, increased to 16 and planned to maintain that capacity
Chemotherapy and Medical day Units	Separate clinical departments. Increased Chemo from 8 to 14 treatment bays. Additional MDU capacity to relieve acute pressures	Additional Chemo bays – most established therapy moved to community. Separate units – IP&C



- Partnership Agreement agreed between NHP/Trust/Contractor
- Reserved matter planning application submitted 11th November 2022
- Outline Business Case (OBC) submitted to NHP 13th January 2023
- Outline business case submitted to NHSE 17th January 2023
- Major design process closed out
- Project team – now fully established
- Communications strategy developed



Projected Timelines

- OBC submitted, anticipated approval March/April 2023
- Expected feedback on Planning end February 2023
- Pending feedback on OBC, work to commence on preparing the FBC for submission Sept/Oct 2023
- On site remediation March/April 2023
- Construction start November/December 2023
- Completion early 2025



Design Development



Public Concourse



Communications so far:

- Regular bi-monthly meetings with local councillors
- Regular bi-monthly face to face meetings with the Shotley Bridge Hospital Support Group.
- Staff drop-in sessions with Comms Lead
- Setting up “the new hospital hub” in main reception at SBH with latest information on the new build
- A dedicated email address cddft.shotleyhospital@nhs.net for a point of contact is now live.
- Completion of the communication plan mapping out various stages of engagement.



Communications next steps:

- Visuals with information displayed in local hot-spots such as community centres, leisure centres
- Develop Art Strategy to help enhance patient and staff experience
- Set up a panel of external and internal partners to advise on the internal aesthetics for the look and feel for the new build, colour schemes and décor.
- Reinvigorate the Patient Forum
- Connect with community centres, leisure centres, libraries, local businesses and large supermarkets to identify 'Community Champions' to help grow engagement.
- Strategy for the name of the new hospital.
- Produce a video introducing the Project Team to staff and residents.



Social and Economic Value

- SBCH development adopted as an anchor institution working with local partners –below are a few examples of programme initiatives
- Contractor commitment to enhance local economy through selective sub-contracting
- Contractor commitment to offering training and employment opportunities to local students and communities
- Local business networking – joint events with contractor, Business Durham, Chamber of Commerce jointly with CDDFT and supply chain
- T-Level Placement through New College Durham and contractor delivering digital construction courses
- County Durham Together initiative, forging relationships with third sector and other partners to enhance opportunities for collaboration



QUESTIONS



safe • compassionate • joined-up care

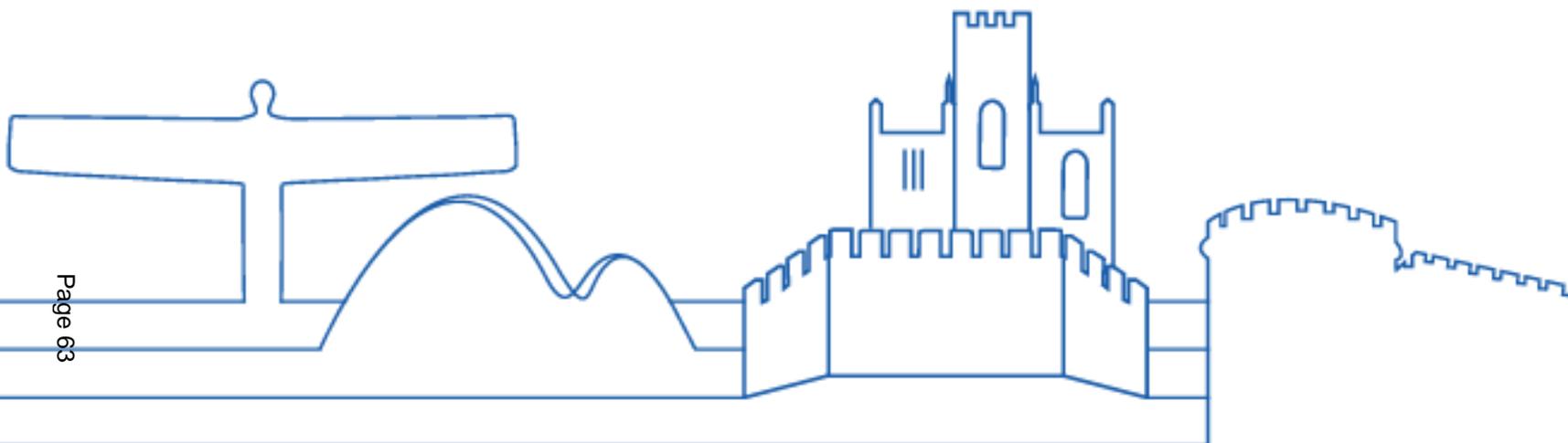




North East and
North Cumbria

Adult's Wellbeing & Health : Overview & Scrutiny Committee

3rd February 2023

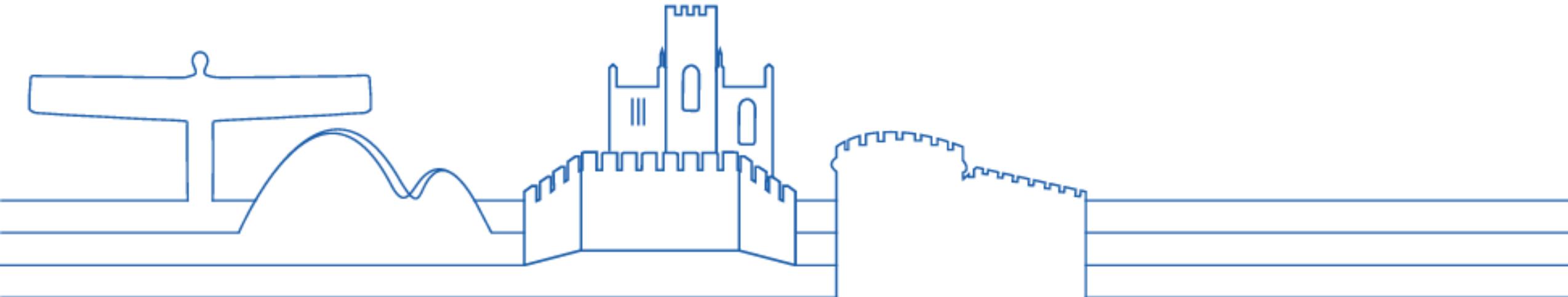


County Durham GP Appointments

November 2022



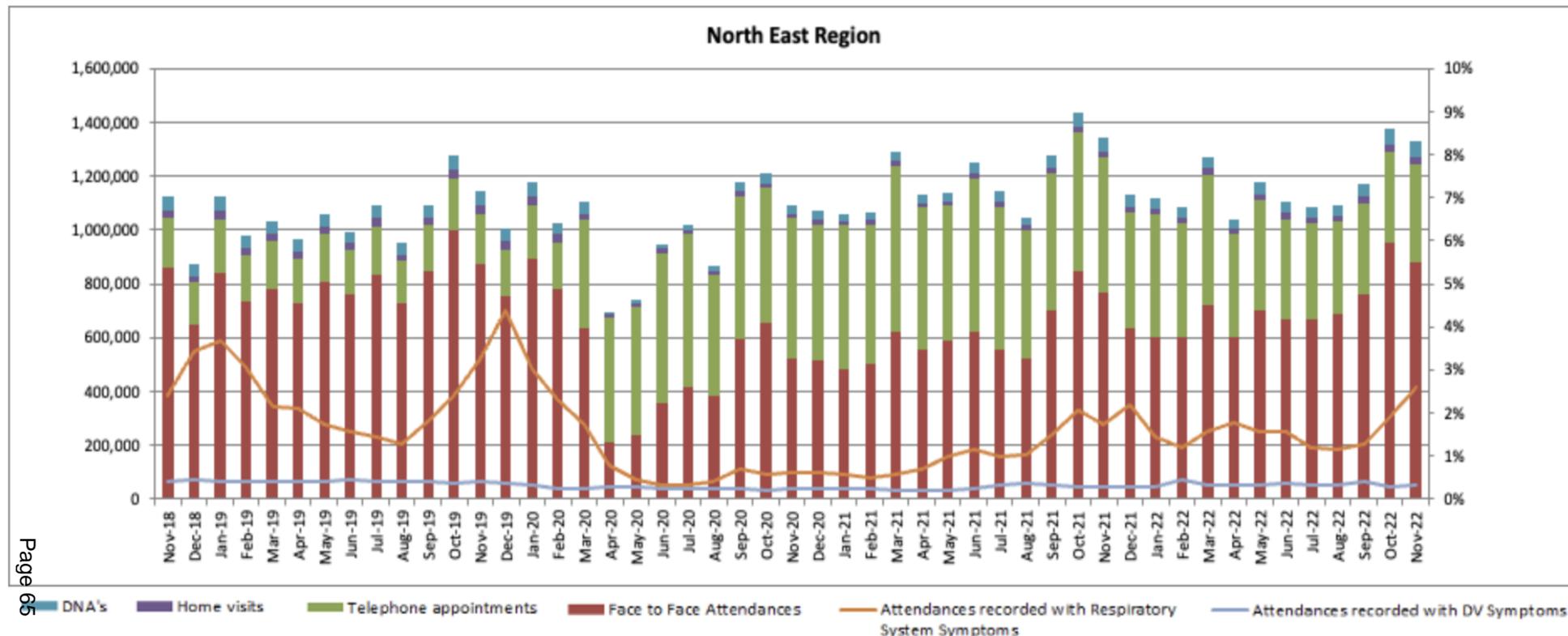
**North East and
North Cumbria**



GP Appointments – November '22

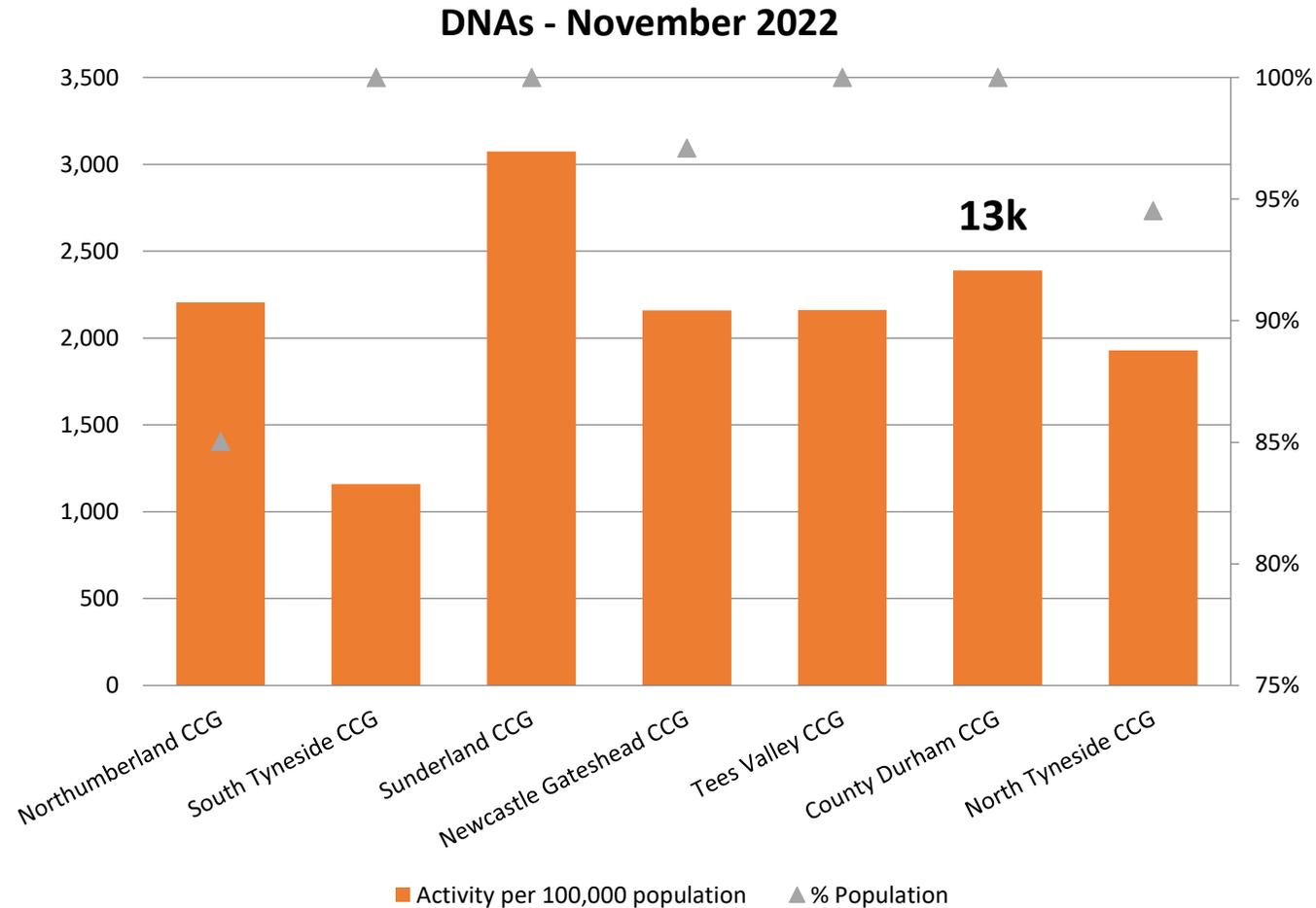
North East & North Cumbria Totals (population = 3.15 million)

NHS North of England Commissioning Support Unit
Business Intelligence - Information Services
GP Appointments



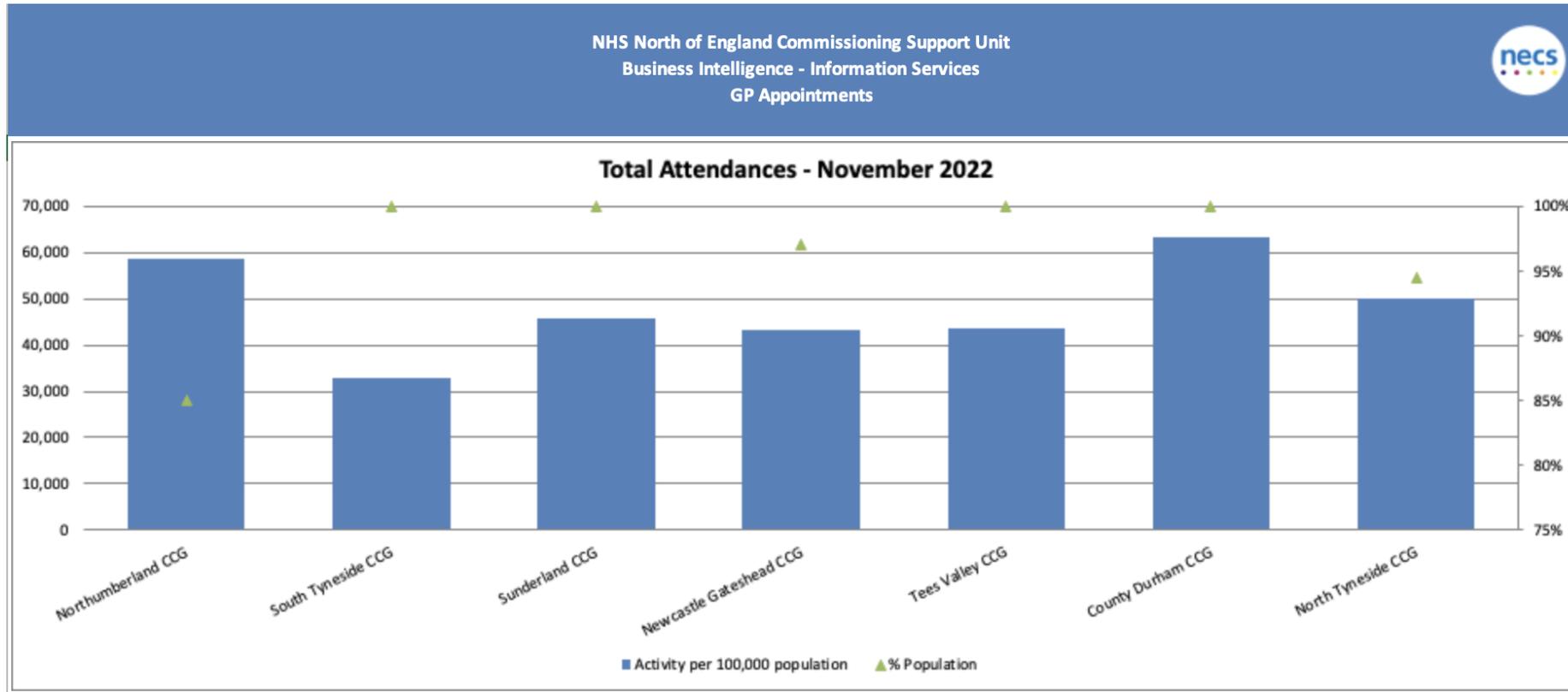
- Evidences post-Covid-19 increase in appointment demand NENC
- Nine breaches of 1.2 million appointments post-Covid, 1 breach pre-Covid
- 1.4m appointments reached in October '21 – first time in 4 years!
- Respiratory infection rates now included.

Total County Durham DNA appointments



GP Appointments – November ‘22

Total General Practice attendances (by Place):



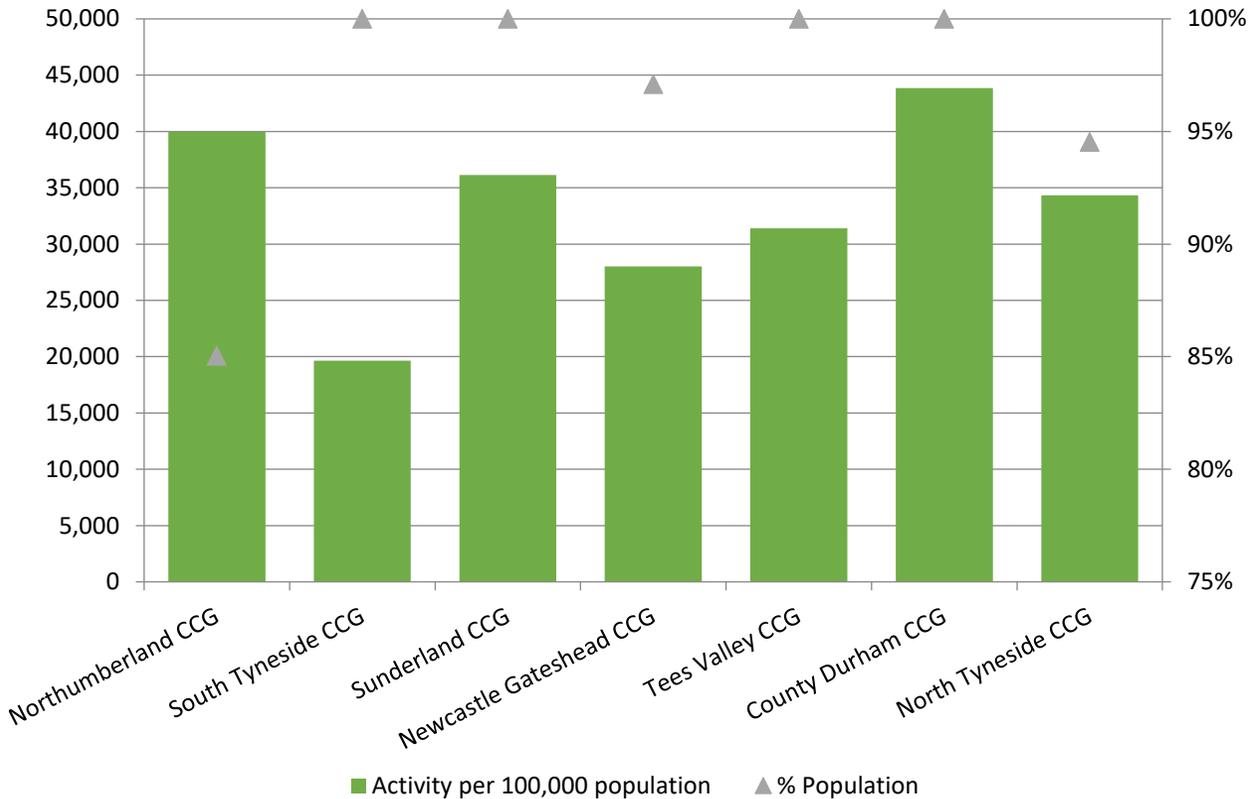
- In November 2019, prior to the start of the Covid-19 pandemic, total GP attendances in County Durham (by multi-disciplinary personnel) numbered 265k.
- In November 2022, this total number of attendances had grown to 346.5k (based on County Durham population size of 550k residents).
- Data based on per 100,000 population – County Durham has the highest demand for appointments in NENC.

GP Appointments – November ‘22

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F2F appointments across County Durham

Face to Face Appointments - November 2022



• N.B Based on County Durham Population of 550k residents

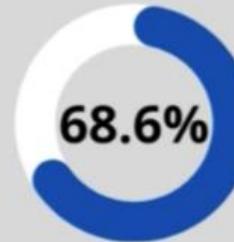
- County Durham is presently recording the **highest number of face-to-face appointments in comparison to our peers across the Northeast and North Cumbria (NENC) Clinical Commissioning Group system.**
- There is **still work to be done** but significant progress has been made by General Practice in County Durham to return to and improve on pre-pandemic access levels, particularly in regard to face-to-face appointments.
- In **November 2019**, the total number of face-to-face appointments numbered 213k across Durham’s 61 general practice sites (pre-Covid).
- In November 2022, the total number of face-to-face appointments numbered 241k across the 61 sites (post-Covid).
- The number of face-to-face appointments has grown by 76k since January 2022 (165k in January 2022).
- **This is now above pre-pandemic levels (by 28k), clearly demonstrates that Durham is heading in the right direction.**

Your GP practice *is here for you...*



County Durham: November 2022 GP practices

Total number of face-to-face appointments:
218,551



of all appointments were face-to-face



318,680 total appointments



168,179 delivered by practice staff other than GPs

Download the NHS App for health advice



Acute Respiratory Response (ARI) Hubs

Page 70

- From 23rd January, four locally commissioned will begin to go live. These hubs have been mobilised at pace to help tackle the immediate pressures on primary care created by the extraordinary increase in respiratory infections this winter.
- This service will providing same day / urgent respiratory appointments for all age groups (adults and children), offer point of care testing and be able to link to the respiratory consultant on call in the trust/s.
- County Durham is the first 'Place' in the country to go live with these specialist hubs, adding up to 6,000 of additional appointments into County Durham primary care up until at least 31st March.
- The four hubs will be open from
 - 8am – 12 noon, Monday to Friday,
 - 8am – 12 noon Saturday at Peterlee,
 - 8am - 8pm at Bishop Auckland and UHND.
- This will bolster the current primary care service hubs providing 8am-8pm cover daily.

They are located at:

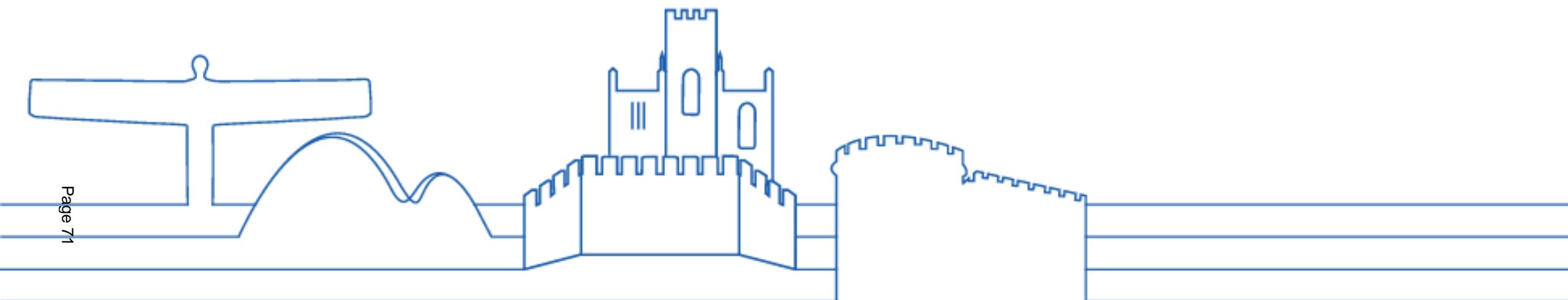
- **Shotley Bridge Hospital** – UTC, (tbc)
 - **University Hospital of North Durham (UHND)** – Same Day Urgent Care hub
 - **Peterlee Health Centre** – Primary care service
 - **Bishop Auckland Hospital** – Bishop Primary Care Service
- Individual general practices will be able to book directly into these respiratory services, or access via NHS111.



North East and
North Cumbria

Please contact Primary Care Team:

nencicb-cd.primarycare@nhs.net



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Adults Wellbeing and Health Overview and Scrutiny Committee

3 February 2023

Quarter 2: Forecast of Revenue and Capital Outturn 2022/23



Report of Corporate Directors

Paul Darby, Corporate Director of Resources

Jane Robinson, Corporate Director Adult and Health Services

Electoral division(s) affected:
Countywide

Purpose of the Report

- 1 To provide the Committee with details of the forecast outturn budget position for the Adult and Health Services (AHS) service grouping, highlighting major variances in comparison with the budget for the year, based on the position to the end of September 2022.

Executive Summary

- 2 This report provides an overview of the forecast of outturn, based on the position to 30 September 2022. It provides an analysis of the budget outturn for the services falling under the remit of the Overview and Scrutiny Committee and complements the reports considered by Cabinet on a quarterly basis.
- 3 The forecast indicates that AHS will have a cash limit underspend of £0.735 million at the year-end against a revised revenue budget of £137.994 million, which represents a 0.53% underspend.
- 4 Based on the forecasts, the Cash Limit balance for AHS as at 31 March 2023 will be £5.308 million.
- 5 Details of the reasons for under and overspending against relevant budget heads is disclosed in the report.
- 6 The AHS capital budget for 2022/23 comprises a single scheme of £100,000. As at 30 September 2022 capital expenditure of £8,000 has been incurred.

Recommendation

- 7 It is recommended that the Adults Wellbeing and Health Overview and Scrutiny Committee note the financial forecasts included in this report.

Background

8 County Council approved the Revenue and Capital budgets for 2022/23 at its meeting on 23 February 2022. These budgets have subsequently been revised to take account of transfers to and from reserves, grant additions/reductions, budget transfers between service groupings and budget reprofiling between years. This report covers the financial position for:

- AHS Revenue Budget - £137.994 million (original £136.741 million)
- AHS Capital Programme – £0.100 million (original £1.170 million)

9 The original AHS revenue budget has been revised to incorporate a number of budget adjustments as summarised in the table below:

Reason for Adjustment	£'000
Original Budget	136,741
Budget Transfer to CYPS – Transitions	(840)
Budget Transfer to REG – Centralised repairs and maintenance	(24)
Budget Transfer to CYPS – Transitions	(83)
Budget Transfer to Resources – Business Support	(92)
Budget Transfer from Contingencies – Pay Award 2021/22	517
Use of (+)/contribution to Corporate Recovery Reserve (-)	128
Use of (+)/contribution to cash limit reserve (-)	1,399
Use of (+)/contribution to AHS reserves (-)	248
Revised Budget	137,994

10 The use of / (contribution) to AHS reserves consists of:

Reserve	£'000
Use of AHS - Social Care Reserve	148
Use of AHS – Integrated Reserve	11
Use of Public Health Reserve	89
Total	248

11 The summary financial statements contained in the report cover the financial year 2022/23 and show: -

- The approved annual budget;
- The actual income and expenditure as recorded in the Council's financial management system;
- The variance between the annual budget and the forecast outturn;
- For the AHS revenue budget, adjustments for items outside of the cash limit to take into account such items as redundancies met from

the strategic reserve, capital charges not controlled by services and use of / or contributions to earmarked reserves.

Revenue Outturn

- 12 The updated forecasts show that the AHS service is reporting a cash limit underspend of £0.735 million against a revised budget of £137.994 million which represents a 0.53% underspend. This compares with the forecast cash limit underspend at June of £1.063 million.
- 13 The tables below show the revised annual budget, actual expenditure to 30 September 2022 and the updated forecast of outturn to the year end, including the variance forecast at year end. The first table is analysed by Subjective Analysis (i.e. type of expense) and the second is by Head of Service.

Subjective Analysis (Type of Expenditure)

	Revised Annual Budget £000	YTD Actual £000	Forecast Outturn £000	Items Outside Cash Limit £000	Forecast Use of Reserve £000	Cash Limit Variance QTR2 £000	Memo-Forecast Position at QTR1 £000
Employees	38,879	17,934	38,174	(808)		(1,513)	(964)
Premises	1,182	564	1,288	(28)		78	79
Transport	2,166	710	2,123	0		(43)	109
Supplies & Services	5,394	3,099	5,675	0		281	386
Third Party Payments	308,883	115,339	311,039	0		2,156	286
Transfer Payments	10,775	5,196	10,678	0		(97)	(711)
Central Support & Capital	31,026	20,844	31,383	0	(21)	336	100
Income	(260,311)	(91,694)	(262,244)	0		(1,933)	(348)
Total	137,994	71,992	138,116	(836)	(21)	(735)	(1,063)

Analysis by Head of Service Area

	Revised Annual Budget £000	YTD Actual £000	Forecast Outturn £000	Items Outside Cash Limit £000	Forecast Use of Reserve £000	Cash Limit Variance QTR2 £000	Memo-Forecast Position at QTR1 £000
Excluded Services	139	29	143	(4)		0	0
Central/Other	10,924	(31,846)	10,684	62		(178)	(204)
Commissioning	3,014	7,336	3,091	(48)	(21)	8	(47)
Head of Adults	121,967	92,896	122,248	(846)		(565)	(812)
Public Health	1,950	3,577	1,950	-		0	0
Total	137,994	71,992	138,116	(836)	(21)	(735)	(1,063)

- 14 The table below provides a brief commentary of the forecast cash limit variances against the revised budget, analysed by Head of Service. The table identifies variances in the core budget only and excludes items outside of the cash limit (e.g. central repairs and maintenance) and technical accounting adjustments (e.g. central admin recharges and capital charges):

Service Area	Description	Cash limit Variance £000
Head of Adults		
Ops Manager LD /MH / Substance Misuse	£484,000 under budget on employees due to staff turnover above budget. £90,000 over budget in respect of premises and supplies & services. £223,000 over budget relating to transport. £916,000 net over budget on direct care related activity.	745
Safeguarding Adults and Practice Development	£202,000 under budget on employees due to staff turnover above budget. £55,000 over recovery of income.	(257)
Ops Manager OP/PDSI Services	£177,000 under budget on employees due to staff turnover above budget. £87,000 under budget on transport and supplies. £291,000 net under budget on direct care-related activity.	(555)
Ops Manager Provider Services	£198,000 under budget on employees due to staff turnover above budget. £272,000 over recovery of income.	(470)
Operational Support	£22,000 under budget on employees due to staff turnover above budget. £6,000 under budget on supplies and services.	(28)
		(565)
Central/Other		
Central/ Other	£178,000 under budget mainly in respect of uncommitted budgets to support future operational activity.	(178)
		(178)
Commissioning		
Commissioning	£22,000 under budget on employees due to staff turnover above budget. £30,000 over budget in respect of contracts.	8
		8
Public Health		
County Durham Together	New Team – full year budget provided.	(90)

Service Area	Description	Cash limit Variance £000
Protecting Health	New Team – full year budget provided.	(90)
General Prevention Activities	Over budget to cover reserve linked to Infection Prevention Control contract extension.	18
Healthy Communities Strategy and Assurance	No material variances.	2
Living and Ageing Well	£40,000 over budget to cover reserve for CREES uplift offset against £68,000 under budget on Health Checks.	(28)
Public Health Grant and Reserves	Amount to balance the cash limit variance (+£110,000).	110
Public Health Team	£240,000 over budget to cover reserve contribution to AGE UK and £20,000 reserve contribution to SWAN (Safety of Women at Night) offset by £239,000 under budget on staffing – vacant posts within the Public Health Team.	21
Starting Well and Social Determinants	£22,000 reserve to cover increase to Children’s Wellbeing SLA and £35,000 to cover reserve linked to Domestic Abuse Counsellor.	57
		0
AHS Total		(735)

15 The service grouping is on track to maintain spending within its cash limit. The forecast outturn position incorporates the MTFP savings built into the 2022/23 budgets, which for AHS in total amounted to £157,000.

16 The cash limit reserve for Adult and Health Services is forecast to be circa £5.308 million after incorporating the 2022/23 forecast and transfers to other earmarked reserves.

Capital Programme

17 The AHS capital programme comprises one scheme, the upgrade of Hawthorn House respite centre in Provider Services.

18 Further reports will be taken to MOWG during the year where revisions to the AHS capital programme are required. The capital budget currently totals £0.100 million.

19 Summary financial performance to 30 September 2022 is shown below.

Scheme	Actual Expenditure 30/09/2022 £000	Current 2022-23 Budget £000	(Under) / Over Spending £000
Provider Services – Hawthorn House	8	100	(92)
	8	100	(92)

- 20 Officers continue to carefully monitor capital expenditure on a monthly basis. There has been limited expenditure incurred to date. At year end the actual outturn performance will be compared against the revised budgets, and service and project managers will need to account for any budget variance.

Background Papers

- 21 Cabinet Report 16 November 2022 Forecast Revenue and Capital Outturn 2022/23 – Period 30 September 2022.

Contact: Andrew Gilmore – Finance Manager

Tel: 03000 263 497

Appendix 1: Implications

Legal Implications

The consideration of regular budgetary control reports is a key component of the Council's Corporate and Financial Governance arrangements. This report shows the forecast spend against budgets agreed by the Council in February 2022 in relation to the 2022/23 financial year.

Finance

Financial implications are detailed throughout the report which provides an analysis of the revenue and capital outturn position alongside details of balance sheet items such as earmarked reserves held by the service grouping to support its priorities.

Consultation

Not applicable.

Equality and Diversity / Public Sector Equality Duty

Not applicable.

Human Rights

Not applicable.

Crime and Disorder

Not applicable.

Staffing

Not applicable.

Accommodation

Not applicable.

Risk

The consideration of regular budgetary control reports is a key component of the Councils Corporate and Financial Governance arrangements.

Procurement

The outcome of procurement activity is factored into the financial projections included in the report.

**Adult, Wellbeing and Health
Overview and Scrutiny Committee**

3 February 2023

**Quarter Two, 2022/23
Performance Management Report**

Ordinary Decision



Report of Paul Darby, Corporate Director of Resources

Electoral division(s) affected:

Countywide.

Purpose of the Report

- 1 To present an overview of progress towards achieving the key outcomes of the council's corporate performance framework and highlight key messages to inform strategic priorities and work programmes.
- 2 The report covers performance in and to the end of quarter two 2022/23, July to September 2022.

Executive Summary

- 3 A new [Council Plan](#) for 2022-2026 was approved by Council on 22 June. This set out a new performance framework for the Council. Corporate Management Team committed to the development of a new quarterly performance report format, providing greater focus on these issues. This is the second report for the new reporting period to follow this format.
- 4 The performance report is structured around the two main components.
 - (a) State of the County indicators to highlight areas of strategic importance and reflected in both the [County Durham Vision 2035](#) and the [Council Plan](#).
 - (b) Performance of council services and progress against major initiatives as set out in the [Council Plan](#).
- 5 Performance is reported against the five thematic areas within the Council Plan 2022-2026: our economy, our environment, our people, our communities, and our council.
- 6 Performance is reported on an exception basis with key messages under each of the thematic Council Plan areas being broken down into national,

regional and local picture, things that are going well, areas which require attention and other areas to note.

- 7 We are continuing our transition into a post-pandemic world, but the impacts of COVID-19 can still be seen in our performance reporting. The last two financial years are not representative for many areas of performance and will be an unfair comparison due to pandemic impacts.
- 8 We have therefore, wherever possible, tried to make the comparison of current performance against pre-pandemic data. Whilst COVID-19 continues to impact on certain performance metrics, there is evidence of some areas returning to pre-pandemic levels.
- 9 Her Majesty, Queen Elizabeth II died on 8 September and the county council were involved together with the Lord Lieutenant in the arrangements to mark this passing and the proclamation of the accession of King Charles III within the county. The official period of mourning and the additional national bank holiday for the date of the State Funeral on 19 September also resulted in several events being cancelled and the closure of public buildings.
- 10 Some health indicators are also showing a more positive trend with smoking during pregnancy reducing, albeit we remain above national averages, a narrowing gap with the national average for breastfeeding at 6-8 weeks, people discharged from hospital into reablement or rehabilitation services who remained at home 91 days later is the highest figure for four years.
- 11 However, the largest challenge for our residents, local businesses and the council is the current cost of living crisis. Inflation is currently running at 10.1%¹ with the Bank of England expecting to remain above 10% for a few months before starting to drop². The inflationary increase is largely driven by the rise in the cost of fuel and energy bills, which is being impacted significantly by world events, including the war in Ukraine, and currency markets.
- 12 The cost-of-living crisis has a triple impact on the council.
 - (a) It impacts on our residents. High inflation is outstripping wage and benefit increases so income is falling in real terms. This will result in increased demand for services to help support people facing financial hardship or who are in crisis and services provided to vulnerable people such as social care for children and adults.
 - (b) Increased costs for the council. Our premises and transport costs have increased because of the rise in energy costs and fuel prices, and, also the cost of other supplies and services where prices have

¹ UK Consumer Price Index for 12 months to September 2022

² [Bank of England](#)

increased as suppliers face similar issues themselves. It is also anticipated that employee costs will increase by more than in previous years when the pay settlement is negotiated to accommodate inflation.

- (c) Reduced income for the council. Users of council services may seek to save money resulting in a fall in income from discretionary services such as leisure centres and theatres.

Recommendation

- 13 That Adult, Wellbeing and Health Overview and Scrutiny Committee notes the overall position and direction of travel in relation to quarter two performance, the continuing impact of COVID-19 and the increased cost of living on the council's performance, and the actions being taken to address areas of underperformance including the significant economic and well-being challenges because of the pandemic.

Analysis of the Performance Report

Going well

Our people

- 14 The Stop Smoking Service is increasing activity in Level 2 providers such as GPs and pharmacies and funding to support smokers with mental health issues has been received.
- 15 Face-to-face breastfeeding support groups have been re-established, with additional targeted support in the East where rates continue to be lower than other localities.

Areas which require attention

Our people

- 16 There were 197 admissions under the Mental Health Act for assessment (Section 2) and for treatment (Section 3) during the quarter, and this continues to be higher than pre-pandemic levels (172) and latest data show suicides have increased and there is a widening gap with regional and national rates. Work continues to focus on preventing the escalation of people's low level mental ill-health.
- 17 The proportion of adult social care users receiving an annual review has continued to reduce and is now the lowest ever recorded (58%). The Adult Care service has provided additional resource to address this issue and performance is expected to improve during 2023.
- 18 Post-pandemic pressures have led to budget shortfalls in Leisure Centre income. Visitor numbers are being impacted by the current economic crisis, the temporary closure of the main pool at Consett for repairs to be undertaken and the temporary closure of Abbey Leisure Centre to facilitate the refurbishment works. £1.537 million has been utilised from central contingencies to support budget shortfalls as a result of post-COVID pressures in respect of leisure centre income.
- 19 Gym memberships are below target with cancellation rates higher than quarter one. There are no clear reasons why people are cancelling. 10% of people who participated in the Move programme have converted to a paid membership (affordability was identified as the main barrier for those who didn't).

Other areas of note

Our people

- 20 The Health Needs Assessment to identify local assets that could help improve the health and wellbeing of people aged 50 and over is complete,

and we now have recommendations for new ways for working and ways to reduce stigma and ageism.

- 21 The Tier 2 Adult Weight Management Service has been extended to all residents with a BMI over 25. This was promoted throughout September and referrals have been recruited onto the 12-week programme.

Performance Indicators – Summary

- 22 We are now transitioning into a post-pandemic world, but the impacts of COVID-19 can still be seen in our performance reporting. The last two financial years are not representative for many areas of performance and will be an unfair comparison due to pandemic impacts.
- 23 We have therefore, wherever possible, tried to make the comparison of current performance against pre-pandemic data.

Risk Management

- 24 Effective risk management is a vital component of the council's agenda. The council's risk management process sits alongside our change programme and is incorporated into all significant change and improvement projects. The latest report can be found [here](#).

Background papers

- County Durham Vision (County Council, 23 October 2019)
<https://democracy.durham.gov.uk/documents/s115064/Draft%20Durham%20Vision%20v10.0.pdf>

Other useful documents

- Council Plan 2022 to 2026 (current plan)
<https://democracy.durham.gov.uk/mgAi.aspx?ID=56529>
- Quarter Four, 2021/22 Performance Management Report
<https://democracy.durham.gov.uk/documents/s157533/Year%20End%20performance%20report%202021-22.pdf>
- Quarter Three, 2021/22 Performance Management Report
<https://democracy.durham.gov.uk/documents/s152742/Performance%20Report%202021-22%20003.pdf>
- Quarter Two, 2021/22 Performance Management Report
<https://democracy.durham.gov.uk/documents/s149087/Q2%20Performance%20Report%202021-22%20-%20Cabinet.pdf>
- Quarter One, 2021/22 Performance Management Report
<https://democracy.durham.gov.uk/documents/s144872/Q1%20Performance%20Report%202021-22.pdf>

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Appendix 1: Implications

Legal Implications

Not applicable.

Finance

Latest performance information is being used to inform corporate, service and financial planning.

Consultation

Not applicable.

Equality and Diversity / Public Sector Equality Duty

Equality measures are monitored as part of the performance monitoring process.

Climate Change

We have declared a climate change emergency and consider the implications of climate change in our reports and decision-making.

Human Rights

Not applicable.

Crime and Disorder

A number of performance indicators and key actions relating to crime and disorder are continually monitored in partnership with Durham Constabulary.

Staffing

Performance against a number of relevant corporate health indicators has been included to monitor staffing issues.

Accommodation

Not applicable.

Risk

Reporting of significant risks and their interaction with performance is integrated into the quarterly performance management report.

Procurement

Not applicable.



Durham County Council Performance Management Report Quarter Two, 2022/23



1.0 Our Economy

1.1 Council Activity: Going Well

Better Health at Work (BHAW) Award

- 1 Five additional organisations expressed an interest in the BHAW award during quarter two. Business Durham has agreed to incorporate the award into their website thereby raising its profile.
- 2 A regional BHAW offer is being developed with the LA7 authorities, focusing on an organisation's contribution to good pay, meaningful employment and local economic regeneration.

2.0 Our People: National, Regional & Local Picture

- 3 Latest data shows an increase in suicides and a widening gap between County Durham and the regional and national rates. Work has continued to target 'high frequency areas' such as Newton Cap Viaduct whilst partners including Wellbeing for Life have focused on a targeted community response in Bishop Auckland and Shildon.
- 4 Research shows that around two-thirds of people who die by suicide are not in contact with mental health services 12 months prior to their death. The '[Now You are Talking](#)' campaign (an initiative that encourages people to open up about their mental health) has been evaluated with further work to develop the approach across the county.

2.1 Council Activity: Going Well

Smoking

- 5 The Stop Smoking Service is increasing activity in Level 2 providers such as GPs and pharmacies. Formal training is available to ensure providers can advise on nicotine addiction and treatment options.
- 6 Funding to support smokers with mental health issues has been received (from the Office for Health Improvement and Disparities).

Breastfeeding

- 7 Face-to-face breastfeeding support groups have been re-established, with additional targeted support in the East where rates continue to be lower than other localities.
- 8 Work to better understand the barriers to breastfeeding is underway. The findings will help shape our future programme of education and promotion.

2.2 Council Activity: Areas which require attention

Mental Health and Wellbeing / Suicides

- 9 Admissions under the Mental Health Act for assessment (Section 2) or treatment (Section 3) continue to be higher than pre-pandemic.
- 10 Work continues to focus on improving financial resilience, reducing poverty, promoting positive relationships, reducing substance misuse and homelessness to prevent the escalation of people's low level mental ill health.
- 11 As part of our 'Mental Health at Scale Programme' we commissioned '[Lets Connect](#)' to deliver a programme of free Level 2 training for SMEs to support the mental health and resilience of their staff. A multimedia campaign promoting mental wellbeing has also been delivered across the county.

Adult Social Care: Service Users receiving a review / assessment in last 12 months

- 12 This indicator continues to decline, and the latest data (58.5%) is the lowest ever recorded. The Adult Care Service has provided further resource to address this issue and performance is expected to improve during 2023.

Leisure Centres

- 13 Visitor numbers are being impacted by the current economic crisis. Other factors are the temporary closure of the main pool at Consett, the mourning period for Her Majesty the Queen and the temporary closure of Abbey Leisure Centre as part of the transformation programme.
- 14 10% of the 3,193 people who participated in the Move programme have converted to a paid membership with affordability being identified as the main barrier for those who did not.
- 15 Gym memberships are below target with cancellation rates higher than quarter one. A mechanism to collect feedback on the reasons for gym membership cancellations is now and we are now starting to collect and analyse this data.

2.3 Council Activity: Other Areas to Note

Improving Healthy Life Expectancy

- 16 The Health Needs Assessment to identify local assets that could help improve the health and wellbeing of people aged 50 and over is complete, and we now have recommendations for new ways for working and ways to reduce stigma and ageism. Recommendations include implementing an Ageing Well group to build upon the work of the current steering group and support the development of the Ageing Well Strategy.

Healthy Eating

- 17 The Tier 2 Adult Weight Management Service has been extended to all residents with a BMI over 25. This was promoted throughout September and referrals have been recruited onto the 12-week programme.
- 18 We have delivered our first healthy options takeaway masterclass to a target audience of independent hot food takeaways owners / managers in Horden and the surrounding area. This training promotes healthier changes to cooking practices and menu options. An academic evaluation will inform our future plans for this activity.

3.0 Data Tables

Performance against target and previous performance		Performance against comparable groups		Direction of Travel	
✓	meeting or exceeding	✓	Performance is better than national or north east	↑	higher than comparable period
○	within 2%	×	Performance is worse than national or north east	→	static against comparable period
×	more than 2% behind			↓	lower than comparable period

NB: oldest data in left column

Key to Symbols

Types of indicators

There are two types of performance indicators throughout the report:

1. Key target indicators – targets are set as improvements can be measured regularly and can be actively influenced by the council and its partners; and
2. Key tracker indicators – performance is tracked but no targets are set as they are long-term and / or can only be partially influenced by the council and its partners.

National Benchmarking (N)

We compare our performance to all English authorities. The number of authorities varies according to the performance indicator and functions of councils, e.g., educational attainment is compared to county and unitary councils, however waste disposal is compared to district and unitary councils.

North East Benchmarking (NE)

The North East comparator is the average performance from the authorities within the North East region - County Durham, Darlington, Gateshead, Hartlepool, Middlesbrough, Newcastle upon Tyne, North Tyneside, Northumberland, Redcar and Cleveland, Stockton-on-Tees, South Tyneside, Sunderland.

More detail is available from the Strategy Team at performance@durham.gov.uk

Our Economy

Performance Indicator	Latest data (period covered)	Performance compared to:					Direction of Travel - last four reporting periods				updated
		Period target	12 months earlier	Pre-COVID	N	NE					
Increase the number of organisations involved in the Better Health at Work Award	70 (2021/22)	Tracker -	81 x	75 x	-	-	↓	↑	↑	↓	Yes

Our Environment

Performance Indicator	Latest data (period covered)	Performance compared to:					Direction of Travel - last four reporting periods				updated
		Period target	12 months earlier	Pre-COVID	N	NE					
Raise cycling and walking levels in County Durham in line with national levels by 2035	67.7% (2020/21)	Tracker -	68% ○	68% ○			↑	↓	↑	↓	Yes
Overall satisfaction with cycle routes and facilities (%)	54% (2021)	Tracker -	50% ✓	-			↑	↓	↓	↑	No

Our People

Performance Indicator	Latest data (period covered)	Performance compared to:					Direction of Travel - last four reporting periods				updated
		Period target	12 months earlier	Pre-COVID	N	NE					
% of mothers smoking at time of delivery	14.8% (Jan-Mar 22)	0% x	15% ✓	18.1% ✓	x	x	↑	↓	↑	↑	No

Performance Indicator	Latest data (period covered)	Performance compared to:					Direction of Travel - last four reporting periods				updated
		Period target	12 months earlier	Pre-COVID	N	NE					
% of smoking prevalence in adults (aged 18+) **	14.3% (2020)	5.0% x	17.0% ✓	17.0% ✓	x	x	-	-	-	-	No
Reduce % point gap in breastfeeding at 6-8 weeks between County Durham and national average	17.4pp (2020/21)	Tracker -	20.2pp ✓	20.2pp ✓	-	x	↓	↑	↑	↓	No
10,000 more adults undertake 150 minute of at least moderate intensity physical activity per week	260,500 (Nov 20-Nov 21)	266,500 x	265,800 ○	261,400 ○	-	-	↓	↓	↑	↓	No
15,000 less adults are inactive (undertake less than 30 minutes of physical activity per week)	136,300 (Nov 20-Nov 21)	105,800 x	132,100 x	122,100 x	-	-	↓	↑	↓	↑	No
Healthy life expectancy at birth – female	59.9 years (2018-20)	Tracker -	58.3 years ✓	-	x	✓	↓	↓	↓	↑	No
Reduce the gap between County Durham and England for healthy life expectancy at birth – female	4.0 years (2018-20)	Tracker -	5.2 years ✓	-	-	✓	↑	↑	↓	↓	No
Healthy life expectancy at birth – male	58.8 years (2018-20)	Tracker --	59.6 years ○	-	x	x	↓	↑	↑	↓	No
Reduce the gap between County Durham and England for healthy life expectancy at birth – male	4.3 years (2018-20)	Tracker -	3.6 years x	-	-	x	↑	↓	↓	↑	No
Healthy life expectancy at 65 – female	10.2 years (2018-20)	Tracker -	9.0 years ✓	-	x	✓	↓	↑	↑	↑	No
Reduce the gap between County Durham and England for healthy life expectancy at 65 – female	1.1 years (2018-20)	Tracker -	2.1 years ✓	-	-	✓	↑	↓	↓	↓	No

Performance Indicator	Latest data (period covered)	Performance compared to:					Direction of Travel - last four reporting periods				updated
		Period target	12 months earlier	Pre-COVID	N	NE					
Healthy life expectancy at 65 – male	7.7 years (2018-20)	Tracker -	8.3 years x	-	x	x	↓	↑	↓	↓	No
Reduce the gap between County Durham and England for healthy life expectancy at 65 – male	2.8 years (2018-20)	Tracker -	2.3 years x	-	-	x	↑	↓	↑	↑	No
Increase self-reported wellbeing (by reducing the proportion of people reporting a low happiness score)	8.8% (2020/21)	Tracker -	10.9% ✓	10.9% ✓	✓	✓	↑	↑	↑	↓	No
Reduce the overall suicide rate (per 100,000 population)	15.8% (2019-21)	Tracker -	14.3% x	14.3% x	x	x	↑	↑	↑	↑	Yes
No. of admissions under the Mental Health Act	197 (Jul-Sep 22)	Tracker -	217	172	-	-	↓	↓	↑	↓	Yes
Increase the satisfaction of people who use services with their care and support	64.5% (2021/22)	Tracker -	69.6% x	69.6% x	✓	x	↑	↑	↑	↓	Yes
Increase the satisfaction of carers with the support and services they receive	40.8% (2021/22)	Tracker -	51.2% x	51.2% x	✓	x	n/a	↓	↑	↓	No
Increase % of older people still at home 91 days after discharge from hospital into reablement / rehabilitation services	89.4% (Jan-Jun 22)	84.0% ✓	88.3% ✓	86.9% ✓	✓	✓	→	↑	↑	↑	Yes
Increase % of hospital discharges receiving reablement	2.7% (2020/21)	Tracker -	3.8% x	3.8% x	x	x	↑	↑	↓	↓	No

Performance Indicator	Latest data (period covered)	Performance compared to:					Direction of Travel - last four reporting periods				updated
		Period target	12 months earlier	Pre-COVID	N	NE					
Increase the average age whereby people are able to remain living independently in their own home	84.5 years (Oct 21-Sep 22)	Tracker -	84.1 years ✓	84.3 years ✓	-	-	↑	↓	↑	↑	Yes
Adults aged 65+ per 100,000 population admitted on a permanent basis in the year to residential or nursing care	282.1 (Apr-Sep 22)	309.7 ✓	345.0 ✓	384.5 ✓	-	-	↑	↓	↑	↓	Yes
% of service users receiving an assessment or review within the last 12 months	58.5% (Apr-Sep 22)	Tracker -	77.1% x	87.9% x	-	-	↓	↓	↓	↓	Yes
% of individuals who achieved their desired outcomes from the adult safeguarding process	92.7% (Apr-Sep 22)	Tracker -	93.9% ○	95.2% x	-	-	↓	↓	↓	↓	Yes
No. of gym & swim members	20,003 (Jul-Sep 22)	20,435 x	17,569 ✓	18,013 ✓	-	-	↑	↑	↑	↑	Yes
No. of people attending Leisure Centres	754,146 (Jul-Sep 22)	887,854 x	589,360 ✓	814,219 x	-	-	↑	↑	↓	↓	Yes
No. of Care Connect customers	11,040 (Jul-Sep 22)	Tracker -	11,352 x	12,015 x	-	-	↑	↓	↓	↓	Yes

**Smoking prevalence: prior to COVID-19 this was collected via face-to-face interviews. In 2020, this moved to telephone interviews. Data for 2019 and 2020 is therefore not comparable.

Other relevant indicators

Performance Indicator	Latest data (period covered)	Performance compared to:					Direction of Travel - last four reporting periods				updated
		Period target	12 months earlier	Pre-COVID	N	NE					
Increase the % of children aged 4-5 who are of a healthy weight ***	74.6% (2019/20)	90% ✘	75.6% ○	-	✘	✓	→	↓	↑	↓	No
Increase the % of children aged 10-11 who are of a healthy weight ***	61.5% (2019/20)	79% ✘	61.1% ✓	-	✘	✓	↓	↑	↓	↑	No

***National Child Measurement Programme ceased March 2020 when schools closed due to the pandemic, so north east and nearest neighbour comparators should be treated with caution due to missing data from some LAs. Whilst the data for the academic year 2020/21 has been published, local authority data is not available as only a 10% sample of data was recorded.

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