



Health and Wellbeing Board

Date Monday 22 January 2024

Time 9.30 am

Venue Committee Room 2, County Hall, Durham

Business

Part A

Items which are open to the Press and Public

1. Apologies for Absence
2. Substitute Members
3. Declarations of Interest
4. Minutes of the meeting held 22 November 2023 (Pages 5 - 18)
5. Mental Health Strategic Partnership: (Pages 19 - 58)
Report of the Corporate Director of Adult and Health Services and the Director of Public Health, Durham County Council.
6. Adult Social Care Assessment Framework - Self-Assessment: (Pages 59 - 112)
Report of the Corporate Director of Adult and Health Services, Durham County Council.
7. Inclusive Economic Strategy Delivery Plan: (Pages 113 - 120)
Report of the Head of Economic Development, Durham County Council.
8. Pharmaceutical Needs Assessment Update: (Pages 121 - 130)
Report of the Corporate Director of Adult and Health Services and the Director of Public Health, Durham County Council.

9. Carers Plan on Page - Adult Carers, Parent Carers and Young Adult Carers: (Pages 131 - 152)
Report and Presentation of Joint Head of Integrated Strategic Commissioning / Director of Place, NENC Integrated Care Board and Durham County Council.
10. Durham Safeguarding Children Partnership Annual Report: (Pages 153 - 180)
Report of the Durham Safeguarding Children Partnership Independent Chair **(for information)**.
11. Durham Safeguarding Adults Partnership Annual Report: (Pages 181 - 200)
Report of the Durham Safeguarding Adults Partnership Independent Chair **(for information)**.
12. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration
13. Any resolution relating to the exclusion of the public during the discussion of items containing exempt information

Part B

Items during which it is considered the meeting will not be open to the public (consideration of exempt or confidential information)

14. Pharmacy Applications: (Pages 201 - 208)
Report of the Director of Public Health, Durham County Council.
15. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration

Helen Bradley
Head of Legal and Democratic Services

County Hall
Durham
12 January 2024

To: **The Members of the Health and Wellbeing Board**

Councillors C Hood (Chair), R Bell and T Henderson

J Robinson	Adult and Health Services, Durham County Council
J Pearce	Children and Young People's Services, Durham County Council
A Healy	Public Health, County Durham Adult and Health Services, Durham County Council
L Hall	Regeneration, Economy and Growth, Durham County Council
M Laing (Vice-Ch)	Director Integrated Community Services
Dr J Carlton	North East and North Cumbria Integrated Care Board
D Gallagher	North East and North Cumbria Integrated Care System
S Jacques	County Durham and Darlington NHS Foundation Trust
M Graham	Harrogate and District NHS Foundation Trust
L Robertson	North Tees and Hartlepool NHS Foundation Trust
P Sutton	South Tyneside and Sunderland NHS Foundation Trust
L Taylor	Tees, Esk and Wear Valleys NHS Foundation Trust
C Cunnington-Shore	Healthwatch County Durham
A Petty	Office of the Durham Police and Crime Commissioner
K Carruthers	County Durham and Darlington Fire and Rescue Service
Prof. C Clarke	Durham University
K Burrows	Durham Community Action
F Jassat	Lay Member - County Durham Care Partnership

Contact: Martin Tindle

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DURHAM COUNTY COUNCIL

At a Meeting of **Health and Wellbeing Board** held in **Committee Room 2, County Hall, Durham** on **Wednesday 22 November 2023** at **9.30 am**

Present:

Councillor C Hood (Chair)

Members of the Committee:

Councillors R Bell and T Henderson; and N Appleby, S Burns, C Cunnington-Shore, G Curry, A Healy, J Robinson, M Graham, F Jassat, M Laing, M Pearson and M Smith

1 Apologies for Absence

Apologies for absence were received from K Burrows, Dr J Carlton, Prof C Clarke, D Gallagher, L Hall, P Innes, S Jacques, J Pearce, A Petty, L Robertson and L Taylor.

2 Substitute Members

There were the following Substitute Members: N Appleby for A Petty; S Burns for D Gallagher; G Curry for S Jacques; M Pearson for P Innes; and M Smith for L Hall.

3 Declarations of Interest

There were no Declarations of Interest.

4 Minutes

The minutes of the meeting held 25 September 2023 were agreed as a correct record and signed by the Chair.

The Interim Strategic Manager – Partnerships, J Bradbrook noted that the new Chief Constable, Ms Rachel Bacon, was now in post with Durham Constabulary and she would be invited to become a member of the Board. She added that alternative venues for meetings of the Board were being looked at for the future.

5 Director of Public Health Annual Report 2023

The Board received an update presentation from the Director of Public Health, Amanda Healy on her Director of Public Health Annual Report 2023 (for copy see file of minutes).

The Director of Public Health reminded the Board that the production and publication of an Annual Report was a requirement for Councils and that 2023 represented 10 years of Public Health within Local Authorities. It was explained that the Report linked to the Joint Local Health and Wellbeing Strategy (JLHWS) with the influences on health and wellbeing, health and social care, healthy behaviours and the wider determinants of health. It was added that the report also provided an update on the work that had taken place to address the four priorities in the JLHWS: making smoking history; enabling healthy weight for all; improving mental health, resilience, and wellbeing; and reducing alcohol harms.

Councillor R Bell noted the work and progress over the last 10 years and asked as regards future challenges. The Director of Public Health noted the four JLHWS priorities, noting that while some changes may provide some quick wins, other areas would be longer term.

Councillor T Henderson asked what partners could do to help ensure there was a continuous concerted commitment by all to improve health and reduce health inequalities. The Director of Public Health noted partners were actively engaged through many mechanisms, including consultation such as “stopping the start”. She added that the meetings of the Board also provided the opportunity for partners to hold each other to account. She added as an example, the work in relation to 0-25 SEN with partners.

F Jassat congratulated the Director of Public Health and her Team for all their work over the last 10 years, not least in respect of their work during the COVID-19 pandemic. He added that leadership and partners should focus on social determinants and support should be sustained. The Chair added that it was also important to remember the work that was done in our communities with people at the local level that makes an impact on health and wellbeing. The Director of Public Health noted evidence showed that when work was done hand in hand with people, this led to better outcomes. She added this was a challenge and noted the good work referred to within her report relating to the Family Hubs, working with Children and Young People’s Services and the Parent Panel to co-produce, working to best benefit local communities. The Corporate Director of Adult and Health Services, Jane Robinson noted the County Durham Partnership event which saw the relaunch of the County Durham Community Champions to help get those key messages out into our communities.

Resolved:

That the Director of Public Health Annual Report 2023 be noted.

6 Review of Healthy Weight Approaches in County Durham

The Board received an update presentation from the Public Health Strategic Manager, Mick Shannon on the review of healthy weight approaches in County Durham (for copy see file of minutes).

The Public Health Strategic Manager noted the importance of people moving and considering how much they eat. He acknowledged the impact of the pandemic on people's behaviours. He asked the Board for their thoughts on what they felt were key contributors to obesity. Responses from the Board included: lifestyle choices; mental health issues; temptation from junk food; impact or side effects from medication or accidents; busy lifestyles; sedentary work and hobbies, such as working at a computer, playing computer games; cost of living impact; cost of access to some exercise; environment; and lack of cheap healthy food options.

The Public Health Strategic Manager noted issues that impacted included mental health and explained as regards food architecture and marketing and explained as regards evidence of pre-natal health issues, such as being overweight or smoking, having an impact on. He explained as regards the change from the early part of the twentieth century, where the focus had been on tackling malnutrition, most often associated with poverty and the establishment of the welfare state. He noted that now, those deprived areas were those suffering with the higher prevalence of obesity, with links to cheaper foods often being unhealthy and less nutritious.

The Public Health Strategic Manager noted the Healthy Weight Alliance met four times a year, with a significant amount of work having been carried out with local assets and key collaborators. He noted mapping exercises and agreement to act across key partners. He noted the example of the impact of hot foot takeaways, with 40 percent of children in County Durham leaving primary school overweight, and with 75 percent of adults being overweight. He noted the impact of salt, with reduction in salt helping to reduce high blood pressure and associated impacts such as coronary heart disease.

The Public Health Strategic Manager explained noted that assessment of the impact of any work was evidence based, looking at key areas: systems leadership; long term systems approach; health promoting environment; community engagement; focus on inequalities; life course approach; monitoring, evidence, evaluation and innovation.

The Public Health Strategic Manager asked how the Board could help support healthy weight key priorities.

The Director of Public Health noted the Healthy Weight Declaration, with the Board signing up to the declaration. The Head of Integrated Commissioning, Sarah Burns noted that continuing to work together in partnership was important, so each organisation can influence where it can, for example the Council being able to look at issues such as planning and leisure provision. She noted the excellent work of School Sports Champions in encouraging young people to move more. The Senior Policy Officer, Steph Rich noted the importance of recognising that working across County Durham meant working in many different types of areas, noting that for example, those living in rural areas were more reliant on private motor vehicles and would need to travel further to access facilities. She added it was important to use local knowledge of communities within the County and asked what metrics were used to measure healthy weight, such as BMI or calorific intake. The Public Health Strategic Manager noted that there was positive engagement within our local communities and that BMI was used as a metric, although other data, such as waist size were important.

The Corporate Director of Adult and Health Services asked if there was a checklist associated with the Healthy Weight Declaration, in terms of organisations signing up. The Public Health Strategic Manager noted this would be discussed at an upcoming meeting of County Durham Together, with the key being in providing impact. He added that the NHS had done a lot of work in County Durham in this regard, and actions included taking breaks, fresh air and nutritious food.

M Graham noted that Childrens and Young People's Services operated different models in different areas and asked if other Local Authorities' approaches had been looked at. The Public Health Strategic Manager noted that the Office for Health Improvement and Disparities had shared ideas such as healthy activity strategy.

The Head of Partnerships and Community Engagement noted the work in terms of a "healthy start to life" what is included in the school curriculum and activities such as after school cooking clubs. He noted that the 'healthy weight lens' should be applied to what we do, for example where warm spaces are being provided for those in need, is the food provision healthy and appropriate. The Public Health Strategic Manager noted that working together to promote healthy weight was a challenge and included promotion of what was healthy in terms of levels of salt, fat and sugar. The Senior Policy Officer noted that it was important to educate children in terms of being more active, however, there were factors to consider such as safety, especially when exercising outside in winter months.

Councillor R Bell asked as regards national policies in relation to volume promotions of foods high in salt and sugar. The Public Health Strategic Manager noted the ban on the promotion of food high in fat, salt and sugar had been due to come into effect from October 2023, however, that had been pushed back to October 2025.

Councillor T Henderson asked as regards the links between poor mental health and unhealthy weight. The Public Health Strategic Manager noted that unhealthy weight could impact upon mental health and vice-versa. He noted a lot of work with colleagues from Primary Care in developing a toolkit in relation to help identify and have conversations with those individuals where there could be those links. Councillor T Henderson asked as regards the provision of healthy school meals. The Public Health Strategic Manager noted discussions in relation to supporting schools in terms of linking with suppliers of nutritious foods, and in encouraging healthy options. Councillor R Bell asked if there were any differences in terms of Local Authority controlled schools and those that had become Academies. The Public Health Strategic Manager noted he could find out.

M Pearson, County Durham and Darlington Fire and Rescue Service noted that it was important to look at physical exercise and living a balanced lifestyle. He noted that viewing unhealthy food as a treat, taken in moderation, was important and noted the impact and influence that sports stars could have in terms of being role models for young people and that there could be opportunities to link in with schools in that regard. The Public Health Strategic Manager noted that exercise was very important, and that Government had allocated £320 million for sports within schools. He agreed that it could be beneficial for County Durham to utilise its sports personalities, noted that Firefighters from the County Durham and Darlington Fire and Rescue Service were very fit and represented good role models in that regard. He noted the “Active 30” for children, with children to have 30 minutes of physical activity at school, 30 minutes “at home”.

The Director of Public Health noted that there were no easy answers and that it was important to look to partners to see if anyone was being missed. She added it was important to embed healthy approaches internally and the commitment of the Health and Wellbeing Board was important in tackling this complex issue.

Resolved:

- (i) That the findings of the review be noted;
- (ii) That the Board endorse the recommendations for action and approve progress to the delivery stage.

7a Annual Housing and Health Update

The Board received an update presentation from the Housing Manager, Marie Smith on Housing and Health (for copy see file of minutes).

The Housing Manager noted that over 2022/23 Housing Solutions had delivered against the former Joint Health and Wellbeing Strategy (JHWS) priorities of starting well, living well and aging well. The board noted elements for starting well included adaptations for children, target hardening, a young person's joint protocol. It was noted elements relating to living well included: disabled adaptations grants, fuel poverty, selective licensing, rough sleeping, resettlement of refugees and supported housing. In terms of aging well, it was noted there had been work undertaken in relation to the Council's new build programme, new housing for older people and a needs-based Accommodation Programme Board. She explained that housing was a key determinant to health and wellbeing and that access to housing, improving housing and the home environment were key to improving health outcomes for individuals, families and the elderly. She concluded by noting that Housing Solutions have delivered a number of key projects to assist with improving the health of the population of County Durham and that future annual updates would align to the new JLHWS 2023-28.

Resolved:

That the report and presentation be noted.

7b & Homelessness and Rough Sleeping Strategy and Draft County 7c Durham Housing Strategy

The Board received an update presentation from the Housing Manager and Senior Policy Officer in relation to homelessness and rough sleeping and the draft County Durham Housing Strategy (for copy see file of minutes).

The Senior Policy Officer noted the consultation on the Principles and Priorities Paper that had taken place June through to August 2023, with feedback informing the draft strategy which would be consulted upon 30 October through to 18 December 2023. She noted that following feedback, and any appropriate changes, the finalised strategy would be adopted in Spring 2024.

Members of the Board noted that the Housing Strategy Vision was that: *‘By 2035 County Durham will be a place that has good quality homes that meet the needs of existing and future residents that they can afford. The provision and quality of housing will support economic growth, contribute to improved health, and create and maintain sustainable, mixed and balanced communities. People will live long and independent lives within connected communities’.*

The Senior Policy Officer noted the updated and amended principles and priorities, as set out within the presentation, with additional focus on community safety, sustainable and safe communities, supporting health and wellbeing, energy efficiency and creating safe, accessible, prosperous and sustainable places to live.

The Housing Manager reminded the Board that it was a statutory requirement for Local Authorities to produce a Homelessness and Rough Sleeping Strategy and noted that the new draft strategy differed from previous strategies in that there was a more detailed evidence base to inform the strategy, as well as including a review of the housing needs across a range of cohorts to identify gaps and service offer. She added that it was clear which landlords needed to be engaged with to assist in homeless prevention and access to the supply of accommodation. She noted key points to note were that around 7,500 people contact the housing service each year claiming homelessness, and of which 2,500 were accepted as being homeless, in line with legislation. She added that the main reasons for homelessness were end of private rented tenancy, domestic abuse and parent/friends no longer willing to accommodate.

The Housing Manager noted that the draft Homelessness and Rough Sleeping Strategy priorities were to:

1. Prevent people becoming homeless
2. Improve access to and supply accommodation
3. Ensure the appropriate support is available for people who are homeless (work with partners to build resilience in people)
4. Reduce rough sleeping

The Housing Manager noted the next steps, in terms of the ongoing consultation through to 18 December, with final approval in March 2024, the establishment of a Homelessness Forum and development of a delivery plan.

Councillor R Bell noted that the County Durham Housing Strategy was being developed to consider housing issues across County Durham and asked how confident Officers were that relevant partners were engaged in the process and would help us to understand, identify and promote local solutions underpinned by community engagement.

The Housing Manager noted that the consultation was conducted by the Council's Consultation Team and that there had been many presentations with partners such as Housing Providers, Private Landlords, Health and Social Care colleagues, the Department for Work and Pensions, and out at the Area Action Partnerships (AAPs). She noted that all relevant partners were being engaged, with Housing Solutions looking to how the strategy would be delivered.

Councillor T Henderson asked what support was available prior to people prior to them becoming homeless. The Housing Manager noted two sets of circumstance, those with no roof over their head, and those threatened with homelessness. She added that partners had committed to refer issues to Housing Solutions as soon as possible to help prevent any evictions.

F Jassat noted that those dealing with housing benefits could be placed to provide an early intervention offer, noting the welfare reform changes over the last 10 years and the move to Universal Credit and that the upcoming statement from the Chancellor of the Exchequer may be informative. The Housing Manager noted involvement where there was top-up or enhanced housing benefit for specialist provision, however, reiterated the close work with the Revenue and Benefits Section at the Council.

N Appleby, Office of the Police and Crime Commissioner noted that the PCC worked in partnership to tackle issues such as drug and substance misuse, including with the Criminal Justice Board, and noted work with ex-offenders to help them stay away from temptation and to help them maintain their tenancies. The Housing Manager noted the work via the Safe Durham Partnership Board and of delivery plans to be in place for each cohort, including ex-offenders. N Appleby welcomed the opportunity for the OPCC to feed into the consultation process.

The Director of Public Health welcomed the new draft strategy and the links to the new JLHWS. The Chair noted the importance of embedding the health and wellbeing approach within housing and the successes in Durham with the Council and Partners. The Housing Manager noted the work with colleagues from Public Health in that regard, noting how that impacted individual strands, such as homelessness, could be shared with the Board. The Senior Policy Officer added that the wellbeing model was at the pilot stage, and relevant information and slides could be shared.

Resolved:

- (i) That the overview of the consultation on the Principles and Priorities Paper be noted;

- (ii) That the content of the Draft County Durham Housing Strategy be noted, and for any feedback or comments to be provided before the end of the consultation period.

7d Update on Regional Housing Work

The Corporate Director of Adult and Health Services gave a verbal update in respect of ongoing regional work relating to housing.

She explained as regards the work via the Association of Directors of Adult Services (ADAS), explaining she was the Lead Director for the Region, and the work as a result of the Care Act and links to the North East and North Cumbria Integrated Care Board (ICB). She noted topics included partnership working, co-production, developing programmes of investment, opportunity and new models for housing. She noted the Northern Housing Consortium conference in June that had looked at key areas such as decent warm and dry homes and those with complex needs.

Resolved:

That the verbal update be noted.

C Curry left the meeting at 11.10am

8 Winter Planning

The Director of Integrated Community Services, and Vice-Chair to the Board, M Laing gave an update presentation on winter planning arrangements and preparedness (for copy see file of minutes).

The Board noted as regards lessons learned from last winter, noting that while COVID cases had been far fewer, there had been wider 'spikes' in demand. The Director of Integrated Community Services noted priority areas for 2023-24 included: government directives; Accident and Emergency waiting times; hospital discharge; funding; and managing pressures together with system leadership via the Local Accident and Emergency Delivery Board.

The Interim Strategic Manager – Partnerships suggested that 'workforce' was the topic for the upcoming Health and Wellbeing Board development session scheduled for 27 February 2024, the Board agreed.

Councillor R Bell asked what work could be done to prevent people presenting at Primary Care. The Director of Public Health noted that planning groups were multiagency and noted the example of 'welcome spaces', an extension of 'warm spaces' and that data had shown where the most at risk were and that targeting those who were at greater risk in winter was important. She added that County Durham Together looked at how the community could support each other, working with AAPs and included working alongside local and national campaigns. The Director of Integrated Community Services noted work to support carers, the work of Age UK County Durham in supporting communities, providing wellbeing checks, hot meals and encouraging people to be good neighbours. He noted the invaluable work of the community and voluntary sector within County Durham in the work that they do to support our communities.

Councillor T Henderson asked what partners could do to support the winter pressure plans. The Director of Integrated Community Services noted that it was important that partners were involved in the planning and, while executing the winter plan, remained flexible to meet any challenges. He added that it was important to focus on the most vulnerable, with the majority being older people on their own in their own homes. He added that it was always important to communicate to people to help them to have patience and understanding where waiting time increase due to the winter pressures. He noted that patients were seen in order of need and that alternatives, such as community pharmacies, were often quicky for those who were not so ill.

The Chair noted the changes to community pharmacy opening hours and asked if this had impacted on the numbers presenting to Accident and Emergency. The Director of Integrated Community Services noted that the impact was not yet known, however, noted that in rural areas and areas with poor public transport, pharmacies were often relied upon in helping reduce demand on Primary Care.

Resolved:

That the presentation be noted.

9 County Durham Sexual Health Strategy

The Board received a report and presentation from the Public Health Practitioner, Lucy Wilkins on the County Durham Sexual Health Strategy (CDSHS) (for copy see file of minutes).

The Board were reminded that the Health and Social Care Act 2012 mandated Local Authorities to commission a range of open access, sexual health services to meet the needs of their local population. The Public Health Practitioner noted the CDSHS met this requirement and set out a range of ambitions aimed at improving people's sexual health and reducing health inequalities in County Durham. She added that the strategy had been subject to a six-week consultation, which had informed the development of the following five priority areas and the ambitions:

1. Relationships Education, Relationships, Sex and Health Education across the lifecourse
2. Teenage conceptions, pregnancy and support for young parents
3. Contraception
4. Sexually Transmitted Infections and HIV
5. Reproductive health

It was noted the next steps were to develop a multi-agency implementation plan, to continue to utilise the Approach to Wellbeing, to regularly review progress and to report annually on the CDSHS.

The Director of Public Health thanked the Public Health Practitioner and all those who had worked in the CDSHS for their excellent work.

Councillor T Henderson asked if we received any objections to the delivery of this topic in primary, and secondary schools. The Public Health Practitioner noted the work of the Relationships, Sex and Health Education (RSHE) Network to help equip those in schools to be able to explain the rationale behind the education being provided, so that parents can understand the approach. She added that it was about safe and healthy relationships, to help provide information for schools and to normalise the language around the topic.

M Graham noted that most parents would read 'RE' as religious education, and consistency to use RHE or RSHE to differentiate would be important.

The Corporate Director of Adult and Health Services noted this first CDSHS was very accessible and added her thanks to those of the Director of Public Health to the team for all their hard work. The Public Health Practitioner noted that a lot of work had been undertaken with young people to ensure the language used was that which young people would actually use and understand.

Resolved:

- (i) That the report and presentation be noted;
- (ii) That the Board ratify the County Durham Sexual Health Strategy 2023 – 2028.

10 Water Fluoridation

The Director of Public Health gave a verbal update in relation to water fluoridation. She noted that the Oral Health Strategy was one that was considered by the Health and Wellbeing Board, as well as Overview and Scrutiny, and the commitment to water fluoridation was set out within the strategy. She noted changes since the pandemic in terms of the Secretary of State, however, reiterated that Government still supported water fluoridation, especially in the North East, as a complimentary strategy, with a 12-week consultation due to commence before the end of 2023, with implementation in 2024.

Councillor R Bell asked as regards any updates from Government, with the Director of Public Health noting that the Department of Health had representation on our Regional Group looking at the issue so we would be receiving information in that regard.

Resolved:

That the verbal update be noted.

11 'Stopping the Start - a plan to create a smokefree generation'

The Director of Public Health presented a report relating to the new plan launched by the Department of Health and Social Care on 12 October 2023 'Stopping the Start - a plan to create a smokefree generation'. She noted that new legislation was being consulted in this regard, including on issues such as youth vaping.

The Chair noted that tobacco control is one of the four key priorities of the Health and Wellbeing Board and asked what we do practically in this regard. The Director of Public Health noted the strength of our Tobacco Alliance and the work of NHS Partners and the community and voluntary sector. She reminded the Board of the video presented at the last meeting, where County Councillor C Hunt spoke about her experiences with illness as a result of smoking.

She noted the pooling of resources through FRESH and the ability of Local Authorities and the ICB to also pool resources in terms of campaigns, such as reducing smoking during pregnancy which remained a key challenge.

Resolved:

- (i) That the report be noted;
- (ii) That the Board endorse the proposals highlighted within the DHSC as a plan for Stopping the Start – planning for a Smokefree generation;
- (iii) That the Board support the roll-out of the consultation process across the system to ensure the voice of smokers, ex-smokers, professionals, young people and their families are heard in relation to the proposed legislation.

Councillor R Bell left the meeting at 11.50am

12 Better Care Fund, Quarter 2 Submission

Director of Integrated Community Services noted the Better Care Fund, Quarter 2 Submission, noting delegated authority was being sought for the Chair and Vice-Chair to sign off the submission in due course.

Resolved:

- (i) That the contents of this report, and the Quarter 2 BCF submission, which was submitted to NHS England on 31 October 2023 (Appendix 2) be noted;
- (ii) That delegated authority be given to the Chair and Vice-Chair on behalf of the Health and Wellbeing Board for the agreement of future Better Care Fund submissions required by NHS England;
- (iii) That Better Care Fund performance updates at Health and Wellbeing Board be received at future meetings for information.

13 Integrated Care Programme - Workforce Development Programme Update

Director of Integrated Community Services noted the report was attached to the agenda papers for Board Members' information.

Resolved:

That the report be noted.

14 Health and Wellbeing Board Campaigns

The Board noted a presentation from the Director of Public Health on the following public health campaigns (for copy of presentation see file of minutes). The Board noted that questions could be directed to the Director of Public Health should any members require additional information on the key campaigns.

Resolved:

That the information contained within the presentation be noted

15 Climate Emergency Plan

The Interim Strategic Manager – Partnerships noted that, as previously discussed, there was ongoing consultation as regards the Climate Emergency Plan 2024-27 and Board Members would be provided with the link to be able to respond.

Health and Wellbeing Board

22 January 2024

Mental Health Strategic Partnership

New Plan Update



**Jane Robinson, Corporate Director of Adult and Health Services,
Durham County Council**

Amanda Healy, Director of Public Health, Durham County Council

Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 This report provides an update on the development of the Mental Health Strategic Partnership (MHSP) Plan reflecting mental health prevention, provision including promotion across the mental health system for the wellbeing and resilience of the local population.
- 2 To provide an overview to Health and Wellbeing Board on the full MHSP new plan that has been agreed by the MHSP Board.

Executive summary

- 3 The MHSP Board Mental Health Strategy and Concordat (2018-21) document highlighted the ambition and commitment of the Strategic Board to work towards better mental health in County Durham according to the principles in the national Prevention Concordat for Better Mental Health.
- 4 MHSP adopt five strategic workstreams to progress mental health need into deliverables. These workstreams include:
 - Children and Young People
 - Suicide Prevention
 - Urgent Care
 - Dementia
 - Resilient Communities Group
- 5 The previous MHSP Board's Mental Health Strategy and Concordat (2018-21) ran up to 2020/21. It was agreed by the County Durham Health and Wellbeing Board in May 2021 to refresh the MHSP role and remit, including membership and Terms of Reference.

- 6 The previous system-wide Mental Health Outcome, Goals, Initiatives and Measure plan (OGIM) helped to inform the objectives for delivery which embrace priority workstreams for each one of the highlighted areas and was formally monitored over time using SMART objectives.
- 7 In September 2022, following a workshop, a further review of the five current mental health workstreams was undertaken and a new plan was developed and ratified by the MHSP in May 2023.
- 8 To accompany the new plan, a Mental Health, Wellbeing and Resilience Power BI report (Power BI) has been developed and published on Durham Insight to provide an overview of data relating to mental health, resilience, and wellbeing across the county.
- 9 The new plan focuses on the delivery of 15 priority areas, underpinned by a series of interventions. The priorities are taken from each one of the five mental health workstreams detailing national guidance and best practice. The plan reflects local need identified within the Joint Strategic Needs and Assets Assessment (JSNAA), and action designed to build on local assets and address gaps in delivery.
- 10 The MHSP recognises the importance of effective communications and the using the Voice of Lived Experience to help inform each workstream. Therefore, additional priorities have been added to ensure the Voice of Lived Experience and the opportunities for work to be co-produced are embedded into the planning and delivery of each of the five workstreams.
- 11 The priorities in the plan do not represent the totality of work being overseen by each workstreams, however, are a high-level overview of more detailed work programmes.

Recommendations

- 12 Health and Wellbeing Board is recommended to:
 - (a) Note the contents of the report;
 - (b) Consider the progress of the development of the MHSP Plan;
 - (c) Endorse the MHSP new Plan.

Background

- 13 The MHSP was initiated in 2018 and continues to provide the strategic framework for a response to mental health and emotional wellbeing across the county.
- 14 The membership of the MHSP Board for Durham County is currently drawn from statutory and non-statutory partners with backgrounds in health, social care, criminal justice, Voice of Lived Experience, and carers, providers, and housing.
- 15 Reporting to the Health and Wellbeing Board, the remit of the MHSP is to provide strategic co-ordination and leadership for the mental health agenda across County Durham and be accountable for the delivery of our Mental Health Plan. It is also responsible for the engagement, consultation and involvement of mental health service users and carers to support the work of the Health and Wellbeing Board.
- 16 The evidence base taken from The Prevention Concordat for Better Mental Health and other key policy documents, recommended the MHSP adopt five strategic workstreams to progress mental health need into deliverables. These workstreams are:
 - Children and Young People
 - Suicide Prevention
 - Crisis Care Concordat
 - Dementia
 - Resilient Communities Group
- 17 Whilst the MHSP met infrequently during the COVID-19 response due to ongoing demands, the five workstreams continued to deliver on agreed plans and in response to an increasing in demand for mental health support across the county.
- 18 The previous Mental Health Strategic Partnership (MHSP) Board's Mental Health Strategy and Concordat (2018-21) ran up to 2020/21.
- 19 Over the last two years, the Outcome, Goals, Innovation and Measure plan (OGIM's) has provided the structure to help developing a new shared vision for mental health and wellbeing across County Durham. The OGIM has helped to inform the Plan on the Page (Appendix 2).

Developments of the 2023-2028 MHSP plan

- 20 During September 2022, a MHSP Workshop was held in which partners considered the future of the MHSP and its effectiveness of promoting a system-wide approach to addressing mental health, resilience and wellbeing across County Durham.

- 21 The activity of the five current workstreams of the MHSP were reviewed. Each workstream lead provided reflections on the successes of the partnership arrangement and thoughts on where the workstream could be further developed.
- 22 Each workstream represented the many mental health system-wide interdependencies they engage with including health, social care services, early help and prevention services, suicide prevention, crisis care, education, carers, VCSE and wider work within local communities.
- 23 The feedback at the workshop highlighted the significant work that has been achieved over time including during Covid. The workshop enabled participants to consider deliverables and outcomes, helping inform future thinking on the configuration of the new partnership arrangements aligned to the new service developments, including Urgent Care (previously Crisis Care Concordat), MH Transformation and MH Alliance.
- 24 Partners at the MHSP Workshop were supportive of maintaining the OGIM as a base to help provide a sustainable overview to support the delivery of mental health approaches across the county.
- 25 It was agreed to develop a new plan aligned to the [Joint Local Health and Wellbeing Strategy 2023-28](#) which would embrace priority workstreams for each one of the highlighted areas and be formally monitored, over time, using SMART objectives.
- 26 Following from the MHSP workshop, each workstream lead was asked to consider their current plans and develop high level priorities for 2023-2028 for their area based on the following:
- National policy and guidance
 - Top 3 priorities for the workstream
 - How do we know we have made a difference
 - Data sets that monitor priority outcomes
 - Local governance and accountability
- 27 In addition to the five workstreams, a communications plan was also developed to ensure the MHSP have a standardised approach on ways mental health, wellbeing and resilience is promoted across the county and maximise national and regional campaigns.
- 28 Following a review of all the high-level priorities at the MHSP Board, additional work was carried out to ensure identified gaps were strengthened, including the importance of the Voice of Lived Experience and Workforce development.

Mental Health, Wellbeing and Resilience Power BI report

- 29 To accompany the MHSP plan and the refresh of the JLHWS, a new JSNAA Mental Health and Wellbeing resource was developed and published on Durham Insight covering key areas including the latest available data and intelligence and some key messages arising from that intelligence, national and local context, key plans and strategies that are linked, with links to the latest available evidence (e.g. NICE guidance).
- 30 Work has been undertaken to map the identified data sets of each of the five priority workstream and have been embedded into the JSNAA report to monitor ongoing progress. It is expected that additional data will be manually updated by workstream leads using their own affiliated data sets over time. It is also acknowledged that there can be limitations on published data which is used to measure local outcomes, and this may take time to address within a reporting period.
- 31 The Mental Health, Resilience and Wellbeing JSNAA report and Landing Page on Durham Insight was approved at both the MHSP and PHSMT published on Durham Insight:

[Mental Health and Wellbeing JSNAA report](#)

The New 2023-2028 MHSP plan

- 32 The Joint Local Health and Wellbeing Strategy (2023-2028) has identified mental health as a key priority for action. The new MHSP Plan 2023-2028 has been developed to address the needs related to mental health, resilience and wellbeing across the county taking into consideration a Starting Well, Living Well and Ageing Well approach across the life course.
- 33 Collectively, the Plan focuses on the delivery of 15 priority areas, underpinned by a series of interventions. The priorities are derived from national guidance, best practice and are set against local need as determined by the JSLAA.
- 34 The MHSP recognises the importance of the Voice of Lived Experience and using opportunities for co-production, hence each workstream has an additional priority to ensure the Voice of Lived Experience and co-production is embedded in their planning and delivery.
- 35 It should be noted that the priorities in the Plan do not represent the totality of work being overseen by each workstreams, however are a high-level overview of more detailed work programmes e.g. Suicide Prevention Alliance Action Plan (2022-24)

- 36 The Plan is a live working document and will be updated and amended on a quarterly basis and shared at the MHSP board meetings.
- 37 The Plan on a Page on Appendix 2 gives an overview of the plan whilst the full plan is detailed in Appendix 3.

Conclusion

- 38 The MHSP has embarked on a process that has enabled the five workstreams affiliated with the partnership to be reviewed. This work has resulted in a refreshed MHSP plan, underpinned by a Mental Health Power BI to provide oversight on the data.
- 39 The MHSP Plan is a live document and will be monitored on a quarterly basis, with progress on the outcomes for each of the workstreams reported to the Health and Wellbeing Board.

Authors

- | | |
|-------------|-------------------|
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Appendix 1: Implications

Legal Implications

None.

Finance

None.

Consultation and Engagement

The consultation and engagement with local individuals, families and communities is a core principle for supporting any new system-wide developments, recommended by the County Durham Approach to Wellbeing. The use of co-production is fundamental to developing any new pathways, or services for mental health support and is encouraged throughout the work of the MHSP.

Equality and Diversity / Public Sector Equality Duty

Equality and Diversity are at the heart of our vision and core values. We understand the wider benefits of improving everyone's quality of life and recognise that inequality continues to affect different people and communities in different ways. We are committed to creating and sustaining a modern and supportive offer for mental health and wellbeing and tackling the inequalities, prejudice and discrimination affecting the diverse communities which we serve.

Climate Change

None.

Human Rights

None.

Crime and Disorder

None.

Staffing

None.

Accommodation

None.

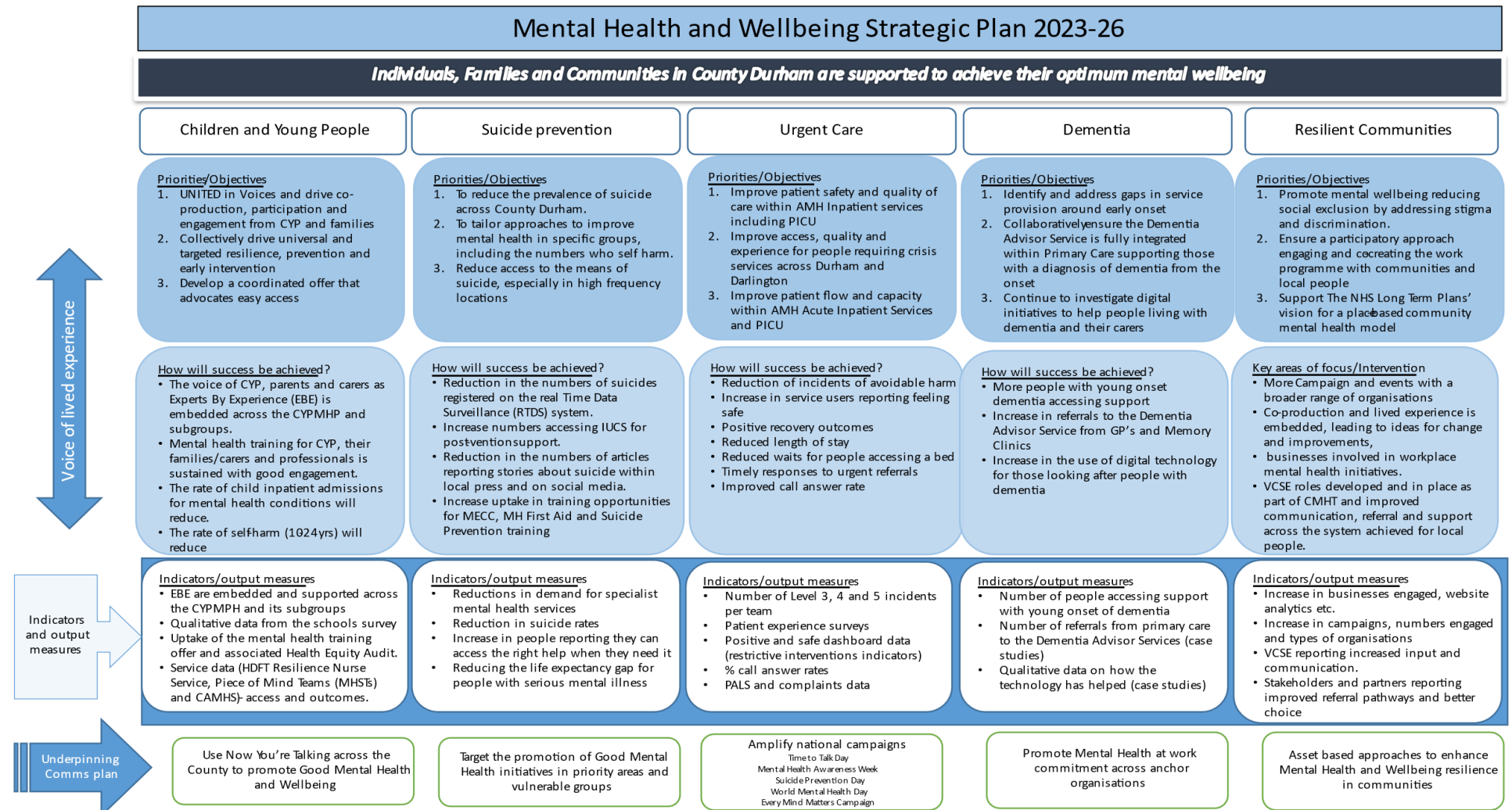
Risk

None.

Procurement

None.

Appendix 2: Mental Health Plan on a page



Voice of lived experience

Indicators and output measures

Appendix 3: Mental Health Strategic Partnership

Action Plan 2023 - 2028

County Durham Health and Wellbeing Board and County Durham Care Partnership are committed to improve the population's Mental Health and Wellbeing. The HWB Board has [four key priorities](#) which include Tobacco control, Alcohol harm reduction, healthy weight and mental health resilience and wellbeing. The Board aims to improve mental health and wellbeing evidenced by increased self-reported wellbeing scores and reduced suicide rates. [The Joint Local Health and Wellbeing Strategy 2023 – 2028](#) is the overarching health and wellbeing place-based plan for County Durham and sets out ways population mental health and wellbeing will be addressed and shaped locally as well as considering overlapping strategic plans and strategies. [The County Durham plan](#) sets out some of the detail delivery mechanisms for this and wider mental health/learning disability and autism priorities.

Partner agencies across County Durham are signatories of the national Prevention Concordat for Better Mental Health becoming part of a community of practice committed to taking evidence based preventive and promotional action to support the mental health of the whole population, those at greater risk of poor mental health, and those receiving treatment. Strengthening protective factors and reducing risk factors sit at the heart of our commitment to promoting good mental health and wellbeing.

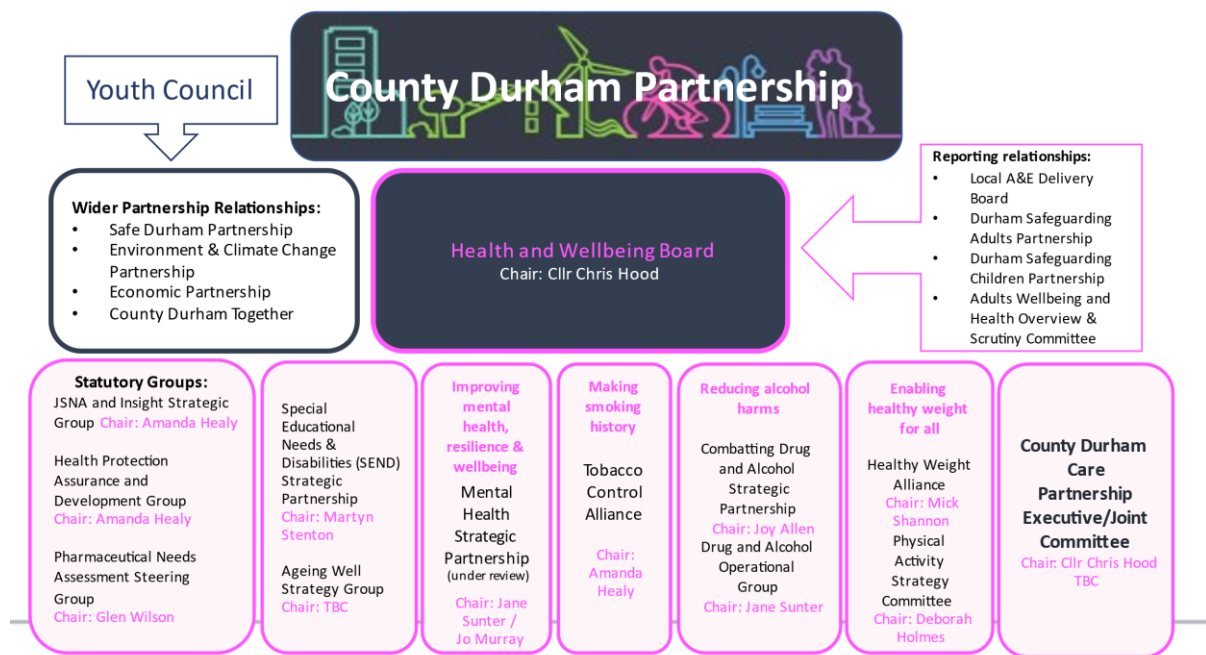
The County Durham Mental Health Strategic Partnership Board (MHSPB) is established to work together according to the principles in the national Prevention Concordat for Better Mental Health. The membership of the MHSPB for Durham County is drawn from statutory and non-statutory partners with backgrounds in health, social care, criminal justice, user and carer, provider and social housing. Reporting to the Health and Wellbeing Board, its remit is to provide strategic co-ordination and leadership for the mental health agenda across County Durham and be accountable for the delivery of our MHSPB action plan. It is also responsible for the engagement, consultation and involvement of mental health service users and carers to support the work of the Health and Wellbeing Board.

The MHSP currently oversees five workstreams:

1. Children and young people (Lead, Julia Bates, Consultant in Public Health, Durham County Council)
2. Suicide Prevention (Lead, Jane Sunter, Public Health Strategic Manager Durham County Council)
3. Urgent Care (Lead, Tom Hurst, Service Manager, TEWV)
4. Dementia (Lead, Sarah Douglas/Lucile Blight, Commissioning, Durham County Council)
5. Resilient Communities (Chair, Carol Gaskarth, Chief Executive, Pioneering Care Centre)

The MHSPB Action Plan has been developed with partners to focus on the key areas from the five workstreams. Collectively, the workstreams are focused on the delivery of 15 priority areas, underpinned by a series of interventions. These 15 priorities, are derived from national guidance and best practice set against local need as determined from the JSNA and national policy and guidance. However, it should be noted that these priorities do not represent the totality of work being overseen by the workstreams, but rather are a subset of more detailed work programmes.

Governance



County Durham Partnership structure as of December 2023

Mental Health Strategic Partnership Action Plan 2023/26

Children and Young People				
Workstream Lead: Julia Bates				
Local Plan Reference:				
National Policy and Guidance	3 key priorities	How do we know we have made a difference	Data sets	Local Governance and Accountability
<p>The NHS Long Term Plan 2022</p> <p>(Perinatal Mental Health; Mental Health Support Teams; Eating Disorders Services)</p> <p>Mental Health of Children and Young People in England 2022 - wave 3 follow up to the 2017 survey. (NHS Digital 2022)</p>	<p>The CYPMHP will be UNITED in Voices and drive co-production, participation and engagement from children and young people and families across all aspects of mental health & emotional wellbeing, including those with lived experience of mild to moderate mental health and emotional wellbeing issues, and those who have reached crisis.</p>	<p>The voice of children of children and young people and parents and carers as Experts By Experience (EBE) is embedded across the CYPMHP and subgroups.</p> <p>This enables the partnership to work on delivery through the approach to wellbeing and in particular to co-produce work to support children and young people's mental health</p>	<p>Qualitative data which identified that EBE are embedded and supported across the CYPMPH and its subgroups</p>	<p>CYPMHP</p> <p>CYP&F Partnership Board (County Durham Care Partnership)</p> <p>Mental Health Strategic Partnership (Health and Wellbeing Board)</p>

<p>Government Response to the Consultation on Transforming Children and Young People's Mental Health Provision: a Green Paper and Next Steps (DHSC & DfE 2018)</p> <p>Future in mind Promoting, protecting and improving our children and young people's mental health and wellbeing (DH & NHS England, 2015)</p>	<p>Aim 2 - Work together to develop capacity across whole communities so that people have better skills, ability and confidence in recognising and dealing with children and young people's mental health issues and promoting wellbeing. We will consider the whole family context and the environments that surround them; with a focus on promoting positive wellbeing and building an individual's networks and abilities through childhood and helping to minimise mental illness later in life.</p>	<p>Children and young people will thrive, they will have good emotional wellbeing and mental wellbeing and mental health needs will be identified and supported.</p> <p>The mental health training which supports children and young people, their families/carers and professionals to enable children and young people to recognise, talk about mental health and wellbeing is sustained and secures good engagement.</p>	<p>Qualitative data from the schools survey.</p> <p>Qualitative data describing the uptake of the mental health training offer and associated Health Equity Audit.</p>	
<p>THRIVE Framework for System Change, 2019)</p>	<p>Work together to develop a coordinated and comprehensive mental health and emotional wellbeing offer to support children, young people and families that is easy</p>	<p>Children and young people with mental health needs will have their needs identified and will be able to access the support and services they need.</p>	<p>Service data (HDFT Resilience Nurse Service, Piece of Mind Teams (MHSTs) and CAMHS) - access and outcomes.</p>	

THRIVE model (Anna Freud Centre, 2015)	to access. This starts from universal prevention/early intervention moving through to providing effective support and treatment based upon the THRIVE model.			
	Work together to drive universal and targeted resilience, prevention and early intervention across County Durham, starting from the Early Years and across the transition to adulthood	The rate of child inpatient admissions for mental health conditions will reduce. The rate of self-harm (10-24yrs) will reduce	OHID Child Health Profile OHID Child Health Profile	
	Ensure the voice of lived experience is embedded in the planning and delivery	The voice of lived experience has been considered	Survey and consultation results	

Suicide Prevention

Workstream Lead: Jane Sunter

Local Plan Reference: Suicide Prevention

National Policy and Guidance	3 key priorities	How do we know we have made a difference	Data sets	Local Governance and Accountability
<p>Local suicide prevention planning: A practice resource (PHE) October 2016</p> <p>Guidance for developing a local suicide prevention action plan (2014) PHE</p> <p>Support after a suicide: A guide to providing local services (PHE) October 2016</p> <p>Identifying and responding to suicide clusters and contagion: A practice resources (PHE) September 2015</p>	<p>To reduce the prevalence of suicide across County Durham.</p>	<p>Reduction in the numbers of suicides in County Durham registered on the real Time Data Surveillance (RTDS) system.</p>	<p>Reductions in demand for specialist mental health services (requires development with TEWV for County Durham footprint)</p>	<p>Suicide Prevention Alliance.</p> <p>Health and Wellbeing Board.</p>
	<p>To tailor approaches to improve mental health in specific groups, including the numbers who self harm.</p>	<p>Increase numbers accessing IUCS for post-vention support.</p>	<p>Reduction in suicide rates (measurable annually via Fingertips. We're able to drill in to sub county level over a pooled time period via HES data) Current data from DCC PHI shows that we are below the rate of 2022 with November and December to complete the year but have a higher rate than in 2021. Last year saw 72 suspected suicides across County Durham,</p>	<p>Safe Durham Partnership</p>

<p>Preventing suicides in public places A practice resource (PHE) November 2015</p> <p>Help is at Hand (DH) 2012 edition</p>			<p>as of the 15th Nov 2023, there has been 56.</p> <p>Update SPA Action Plan to align with the new Suicide Prevention Strategy. To include autism, pregnancy and online harms.</p>	
<p>Information sharing and suicide prevention (DH) January 2014</p> <p>Samaritan's Media guidelines</p> <p>Samaritan's crisis signs guidelines</p> <p><u>Suicide Prevention Strategy 2023</u> released in September. Five year plan, alongside 10 million funding for grassroots to deliver suicide prevention. This funding is decided by DHSC and is due to be decided December 2023.</p> <p>Addition of online safety harms and 'suicide is everyone's business'. Is an update from 2012 and includes over 100 actions to prevent SH and suicide.</p>	<p>Reduce access to the means of suicide, especially in high frequency locations.</p>	<p>Reduction in the numbers of articles reporting stories about suicide within local press and on social media.</p> <p>Increase uptake in training opportunities for MECC, MH First Aid and Suicide Prevention training</p>	<p>Increase in people reporting they can access the right help when they need it (TBC from qualitative means)</p> <p>Reducing the life expectancy gap for people with serious mental illness (TBC by PHI)</p> <p>Ongoing work at Newton Cap and Chester-le Street Railway station</p> <p>Report of 'Where else is like this?' developed which includes a risk assessment of <i>high-risk</i> locations.</p>	
	<p>Ensure the voice of lived experience is embedded in the planning and delivery</p>	<p>The voice of lived experience has been considered</p>	<p>Survey and consultation results</p>	

Mental Health Urgent Care Services

Workstream Lead: Tom Hurst

Local Plan Reference:

National Policy and Guidance	3 key priorities	How do we know we have made a difference	Data sets	Local Governance and Accountability
NHS Long Term Plan for Mental Health - 111 access ambition	1. Improve patient safety and quality of care within AMH Inpatient services including PICU	<ul style="list-style-type: none"> ➤ Reduction of incidents of avoidable harm ➤ Increase in service users reporting feeling safe 	Number of Level 3, 4 and 5 incidents per team Patient experience surveys	Internal governance and assurance groups including programme boards and project groups
NHS Patient Safety Strategy - Mental Health Safety Improvement Programme QNRHTT Standards		<ul style="list-style-type: none"> ➤ Improved patient experience ➤ Reduction in restrictive interventions ➤ Reduction in complaints ➤ Positive recovery outcomes 	PROMS Positive and safe dashboard data (restrictive interventions indicators) PALS and complaints data	Regional quality transformation programme for inpatient services

<p>100 Day Challenge for Inpatient Services</p> <p>RCPsych CCQI standards for inpatient MH services</p> <p>Mental Health, Learning Disability and Autism Inpatient Quality Transformation Programme (NHSEI)</p>	<p>Improve access, quality and experience for people requiring urgent mental health support across Durham and Darlington</p>	<ul style="list-style-type: none"> ➤ Reduction of incidents of avoidable harm ➤ Improved patient experience ➤ Timely responses to urgent referrals ➤ Improved call answer rate ➤ Compliance with NHSEI 111 ambitions for call answer rate and triage ➤ Positive recovery outcomes ➤ Reduction in complaints 	<p>% call answer rates</p> <p>NHS 111 metrics (to be finalised)</p> <p>Bed occupancy %</p> <p>Length of stay data</p>	<p>ICB partnership groups and LAEDB's</p>
	<p>Improve patient flow and capacity within AMH Acute Inpatient Services and PICU</p>	<ul style="list-style-type: none"> ➤ Reduced occupancy across inpatient areas 	<p>% clinically ready for discharge</p>	
		<ul style="list-style-type: none"> ➤ Reduced waits for people accessing a bed ➤ Eliminate out of area admissions ➤ Reduced length of stay ➤ Reduction in people clinically ready for discharge on wards 	<p>IS bed use/OAP</p>	

	Ensure the voice of lived experience is embedded in the planning and delivery	The voice of lived experience has been considered to coproduce programmes of work	Survey and consultation results	
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Dementia				
Workstream Lead: Sarah Douglas/Lucile Blight				
Local Plan Reference: Dementia				
National Policy and Guidance	3 key priorities	How do we know we have made a difference	Data sets	Local Governance and Accountability
<p>Prime Ministers Challenge on Dementia 2020</p> <p>Living Well with Dementia: A National Dementia Strategy 2009</p>	Identify and address gaps in service provision around early onset dementia	More people with young onset dementia accessing support	Qualitative/quantitative data on the number of people accessing support with young onset dementia accessing support (TBC) 20 people under the age of 65 have accessed the Dementia Adviser Service between April – Nov 23. Expecting increase with the introduction of the new Young Onset DA role.	<p>Dementia Strategy Implementation Group</p> <p>Mental Health Partnership Board</p> <p>Health and Wellbeing Board</p>

	<p>Work in partnership to ensure the Dementia Advisor Service is fully integrated within Primary Care ensuring those with a diagnosis of dementia are supported from the onset</p>	<p>Increase in referrals to the Dementia Advisor Service from GP's and Memory Clinics</p>	<p>Qualitative/quantitative data on the number of referrals from primary care to the Dementia Advisor Services (case studies) There have been 57 referrals from Primary Care between April – Nov 2023. This is an increase on previous years and primarily from SPLW and Care Coordinators. The DAS are currently piloting a clinic style appointment system with one GP surgery and will evaluate the effectiveness this at the end of the year.</p>	
	<p>Continue to investigate digital initiatives that could help people living with dementia and their carers</p>	<p>Increase in the use of digital technology for those looking after people with dementia</p>	<p>Qualitative data on how the technology has helped (case studies shared) DAs regularly signpost to Care Connect and the Equipment Advice Service as well as discussion various technological support items. Alzheimer's Society also provides the</p>	

			<p>Dementia Support Forum- an online peer support site.</p> <p>The Dementia Strategy Implementation Group last meeting had a Technology based meeting looking at various methods that were available.</p>	
	<p>Ensure the voice of lived experience is embedded in the planning and delivery</p>	<p>The voice of lived experience has been considered to coproduce programmes of work</p>	<p>Survey and consultation results</p> <p>Alzheimer's Society have recently (Nov 23) started a young onset Dementia Voice group. The group will help to look at what peer support for younger people with dementia might look like in the County. This is a longer-term piece of work. The DAs have also supported people to take part in the Dementia HNA.</p>	

Resilient Communities				
Workstream Lead: Carol Gaskarth				
Local Plan Reference:				
National Policy and Guidance	3 key priorities	How do we know we have made a Difference	Data sets	Local Governance and Accountability
<ul style="list-style-type: none"> • The NHS Long Term Plan (2019) • NHS Mental Health Implementation Plan 2019/20 – 2023/24 • Five Year Forward View for Mental Health • Prevention Green Paper: Advancing our health: prevention in the 2020s. 	The promotion of mental wellbeing in adults whilst reducing social exclusion by addressing stigma and discrimination.	Increase in numbers of campaign and events with a broader range of organisations in the County engaging.	Increase in campaigns, numbers engaged and types of organisations.	Mental Health Strategic Partnership Community Mental Health
	To ensure a participatory approach through engaging and co-creating the work programme with communities and local people.	Establishment of a shadow RCG or similar to ensure co-production and lived experience is embedded, leading to ideas for change and improvements,	Project plans, service user feedback, evaluation reports.	Transformation Steering Group Health and Wellbeing Board
			Increase in businesses engaged,	

			website analytics etc.	
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<ul style="list-style-type: none"> Prevention Concordat for Better Mental Health (Office for Health Improvement and Disparities, updated Feb 2023) NHS England and the Department of Health published Future in Mind in 2015 <p>No Health Without Mental Health: a cross-government outcomes strategy (2011)</p>	<p>To support The NHS Long Term Plans' vision for a place-based community mental health model offering whole-person, whole-population health approaches, through</p> <ul style="list-style-type: none"> - Using research, evidence and best practice to test and learn different approaches; - Engaging with workforce and business leads to 	Approaches developed, tested and evaluated.	Increase in people reporting improved support and choice with help provided when they need it	
		More businesses involved in workplace mental health initiatives.	VCSE reporting increased input and communication.	
		VCSE roles developed and in place as part of CMHT and improved communication, referral and support across the system achieved for local		

	<p>improve access to information and support; and</p> <ul style="list-style-type: none"> - Leading on community/VCSE engagement within community mental health transformation (CMHT) hubs as part of the transformation agenda. 	<p>people</p>		
	<p>Continue to investigate digital initiatives that could help people living with dementia and their carers</p>	<p>Increase in the use of digital technology for those looking after people with dementia</p>	<p>Qualitative data on how the technology has helped (case studies)</p>	
	<p>Ensure the voice of lived experience is embedded in the planning and delivery</p>	<p>The voice of lived experience has been considered to coproduce programmes of work</p>	<p>Survey and consultation results</p>	

Comms plan

Workstream Lead: Yusuf Meah/Fiona Mawson

Local Plan Reference: MHSP Comms plan

National Policy and Guidance	3 key priorities	How do we know we have made a difference	Data sets	Local Governance and Accountability
<p>Health Equity in England: The Marmot Review 10 Years On - The Health Foundation</p> <p>Wellbeing and mental health: Applying All Our Health - GOV.UK</p> <p>Mental health promotion and mental illness prevention: the economic case - GOV.UK</p>	<p>To use Now You're Talking across the County to Promote Good Mental Health</p>	<p>Collaborative approach to implement campaign between DCC and five workstreams</p> <p>DCC to establish toolkit and style guide for NYT and shared with CMHT and MHSP</p> <p>CMHT mobilisation to use NYT across all</p>	<p>Reduction in number of people accessing primary and secondary care.</p> <p>5 workstreams embed NYT in their approach</p> <p>All websites have promotion of Good Mental Health and use NYT</p>	<p>NYT to become the MHSP campaign to promote Good Mental Health across the County (start in Oct 2023)</p> <p>Health and wellbeing Board.</p>
<p>Prevention Concordat for Better Mental Health</p> <p>No health without mental health: GOV.UK</p>		<p>areas by lift and shift of toolkit</p> <p>Partners website to be updated and embedded with NYT campaign</p>		<p>Evaluation of the collaborative approach in December 2023</p>

<p>Social marketing for health and specialised health promotion - Stronger together – weaker apart: RSPH</p>		<p>Targeted approach via the PCNs</p>		
<p>Promoting mental health: concepts, emerging evidence, practice. WHO</p>	<p>Target the promotion of Good Mental Health in priority areas and vulnerable groups</p>	<p>NYT campaign to be widely promoted across areas and made visible within the community venues (Using the MHA) and other assets</p>	<p>Increase the number of adults and older adults who are accessing transformed models of mental health care</p>	
		<p>Wellbeing for Life Service visibility in VCS venues, Sport centres and Job Centres</p> <p>Promotion of anti stigma ambassadors via Stamp It Out</p> <p>Promotion of positive mental health and</p>	<p>Reduction in Mental Health rates (measurable annually via Fingertips. We able to drill in to sub county level over a pooled time period via HES data)</p>	
		<p>wellbeing amongst elected members and stakeholders</p> <p>Cascade Rainbow resources regularly to networks and</p>	<p>Increase in people reporting they can access self help when they need it (TBC from qualitative means)</p>	

		partnerships	<p>Number of hits on Mental Health Alliance website for self help and referrals</p> <p>Increase in life satisfaction, feeling that the things done in life are worthwhile, happiness and anxiety (ONS)</p> <p>Number of engagements delivered and uptake</p> <p>De-escalation of suicide concern amongst elected members and stakeholders</p>	
			Strong partnerships to promote Good Mental Health	
	Participate in national campaigns <ul style="list-style-type: none"> • Time to Talk Day • Mental Health Awareness Week 	Using national and local campaigns	Increased awareness of self help	

	<ul style="list-style-type: none"> • Suicide Prevention Day • World Mental Health Day • Every Mind Matters Campaign 	<p>resources to promote campaigns across the County</p> <p>Augment national campaigns locally through the MHSP</p> <p>Collaborate with VCS sectors and anchor organisations</p> <p>Community events for Time to Talk day and World Mental Health Day</p>	<p>Increase in access to Mental Health Alliance for low level support</p> <hr/> <p>Acknowledgement Durham is engaged with national campaigns</p>	
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Workforce Development				
Workstream Lead: Fay Stelling/Marnie Ramsey				
Local Plan Reference: MHSP Comms plan				
National Policy and Guidance	3 key priorities	How do we know we have made a difference	Data sets	Local Governance and Accountability
Public Mental Health Leadership and Workforce Development Framework Action plan for mental health promotion and the Mental Health Workforce Plan	Training offer available to compliments different workforce	Directory available through Wellbeing for Life and wider partners	Uptake of training via different workforce	Review of existing training offer and production of new training resource Link to County's Workplace Health offer
	Volunteering opportunities promoted	Volunteering advocated across different sectors		
	Maximising workforce skills to enhance wellbeing and resilience	Support of the national mental health at work commitment	Sign ups from national Mind.	Promotion and update monitored by Stamp it Out

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Mental Health Strategic Partnership Action Plan 2023 – 2028

22 January 2024



Better for everyone



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Page 50
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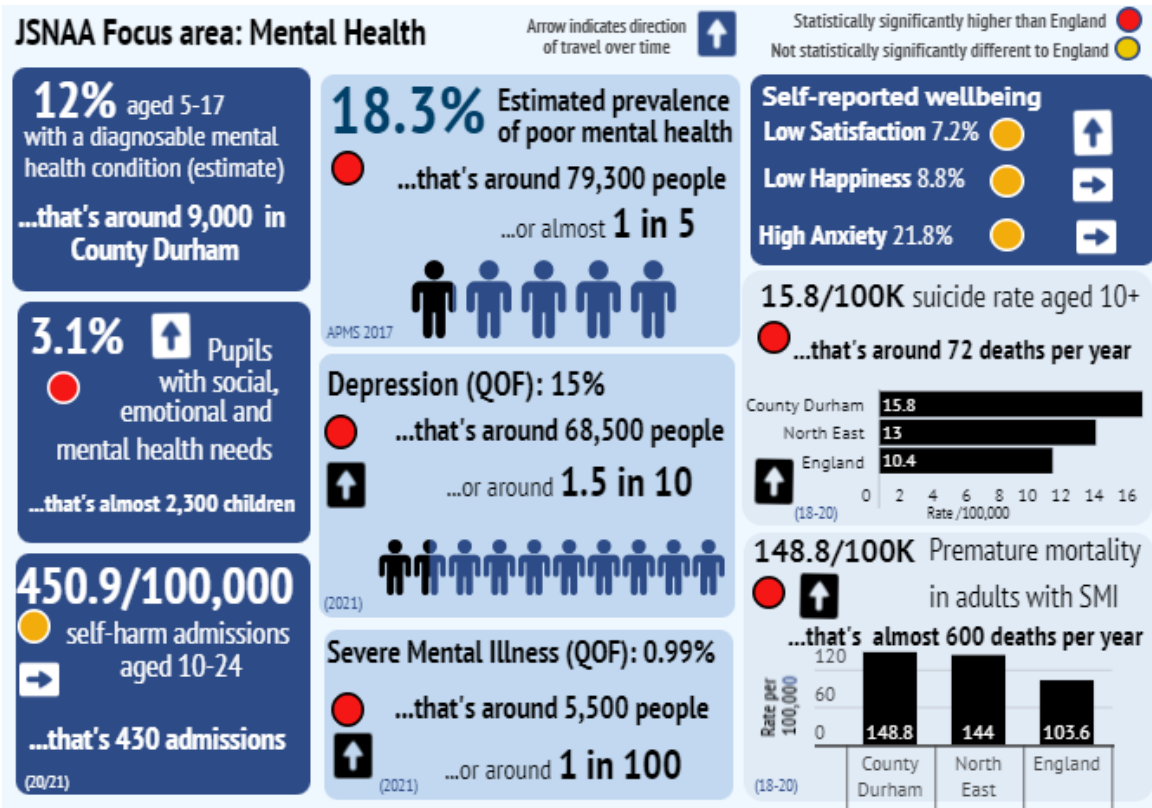
Give one word that contributes to maintaining your own mental health and wellbeing

Consider a time you felt your life was at a low.

Give one word that contributed to you feeling that way?

① Start presenting to display the poll results on this slide.





Link: <https://www.durhaminsight.info/mental-health-and-wellbeing/>



Mental Health and Wellbeing Strategic Plan 2023-26

Individuals, Families and Communities in County Durham are supported to achieve their optimum mental wellbeing

↑
Voice of lived experience
↓

Indicators and output measures

Underpinning Comms plan

Children and Young People	Suicide prevention	Urgent Care	Dementia	Resilient Communities
<p>Priority/Objectives</p> <ol style="list-style-type: none"> UNITED in Voices and drive co-production, participation and engagement from CYP and families Collectively drive universal and targeted resilience, prevention and early intervention Develop a coordinated offer that advocates easy access 	<p>Priority/Objectives</p> <ol style="list-style-type: none"> To reduce the prevalence of suicide across County Durham. To tailor approaches to improve mental health in specific groups, including the numbers who self harm. Reduce access to the means of suicide, especially in high frequency locations 	<p>Priority/Objectives</p> <ol style="list-style-type: none"> Improve patient safety and quality of care within AMH inpatient services including PICU Improve access, quality and experience for people requiring crisis services across Durham and Darlington Improve patient flow and capacity within AMH Acute Inpatient Services and PICU 	<p>Priority/Objectives</p> <ol style="list-style-type: none"> Identify and address gaps in service provision around early onset Collaboratively ensure the Dementia Advisor Service is fully integrated within Primary Care supporting those with a diagnosis of dementia from the onset Continue to investigate digital initiatives to help people living with dementia and their carers 	<p>Priority/Objectives</p> <ol style="list-style-type: none"> Promote mental wellbeing reducing social exclusion by addressing stigma and discrimination. Ensure a participatory approach engaging and cocreating the work programme with communities and local people Support The NHS Long Term Plans' vision for a placebased community mental health model
<p>How will success be achieved?</p> <ul style="list-style-type: none"> The voice of CYP, parents and carers as Experts By Experience (EBE) is embedded across the CYPMHP and subgroups. Mental health training for CYP, their families/carers and professionals is sustained with good engagement. The rate of child inpatient admissions for mental health conditions will reduce. The rate of selfharm (10-24yrs) will reduce 	<p>How will success be achieved?</p> <ul style="list-style-type: none"> Reduction in the numbers of suicides registered on the real Time Data Surveillance (RTDS) system. Increase numbers accessing IUCS for postvention support. Reduction in the numbers of articles reporting stories about suicide within local press and on social media. Increase uptake in training opportunities for MECC, MH First Aid and Suicide Prevention training 	<p>How will success be achieved?</p> <ul style="list-style-type: none"> Reduction of incidents of avoidable harm Increase in service users reporting feeling safe Positive recovery outcomes Reduced length of stay Reduced waits for people accessing a bed Timely responses to urgent referrals Improved call answer rate 	<p>How will success be achieved?</p> <ul style="list-style-type: none"> More people with young onset dementia accessing support Increase in referrals to the Dementia Advisor Service from GP's and Memory Clinics Increase in the use of digital technology for those looking after people with dementia 	<p>Key areas of focus/intervention</p> <ul style="list-style-type: none"> More Campaign and events with a broader range of organisations Co-production and lived experience is embedded, leading to ideas for change and improvements, businesses involved in workplace mental health initiatives. VCSE roles developed and in place as part of CMHT and improved communication, referral and support across the system achieved for local people.
<p>Indicators/output measures</p> <ul style="list-style-type: none"> EBE are embedded and supported across the CYPMHP and its subgroups Qualitative data from the schools survey Uptake of the mental health training offer and associated Health Equity Audit. Service data (HDFT Resilience Nurse Service, Piece of Mind Teams (MHS&S) and CAMHS)- access and outcomes. 	<p>Indicators/output measures</p> <ul style="list-style-type: none"> Reductions in demand for specialist mental health services Reduction in suicide rates Increase in people reporting they can access the right help when they need it Reducing the life expectancy gap for people with serious mental illness 	<p>Indicators/output measures</p> <ul style="list-style-type: none"> Number of Level 3, 4 and 5 incidents per team Patient experience surveys Positive and safe dashboard data (restrictive interventions indicators) % call answer rates PALS and complaints data 	<p>Indicators/output measures</p> <ul style="list-style-type: none"> Number of people accessing support with young onset of dementia Number of referrals from primary care to the Dementia Advisor Services (case studies) Qualitative data on how the technology has helped (case studies) 	<p>Indicators/output measures</p> <ul style="list-style-type: none"> Increase in businesses engaged, website analytics etc. Increase in campaigns, numbers engaged and types of organisations VCSE reporting increased input and communication. Stakeholders and partners reporting improved referral pathways and better choice
<p>Use Now You're Talking across the County to promote Good Mental Health and Wellbeing</p>	<p>Target the promotion of Good Mental Health initiatives in priority areas and vulnerable groups</p>	<p>Amplify national campaigns Time to Talk Day Mental Health Awareness Week Suicide Prevention Day World Mental Health Day Every Mind Matters Campaign</p>	<p>Promote Mental Health at work commitment across anchor organisations</p>	<p>Asset based approaches to enhance Mental Health and Wellbeing resilience in communities</p>

5 workstream successes

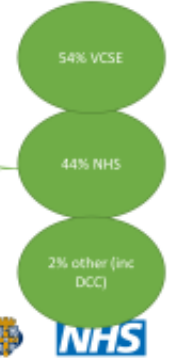
Children and young people	Suicide Prevention	Urgent Care	Dementia	Resilient Communities
Family Hubs	LGA peer review	Happiness hubs	Support in care homes	New befriending scheme
CYP Review	High frequency location	Minimal delays in A&E	Exceeding national targets	County Durham Together principles incorporated
Partnership Ongoing	Cases below 2022	111-2 and work with NEAS	Dementia Advisor	Asset-based approach to communities

Community Mental Health Transformation

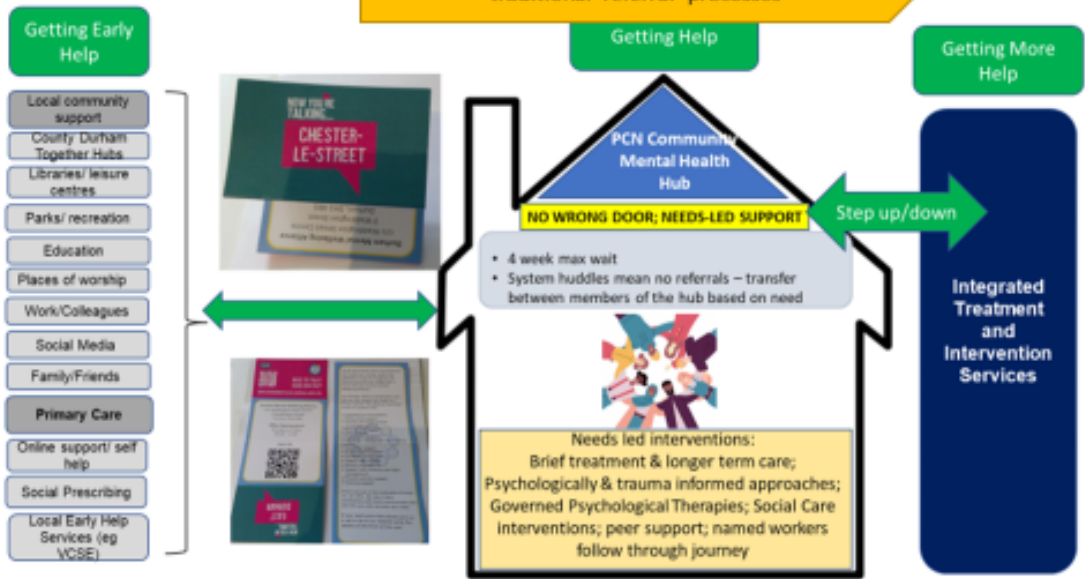
How did we use transformation resources?



INVESTMENT OVER 3 YEAR PROGRAMME



Huddles – no wrong door and can do attitude, replaces traditional "referral" processes



Better for everyone



Arch Recovery College and Recovery College Online

Resources

We're in!
The mental health challenge
Local councils championing mental health

Councillors' guide to mental health

“As a councillor I'm stuck by how many people who come to me for help – whether for housing, financial or family issues – are struggling with their mental health too. If we can get things right strategically, so all our decisions take account of mental health, we'll make huge strides forward for our communities.”

Coventor Mental Health
Mind
YOUNG MINDS
Mental Health Services
RCPsych

Mental Health & Emotional Support
for Adults in County Durham

This is a great starting point to help you access support

Advice and Self Help

- NHS** | www.nhs.uk
NHS.uk: Advice on symptoms? Or just want to feel happier, your NHS is here to help.
- NHS Every Mind Matters** | www.nhs.uk/everymindmatters/mental-health
First expert advice and practical tips to help you look after your mental health and wellbeing.
- The Recovery College Online** | www.recoverycollegeonline.co.uk
Providing a range of online courses and resources.
- Mind** | www.mind.org.uk
Resources from Mind can help find what's right for you and your family.
- Rethink Mental Illness** | www.rethink.org
Offer online support and some local groups.
- CRUISE** | 01642 210 224
Mental Healthline and support to explore what has been diagnosed.

Helplines and Webchats

- Samaritans** | www.samaritans.org
24-hour helpline and webchat. Free and confidential. Open 24 hours a day, 365 days a year.
- SANE** | 01754 961 705 | www.sane.org.uk
Sane and the SANEline offer free one-to-one support for those times you feel you need it most.
- Crack Campaign against living miserably** | 0800 58 58 58
Access the helpline to talk and find support. Open Monday 365 days a year. www.thecrackcampaign.org
- TEWY Crisis line** | 0800 0519 171 | www.tewy.co.uk
24-hour service for young people experiencing a mental health crisis.
- Qwell** | www.qwell.co.uk
Office free, safe and anonymous mental wellbeing support for adults across the UK.



What are our Challenges

- Mental Health is very complex
- Training – MECC in Mental Health across all sectors
- Managing expectation and demand

As a HWB, what else do you think we can do to address Mental Health, Wellbeing and Resilience in County Durham?



Our call to action:

We will work together to make County Durham a place where Mental Health is a priority for all

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Health and Wellbeing Board

22 January 2024

Adult Social Care Assessment Framework – Self Assessment



Report of Jane Robinson, Corporate Director of Adult & Health Services

Electoral division(s) affected:

None

Purpose of the Report

- 1 To share the adult social care self-assessment document which will be required by the Care Quality Commission (CQC) as part of the assessment of Durham County Council's (DCC) Adult Social Care.

Executive summary

- 2 In December 2021, the government released the white paper 'People at the Heart of Care', which announced plans for a reintroduction of external assessment by an independent, external, regulatory body, such as CQC. In April 2022, the Health and Care Act 2022 came into force and on 1 April 2023, CQC's regulatory powers came into effect.
- 3 Guidance released by the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) reinforced the best practice methodology to produce a self-assessment document. The Council has followed this best practice as local authorities are expected to produce a self-assessment.
- 4 The work that has been undertaken to develop the self-assessment document was presented to Cabinet in the report 'Adult Social Care update on the introduction of local authority assessment by the Care Quality Commission under the Health and Care Act (2022)' on 13 December 2023.
- 5 A range of engagement activity was undertaken to help inform the quality statements and the self-assessment document using a comprehensive collaborative process, with content editorial oversight by the Principal Social Worker. All referenced evidence is linked within the self-assessment library, which is quality checked by senior leads.

- 6 A formalised process for sign off for the self-assessment and refresh process has been approved by the Corporate Director, Adult and Health Services.
- 7 The key headlines from the self-assessment document include a focus on; the collaborative approach to understand the market position, joint management arrangements across health and social care, transitions from child to adulthood, the relationship with Public Health objectives, the strong relationship with the voluntary and community sector, the importance of workforce development, support, and staff engagement.
- 8 The overview and summary of the finalised self-assessment document is available in Appendix 2.
- 9 The self-assessment document is available at Appendix 3.

Recommendations

- 10 Health and Wellbeing Board is recommended to:
 - (a) note the self-assessment document prepared for the upcoming assessment of Adult Social Care;
 - (b) note the self-assessment will be refreshed annually, and when called upon to be submitted to CQC.

Background

- 11 In December 2021, the government released the white paper 'People at the Heart of Care', which announced plans for a reintroduction of external assessment by an independent, external, regulatory body, such as CQC and in April 2022, the Health and Care Act 2022 came into force.
- 12 It gave CQC regulatory powers from 1 April 2023 to enable them to assess how local authorities and Integrated Care Systems (ICS) discharge their Adult Social Care duties under Part 1 of The Care Act 2014.
- 13 The assessment of the local authority made by CQC is based on a single assessment framework, which will be used to assess all types of services across all health and care sectors.
- 14 Guidance released by the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) reinforced the best practice methodology for the production of a self-assessment document, which Durham County Council (DCC) has followed as local authorities are expected to produce a self-assessment.
- 15 As previously reported, a variety of engagement work was undertaken to help inform the quality statements and the self-assessment document. This included:
 - (a) Survey work: this was carried out from February 2023 to June 2023. Surveys were sent out to capture the views and feedback of cabinet members, service users, carers, staff, members, leaders, partners, and stakeholders;
 - (b) Engagement activity was carried out at a Health Care Engagement forum in March 2023 and with the Health and Wellbeing Board at a development day in June 2023. Officers also attended a Health Care Engagement forum, to gather service users' views and share with them information about the CQC assurance activity;
 - (c) Continuous horizon scanning across CQC, Local Government Association (LGA) and Association of Directors of Adult Social Services (ADASS) materials.
- 16 Work has been undertaken to develop the self-assessment document and more details can be found in the December 2023 Cabinet report "Adult Social Care update on the introduction of local authority

assessment by the Care Quality Commission under the Health and Care Act (2022)".

- 17 The self-assessment has been written around the following sections which is in line with the standard format provided by CQC and the LGA.

Section A: An Overview and Summary of Self-Assessment

- 18 This document shares:

- (a) key messages;
- (b) sets out the local context;
- (c) key strengths (see table below);
- (d) areas for improvement (see table below);
- (e) track record of delivery.

- 19 The overview and summary of the self-assessment document is available at Appendix 2.

Section B: The Adult Social Care Self-Assessment

- 20 This is a narrative document framed around the 4 CQC themes, drawing from the content of our quality statements, including:

- (a) current performance;
- (b) strengths;
- (c) risks;
- (d) issues and challenges.

- 21 The finalised self-assessment document is available in Appendix 3

Section C: Our Self-Assessment process and sign off

- 22 This document confirms the processes undertaken, including sign off processes and formal endorsements of the self-assessment.

Self-Assessment Document

- 23 The Self-Assessment has undergone a comprehensive collaborative process, with content editorial oversight by the Principal Social Worker. All referenced evidence is linked within the self-assessment library, which is quality checked by senior leads.

- 24 A formalised process for sign off for the self-assessment and refresh process has been approved by the Corporate Director of Adult and Health Services.
- 25 This includes the minimum requirements of an annual refresh, and when called upon to be submitted to the CQC.
- 26 The drafting of the self-assessment has been overseen by the Quality Assurance Board and reviewed by an independent ADASS associate. The assessment will undergo a process of review and approval by the Oversight and Assurance Group, Adult Wellbeing and Health Overview and Scrutiny Committee, Chief Officers Meeting and County Durham Care Partnership Executive. The assurance process is scheduled to conclude in early 2024.
- 27 Key Headlines from the Self-Assessment Document includes;
- (a) The development of the Quality Statements for Working with People, Providing Support, Ensuring Safety and Leadership provided the context for the Self-Assessment document and has been informed by performance data, and feedback from partners, users of services and their carers; and frontline workforce;
 - (b) Details on the work given to market intelligence outlining the interface between Integrated Strategic Commissioning, Adult Care, partners, providers and the community;
 - (c) Commentary on the joint management arrangements across health and social care to enable the reduction and duplication of work, providing the opportunity to deliver care across the whole market and ensure effective use of resources;
 - (d) Details on the services to meet the social care needs of children (aged 0-18) and to ensure transition into adulthood has no gaps in service provision;
 - (e) A profile on the close working with Public Health to embody the principles of associated strategic drivers to increase healthy life expectancy and reduce inequalities and inequities between communities, with a focus on commitment to Wellbeing for Life;
 - (f) Evidence of strong relationships with voluntary and community sector partners linked to the County Durham Together Partnership and work with the Integrated Strategic Commissioning Team Engagement Manager;
 - (g) Recognition of the importance of the workforce demonstrated through a strong programme of communications and engagement

with staff; with an emphasis on their wellbeing and resilience needs and the inclusion of champions in health and wellbeing;

- (h) Recognition of the reduction of sickness absence rates and attention to the turnover and vacancy rates;
- (i) A focus on the AHS workforce development strategy, review of staff job descriptions, career pathway developments and the recent outcomes from the Local Government Association (LGA) Organisational Health Check, which results in scores within the 'good range' for all eight standards including effective working planning and continuous professional development.

28 The table below is a summary of the key strengths and areas for improvement identified in our self-assessment against the four key themes.

Leadership	
Strengths	Areas for Improvement
<ul style="list-style-type: none"> • Strong system leadership • Robust Workforce strategy • Communication and engagement with staff • Strong approach to learning and development • Quality Assurance Framework 	<ul style="list-style-type: none"> • Recruitment and retention • Digital Development and Technology Enabled Care • Data quality
Providing Services	
Strengths	Areas for Improvement
<ul style="list-style-type: none"> • Integrated system and highly effective partnership working • Effectively managing capacity and demand for services – including our Supporting the Provider Market Service and Care Academy • Strong Commissioner and Provider relationships 	<ul style="list-style-type: none"> • Reablement capacity • Direct Payments and Personal Assistants • Further developments in specialist res care homes and support living markets to ensure capacity and Value for Money
Working With People	
Strengths	Areas for Improvement
<ul style="list-style-type: none"> • Very few delayed transfers of care from hospital 	<ul style="list-style-type: none"> • Waiting lists and backlogs

<ul style="list-style-type: none"> • Effective sign-posting / resolution at the front door • Reduction in numbers of permanent admissions to residential care • Multi-disciplinary case-working • Safe and Manageable caseloads • Service user engagement (general) 	<ul style="list-style-type: none"> • Increased number of carers expressing dissatisfaction with the support they receive • Our offer to adults with mental health needs
Ensuring Safety	
Strengths	Areas for Improvement
<ul style="list-style-type: none"> • Strong partnership working • Strategic Information Sharing • Executive Strategy Meetings process 	<ul style="list-style-type: none"> • Development work in Safeguarding Operations • Service user engagement – specific to safeguarding adults • Advocacy

Conclusion

29 A robust process has been undertaken to develop our self-assessment in line with current best practice methodology.

Background papers

- 13 December 2023 Cabinet report ‘Adult Social Care update on the introduction of local authority assessment by the Care Quality Commission under the Health and Care Act (2022)’.

Other useful documents

- 12 July 2023 Cabinet Report [Adult Social Care update on the introduction of local authority assessment by the Care Quality Commission under the Health and Care Act \(2022\)](#)
- 06 June 2023 [Adult Social Care Assurance: a guide to support the development of your adult social care self-assessment, Local Government Association](#)

Authors

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Appendix 1: Implications

Legal Implications

N/A

Finance

N/A

Consultation and Engagement

Where appropriate, consultation has taken place with internal and external colleagues and stakeholders and partners. Further consultation will be undertaken as required.

Equality and Diversity / Public Sector Equality Duty

The principles of equality and diversity have been considered.

Climate Change

N/A

Human Rights

The principles of human rights have been considered.

Crime and Disorder

N/A

Staffing

Staff will be involved in any assurance activity and are required to adhere to relevant legislation and any professional regulatory or statutory requirements relating to their roles.

Accommodation

N/A

Risk

Assurance activity carried out by the organisation and the service, and assessment of the local authority by an external independent organisation mitigates against risk by ensuring that the local authority adheres to relevant legislation and any professional regulatory or statutory requirements. Risk registers also held in the Adult and Health services, as well as for programmes of work.

Procurement

N/A

Appendix 2 – Overview and Summary of Durham County Council Adult Social Care Self-Assessment

OVERVIEW AND SUMMARY OF DURHAM COUNTY COUNCIL ADULT SOCIAL CARE SELF ASSESSMENT January 2024

This document sets the scene for our [Self Assessment document](#) and should be read in conjunction with our [Quality Statements](#) which provide full context of our performance activity in Adult Care in Durham.

ABOUT DURHAM COUNTY COUNCIL

Durham is a large, primarily rural county with over 522,000 residents and is the largest Local Authority in the North East. We are a unitary council with a budget of £1.2 billion employing over 16,000 staff. Key information about our county and our council can be viewed [here](#).

Our vision for 2035 is that County Durham is a place where there are more and better jobs, people live long, independent lives and our communities are well connected and supported.

The [Durham County Council Plan 2020-23](#) sets out our key corporate themes and priorities:

Our Economy	Durham has a thriving and inclusive economy with more and better jobs and fewer people suffering from the hardships of poverty and deprivation
Our Environment	Durham has taken action to tackle the climate emergency, reduce the impact of pollution and waste on our county and protect, restore, and sustain our natural environment
Our People	Durham is a place where people will enjoy fulfilling, long and independent lives
Our Communities	Durham is a great county in which to live, with flourishing communities which are connected and supportive of each other
Our Council	Durham County Council has a reputation for listening to its residents, being well-managed and getting things done

The employment rate for County Durham has grown steadily over the last three years and stands at around **71.8%** (around 243,300 people). This is just above the regional rate (**71.2%**) but some way off the rate for England (**75.6%**) (July 2022 – June 2023)

The council is made up of 6 directorates – each with their own Service Plan:

- [Adult and Health Services](#)
- [Chief Executive's Office](#)
- [Children and Young People's Services](#)
- [Neighbourhoods and Climate Change](#)
- [Regeneration, Economy, and Growth](#)
- [Resources](#)

Adult and Health Services is made up of 3 service areas:

- Adult Care Service
- Public Health
- Integrated Strategic Commissioning Team

with an annual budget of:

£391M	£254M	£137M
AHS gross expenditure	AHS gross income	AHS net expenditure

We have long-standing and developing [data oversight structures](#) in place in the county, which include our Joint Strategic Needs and Asset Assessment (JSNAA) group. Overseen by the Health and Wellbeing Board, the JSNAA group comprises partners from across the health and social care system. Evidence from the JSNAA is used to underpin our key strategy development in the county and Durham Insight provides a wealth of information on the county's demographics and needs of the local population.

The JSNAA is an evidence base that builds a picture of the health, care and wellbeing needs of local people and communities, based on a range of data and analysis. It informs our plans and strategies, which allows the council and partners to plan and buy services to meet the needs that have been identified.

Our JSNAA is not just about health and social care but reflects the many factors that can influence people's health and wellbeing (the Wider Determinants of Health) including:

- The current and future health and wellbeing needs of local people;
- Wider social factors that have an impact on people's health and wellbeing, such as housing, poverty and employment;
- The inequalities between County Durham and elsewhere, and also inequalities between communities in County Durham;
- What is strong and good in our communities to support good health.

The information contained in our JSNAA helps us make regional and national comparisons and monitor trends. This gives us a view of how well County Durham is doing, and where we need to improve. Locally it has provided the evidence base for the Joint Local Health and Wellbeing Strategy (JLHWS) and has informed the development of our latest Market

Position Statement (which is being finalised at the time of writing). Key messages from our current JSNAA include:

- Life expectancy (LE): men 77.7 years; women 81.2 yrs. Both lower than national average: men 79.4 & women 83.1.
- Men and women in the most deprived areas of the county have a LE of 9.3 and 7.6 years shorter than the least deprived areas
- Healthy Life Expectancy (HLE) at birth for men is 59.6 years and women 58.3 years and both are lower than the national averages of 63.2 and 63.5 years respectively.
- Disability Free Life Expectancy (DFLE) is measured at age 65. In County Durham (2017-2019) DFLE for men aged 65 was 7.3 years and women 8.3 years – again both lower than the national averages.
- 7000 over 65s in Durham estimated to have dementia (projected to rise to 12000 by 2035)
- Prevalence of many long-term conditions (such as diabetes, coronary heart disease and stroke) significantly higher than the England average
- 20% of County Durham's population is over the age of 65 (this is projected to increase to 25% by 2043)
- 1 in 4 adults will experience mental health problems at any one time - this equates to 100,000 people aged 18+ in Co. Durham
- An estimated 8,500 adults in County Durham have learning disabilities
- Approx. 59,000 adults are carers in Co. Durham

In County Durham, for every 1,000 people of working age (16-64 years) there are 397 older people of dependent age (65 plus). The proportion of people aged 65 plus who need help with at least one domestic task is currently around 26% and this is projected to increase to just under 30% by 2040. The number of people with high dependency levels is predicted to increase by approximately 20% between now and 2035.

Housing is a key social determinant of health, and the Health and Wellbeing Board recognises the need to work with colleagues to ensure all homes in County Durham provide a safe, inclusive, and secure environment for people to live and grow within their local community. To support our residents to live independently for longer, the Health and Wellbeing Board endorsed a five-year Council New Build Programme in 2021 which outlines plans for delivery of 500 affordable homes, with a large proportion dedicated for older persons accommodation including bungalows. This five-year accommodation plan was in collaboration with partners. The plan includes our commissioning intentions for future accommodation and support services for adults and young people with a learning disability, autism, and mental health needs in County Durham.

Through the work of North-East ADASS we are engaged in the Care Opportunity and Innovation Network, which has identified housing as a priority. The vision for this piece of work is:

To co-create & co-design integrated housing in local health and care systems and strategies, with a focus on increasing the range of new supported housing options.

The work has 3 priority areas which are:

- Warm and dry homes
- Older people
- Complex needs.

Poverty is also a determinant of ill-health, can drive inequality in health outcomes and increase demand for health and care services. In County Durham approximately 55% of households are deprived in at least one dimension (education, employment, health, or housing; Census 2021).

Covering significant geographical areas of rurality, Durham County Council is part of the County Council Network and engages in the County Health and Social Care Forum. Being part of this network helps us to share experiences and challenges, associated with County Councils, i.e., size/ rurality/ social care/ transport links, whilst contributing to emerging policy and deep dive pieces of work to influence the future of local services.

2 in 5 County Durham residents live in a rural area, with limited transport links. This may impact on the choice in service provision for self-funders in some parts of the county. However, services in rural areas for people with eligible care needs are mainly available with nursing care home provision being more limited. Standardised rates are in place for Care Home placements and domiciliary care services and in recognition of the associated delivery / travel issues, a specific rural uplift payment per visit is also paid for qualifying domiciliary care packages in some zones. Our refreshed Market Position Statement will continue to address the implications of rurality on the availability of local care provision across the sector.

Just under 20% of all adults receiving long term social care provision in County Durham have a learning disability.

73% of Durham residents with learning disabilities had an annual health check in the last 12 months (correct at February 2023) which, although slightly lower than the national target of 75%, is above the regional average of 70.6% and the national average of 71.8%. (Source: NHS Digital [now NHSE] Health and Care of People with LD dashboard.)

More adults with learning disabilities in Durham receive long term care than the regional and national average, and the Northeast provides lower levels of short-term support to adults with learning disabilities. There is proportionally more specialist LD care provision in the Northeast which results in higher admissions from out of area.

The national Transforming Care programme supports collaboration, joint working and integration priorities alongside workforce development and training. It also includes the re-design of care pathways, the shift towards more care being delivered to people's homes and communities and improvements in service delivery particularly in relation to hospital discharge, and we are committed to its principles in County Durham. Our key priority work in relation to supporting adults with learning disabilities includes:

- Finalising a Specialist Accommodation Plan to set out our intentions to review current commissioned services and plan for future provision for individuals with a learning disability to enable them to live in a place of their choice with the support they need to live their lives;

- reviewing the Joint Commissioning Strategy for adults and young people (14-25) with learning disabilities;
- prioritising and accelerating further development opportunities for ‘core and cluster’ models of Supported Living, where individualised accommodation with separate community facilities is provided offering greater flexibility in delivering support to those with complex and challenging needs;
- reviewing our approach to short term interventions to this cohort of service users;
- Specialist care home placements for those with learning disabilities and mental health needs are also being reviewed, with a particular focus on high-cost packages for those with more complex needs;
- Refresh the Think Autism in County Durham Strategy;
- continue to develop Durham Enable to help people with learning disabilities (and other disabilities / vulnerabilities) achieve meaningful and sustainable employment.

Comparatively, Durham is not a particularly ethnically diverse county (94.7% of County Durham residents are white British), however, with improving post-graduate opportunities for foreign students and successful supportive international resettlement programmes, the cultural profile of the county is evolving.

Following developments globally and nationally, the county is engaged in five different programmes delivering refugee and asylum support, some developed at speed in response to global emergencies. This includes assistance to individuals arriving from Afghanistan, the UK’s global resettlement scheme which provides aid to the world’s most vulnerable refugees, the Homes for Ukraine sponsorship scheme, which has seen residents offer accommodation to more than 600 guests (the highest of all the northeast regional councils), and a national transfer scheme for unaccompanied asylum-seeking children. In April 2022 the government confirmed that all local authorities in England, Scotland and Wales will be expected to participate in a new system of full dispersal of asylum accommodation in local communities. County Durham, like many areas, was not previously a location for asylum accommodation, and will therefore see an increasingly diverse population over time.

OUR STRATEGY FOR ADULT SOCIAL CARE

Our [Adult and Health Services Plan 2023/24 – 2026/27](#) sets out our priorities and our aims to deliver high quality services, to meet the needs and expectations of our service users, carers and local communities, making best use of resources. The priority actions in our Service Plan reflect our contribution to the corporate Council Plan 2023/24 – 2026/27 (and specifically those in relation to ‘our people’ and ‘our communities’) as well as to other partnership strategies for County Durham. These include the [Joint Health and Wellbeing Strategy, Public Health strategies and plans, and wider integrated commissioning plans with NHS colleagues and the voluntary and community sector.](#)

The aims of the AHS service are to:

- 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 their identified outcomes;
- prevent unnecessary admissions into hospital or other forms of 24hr/ long term care;

- prevent, reduce, and delay the demand for formal adult social care support.

This is achieved by:

- providing those with lower level needs the advice, information, and support to self-manage and retain independence for as long as possible;
- providing those with higher level needs short term services with a focus on enabling the person to regain some independence;
- assessing and meeting longer term needs once the person is at their optimal level of functioning and where all other options have been explored;
- making enquiries and undertaking investigations in situations where potential abuse is suspected.

Our interventions are based around principles of promoting independence, and making every contact count, ensuring that at each opportunity for intervention adult care staff work with people to understand what individualised outcomes the person or their carer would like to work towards, and if they are already at their optimum level of independence, how can we support them to improve their quality of life and wellbeing.

One of our key strengths is our Partnership Working. We have a strong and well-established track record of effective partnerships having been working on integration locally for at least the last 10 years. This includes our partnerships in primary care, mental health / learning disabilities, safeguarding, and carers' support.

Our [County Durham Care Partnership](#) ambition is to deliver integrated care and health interventions to our local population by joining up our systems and creating improved collaborations between our health and social care teams to achieve better, connected health services, closer to home.

The partnership's vision is:

"To bring together health, social care and voluntary organisations to achieve improvements in the health and wellbeing for the people of County Durham"

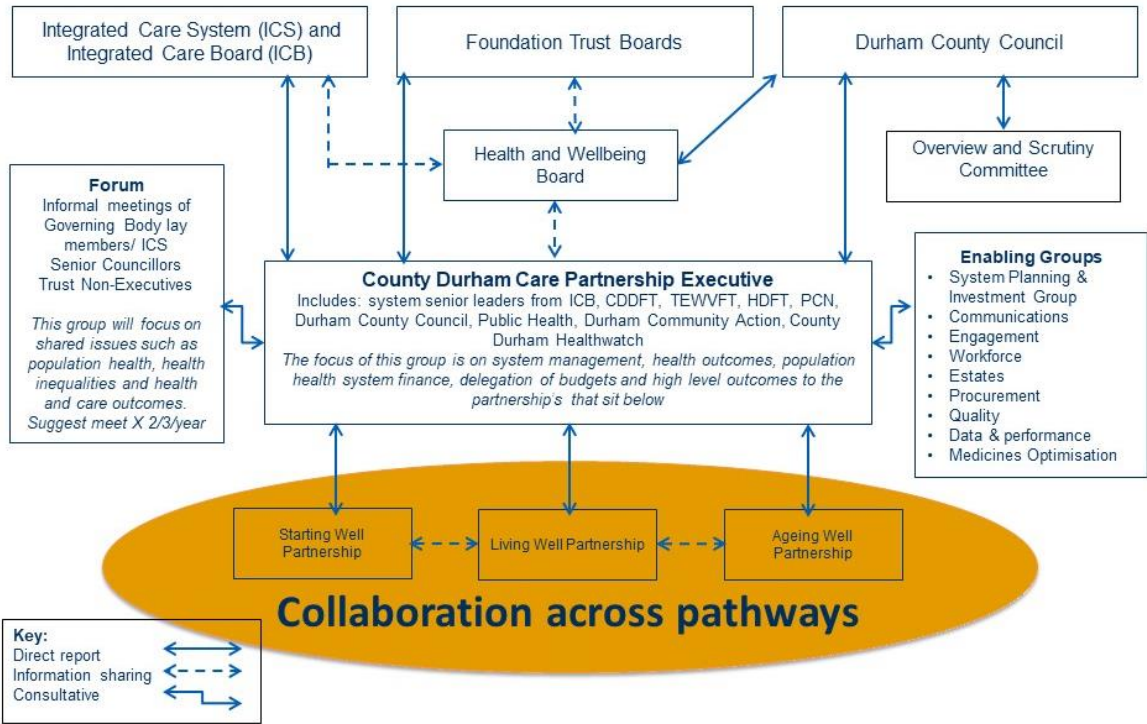
Effective collaboration between health, social care and voluntary organisations across County Durham brings real, positive improvement to people's health, wellbeing, and experience of care, and through our collaboration with Durham University we are planning work to evaluate the effectiveness of our partnership work to date.

The partnership's commitment to the people of County Durham is to:

- Deliver the right care to you by teams working together
- Help you and those in your community lead a healthy life
- Build on existing teams already working together to help you stay well and remain independent
- Provide improved services closer to your home

County Durham Care Partnership is the 8 th biggest in England	Covers a population of 527,035 (2019 census)	Local health & social budget = c£1.5billion
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We have invested considerable time in building relationships at all levels, from senior management to operational, front-line teams who work together to deliver quality services and solve problems every day. We recognise that much of what we do in health and social care is interrelated and by amalgamating practices and processes, we can help to streamline and join up service delivery to provide better outcomes for the people of County Durham.



SUMMARY OF OUR KEY PARTNERSHIPS AT OPERATIONAL LEVEL

SUMMARY OF OUR KEY PARTNERSHIPS AT OPERATIONAL LEVEL		
<p>Integrated Strategic Commissioning arrangements</p>	<p>Integrated & co-located Community Teams for Learning Disabilities and Mental Health</p>	<p>Integrated working arrangements for delivery of community services for Older People and adults with Physical Disabilities/ Long term conditions via our Team Around the Patient (TAP) model</p>
<p>Enables us to:</p> <p>explore and understand further the needs of communities in County Durham and</p> <p>develop better and more coordinated commissions at place level (5 year plan reference).</p> <p>Facilitates opportunities for joint commissions, to improve the care services we offer (e.g. our needs-led accommodation review and the establishment of our Mental Health Alliance)</p> <p>Joint senior officer post (Director of Integrated Community Services) works across the council’s Adult and Health Services and the County Durham and Darlington NHS Foundation Trust ensures strategic alignment, and that integration to improve outcomes is a priority</p>	<p>Partnership with Tees, Esk and Wear Valleys NHS Foundation Trust.</p> <p>Supports community delivery from prevention through to commissioned packages of support.</p> <p>Long-standing arrangements for co-located health and social care interventions in Mental Health Services for Older People teams providing a co-ordinated service to adults with dementia and their carers</p> <p>Inspections have identified inadequate areas of service provision in mental health services where TEWV is the lead partner, however integrated learning disability (for which DCC is the lead partner) and mental health community services have been inspected as good. (CQC webpage for TEWV).</p>	<p>Enables us to develop relationships across GP and Primary Care Network footprints</p> <p>Focus on people who are frail / have complex long-term conditions and are at risk of admission to hospital</p> <p>Coordinated care across an individual’s health and social care needs</p> <p>A review of TAP is currently being undertaken, to examine the extent to which the original vision, objectives, outcomes, and mobilisation of the TAP have been achieved.</p>

SUMMARY OF OUR STRENGTHS AND AREAS FOR IMPROVEMENT

We have developed a suite of Quality Statements based on the 4 key themes of Leadership, Providing Support, Working with People, and Ensuring Safety. From these Quality Statements, the following have emerged as our key strengths and key areas for improvement. These have informed our more detailed Self-Assessment document (see Section B).

Leadership	
Strengths	Areas for Improvement
<ul style="list-style-type: none"> • Strong system leadership • Robust Workforce strategy • Communication and engagement with staff • Strong approach to learning and development • Quality Assurance Framework 	<ul style="list-style-type: none"> • Recruitment and retention • Digital Development and Technology Enabled Care • Data quality
Providing Services	
Strengths	Areas for Improvement
<ul style="list-style-type: none"> • Integrated system and highly effective partnership working • Effectively managing capacity and demand for services – including our Supporting the Provider Market Service and Care Academy • Strong Commissioner and Provider relationships 	<ul style="list-style-type: none"> • Reablement capacity • Direct Payments and Personal Assistants • Further developments in specialist res care homes and support living markets to ensure capacity and Value for Money
Working With People	
Strengths	Areas for Improvement
<ul style="list-style-type: none"> • Very few delayed transfers of care from hospital • Effective sign-posting / resolution at the front door • Reduction in numbers of permanent admissions to residential care • Multi-disciplinary case-working • Safe and Manageable caseloads • Service user engagement (general) 	<ul style="list-style-type: none"> • Waiting lists and backlogs • Increased number of carers expressing dissatisfaction with the support they receive • Our offer to adults with mental health needs

Ensuring Safety	
Strengths	Areas for Improvement
<ul style="list-style-type: none"> • Strong partnership working • Strategic Information Sharing • Executive Strategy Meetings process 	<ul style="list-style-type: none"> • Development work in Safeguarding Operations • Service user engagement – specific to safeguarding adults • Advocacy

COMMITMENT TO CONTINUOUS IMPROVEMENT

Our service embraces a culture of learning from performance data and feedback from our service users and staff. Our preparation work to develop our Self-Assessment document has provided us with a welcome opportunity to reflect on what’s working well in Adult Social Care and where we need to continue to focus our efforts to transform and shape our future service delivery. Our Self-Assessment document (Section B) outlines these in more detail.

Durham County Council

Adult and Health Services Self Assessment



Jan 2024



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1. AN INTRODUCTION AND SUMMARY

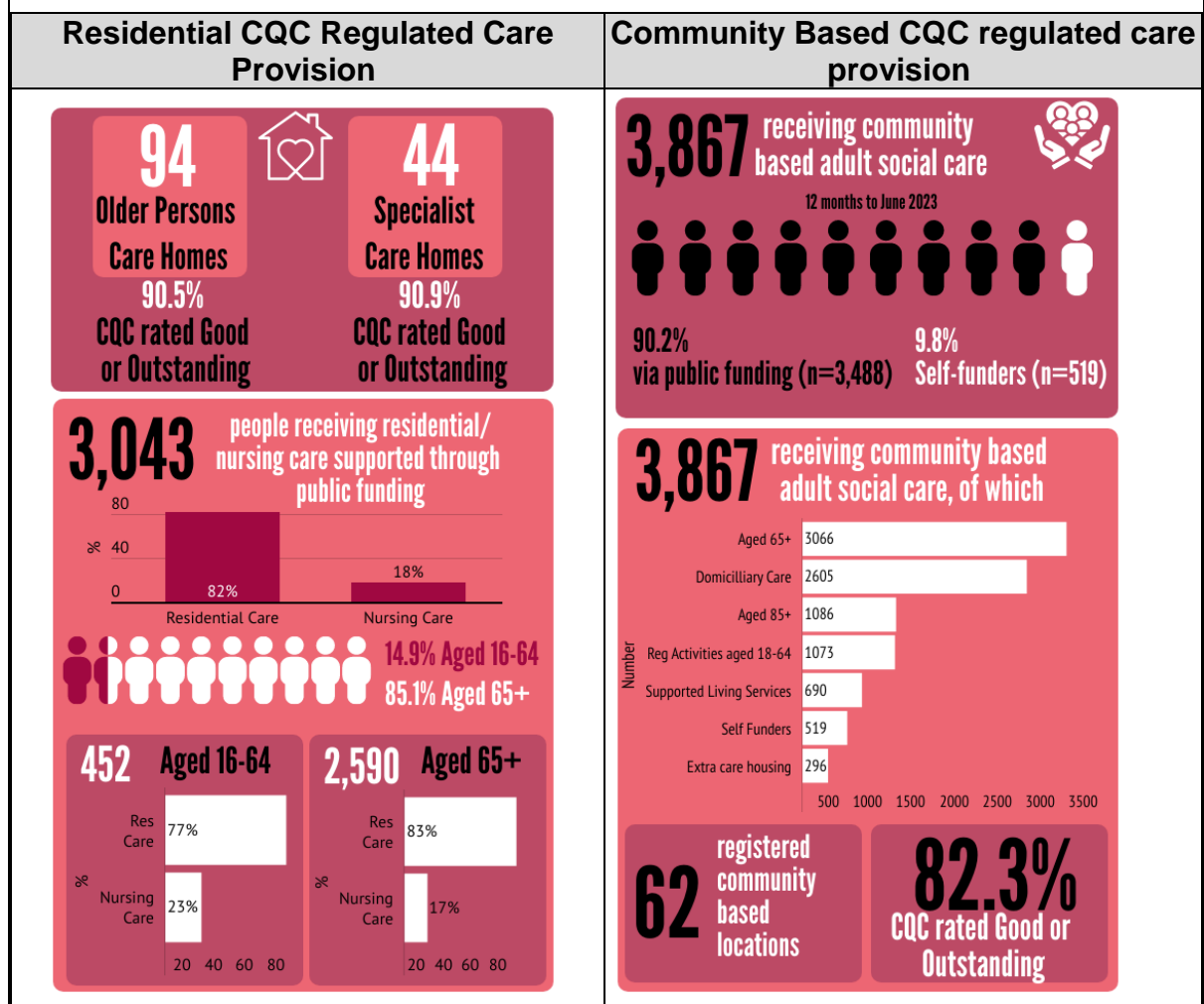


This is our vision for Adult Social Care in Durham which was at the forefront of our preparation of the Quality Statements which summarise our aims and achievements, strengths, and improvement goals across 4 key areas of the service: Leadership, Providing Services, Working with People, and Ensuring Safety. These Quality Statements provide the context for this Self-Assessment document and have been informed by careful consideration of our performance data, and feedback from partners, users of our services and their carers, and also our frontline workforce. Our ambition is to provide high quality services to adults with social care needs to enable them to achieve their potential, and to maintain or improve their wellbeing. As an organisation and through our partnerships, we are self-aware. We also have an informed and shared understanding of the needs of adults with social care needs in our local area. We continue to build innovative, effective, and responsive services across our partnerships to meet identified needs.

General activity data for the service can be viewed in appendix 1.

Our Integrated Strategic Commissioning Team utilises market intelligence working closely with Adult Care, partners, providers, and the community to understand demand to stimulate and co-design the market and to provide services that enable us to deliver people’s outcomes and maximise independence and wellbeing. Joint management structures across health and social care enable the service to reduce duplication of work, allow providers opportunity to deliver care across the whole market, and ensure that resources in County Durham are utilised in the most efficient and cost-effective way, providing opportunities to share best practice and pool resources when monitoring the quality of care provision.

The Integrated Strategic Commissioning Team oversees over 700 individual contracts with social care providers.



The council also commissions from other non-CQC-regulated providers such as: day care sector, VCSE, equipment providers, and non-assessed services e.g., community alarms, carers support, care home brokerage service.

The Integrated Strategic Commissioning Team ensures that services are safe, high quality and support improved outcomes for those that access them. All contracts have specifications for standards that services must meet, and data is collected by the team to support contract monitoring and reviews.

A further role of the Integrated Strategic Commissioning Team is to commission services required to meet the social care needs of children (aged 0-18). An overlap exists between children and adult's services whilst the young person is transitioning into adulthood which is supported by the service. Commissioning colleagues have responsibility to ensure that there are no gaps in service provision, and commissioners work closely with the frontline social work service to achieve this.

Working closely with Public Health we strive to embody the principles of our corporate Approach to Wellbeing (A2W) which are:

- Empowering communities: working with communities to support their development and empowerment.
- Being asset focused: acknowledging the different needs of communities and the potential of their assets.
- Building resilience: helping the most disadvantaged and vulnerable, and building their future resilience.
- Working better together: working together across sectors to reduce duplication and ensure greater impact.
- Sharing decision making: designing and developing services with the people who need them.
- Doing with, not to: making our health and care interventions empowering and centred around you as an individual.
- Using what works: everything we do is supported by evidence informed by local conversation.

Public Health's strategic drivers are to increase healthy life expectancy and reduce inequalities and inequities between communities. Key Public Health strategic priorities include reducing morbidity/improving the quality of life for those with long term conditions, improving mental health and wellbeing across the life course, and promoting healthy and independent lives for older people.

Our work with the Public Health team maximises engagement of our older population and those with long-term health conditions with wellbeing services ([Wellbeing for Life](#)) that can serve to support people with lower-level needs or complement commissioned care and support packages.

All Adult Care staff have access to [Making Every Contact Count training](#) (MECC) which supports holistic assessment and care planning. This, together with the roll-out of [Connecting People](#) training (which is a framework for supporting people to increase their social capital by strengthening existing and developing new networks of support) has helped us to shift our social work practice towards a more strengths-based model.

We have strong relationships with our voluntary and community sector partners. Working with key partners, we have developed our County Durham Together Partnership which aims to streamline and strengthen community participation, engagement and involvement.

Within our Integrated Strategic Commissioning Team, our Engagement Manager coordinates our approach to inclusion, engagement and involvement, and an Involvement Strategy has been developed to support our co-production aspirations within our County Durham Together Partnership framework.

WORKFORCE

Full management structure charts and workforce data can be found at appendix 2 and further detailed information within our Quality Statement on Leadership.

Despite significant change across the workforce over the last three years, we have dedicated and committed staff, with high levels of engagement with the senior leadership team who have a strong focus on wellbeing and resilience. We have a strong programme of communication and engagement with staff and consistently receive excellent feedback regarding our bi-annual director's roadshows, bi-annual Head of Service Engagement events and bi-monthly Focus on Practice forums led by our Principal Social Worker.

Q2 2023/24 workforce data for DCC Adult Care:

- Turnover rate is 19.6% (this includes staff leaving the council, and staff who move roles within the service or moving to a different directorate.)
- Vacancy rate 14.17%
- Outside of our in-house provider function, use of agency social care staff in the service has consistently been in single figures for the last three years. (We currently have 2 agency social workers in the service.)

All leaders and managers have a corporate objective in their annual Professional Development Review to improve health and wellbeing and to manage attendance and performance effectively.

Senior leaders within AHS champion health and wellbeing and ensure that talking about mental health and support is at the heart of everything that we do. Our Corporate Director for AHS has held a number of Time to Talk drop-in sessions for staff.

Our Corporate Director for AHS chairs the corporate Better Health at Work Group and our Director of Public Health is one of the leads on our corporate commitment to the Better Health at Work Award, where we are now 'maintaining excellence' having achieved the gold award.

Mental Wellbeing continues to be the most prevalent reason for absence. Sickness absence rates are improving across Adult Care with a reduction in the rolling year figure at an average of 12.26 days lost per FTE at Q2 2023/24 compared to 12.32 in Q1 2023/24 and 12.69 days at Q4 2022/23. The average had been 17.12 days in the corresponding period Q1 2022/23.

AHS overall has also seen a reduction in sickness absence with an average of 11.9 days lost per FTE in Q2 2023/24.

Our [AHS Workforce Development Strategy](#) has been refreshed, job descriptions have been reviewed, career pathways have been developed with staff and managers, and our Progression procedures are currently being reviewed. Feedback from staff via the national [Local Government Association Organisational Health Check](#) (Jan 2023) resulted in scores within the 'good' range for all 8 standards for employers of social care professionals which include: having effective workforce planning systems; supervision; and continued professional development.

2. QUALITY STATEMENT THEME: LEADERSHIP

CURRENT PERFORMANCE – INCLUDING OUR KEY STRENGTHS

The Adult and Health Service is a stable directorate with a strong, and well-embedded senior leadership team, consistent performance, and a balanced budget position. We have proportionate oversight from and representation at Corporate Management Team and Cabinet.

Our Corporate Director has been in post for 7 years and is a key member of the council's Corporate Management Team and regularly engages with Cabinet. The service has representation at relevant strategic boards, and a corporate Assurance and Scrutiny Group has been established. [Adults Wellbeing and Health Scrutiny Committee](#) meets 7 times per year.

As well as leading the service, our management team contributes to the wider corporate management and development of the council by playing an active part in the council's Extended Management Team (EMT) and external partnership arrangements, which helps us to promote the principles of safeguarding, care, and wellbeing across the wider system.

STRONG SYSTEM LEADERSHIP

We have robust regional/system leadership and engagement and have a strong track record of integrated partnerships. Our senior leaders are leading officers at ICS/ICB level as well as at place. Our joint integrated senior leadership team arrangements enable strategic discussions and influencing of whole system working. We have a number of joint senior leadership posts including the Director of Integrated Community Services and Joint Head of Integrated Strategic Commissioning/Director of Place County Durham. We have also recently invested in two joint appointments to strengthen and further develop: 1) mental health integrated services in partnership with Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) and 2) the system coordination of hospital discharge via a transfer of care hub, in partnership with County Durham and Darlington NHS Foundation Trust (CDDFT).

We have strong regional relationships across key roles in our organisation ensuring that learning is shared where possible, joined up regional approaches are utilised to support innovation and improvement, and to ensure our local residents are provided with services which are equitable and comparable with standards across our region. Our Corporate Director for Adult and Health Services is the regional chair of North East ADASS. The Head of Adult Care also plays an active role regionally - including chairing the regional Sector Led Improvement Carers Group, and longstanding attendance and active contribution to the regional Head of Service group, deputising for the Corporate Director and representing the service at a range of regional forums.

The service has representation at every ADASS regional sector led improvement group and is a key partner in regional ADASS forums including commissioning, workforce, performance and digital as well as the regional Adults Principal Social Worker network. Our Deputy Director for Integrated Strategic Commissioning has led on a number of initiatives for the North East, including accessing NHS national funding through NHSE to enable all regional LAs to bring forward fee uplifts to ensure winter workforce capacity in 2021-22.

Elected members are critical to the success of the County Durham Care Partnership. Regular system-based briefings and reports are provided to the Health & Wellbeing Board (HWBB) and Overview and Scrutiny Committee (OSC). Regular updates on progress with integration and the continuing work of the County Durham Care Partnership are presented to Cabinet. This ensures that elected members have system-based information and are supported to make informed decisions. The wider Care Partnership regularly receives site visits by Councillors and senior leaders to model and emphasise partnership behaviours.

Outcomes of recent [engagement surveys](#) of elected Members, EMT and staff reflected our strong position on leadership. Results across all three surveys were positive - 92% of respondents in both the elected Member and EMT surveys agreed that there was a stable leadership team with clear roles, responsibilities, and accountabilities, although this was lower in the staff survey at 60%. In the EMT responses 'a well-established and strong visible leadership team that are self-aware and reflective' was highlighted.

ROBUST WORKFORCE STRATEGY

Our comprehensive [AHS Workforce Development Strategy](#) is underpinned by robust plans for each of the three service areas (Adult Care, Integrated Strategic Commissioning and Public Health).

The development of the strategy was informed by horizon scanning for changes in practice, legislation, demographics, areas of good practice, developing themes that could impact on the workforce etc during its lifetime. Teams across the service were consulted to determine their aspirations, priorities, and risks to their services in order to inform and define the learning and development needs for employees. The development of our strategy took place during the Covid-19 pandemic, and as a result opportunities for meaningful consultation were reduced. At the point of the review of the Workforce Strategy starting in 2024, we will be looking to broaden our engagement with stakeholders to ensure their views are more widely reflected in the next iteration.

Workforce profiling informs our workforce planning to aid succession planning in identifying potential gaps that would need to be filled in the coming years and this has influenced our AHS Workforce Strategy delivery plan, annual learning, and development plan and in our recruitment and retention developments.

As well as this strategy, an annual cycle of Personal Development Reviews (PDRs) is undertaken by managers and staff. These are linked to training and development needs and learning records from our corporate Durham Learning and Development System (DLDS).

We are actively engaged in work across the North-East & North Cumbria (NENC) Integrated ICS to develop a People and Culture Plan which aims to outline a shared vision that moves us further towards a 'one workforce' model, focusing on greater integration and recognising and building on foundations already in place.

Skills for Care's [Summary of the adult social care sector and workforce in Durham 2022/23](#) which is informed by data from their Adult Social Care Workforce Data Set 2022/23, shows that:

- The total number of posts across the whole of the adult social care sector in Durham is 16,000
- The number of filled posts has increased by 150 (less than 1%) from the previous year and the number of vacancies has decreased by 150 (-12%)
- Filled posts across the sector in our county are split between the local authority (6%), independent sector providers (76%), posts working for direct payment recipients (7%) and other sectors (11%)
- Vacancy rate in Durham was 8.40%, which was similar to the regional average of 8.7% and lower than to England at 9.9%
- Sector-wide adult social care workers in Durham had on average 10.3 years of experience in the sector and 77% of the workforce had been working in the sector for at least three years
- Less than 14% of workers across the sector are on zero-hour contracts which is lower than the north-east and national averages.

In the independent sector provider market in Durham, capacity remains robust, both in residential and non-residential services. We have eradicated the small, but persistent, waiting list for domiciliary care provision which we had experienced from lockdown restrictions until early 2023. At the time of writing (20-11-23), we have only 1 unfulfilled care package (of 3 hours per week). Unallocated packages have been in single figures since April 2023, and 50% of the time (17 of the 34 weeks from 4th April 2023) we have had only 1 or 0 packages waiting care. This is a significant improvement on the 56 unallocated packages at the beginning of 2023. To achieve this, the council has supported domiciliary care providers with fee uplifts and support with fuel costs to ensure that their workforce receives suitable wages to respond to cost of living crises and other system pressures. Through our Supporting the Provider Market service we have developed the [Care Academy](#) whose remit includes supporting social care providers with recruitment and retention, staff training and workforce development, practice guidance, digital ways of working, innovation and improving interfaces with the health and social care system.

As members of the ADASS regional Combined Social Care Recruitment and Retention and Care Academy Group, Integrated Strategic Commissioning Team representatives actively share knowledge and experience of the County Durham Care Academy work and support regional workforce initiatives.

COMMUNICATION & ENGAGEMENT WITH STAFF

The senior leadership team has an 'open door' policy, recognising the value of regular access to and supportive comms from senior leaders to staff. A range of activity supports regular engagement with the workforce:

- monthly updates via a dedicated Sharepoint site/ emails. Readership is typically between 120-150 each month
- targeted staff briefing notes on specific practice issues as identified
- Head of Service Sessions co-ordinated by APSW
- Corporate Director's roadshows delivering general updates from the director and respective heads of service
- Corporate Director/Head of Service planned office base visits to hear directly from groups of staff
- Focus on Practice forums facilitated by APSW and Senior Practice Development Officer bi-monthly - visiting speakers deliver presentations and learning activities on a range of topical practice areas (which the audience itself is invited to pre-determine)
- Community Care Inform (Adults) - our primary resource for self-led learning for frontline social care practitioners, offering resources, articles, podcasts, and interactive learning tools on a vast array of practice-related topics which can be used individually, or within groups for group supervisions, learning forums etc. Our Topic of the Month reflects contemporary issues and practice priorities, and this usually links to any key topic discussed at Focus on Practice Forum and/or in the monthly internal staff comms.

"enhanced my knowledge & skills"

"pace just right...very informative"

Summary of feedback received July 2023 from staff attending Focus on Practice and Head of Service Staff Engagement Event.

"gave us an opportunity to share our views"

"a very informal and friendly environment in which to learn"

STRONG APPROACH TO LEARNING & DEVELOPMENT

- We have a dedicated in-service Development and Learning service oversee our Annual Learning & Development Plan developed in partnership with Strategic Managers to meet the needs of the workforce.
- We support social work and occupational therapy apprenticeships. To date we have supported seven people on the integrated degree for social work; one person on the occupational therapist (integrated degree) apprenticeship; and one person on a 'top up' leadership and management degree apprenticeship. We have a good track record so far of retaining the staff who have qualified via this route. Work will commence in 2023/24 to develop a programme for recruitment from the wider council and externally for 2024/25 recruitment opportunity.

- We have an established partnership with Think Ahead (a two-year fully funded national programme which trains up to 160 mental health social workers each year by combining academic learning with on-the-job experience) – recruitment in Mental Health social work being a specific challenge for us. This assists in our wider workforce development recruitment plans for these roles. 87% of participants in Durham have completed the programme. We recently expanded this opportunity to include our Mental Health Older Persons service. Support is in place through the programme to aid the candidates utilising our Consultant Social Workers who provide peer support and guidance. In the last year 2 years we have had 22 people enrolled. We run annual targeted recruitment campaigns to ensure continued take up.
- We have invested in a Consultant SW post to provide greater support to the operational teams in the management of students, apprentices and to our 36 newly qualified social workers currently undertaking their Assessed and Supported first Year in Employment (ASYE) – with the aim of reducing demand on frontline managers and supervisors.
- We have implemented ASC leadership and development pathways to support succession planning.

In the 2022/23 LGA Health Check Survey, Adult Care staff at DCC rated their employer's continuous professional development offer as 'good' – scoring us higher than the North East and national averages.

QUALITY ASSURANCE FRAMEWORK (QAF)

Our [Quality Assurance Framework](#) describes how we utilise a number of processes to ensure we learn, evolve and improve. These include:

- Compliments, complaints, and ombudsman reports
- Case reviews or serious incident reviews
- Case file audits and other service level audits
- Case management reviews
- Safeguarding Adults Reviews and Independent Reviews
- Specific orders/communications via Court of Protection judge
- Reflective activity based on feedback from partners
- Executive Strategy Meetings undertaken with partners
- Commissioning review of contracts
- Practice improvement monitoring visits
- Commissioning quality processes

Following some regional work within the North East Adults Principal Social Workers Network, we have introduced a new regional quality audit tool to undertake monthly case file audits. The tool is designed to support the auditor to not only gauge the quality of our recording in our electronic case management system, but also to build in an element of peer reflection - practice-focussed case discussions, and also invites people who use our service or their representatives to share specific feedback on their experience of using our services.

Quarterly summary findings are reported into Adult Care Management Team with agreed improvement actions and monitoring. In Qs 1&2 2023-24 findings, 77.8% of case files audited were rated as 'good' or 'outstanding'.

We have met with one of our key partners (TEWV) to begin discussions about aligning our in-house case file audit activity, and how we can take a more joined-up approach to sharing the learning from case file audits. Our plan is to implement an integrated element to case file auditing from Jan 2024.

Extracts from service user/carer feedback from recent case file audit (Q2 2023/24)

“I feel able to discuss any issue with [her worker] and know that together a solution will be found. I feel listened to from a carer’s perspective”.

“D [social worker] quickly helped me to change my care provider... I am happy with the way she responded...D listened to me... I wish I could still have her as my worker...D was lovely and nice to me; she listened and helped me. I am open to the review team now, but I would have liked to keep the same worker...D explained everything to me well...”

Auditor: Service user described overall experience of working with C (Review Officer) as good and said she was friendly, knowledgeable, and able to answer all her questions and queries.

Service user felt she was being listened to and said she is quite happy with everything. She feels safe at home and wishes to remain there, and said she has the care that she needs, happy with the care package and carers that support her “

Key commonly observed practice standards from case file audits undertaken in Q1 & Q2 2023/24:

Most commonly observed positive practice in case file audit work	Most commonly observed observations of practice from case file audits which have prompted improvement work
<p>Lots of evidence of multi-agency working Good Standard of Recording – clear and concise Evidence of strengths based practice Evidence of person-centred recording Evidence of Care Act principles being adhered to</p>	<p>Inaccurate recording of data regarding advocacy Inaccurate recording of data recording carers’ needs/ assessments Multiple examples of copy and paste being used in service user’s without editing for context/accuracy</p>

Actions taken as a result

- Positive practice observations shared with management teams and at Focus on Practice Forum
- Briefing notes produced reminding staff about specific recording requirements regarding advocacy & carers
- Carers Procedure reviewed and changes communicated to staff
- Recording Procedure reviewed and updates communicated to staff

Our [Annual Statutory Representations Report 2022/23](#) outlined that the number of complaints received that had been investigated in the year had increased to 95 from 79 in 2021/22. The number of complaints raised with the council by the LGSCO was

14 compared to 15 in 2021/22. Compliments also increased significantly in 2022/23 compared to 2021/22 from 48 to 93.

The most common reason for complaints in 2022/23 was Finance – Charging Policy, identified as a factor in 32 complaints. It was also the main reason in 2021/22.

Examples of learning from complaints cited in the annual report include:

- Updated factsheet on charging for residential care services with staff instructed to ensure this is provided at the earliest opportunity and at the same time as the Council carries out a needs assessment for residential care so that service users are made aware of the potential charges as soon as possible.
- Improvements made to the 'statement of account' template so that service users can clearly identify how the charges for their care and support have been calculated, the payments they have made to date and any outstanding balance.

Annual auditing undertaken by Internal Audit focusses on assurance of financial activity and use of resources. Outcomes of the audits are tracked to ensure corrective actions are completed and followed-up and reports are submitted to the internal service management teams and quarterly overviews to Adult and Health Services Management Team. In Quarter 1 there have been no 'limited assurance' reports issued.

The service has a [Principles of Best Practice Framework](#) which is currently being reviewed in consultation with frontline staff and managers, and this will be linked to our Quality Assurance Strategy.

As part of the integration work programme, an overarching Quality Strategy for the [County Durham Care Partnership](#) has been developed. Key stakeholders worked together to identify the priorities for improving quality as a care partnership. The strategy does not replace any existing organisational quality strategy, but complements these, by setting out the way in which we as a partnership intend to approach shared quality improvement agendas.

[Our annual statutory Adult Social Care Survey](#) shows comparatively high levels of performance linked to quality of life, choice and control, and safety. The 2022/23 survey demonstrated that **66.8%** of customers were 'extremely/very' satisfied with the services that they receive with **~90%** expressing some degree of satisfaction.

PRIORITIES TO MAINTAIN AND IMPROVE

RECRUITMENT AND RETENTION

Reflecting a national trend, recruitment and retention are significant issues for Adult Care in DCC with a turnover rate at 19.6% for the year ending September 2023 (this figure includes people leaving the council and those moving to a different post within the same or a different directorate). Direct national comparisons are not possible,

but [Skills for Care's ASC Workforce Data Intelligence for 2022](#) reports the turnover rate for Social Workers only (17.1%), or the whole ASC sector workforce (28.3%). Our current vacancy rates in Adult Care remain high at 14.2% across the service for the year ending September 2023, with our highest service area of concern in integrated mental health services at 26.2%. The nearest national comparison information from Skills for Care estimates a national vacancy rate of 11.6% for Social Workers only, and 9.9% across all roles across the adult social care workforce).

Significant staff turnover has resulted in the loss of experienced employees. Those replacing them include high levels of newly qualified and inexperienced staff. This has brought additional pressure into the system in respect of support and mentoring as well as assessment and panel work. We have invested in a Consultant SW post in recognition of the additional support required to reduce the impact on our operational teams in the management of students, apprentices and to those undertaking their first Assessed and Supported Year in Employment, and we have sustained our longstanding commitment to the Think Ahead programme for mental health social work.

A corporate risk on recruitment and retention has been identified and added to the strategic risk register with our Head of HR and Employee Services leading on a range of actions and interventions. We are working collaboratively with corporate HR and Employee Services in this work and have invested in a temporary post to support this work programme.

Examples of actions that we are working on include:

- developing an approach to **marketing and social media** - raising our brand awareness as an employer of choice. For example, work on a focused campaign for Home Care Workers in our CDCS Extra Care Service.
- a new dedicated **jobs and careers Facebook** page and improving our website pages.
- improved **induction** - aligning more closely with employee journey and candidate experience.
- piloting the roll out of a new digital **onboarding platform** within our HR/Payroll system.
- New **advertising contracts** in place including Indeed and Penna.
- Promoting the variety of AHS ASC roles at **job and careers fairs** and strengthening relationships with universities and colleges to support with skills sessions and a 'day in the life of'.
- introducing **new starter and exit surveys** – we had previously identified a gap in reporting and analysis on exit data within AHS ASC.

Recognising these issues and demonstrating our commitment to address them, we have also set up a new AHS Workforce Development Cross Service Strategy Group, chaired by the Head of Adult Care and working with our children's social care colleagues and commissioning leads. This will ensure there is strong oversight and a joined-up focus on workforce development issues and that we improve our insight and analysis of workforce data.

We have a strong regional approach to collaborative working in relation to our workforce development and recruitment and retention issues through our active involvement in the regional ADASS workforce strategy, and our links with the North East Social Work Alliance and our local Higher Education Institutes.

DIGITAL DEVELOPMENT WORK

Overseen by our AHS Digital Group, our assistive technologies offer is currently under review, and we have invested in a permanent Technology Enabled Care Officer post to oversee the roll-out of a TEC Strategy. Following [recommendations from work with external consultants SOCITM](#) we have a programme of development planned including:

- Creation of an online catalogue of current Telecare items available from the local authority
- Identifying gaps in current TEC offer, explore product options including TEC demo / showcasing sessions
- Regional benchmarking work
- Review of our approach to assessing for and reviewing cases where Telecare is the only social care provision
- Roll out training across Adult Care, Commissioning and Telecare provider
- Improving performance reports available to support TEC work
- Developing a Communications Strategy for TEC
- Exploring co-production in TEC development work
- Reviewing our information and advice offer to self funders and the wider public.

Our work with adult social care providers in the roll-out of Health Call Digital Care Home has led to some innovative practice. Practice Development Service is currently working with a Project Manager in Operational Support service to scope a future work plan based around our digital evolution in the social work and occupational therapy services.

Through our active engagement in the ADASS Regional Technology Network Group and NENC ICS Adult Social Care Digital Transformation Steering Group we are currently working towards the development a regional technology fund bid to explore lifestyle monitoring.

Extract from feedback from the daughter of a local dementia care home resident shared by a local provider describes the benefits of using RITA (Reminiscence/Rehabilitation & Interactive Therapy Activities) – a touch-screen digital tool we have supplied to our providers to support engagement with residents combining entertainment and therapy: “never seen mum so engaged... used it for over an hour and brought back lots of lovely memories... absolutely delighted... activity person took a photo and printed it off, so a wonderful positive memory to keep forever”.

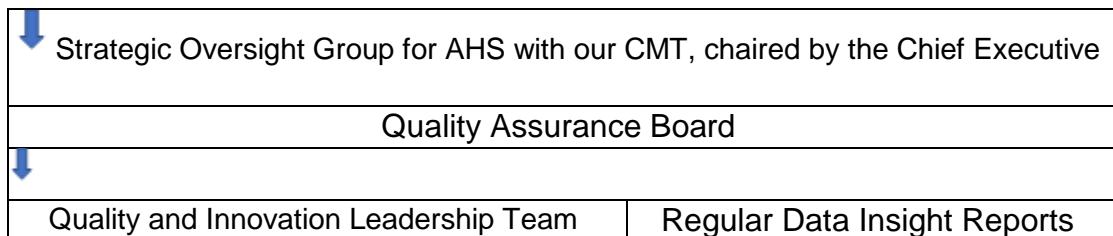
IMPROVING DATA QUALITY

Our performance management framework is comprehensive to support our continuous improvements and to support informed decision making. See governance structure below.

Our performance management framework enables our leadership team 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 and understanding of issues and in setting and monitoring improvement actions.

All strategies and plans are monitored in line with our performance management framework.

Power BI dashboard provides managers access to staff-level data and has now replaced the monthly staff-level reporting through management teams.



Since moving to our new case management system, and due to non-standardised data collection across some of our partner organisations, we have seen some anomalies in our data returns. The service works closely with Data and Performance Teams to understand why those anomalies occur and how operational practice impacts on this and continue to undertake targeted data cleansing activity and staff briefings as required. This is tracked through our [Data Quality Action Plan](#).

3. QUALITY STATEMENT THEME: PROVIDING SUPPORT

Our Quality Statements in relation to **Providing Support** focussing on care provision, integration and continuity, and partnerships and communities demonstrate a good understanding of the diverse health and care needs of people and our local communities, that enables us to ensure care is joined-up, flexible and supports choice and continuity, whilst remaining sustainable and affordable.

Our key strengths and areas are summarised below. The Quality Statements provide further context.

CURRENT PERFORMANCE – INCLUDING OUR KEY STRENGTHS

Our Market Position Statement (MPS) covers our plans for integrated commissioning, collaborative models of service delivery and signals to the market the new models for housing required, including specific locations in the County.

Key messages from the refreshed MPS (currently in draft form) for providers include:

- Be preventative so that people can maintain / regain independence, delaying the need for care, or moving away from support or on to less intensive support
- Be delivered in a more integrated way, with priorities aligned to improved service delivery and outcomes across the health and social care system
- Encourage personal and community resilience
- Offer short term interventions where appropriate
- Be flexible, person centred and developed with input from service users and carers, using a co-production approach where possible
- Be designed and implemented around individuals and their communities
- Identify and achieve outcomes for service users and carers and promote wellbeing
- Be developed in partnership with the council and other commissioners and providers of service; for example health colleagues and the voluntary, community and social enterprise sector
- Offer value for money services.

The MPS covers a range of work, some addressed through 'business as usual' commissioning work and others through large scales programmes of work or project work. The Integrated Strategic Commissioning Team has implemented a workbook tool for all key projects to be tracked under which helps with assurance, progressing the work and flagging risks and issues.

The Integrated MPS that is being developed has grouped its messages in line with the County Durham Place Plan (Starting Well / Living Well / Ageing Well). It also includes sections from both Public Health and Housing colleagues to join up all of the strategic messages for social care providers.

INTEGRATED COMMISSIONING ARRANGEMENTS have enabled us to explore and understand further the needs of communities in County Durham and have facilitated opportunities for joint commissions, to improve the care services we offer. Commissioning services in an integrated way both enables the best use of the County Durham pound and also delivers a better service for our local people.

Examples of integrated commissions include:

- Intermediate Care Plus Beds
- Core Carers Service
- Short Term Assistance Service
- Community Equipment Service
- Older Persons Care Homes
- Domiciliary Care

Integrated commissioning includes combining funding, writing specifications and tender questions that reflect priorities of key partners; also monitoring and reviewing covering, all commissioning requirements with reporting to integrated groups / boards.

Some examples are our 'Needs-Led Accommodation Review' (covering starting well, living well, and ageing well life course) and the establishment of our new Mental Health Provider Alliance. The Alliance gives real strategic responsibility to providers and those with lived experience, enabling them to co-produce in partnership with

commissioners and wider stakeholders to drive service development and improvement and be responsible for future direction.

EFFECTIVELY MANAGING CAPACITY AND DEMAND FOR SERVICES AND RESPONDING TO MARKET PRESSURES

Durham County Council recognises its responsibilities under the Care Act regarding the local market for social care services, but our local ambition was to provide enhanced support to our local social care providers to deliver services both for our service users and self-funders. Therefore, in 2018, we established the Supporting the Provider Market (STPM) programme of work with the following vision:

“To work together with partners and adult and children’s social care providers to improve care and health services for the people of County Durham and support local market stability and sustainability to support social care providers”.

Aims include:

- To support Providers with recruitment and retention
- To support Providers with staff training and workforce development
- To support Providers through proactive interventions
- To support Providers with digital and innovative approaches to service delivery
- To support the local social care and health system and their interfaces with Providers
- To work together with Providers in shaping the support offered to them

A key part of this work is delivered through [County Durham’s Care Academy](#) launched in September 2019 to develop a well led, skilled & valued social care workforce. This became even more important during the Covid-19 pandemic when system-wide leadership was mobilised to ensure safety, continuity, and support as necessary.

The Care Academy is complementary to the work of the wider Integrated Strategic Commissioning Team and supports independent sector social care providers with recruitment, retention, training, and development. Achievements during 2022/23 include:

- 37 applicants supported into employment with care providers (142 since Care Academy set up).
- 197 people recruited into jobs by local care providers using the Care Friends app (cumulative total since March 2021)
- Currently providing 1:1 support to 40 job seekers who would like a career in care
- 662 training sessions delivered to social care staff
- £29,670 Skills for Care Workforce Development Fund administered to local social care providers
- Regular support to Care Home & Domiciliary Care Registered Managers Networks

The STPM work has included offering technology funds for providers with digital social care records, hardware / software, falls (that preceded national NHS funding

in these areas) and also items such as robotic pets. These funds have been well received and have helped to improve the services offered by providers.

The STPM offer has also included funding technology such as:

- [RITA – for Older People Care Homes](#)
- [The Happiness Programme - for day care providers and specialist residential care homes](#)

The council has further supported domiciliary care providers with fee uplifts to ensure that staff working for them are receiving suitable wages to respond to cost of living crises and other system pressures. We provided an in-year uplift for domiciliary care providers in 2021/22 and we also provided them with support for fuel costs in 2022.

Government grants linked to workforce (WCF, WRRF1, WRRF2, ASCDF) have all been well utilised with significant funding being passed directly over to providers to use in line with the grant conditions to support recruitment, retention, and capacity. The latest 23/24 MSIF Workforce Grant is being used to support a 5% brought forward fee uplift for domiciliary care framework providers, as a key market sector, which includes a requirement for a minimum wage rate for front line care staff. The Grant is also being utilised to support wider ASC providers with Workforce Support funding to recruit and retain staff.

Providers responded to our Providing Support Survey with further comments including the below:

“Commissioning have looked at various services and implemented them and they have been very successful, they engaged with providers and ensured the service users are at the front of the planning and always promote things in a positive manner.”

“Social workers take note of resident's and carer's needs and wishes when considering placements. Commissioning teams have invited local providers to speak directly with strategic leaders and influence local policy.”

“Excellent support offered from commissioning they are up to date with current trends and have brought some very positive and proactive solutions.”

STRONG COMMISSIONER AND PROVIDER RELATIONSHIPS

The Integrated Strategic Commissioning Team also facilitates Provider Forums and an Older People Care Home Provider Panel to foster cross-market networking, sharing good practice and learning and to enable providers to raise issues as required.

Provider views on working with DCC

The responses from our self-assessment survey in relation to Providing Support (Feb-June 2023) completed by 39 of our providers were generally positive. Highlights include:

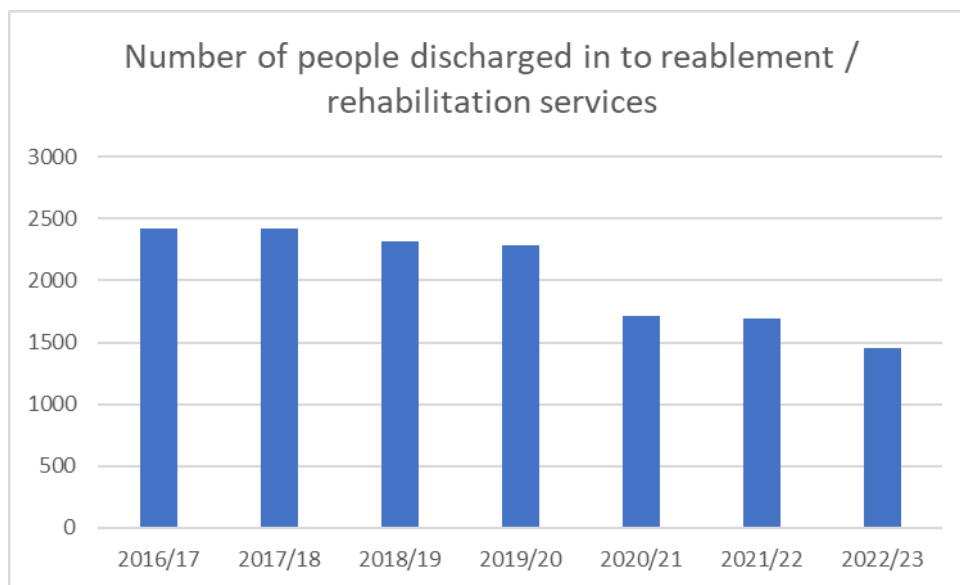
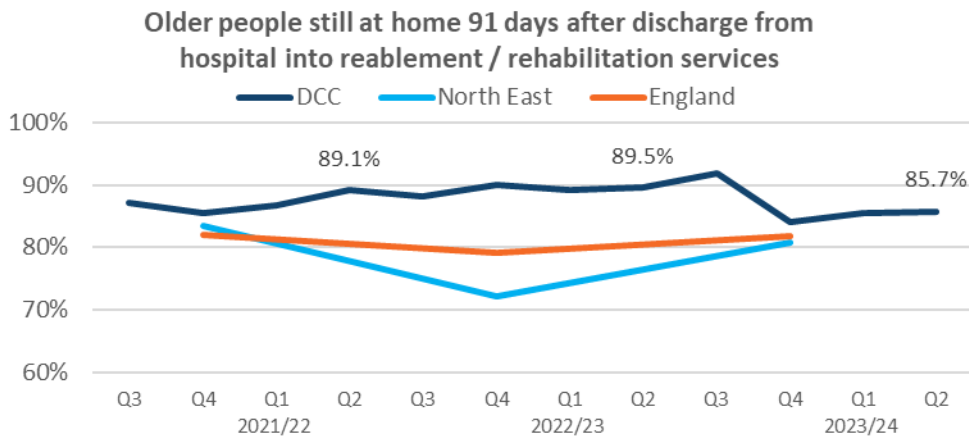
- 91.7% strongly agree or tend to agree that our local authority have assessment teams who are appropriately trained and with experience and knowledge necessary to carry out assessments, including specialist assessments.
- 85.7% strongly agreed or tended to agree that our local authority works with people, partners, and the local community to make available a range of services, facilities, and other measures to promote independence, and to support people to prevent, delay or reduce their needs for care and support.
- 84.6% strongly agreed or tended to agree that our local authority works with local stakeholders to understand the care and support needs of people and communities, including people who fund or arrange their own care, now and in the future.
- 87.2% strongly agree or tend to agree our local authority works collaboratively with partners so that contracting arrangements are person-centred, efficient, and effective.
- 84.6% strong agreed or tended to agree that we work with partners and other local authorities creating efficiencies and achieving better outcomes for people.
- 89.7 strongly agreed or tended to agree that our local authority understands its current and future workforce needs. It works in partnership with care providers, including personal assistants and other agencies, to develop, support and promote a capable and effective workforce. This facilitates and supports quality improvement and encourages training and development for the care and support workforce.

Extracts from the narrative captured within this survey, however, gave us some areas to further improve upon, including in relation to “response times for social crisis situations”; working better together to “look at grass roots issues”; and ensuring transformation projects have robust shared plans. We will continue to proactively encourage providers to share their views on the services and projects as they are developed and delivered by AHS through Provider Forums and the Older People Care Home Provider Panel.

PRIORITIES TO MAINTAIN AND IMPROVE

REABLEMENT CAPACITY

% of people at home 91 days after discharge from hospital into rehabilitation services remains high, but the number accessing reablement continues to fall.



An independent review is currently underway to analyse impact, outcomes, performance, and opportunities for improved service delivery that maximises technology, resources and VCSE input. The reablement model and service specification will be revised following the review of current service with plans to grow capacity. We survey our Reablement users annually, and feedback on the service remains positive. In the latest survey in August 2023:

- Almost 90% of customers report satisfaction with the reablement service;
- More than 4/5 of customers felt that their confidence had improved due to the service (87.7%), with an almost equal amount feeling more able to do things for themselves (85.3%);
- 94.4% of customers were in agreement that workers treated them well.

DIRECT PAYMENTS (DPs) AND PERSONAL ASSISTANTS

The proportion of people using social care in County Durham who receive Direct Payments has historically been low compared to other local authorities and the national average. 12.6% (670) of adult service users are currently receiving a DP,

and a further 49 adults are in receipt of a Personal Health Budget administered by our DP Team on behalf of our health partners. (Figures correct as of 08.09.23). After a prolonged period of practice development work and awareness raising, a [Position Statement](#) was prepared for Adult Care Management Team in September 2022 to explore our low performance in this area.

Despite bolstering staff learning & development, continuing to promote and support the role of DP Champions in all our operational teams, reviewing DP procedures and processes, and reviewing our external marketing of our DP offer, take up remains low and frontline workforce tend not to push DP as a preferred option for people to use their Personal Budget.

As at the end of August 2023, 65.5% of all DPs in County Durham are used to employ a Personal Assistant. Our PA market in County Durham is under-developed, and we have plans to improve this through our Care Academy who already provide free training programmes for potential PAs.

Of those surveyed in our [annual statutory Adult Social Care Survey 2022/23](#), 63% agreed that they have enough choice over the care and support services that they receive within the community. This is lower than previous years' results, but we remain similar to the national (66%) and regional (67%) averages.

As well as continuing to promote the benefits of DP internally and externally, and the roll-out of staff training programmes, we have plans to work with newly established Review Teams to promote opportunities for people to convert from commissioned services to DP at the point of annual review.

DCC is part of the regional ADASS work Partners in Care & Health looking at DP development work, and a new post is soon to be appointed to in our DP Team to focus on growing the PA market and improving the uptake of DPs.

FURTHER DEVELOPMENTS IN SPECIALIST RESIDENTIAL CARE HOMES AND SUPPORTED LIVING MARKETS

We recognise that wherever possible, people should be placed as close to home as possible – including people who need a more bespoke service. Whilst we strive to manage in-county capacity and value for money, placements outside of our county are sometimes unavoidable.

8.25% of LD/MH placements (93 people) outside of County Durham in specialist residential (78 people) or supported living provision (15 people).

For LD placements, 44 of the placements are in bordering LAs. 13 placements are further afield, 10 due to family living further away and 1 due to Service User choice. A small number are placed in specialist / forensic services or long-standing arrangements.

For MH placements, 30 placements are within the region (most in bordering LAs) and only 3 placed further South at families' request.

All out of area placements made in care homes are subject to checks by the Integrated Strategic Commissioning Team, and [a joint procedure](#) has been implemented between commissioning and frontline operations officers to ensure

robust monitoring and review arrangements. Project Officers within the LD review service have a remit to robustly reviewed high cost and out of county placements.

4. **QUALITY STATEMENT THEME: WORKING WITH PEOPLE**

For full context, this section should be read in conjunction with our Quality Statements for **Working with People** which include how we assess, review and support plan for social care needs, how we support people to live healthier lives and how we work with individuals and organisations across all communities to ensure that people receive equity in outcomes and experience. With a strong information and advice offer, our focus is on prevention and wellbeing, maximising independence, choice, and control wherever possible.

CURRENT PERFORMANCE – INCLUDING OUR KEY STRENGTHS

SERVICE USER ENGAGEMENT & CO-PRODUCTION

Within our Integrated Strategic Commissioning Team, our Engagement Manager co-ordinates our approach to inclusion, engagement, and involvement, across County Durham Care Partnership and an Involvement Strategy has been developed to support our co-production aspirations within our County Durham Together Partnership framework. Our Engagement Manager and Adults Principal Social Worker represent Durham at the North East ADASS Lived Experience Group to share learning and good practice with regional colleagues. Our intention is to grow activity in this area over the next 12 months.

We have this year successfully implemented a service user/ carer feedback element into our monthly case file audit activity, which is reported via our quarterly findings report into Adult Care Management Team and Quality Assurance Board. This ensures that service user and carer voices feature in our quality assurance and service improvement activity, complementing the feedback we receive via our national and local survey work.

At the time on writing, we are developing proposals to incorporate ‘story-telling’ into our quality assurance approach, potentially focussing on people who have used our complaints service to learn from their experiences and invite them to contribute to our improvement plans.

Whilst service user engagement is a growing area of strength for us, we know we have more work to do to embed true co-production principles.

ROBUST HOSPITAL DISCHARGE SERVICE AND VERY FEW DELAYED TRANSFERS OF CARE FROM HOSPITAL

Partnership-working across the health and care system is very robust in supporting people when moving on from hospital.

Despite persistent pressure on beds, historically, performance on discharge from hospital has generally been good. Until it was stood down in Feb 2020, Delayed Transfers of Care figures consistently stood at between 2 and 4 per 100,000 population. Although it has risen slightly over the last 12 months (from 1.5 per 100,000 population age 18+ to 2.9), this is still significantly lower than the regional and national averages (7 and 11 respectively).

The percentage of older people still at home 91 days after discharge from hospital into reablement / rehabilitation services (85.7% at end Quarter 2 2023/24) remains high. Whilst reducing slightly from the same quarter last year (2022/23) it is in line with the average seen over the last 5 years. Latest performance remains above our target of 84% and regional and national benchmarking.

Over 90% of County Durham patients are 'discharged to normal place of residence' and this has been consistent over the last 12 months (source: BCF 2023-25 Quarterly report, Future NHS).

Our Hospital Social Work service was a finalist in 2023 for the category of 'team of the year' in our annual internal Staff Recognition Awards programme.

Within our integration programme, we are currently undertaking a lean review of our acute hospital discharge arrangements, strengthening our offer with the planned set-up of our Transfer of Care Hub – a single-point access hub for discharge planning with co-located multi-disciplinary professionals who will determine the patient's pathway via daily multi-agency meetings, and produce end of day reports to inform our local performance dashboard and the national bed tracker.

In relation to discharges from psychiatric in-patient care multi-disciplinary meetings, huddles and management oversight ensures that discharges are timely, safe, and well planned-for. Weekly data regarding Delayed Transfers of Care is shared by our lead partner for Mental Health and Learning Disabilities (TEWV) and scrutinised by our Mental Health Commissioning Officer who then liaises directly with operational teams to understand the individual circumstances including any potential gaps in provision for commissioners to consider.

Commissioning Officers also liaise directly with TEWV colleagues to share Transforming Care data. (Transforming Care programme pertains to reducing inappropriate hospitalisation for adults with learning disabilities and/ or autism who have challenging behaviours, and includes people detained in hospital under Ministry of Justice restrictions, children who are in hospital and meet the criteria for the programme, and people currently living in the community who are deemed to be 'at risk' of hospital admission where a preventative approach is insufficient to meet their needs.) A dynamic support register identifies individuals' future care needs and tracks progress with discharge planning for people who are identified as part of the Transforming Care programme. Integrated Commissioning Team provide assurance updates to our local Safeguarding Adults Partnership Board on our performance in relation to Transforming Care.

EFFECTIVE SIGN-POSTING / RESOLUTION AT THE FRONT DOOR

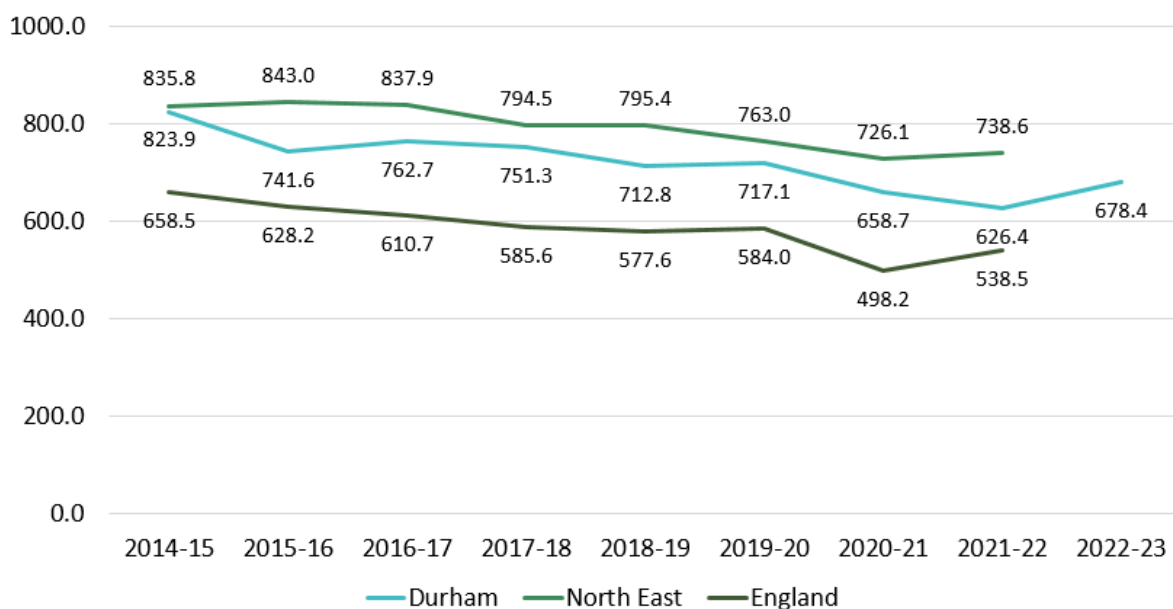
Led by our corporate director who chairs our wider community prevention framework County Durham Together Partnership, we have a strong approach to prevention, and delaying the need for statutory social care services by providing robust information and advice, and sign-posting. Our front of house function, Social Care Direct (SCD) has a key role in discharging this Care Act duty.

In 2022-23, SCD received 62,378 telephone calls (an average of 5,199 per month). 64.2% of all telephone contacts with SCD result in a formal referral into frontline social care teams (correct as at May 2023). For the other 35.8% of telephone contacts, they provide advice, guidance and information about universal services or

community resolution. This could also include sign-posting to GPs or local Single Point of Access for community nursing and therapy services, or MH Access depending on their primary presenting need.

SCD use local Voluntary and Community Sector referral portal Advice in County Durham and have plans to commence in early 2023 some survey work linked to the portal which will improve our understanding of the customer journey and outcomes for some people with lower-level needs who benefit from sign-posting and advice. There are also some opportunities to collaborate with corporate customer services to explore a new automated 3-question instant survey for people who contact us using a mobile phone number.

REDUCTION IN THE RATE OF PERMANENT ADMISSIONS TO RESIDENTIAL AND NURSING CARE (65+)



The Quarter 2 2023-24 rate of admissions is 378.2 per 100,000 population. Although we remain comparatively higher than other regions, we continue to see a lower rate of adults aged 65+ per 100,000 population admitted on a permanent basis to residential or nursing care compared to the pre-pandemic rate.

Occupancy rates in our Older Persons care homes are at c85.3% (correct as at 27/9/23). All Adult Care staff follow commissioning guidance which promotes a 'home first' ethos, so admission into residential care is always a last resort once all other options have been explored. Our management-led placement panels and joint decision-making forums scrutinise all recommendations around admissions to ensure all other avenues have been explored.

MULTI-DISCIPLINARY CASE-WORKING

Following a successful and well-received series of full day development and learning events in March 2023 with a focus on Risk (assessment, analysis and management), our casework continues to be shaped by multi-disciplinary working with our partners, providers and the voluntary and community sector, and this is one of the key positive features consistently identified in our [quarterly case file audit findings reports](#) into Adult Care Management Team. This supports safe and effective practice, robust and defensible decision-making and enables us to achieve positive outcomes for people who use our services and their carers.

In the [2022/23 annual statutory Adult Social Care survey](#) of those who agreed that services must work together to provide their care, 89.6% of customers agreed that 'all/mostly all' individuals involved in their care worked well to provide their support and care.

SAFE AND MANAGEABLE CASELOADS

Of the 255 (FTE) staff within the service with responsibility for social care casework, the average caseload size is 19. This is lower than the threshold we use in performance management locally. Our case management system supports operational managers to maintain 'team caseloads' for stable cases in some areas of the business and this therefore supports effective individual caseload management.

Our leadership team receives weekly situation reports which includes caseload data. We therefore have regular oversight of caseloads including where they may be increasing due to staffing issues/ spikes in referrals.

Currently this caseload data excludes Mental Health practitioners – whose casework is managed within a different case management system – Tees, Esk and Wear Valley (TEWV) NHS Trust being the lead partner in this integrated service area. Reported caseload data from the trust is perceived to be inaccurate, and a new shared performance framework (including caseload monitoring) is one of the key priorities identified as part of our restructure in this area of the service. The restructure will be operational from 1st December 2023, and will place a social care manager in each of the MH social work hubs to directly oversee performance and operations. We will closely monitor post-restructure progress with a formal review of performance and practice at 6-months.

In the [national health-check survey undertaken by Local Government Association Dec 2022-January 2023](#), our Adult Care workforce in Durham rated us as 'good' against all 8 standards for employers of social workers/occupational therapists – one of these standards being 'safe workloads and case allocation'.

PRIORITIES TO MAINTAIN AND IMPROVE

WAITING LISTS / BACKLOGS

Our numbers of service users awaiting Care Act Assessment or awaiting implementation of a care package are negligible, and not outside of normal capacity/allocation parameters. Both of these are measured via our weekly Situation Report shared with Strategic Managers. At the time of writing (20-11-23):

- the number of people awaiting Care Act Assessment for longer than 28 days has been in single figures for 4 out of the last 6 weeks (a significant improvement on 70+ in January 2023)
- we have only 1 person awaiting a care package (of 3 hours) – this measure has been in single figures since April 2023 (a significant improvement on 50+ in January).

We are, however, managing waiting lists/ stacked work in the following areas.

Annual reviews - as of 12/09/23 we have 2560 people in receipt of long-term services who have not received a review within 12 months. This equates to 31% of all planned annual reviews. Performance is starting to improve in this area following the introduction of a new countywide annual reviews service which became operational in March 2023, despite a number of recruitment and retention issues in the new service. Recognising the issues this has had on affecting change in this backlog, we have recently been bolstered the team with additional resource.



In addition, a programme of development work is underway to support safe prioritisation of work allocation from the backlog. Currently the team is focussing on those who have waited the longest and those not in receipt of a daily service from a provider agency.

Future forecasting work is also underway to determine how long till the backlog will be cleared in Older Person/ Physical Disabilities service. Learning Disabilities/ Mental Health – predicted to be backlog free by March 2024.

Further development work to improve the annual review service offer and performance also includes:

- maximising digital opportunities
- promoting self-directed approaches
- exploring trusted reviewer models
- proportionate reviews (based on new guidance from DHSC's Chief SW for Adults September 2023)
- promoting independence, progression, and wellbeing at every review

Deprivation of Liberty Safeguards (DoLS)

A project board was formed in January 2022, and additional resources allocated, to increase completions and reduce the number of outstanding DoLS applications. Key actions to date include:

- Reconciliation and data cleansing of records.
- Development of a performance scorecard for the Project Board to provide assurance on operational management and current demand (including number for applications received, completed and outstanding).
- Increase in resources (Admin and Core Best interest Assessors) to help meet current demand.
- Reviewed and updated internal administrative processes for allocation and monitoring of outstanding applications and receipt of renewals.
- Efficient use of external Best Interest Assessors to assist in the reduction of outstanding applications.
- Forecasting of completions required to meet current demand and reduce outstanding applications.

As a result, we have seen a 26.2% increase in the number of completed DoLS applications (signed off) across 2022-23 compared to the previous year. There has also been a 65% decrease in the number of applications awaiting assessment, reducing from 2,006 in December 2021 to 699 at the end of August 2023. Of this total, 230 are currently allocated to a Best Interest Assessor for assessment.

The DoLS project board is now planning for the move to a business-as-usual approach for managing current and future demand and the renewal of authorisations as and when required.

Occupational Therapy Assessments

As of 20/11/2023, 22 people were awaiting an OT assessment. Operational Management Team have agreed the implementation of a risk-rating tool to support decision-making by assistant managers when referrals are 'stacked' and contact is made with each individual or their representative to 'triage' and action to be taken if their circumstances change. We are utilising grant funding via the Market Sustainability and Innovation Workforce Fund to develop a trusted assessor model with a provider with whom we have an existing relationship to return to a baseline of no waiting list by March 2024, and a longer-term plan is to be implemented for better managing demand/ work allocation to sustain this position.

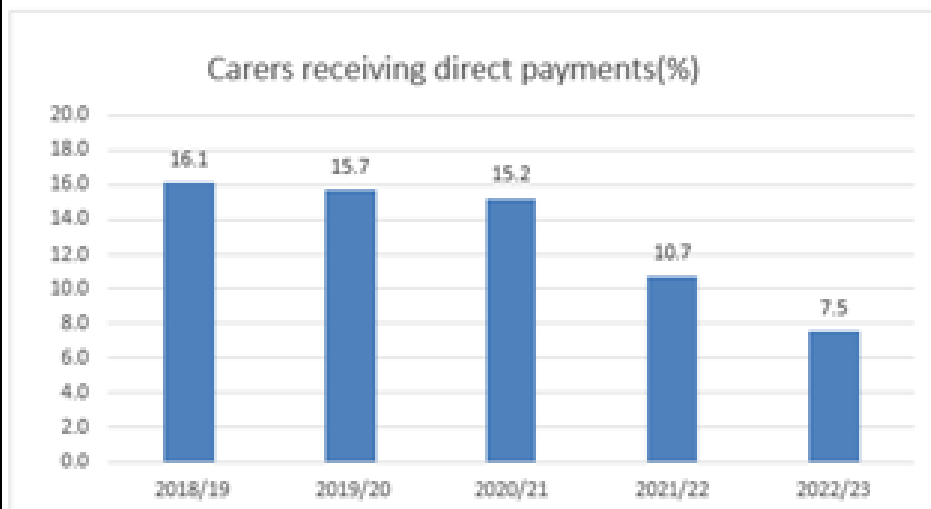
INCREASE IN THE NUMBER OF CARERS EXPRESSING DISSATISFACTION WITH THE SUPPORT THEY RECEIVE

We have 22,000 carers in County Durham who are either engaged with ourselves or Durham County Carers Support (DCCS) service. DCCS assess their needs, provide signposting to services through their Core Carer Service, provide a carer card, and administer NHS carer breaks.

We provide carers emergency support through our Short-Term Assistance Service and are also currently piloting a 'Mobilise' platform, to reach more carers in our communities using digital tools.

Many carers prefer that their needs are assessed alongside the cared-for person as part of the Care Act assessment, and often feel that the respite from their caring role they receive as a result of the services provided for the cared-for person is enough to support them. Where a separate assessment of the carer's needs is required, our local Carers Centre ([Durham County Carers Support](#)) provide outcomes-based Carers Support Assessments and personalised support offers, including some training, therapies, and funded respite opportunities. Where it is specifically requested, or where there are still unmet needs following input from Durham County Carers Support, then a statutory Carers Assessment will be provided by our local authority social care staff. Whilst this arrangement gives the appearance of poorer performance on statutory carers assessments, we believe that carers engaging with Durham County Carers Support for a bespoke Support Assessment receive a high quality person-centred intervention which is perceived as being independent of the local authority, and for many carers, there is less stigma attached to the support they receive via this route as opposed to having an allocated social worker.

Results from the 2022-23 SALT return indicates that the percentage of carers receiving Direct Payments is continuing to reduce:



One reason for this is our commissioning model which transfers 'direct carer service' funds to DCCS removing a 'barrier' in having to undergo a statutory carers assessment for DP from the local authority. Many County Durham unpaid carers will receive NHS carer breaks direct from DCCS, however, this arrangement has been in place for several years and therefore doesn't explain the significant decrease in the last 2 years. Further work is needed to understand if this is a data recording issue due to moving from our old social care database or a change in practice.

Key findings from our Survey of Adult Carers 2021/22 (compared with previous years) include:

- Year on year the % of carers agreeing that they have encouragement and support in their caring role is decreasing
- Year on year there has been an increase in those responding that they are dissatisfied with support services from DCCS. However, majority still appear to be satisfied ~70%
- Compared to 2014/15 and 2018/19, fewer carers surveyed in 2021/22 reported feeling 'always/usually' involved or consulted in discussions about services and support. However, this result remains higher than that of England, which is suggestive of a higher degree of involvement with carers in Durham.

This year's Survey of Adult Carers is currently in fieldwork. Local results will be reported to Quality Assurance Board early 2024 (with national results publication expected in June 2024). We will use the findings to formulate an improvement plan to shape our further development work in this area over the next 12 months.

MENTAL HEALTH SERVICES

This area of the service has a high vacancy rate, a higher proportion of less experienced staff being managed by a number of managers whose professional background is not social work.

The integrated nature of the MH teams – with the lead partner being TEWV – means that social care issues and performance priorities have come second to the health drivers and the Trust's own strategic priorities.

Although the two organisations share a culture of strengths-based, recovery focussed customer pathways, there can be differing approaches to positive risk taking and commissioning practices.

The two organisations also have very different models of data insight and performance management which has led to reduced assurance for the Adult Care Management Team. Whilst the integrated leadership team remains committed to integrated working, they have recently agreed to a re-alignment of the teams to create social work hubs within the existing MH teams – with each hub being managed by a social work manager. This will ensure that good quality social work practice and application of the Care Act and its principles are prioritised where patients and their carers present with social care needs, and an improved grasp on quality assurance in this service area.

This should also facilitate a much closer focus on service improvement work within the trust (and in partnership with the local authority) in response to poor inspection outcomes in some areas of local in-patient mental health provision.

5. QUALITY STATEMENT THEME: ENSURING SAFETY

Our Durham Safeguarding Adults Partnership (DSAP) produces an [annual report](#) which highlights key performance, and also a [strategic plan on a page](#) which sets out our priorities for the next three years.

Our learning from Safeguarding Adults Reviews in 2022/23 included:

- improving our approach to working with adults who self-neglect
- application of the Mental Capacity Act 2005
- identifying and escalating concerns relating to closed cultures
- 7 national systems findings for change following outcomes of the Whorlton Hall independent review.

Whorlton Hall was a private hospital located in County Durham which was de-commissioned and individual staff prosecuted following significant failures in care for the adults with complex needs relating to their learning and physical disabilities and mental health exposed by BBC's Panorama documentary investigation. The local authority commissioned its own internal single-agency review to identify any key learning with a resulting action plan – the progress on which is regularly reported into Durham Safeguarding Adults Partnership (DSAP) Board.

Progress so far includes:

- Development of more robust service level internal procedures for responding to safeguarding concerns where Durham is the host authority but has no commissioning role (e.g., where people are placed from out of area) and a protocol for escalation of concerns.
- Safeguarding forms in the case management system reviewed to incorporate Care Act statutory guidance, better reflect Making Safeguarding Personal, and to prompt the system-user to create establishment referrals following the raising of a safeguarding concern for an individual where appropriate.
- Executive Strategy Meetings process strengthened: concerns about establishments now risk-rated; referrals recorded in the case management system creating more robust audit trail; information shared between partner agencies relating to concerns about providers now recorded in an action log with leads for actions assigned.

The DSAP holds responsibility for the commissioned independent [Safeguarding Adults Review](#) published in May 2023 and findings were national in context. The partnership continues to work in collaboration with wider system partners and stakeholders and through a national lens, with updates shared both within the DSAP and wider networks such as the Chief Officers Safeguarding Group.

CURRENT PERFORMANCE – INCLUDING OUR KEY STRENGTHS

STRONG PARTNERSHIP WORKING IN SAFEGUARDING

We have a dedicated safeguarding service which is supported by a Strategic Manager, with an operational Adult Protection team who undertake more complex enquiries and co-ordinate multiagency safeguarding responses.

In relation to strategic safeguarding activity AHS have senior leaders represented on the DSAP. 'Challenge and support clinics' are held with participating organisations to collate feedback. There is also a DSAP Partner Self-assessment and DSAP effectiveness survey. The partnership has an Independent Chair (paid role) whose work programme has been shared with the DSAP members and regularly meets with key people across all agencies inclusive of the DASS, Head of Adult Care and Strategic Managers and their teams.

The Chief Officer Safeguarding Group (COSG) provides high level multi agency oversight, challenge, advice, and assistance to safeguarding partners in discharging their statutory responsibilities and to demonstrate and demand transparency across our partnership and in our collective aim to improve outcomes for children, young people, and adults.

A safeguarding framework outlines the connectivity to both the Safe Durham Partnership and Safeguarding Children Partnership and joint safeguarding weeks in previous years.

[DSAP recently undertook a multi -agency audit \(Q4 2022/23\)](#). Headlines included good application and reference to the risk tool. Whilst 72% of the concerns reviewed in the audit illustrated that the duty to trigger a S42 was fully met i.e., S42 (2), in all instances there was effective activity under the S42 (1) including proportionate fact finding, and those concerns were closed with a range of outcomes for example, signposting to other agencies, no further action. Examples of evidence included good liaison with the police, seeking advice from GP and Pharmacy, risk management activity and increased staffing by providers. No actions were identified related to S42 decision making at the front door and the audit team were fully assured.

An example of good partnership working is the relationship that exists between DSAP, AHS and DCC Housing Solutions. Housing colleagues are linked to wider networks for safeguarding including working groups of the partnership. Regular updates are shared, with recent activity including consultation on the [Homelessness and Rough Sleeping Strategy for 2023-2025](#). Housing Solutions colleagues are currently working with the Head of Adult Care to develop an executive safeguarding process for non-statutory/ non-commissioned housing provision.

STRATEGIC INFORMATION SHARING MEETINGS

Our long-standing, mature partnership relationships – including with the ICS, ICB Infection Prevention and Control, CQC, police, community fire safety - enable us to utilise information sharing and intelligence concern to triangulate data known to each partner in relation to safeguarding or quality concerns. This enables a multi-agency group to meet at an early stage to determine preventative or early improvement actions in relation to care practices in provider establishments before formal safeguarding concerns escalate.

Often as a result of these meetings, our Practice Improvement Team of social workers and OTs work into provider establishments supporting providers to improve quality. They also share intelligence and link closely with commissioners to ensure our contractual reviews are as robust as possible.

Results from our survey with a range of key stakeholders on the theme of Ensuring Safety (April 2023) show:

74% positive feeling about our approach to Ensuring Safety, with the following themes cited in the narrative: 'information sharing and partnership working', 'communication', and 'access to safeguarding information'. Findings from the survey

have been shared with DSAP Business Unit and will be considered in the context of our ongoing procedural review work.

EXECUTIVE STRATEGY MANAGEMENT PROCESS

Effective Executive Strategy Management (ESM) processes oversee the coordination of serious establishment safeguarding responses. A formal meeting, chaired by a senior manager from DCC's Adult Care Service or from Integrated Commissioning Team brings together a wide range of agencies to explore the issues, decide on actions and resolve matters. ESMs are usually in response to allegations or concerns about abuse or neglect in regulated services and often lead to an action plan whereby the provider is supported to make improvements by our dedicated Practice Improvement Team and Integrated Strategic Commissioning Team's Commissioning Officers. 10 of our local providers have been through ESM process in the last 12 months – with 5 providers currently actively engaged in the process (correct as at 2711-23). Examples of the types of issues the process has supported/ is supporting providers to improve on include safe management of medication, improved communication with service users and families, management support and oversight, consistency in care standards when using agency workers, accurate and consistent record keeping, staffing levels and quality of training and supervision.

The process was recently reviewed, and feedback was given to DSAP on outcomes etc from partners as well as providers. Provider experience of being involved in ESM has highlighted the importance of timely and constructive engagement. The ESM process seeks to learn from provider feedback and stakeholder interactions.

PRIORITIES TO MAINTAIN AND IMPROVE

CURRENT PROGRAMME OF DEVELOPMENT WORK UNDERWAY FOR SAFEGUARDING SERVICE

Safeguarding across AHS is managed by both social work teams and a dedicated Adult Protection Team, which deals with more complex cases. Over the last year we have reviewed our processes to ensure the workforce have a full understanding of the processes of both practice and recording.

As part of this review, we identified:

- Safeguarding Concerns and Enquires were being investigated in a timely way but recording delays led to the appearance of incomplete work.
- Quality and consistency around recording and monitoring differs across service areas.
- Inconsistent methodology and data sets for Performance Indicators (not aligned to SAC where applicable, different reporting sources).

A Task and Finish Group was established to lead the investigation and an Impact Statement was developed outlining key issues and a suite of actions necessary to resolve any problems. It is important to note initial assurance work indicated a safe service but since the changeover of case management systems data entry issues emerged as the new system embedded. A data cleanse was undertaken, staff briefing sessions, led by our Safeguarding Adults Team Manager, were rolled out,

and a briefing note produced to re-iterate standard practice in this area. Performance data on Concerns and Enquiries is now much improved and continues to be monitored closely. In the 12 months, the % of safeguarding concerns remaining incomplete after 1 month and the % of safeguarding enquiries remaining incomplete after 3 months have both halved.

SERVICE USER ENGAGEMENT IN SAFEGUARDING

Durham Safeguarding Adults Partnership has recently consulted with its members in relation to enhancing engagement and collaboration with people who use services as well as connecting in a more purposeful way with local communities. This proposal was supported. The DSAP is keen to include a voice for those advocates on behalf of adults with care and support needs, this can be demonstrated by its commitment to include an expert panel as part of a complex Safeguarding Adults Review into events at Whorlton Hall with representatives from both Inclusion North and Sunderland People First. AHS continues to support the partnership, for example, in its development of easy read resources and through its engagement team. That engagement supported the partnership to link with adults with lived experience and the development an animated video 'my story' published via the DSAP website.

We have further work to do to embrace Making Safeguarding Personal in our practice. Our results from the Safeguarding Adults Collection 2022/23 indicates that for concluded safeguarding enquiries where the **adult or their representative have been asked and expressed an outcome**, 91.6% had their outcome(s) fully/partially achieved. This places us below the results for England at 94.8% and the Northeast region at 93.8%. For the 8.2% that did not achieve their outcomes, we will explore this element in more detail to establish what the barriers/challenges were.

ADVOCACY

Performance relating to our general use of advocacy is low – and particularly in the area of safeguarding. 32.6% of adults for whom we recorded a 'concern' about their capacity to make decisions relating to the safeguarding enquiry were recorded as being **supported by an advocate, family member, or friend** - substantially lower than the results for the North East and England (source: National Safeguarding Adults Collection 2022-23). This is believed to be due to data input errors since the changeover to our current case management system.

Recent work has taken place to address inconsistent use of advocacy in County Durham, which included a root cause analysis and action plan.

This work included:

- Briefing/ refresher sessions co-delivered by Practice Development staff and our Advocacy provider
- A focussed Advocacy workshop during Safeguarding week 2022
- review of the procedure and [factsheet](#) with input from a patient group
- work is underway to develop an animated video targeted at the public
- regular touch base meetings with the provider
- specific briefing note to staff highlighting the correct data input actions required.

Further monitoring is required to ensure we are fully utilising advocacy provision to enable people to be as empowered as possible in their care and support assessments, care planning and reviews.

6. OVERALL CONCLUSION

In developing our Quality Statements, we have had opportunity to highlight what is strong in Adult Social Care in County Durham and what we are proud of, as well as being able to consolidate and further plan for service improvement work in the areas identified.

Our passionate, dedicated and committed workforce - spanning all areas of our business - and of work hard every day to ensure that our service users and carers receive safe and good quality services, enabling people to live the lives they want and achieve their specified outcomes.

Our strong and stable leadership team remain engaged with and accessible to the workforce and drive the service with a positive culture of openness, learning, accountability, and desire to transform to meet the needs of our communities and with the evolving social care landscape.

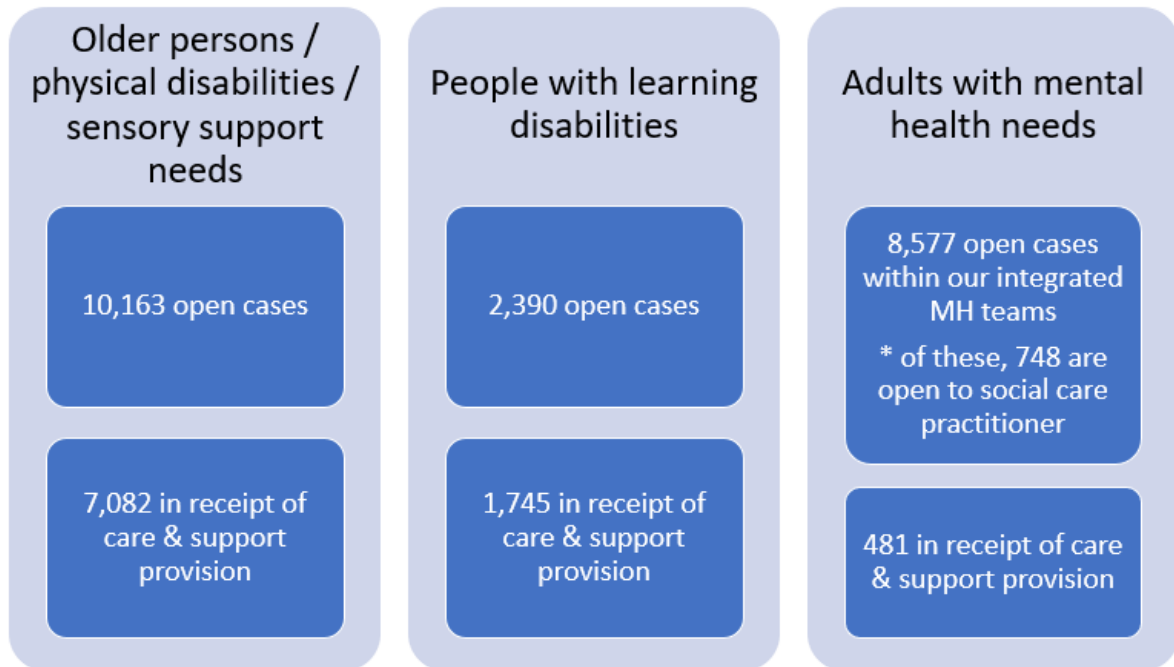
We celebrate and acknowledge our achievements, and we have a good, informed understanding of our areas for improvement and development. Indeed, we embrace opportunities to do so, and to engage with our key partners to align our direction of travel at each stage of our service improvement activity.

Our ambition is for County Durham to be a place that provides the best possible support to adults in need of social care and the unpaid carers that support them, and for our workforce to have pride in the high levels of skill and experience they have which enables them to deliver that support.

APPENDIX 1

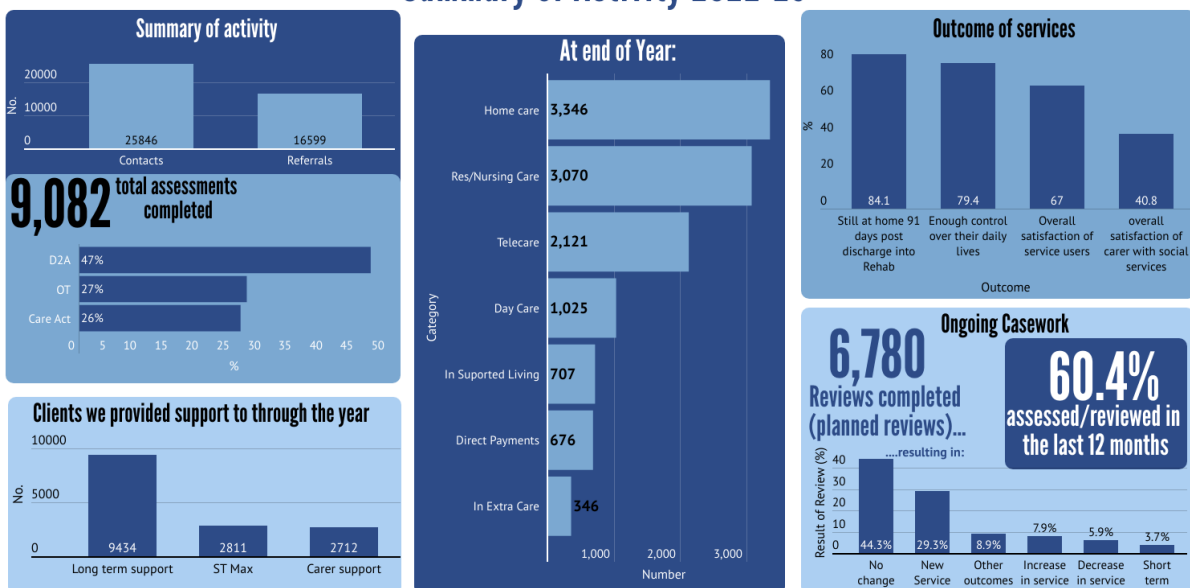
GENERAL ACTIVITY DATA

Currently supporting over 22,500 adults in County Durham:



SUMMARY OF ACTIVITY 2022-23

Summary of Activity 2022-23



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Health and Wellbeing Board**22 January 2024****Inclusive Economic Strategy
Delivery Plan****Report of Andy Kerr, Head of Economic Development, Durham
County Council****Electoral division(s) affected:**

Countywide.

Purpose of the report

- 1 This report gives an overview of the health and wellbeing activities that are captured in the county's new Inclusive Economic Strategy Delivery Plan.

Executive summary

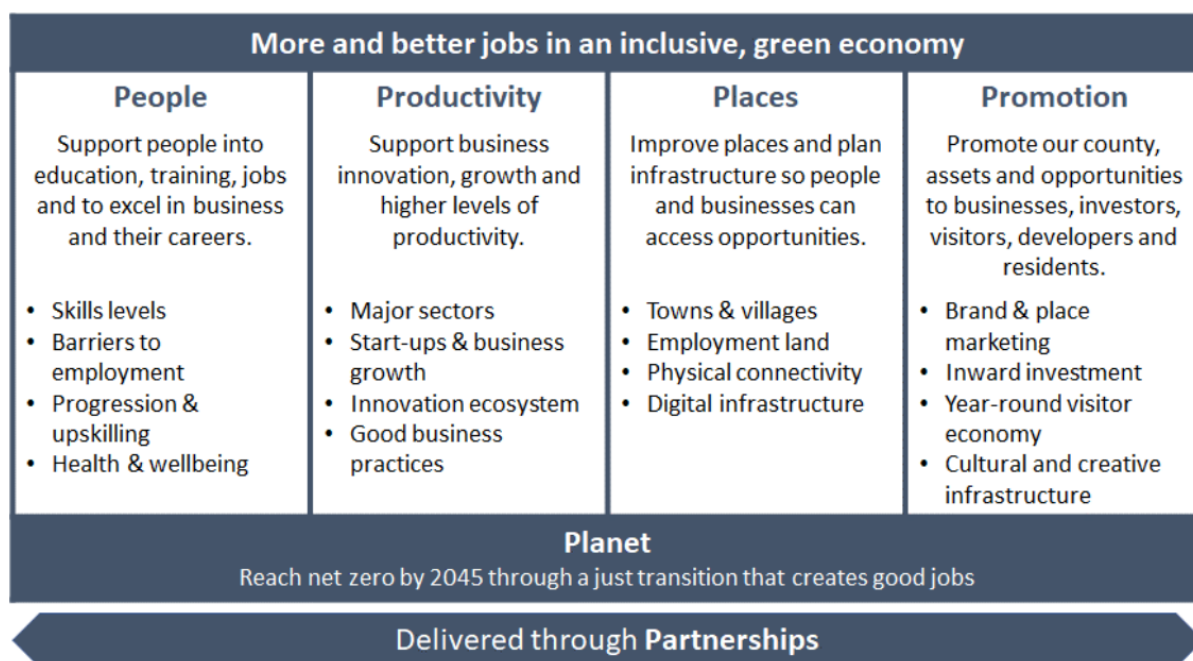
- 2 The Inclusive Economic Strategy (IES) Delivery Plan was adopted by County Durham Economic Partnership (CDEP) and the council in late 2023. This followed the adoption of the IES in December 2022 and the development of the Delivery Plan throughout 2023 with a wide range of partners.
- 3 The IES is a bold, ambitious strategy which focuses on harnessing our strengths and opportunities to make a step-change in our economic performance by 2035. It recognises the challenges and opportunities across the county and aims to ensure that as many people benefit from growth as possible. The strategy provides a long-term focus which will drive strategic projects that aim to make a transformational improvement to the county's underlying economic conditions. The delivery plan, the first in a series of action plans, sets out the actions to be delivered in the first few years of the strategy.
- 4 The health of the county's working age population is crucial to the economy, but the county has a particularly high proportion of the workforce that are held back from achieving their potential by long-term sickness and disabilities. The Delivery Plan incorporates a range of priorities and activities that aim to support people with health issues into work and ensuring communities have facilities that support better health outcomes.

Recommendations

- 5 The Health and Wellbeing Board is recommended to:
 - (a) Note the adoption of the Inclusive Economic Strategy and accompanying Delivery Plan.
 - (b) Consider the activities identified in the Delivery Plan and identify activities that have not been captured.
 - (c) Continue to support the implementation and development of the Delivery Plan.

Background

- 6 The County Durham Inclusive Economic Strategy (IES) was adopted by County Durham Economic Partnership (CDEP) and Durham County Council in late 2022. Since this time, the council has provided the platform for partners to meet in large workshops and smaller thematic working groups to prepare a Delivery Plan. This was adopted by the Economic Partnership in October 2023 and the council in November 2023.
- 7 The vision of the IES is for *'more and better jobs in an inclusive, green economy'*, with ambitious targets and an overall aim of bridging the gap with national levels of economic performance by 2035. The county's economy has faced significant challenges over the last few decades and still needs to overcome structural weaknesses such as relatively low levels of educational attainment, low paid jobs, and high levels of poor health amongst the working age population. However, the county also has a growing profile as a place to invest and visit and a diverse range of opportunities. Therefore, the IES has a long-term focus in order to give a realistic chance of catching-up with national levels of performance.
- 8 The Delivery Plan builds on the structure of the IES, and its themes of People, Productivity, Place, Promotion and Planet, as summarised below. 'Health and wellbeing' are explicitly identified as a priority under the 'People' theme, but the intention is that other priorities also contribute to improved levels of health and wellbeing throughout the county.



Links between Health and the Economy

- 9 The County Durham [Director of Public Health Report 2023](#) highlights the interdependencies between health, wealth, work and economic development. Given that our people drive economic growth, good population health is a key determinant of improved productivity and economic prosperity.
- 10 Nationally, poor mental health accounts for around half of all work-related ill health¹, and smoking is associated with lower economic performance due to increases in morbidity and mortality². Recent research³ found that local authorities with the highest rates of obesity have the lowest rates of productivity. The County Durham Joint Local Health and Wellbeing Strategy (JLHWS) 2023-28 recognises these three issues as priority areas for action.

Delivery Plan Development

- 11 The development of the IES began as a plan for economic recovery from the Covid-19 pandemic when the close links between health and the economy were very evident. The 2021 Economic Review, which is the main evidence base for the strategy, recognised the close links between health, educational attainment, income, and employment. Similarly, issues relating to the ageing population, housing quality, active travel, people with caring responsibilities, and economic inactivity due to sickness and disability were identified. The health and life sciences sectors are also recognised as opportunities for innovation (e.g. photonics), manufacturing (e.g. pharmaceuticals) and wider economic growth (e.g. health and social care jobs). These findings and issues underpinned discussions with partners and the development of activities as part of the Delivery Plan.
- 12 The development of the Delivery Plan provided an opportunity to bring partners together to review activities and identify gaps and new transformative and strategic actions, aligned to the IES. Throughout the development of the Delivery Plan we encouraged external partners to drive the process and identify opportunities that they - rather than the council - could lead. Partners agreed that the Economic Partnership should continue to be the lead organisation for overseeing the implementation of the Delivery Plan and identifying new activities.
- 13 The initial Delivery Plan covers the period 2023 to 2025, whereas the IES is designed to provide direction up to 2035. Therefore we anticipate that the implementation of the Delivery Plan will be closely managed,

¹ HSE 'Work related ill health' 2023

² DHSC 2017

³ Future Health 'Turning point: The case for new action in tackling obesity in England' (2023)

with major updates every 2 to 3 years. There are significant events on the near horizon including the launch of a new Mayoral Combined Authority for the North East, a general election and government Spending Round, and changes to external funding programmes such as the UK Shared Prosperity Fund. Therefore, at this point, we expect to reflect on these changes and new opportunities in the 2025/26 financial year and update the Delivery Plan accordingly.

Health and Wellbeing Activities

- 14 Throughout the IES, the close links between health and the economy are recognised, with several priorities reflecting this, including:
 - **Priority 1.2:** *Overcome barriers to employment, including work readiness, skills, improved careers advice and guidance, and addressing poor health.*
 - **Priority 1.4:** *Ensure good health and wellbeing leads to economic inclusion.*
 - **Priority 2.4:** *Drive good business practices, including health in the workplace.*
- 15 There are 160 activities identified in the Delivery Plan which are linked to the IES priorities, including numerous activities relating to health. The People theme includes the delivery of Durham Enable, Durham Help, the Local Supported Employment project, and the Community Wealth Building partnership. Specifically aligned to the priorities of the JLHWS, the Delivery Plan also has an action to improve good workplace health and wellbeing as a means of improving business productivity. This will be achieved by addressing key determinants of health such as mental health, smoking, drugs, and alcohol use.
- 16 Other themes in the Delivery Plan include activities that encourage businesses to support the wellbeing of their staff, healthier high streets, active travel schemes, strengthening foundational economies (including local health services), and a proposal to recognise the North East as a 'Region of Sport'.
- 17 The Delivery Plan includes a performance management framework (aka scorecard) for the IES which compares the economic performance of our six local parliamentary constituencies, with the county's overall performance. The scorecards help to indicate where places are underperforming and will be used to target local support. The scorecard includes 19 measures which will be used to track inclusive growth, such as unemployment, education, pay, and levels of long-term sickness amongst people of working age. The county's performance is also compared to that of England as a whole, to help to track where we are

bridging the performance gaps. The intention is to integrate this system within the Durham Insight website.

Next Steps

- 18 The development of the IES has provided an opportunity to align the work of economic development and public health teams and the Delivery Plan will be used to capture new activities as they emerge. The intention is to set-up a new working group under the County Durham Economic Partnership to oversee the implementation of the Delivery Plan as well as animating new activities. With these arrangements in place we will maintain the Delivery Plan as a live document and bring partners together for focused discussions, such as health and the economy. Oversight will be maintained by Economic Partnership Board and colleagues and partners will be engaged as and when relevant issues and opportunities are discussed.

Background papers

- [Cabinet papers](#) for the Adoption of the Inclusive Economic Strategy Delivery Plan, November 2023.
- [Cabinet Papers](#) for the Adoption of the Inclusive Economic Strategy, December 2022.
- [Inclusive Economic Strategy](#)

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Appendix 1: Implications

Legal Implications

The IES Delivery Plan will aid negotiations for the devolution of powers from the Government

Finance

The IES Delivery Plan will be used to inform decisions on how the UK Shared Prosperity Fund and other national and regional funding is spent. It will also be used to attract private investment to the county

Consultation

The IES Delivery Plan has been developed in partnership with CDEP partners and DCC colleagues using evidence from the Economic Review and Our Big Econ-versation. The Economy and Enterprise Overview and Scrutiny Committee has provided a local voice during the development of the Delivery Plan. The Delivery Plan identifies the need for further partnership working to develop ideas into projects and consultation with local residents and businesses will help us to evaluate successes and needs.

Equality and Diversity / Public Sector Equality Duty

A full Equalities Impact Assessment was undertaken as part of the development of the IES.

There are existing inequalities across our county, for example in health, education, connectivity, skills and employment. This Strategy will focus on removing the barriers that residents face to employment, from skills to transport to health, addressing the inequality experienced between and within some of our places and ensuring that the benefits of growth are shared fairly amongst our people and places.

The IES aims to attract investment, create new and better jobs, and support new enterprise and innovation opportunities across the county whilst having a positive impact on local environments. The impacts of the Delivery Plan will be regularly assessed and reported, and we will have a performance framework in place to identify the economic performance of different areas of the county in order to design suitable projects and actions.

Climate Change

The green economy is a key element of the IES and actions which have impacts on the Planet are identified throughout the Delivery Plan. The Performance Framework mirrors the headline objective in the County Durham Climate Emergency Response Plan to substantially reduce carbon emissions by 2035.

Human Rights

None

Crime and Disorder

None

Staffing

Monitoring the implementation of projects, identifying and starting new projects, monitoring and reporting performance, managing consultations, and managing the CDEP requires significant staff time and resources. To drive forward and implement the Delivery and achieve the IES internal resources within the council are being reviewed

Accommodation

None

Risk

None

Procurement

None

Health and Wellbeing Board

22 January 2024

**Pharmaceutical Needs Assessment
2022-25 update**



Report of Jane Robinson, Corporate Director of Adult & Health Services, Durham County Council

Amanda Healy, Director of Public Health, Durham County Council

Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 The purpose of the report is to inform the Health and Wellbeing Board (HWB) of the forthcoming presentation, describing an update on pharmacy services in County Durham.

Executive summary

- 2 Community pharmacies in County Durham deliver a range of services to their patients in addition to their core role of dispensing medicines. The presentation, to be introduced by Claire Jones, Public Health Pharmacy Adviser and then delivered by Greg Burke from Community Pharmacy North East Central (CPNEC), will provide a brief overview of those services, demonstrating the contribution pharmacies already make to improving people's health and wellbeing. The presentation will conclude with a short animation outlining the national vision for community pharmacy.

Recommendation

- 3 The HWB is recommended to:
 - (a) Receive the forthcoming presentation at the HWB meeting on 22 January 2024, and provide comment as necessary.

Background

- 4 Under the Health and Social Care Act (2012), the HWB is responsible for the production of a Pharmaceutical Needs Assessment (PNA) every 3 years, which considers the provision of pharmaceutical services across County Durham, and whether there are any significant gaps in service delivery. Pharmaceutical services are services commissioned by the NHS that are provided by community pharmacies, dispensing appliance contractors, and dispensaries in GP practices.
- 5 The HWB is also then responsible for monitoring ongoing changes to NHS pharmaceutical services in County Durham to determine whether any of these changes could leave significant gaps in service delivery.
- 6 Community pharmacies deliver an increasing range of services to their patients in addition to their core role of dispensing medicines. It is important that HWB members are aware of these services to support and encourage the appropriate use of community pharmacies and prevent the unnecessary use of other NHS services. It is therefore essential that HWB members receive regular pharmacy updates to ensure they are aware of the latest changes to pharmacy services, can encourage the use of pharmacy services, and can appreciate the challenges that pharmacies may face.

Conclusion

- 7 HWB members will receive an update on pharmacy services and will have an opportunity to discuss pharmacy service provision with key leads.

Author

Greg Burke, Chief Officer, Community Pharmacy North-East Central

Tel: 0191 378 4831

Appendix 1: Implications

Legal Implications

The HWB has a statutory duty to publish a PNA every 3 years. Pharmacies operate under The Terms of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations.

Finance

Potential financial implications if new pharmacy services are implemented.

Consultation and Engagement

The PNA process includes a statutory 60-day public consultation.

Equality and Diversity / Public Sector Equality Duty

Pharmacies routinely make reasonable adjustments for disabled patients.

Climate Change

None.

Human Rights

None.

Crime and Disorder

None.

Staffing

Potential staff implications if new pharmacy services are introduced, or existing services are discontinued.

Accommodation

None.

Risk

Pharmacy closures / consolidations could affect the overall adequate provision of pharmaceutical services in an area.

Procurement

National pharmacy services are procured by the NHS.

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PHARMACEUTICAL NEEDS ASSESSMENT (PNA) 2022-25, AND COMMUNITY PHARMACY SERVICES UPDATE



Better for everyone



PNA 2022-25

- HWB is responsible for the publication of a PNA every 3 years, and for monitoring the impact of ongoing changes to NHS pharmaceutical services across the County.

PNA publication (www.durhaminsight.info/pna/):

- A PNA considers the views and health of our residents, the provision of NHS pharmaceutical services that can support these health needs, and whether there are any potential significant gaps in this service delivery over a 3-year period.
- Key conclusion of the PNA 2022-25 is that there are sufficient pharmaceutical services across County Durham, and that widespread provision of ‘advanced’ NHS pharmacy services should be encouraged.

PNA 2022-25

Ongoing changes to NHS pharmaceutical services:

Pharmacies

- Difficult time for the high street (<https://pharmaceutical-journal.com/article/feature/supermarket-pharmacy-closures-a-watershed-moment>).
- There are still sufficient NHS pharmaceutical services across County Durham.

Advanced NHS pharmacy services: When PNA was published October 2022:

- Established services: New Medicine Service, Flu Vaccination Service
- New services were coming up: Blood Pressure Check Service, Smoking Cessation Service (<https://www.england.nhs.uk/publication/promotional-materials-for-community-pharmacy-services/>)
- Now we also have: Contraception Service, Pharmacy First Service (in addition to ICB commissioned service - <https://northeastnorthcumbria.nhs.uk/here-to-help/common-conditions/>)

Community Pharmacy Services

- Dispensing Medications
- Counselling and Advice (free)
- Vaccinations: flu, covid
- Blood pressure checks
- Minor ailments
- Emergency contraception
- Supervised consumption
- Community Pharmacy Consultation Service referrals from GP
- Stop smoking advice
- Emergency supply of medication
- Returned waste medication
- Inhaler recycling
- Deliver medication (often free)
- New Medicine service
- Discharge Medicine Service
- Alcohol Intervention
- Urine Infection Service
- Compliance aids (free)
- Patient queries and problems (fee)
- Patient Group Directions for anti-biotics (coming soon)
- Independent prescribing (coming soon)
- Pharmacy Services North East Ltd

Exciting recent developments

- National Think Pharmacy First Service
- National Services relaunch
 - Hypertension case finding service
 - Pharmacy Contraception service

A Vision for Community Pharmacy – video clip

Slide 130

- Community Pharmacy England animation
- <https://www.youtube.com/watch?v=XaGteNR0Ma4>

Health and Wellbeing Board

22 January 2024

**Carers Plan on a Page - Adult Carers,
Parent Carers and Young Adult Carers****Report of Sarah Burns, Joint Head of Integrated Strategic
Commissioning / Director of Place, NENC ICB and Durham County
Council.****Electoral division(s) affected:**

Countywide

Purpose of the Report

- 1 To advise on the purpose and scope of the 'Carers Plan on a Page' (Appendix 2) and to provide details on how this was co-produced with key partners and unpaid carers in County Durham.
- 2 To inform on how the Carers Plan on a Page relates to Durham County Council's duties to carers under the Care Act 2014, the Children and Families Act 2014 and also how it links to the Council's assurance preparation for the Care Quality Commission (CQC) assessment.

Executive summary

- 3 Assessing how local authorities meet their Care Act duties is a new responsibility for CQC. Pilot CQC assessments have been undertaken with Local Authorities (LAs) and learning has been shared, including findings on the evidence of support for unpaid carers.
- 4 The CQC has reported that their findings demonstrate variations across LAs, and across all metrics, on the number of carers accessing timely support and levels of satisfaction with the support received. Additionally, they identified that not all LAs had published a carers strategy.
- 5 Durham County Council does not currently have a formal carers strategy in place as the Government's 'Carer's Action Plan 2018-20' framework was adopted to direct and shape support for carers locally and then more recently, local priorities regarding carers have been captured in the Carers 'OGIM' document. In preparation for the CQC Assurance visit, which could be as early as spring 2024, it was agreed a 'Carers Plan on a Page' would be developed in 2023/24 documenting the strategic work for carers to be undertaken locally.

- 6 A Carers Plan on a Page for adult carers, parent carers and young adult carers has now been developed with carers and those organisations who help to support unpaid carers. The purpose of the plan is to clearly set out local actions needed to support for people with unpaid caring responsibilities in County Durham.
- 7 The Carers Plan on a Page was initiated through the County Durham Adult Carers Strategic Group which includes key stakeholders and partners involved in supporting unpaid carers across County Durham. Partners included colleagues from across the Council including Commissioning, wider Adult and Health Services, Neighbourhoods and Climate Change, Resources. Engagement work has also taken place with NENC Integrated Care Board (ICB), Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV), Alzheimer's Society, representatives from our commissioned carer support services, (Durham County Carers Support and Family Action), and representatives from the Council's Equality and Inclusion team.
- 8 It should be noted that Young Carers (aged 5-17 years) have not been included in the scope of this work, as a separate Plan on a Page already exists for Young Carers and is regularly reviewed through the County Durham Young Carers Steering Group.
- 9 Linked to the local authority assessment work, CQC has issued guidance around unpaid carers and advised that any public facing plan or strategy should be easy to find. Therefore, the Carers Plan on a Page will be added to the Durham Carers InfoPoint webpage (<https://durhamcarers.info/>), which is our key source of information, guidance and advice for local carers.
- 10 This page is also being reviewed to ensure all information is up to date and colleagues in the Council's Support the Provider Market Team and Web Development Team are supporting with improving the flow and navigation around the webpages. Gaps in information have been identified and will also be added to the webpages.

Recommendations

- 11 The Health and Wellbeing Board is recommended to:
 - a) accept this report and Carers Plan on a Page for information.
 - b) accept updates on the work to support unpaid carers in County Durham as required.

Background

- 12 A carer is anyone, including children and adults who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give us unpaid' (NHS England).
- 13 In the 2021 census, 52,676 (10.5%) people in County Durham reported that they support someone with providing unpaid care. This equates to a 12% decrease on the 2011 census. This trend was seen nationally and regionally with several explanations offered for this substantial decrease in the number of carers, including a change in the wording of the question in the 2021 census as well as the impact of the COVID-19 pandemic which resulted in shared caring arrangements reducing due to rules around household mixing and isolation guidance.
- 14 Whilst the number of people reporting they have caring responsibilities decreased, the data shows a shift towards carers dedicating more hours of their time in a typical week to unpaid care. In County Durham, over 18,000 carers provide more than 50 hours per week of unpaid care and proportionally, more unpaid carers in County Durham are providing between 35 and 50 hours per week than the regional and national average.
- 15 The figures above include 1214 young carers aged between 5-17 and 15% of young carers in County Durham are providing over 50 hours of care per week. A young adult carer is aged between 16-24 and the census data finds that Co Durham has almost 2,800 young adults providing support for a parent, sibling, grandparent or other family member.
- 16 The Care Act 2014 gives adult carers the right to information, advice and support, which may prevent or delay carer needs from increasing, and to a carers assessment (it is no longer a requirement for carers to request an assessment). Carers may be eligible for support in their own right if they meet the national eligibility criteria. For eligible needs, a carer should be offered a written support plan which outlines specific support needed and should include details of any budget available to pay for services that promote the carer's wellbeing. The Care Act affords carers the same protection from harm as those they care for.
- 17 Similarly, the Children's and Families Act 2014 recognises children with caring responsibilities and their right to an assessment of need. This legislation also recognises parent carers (someone who is over 18 and provides care to a disabled child whom they with parental responsibility) and requires LAs to assess parent carers on the appearance of need or where an assessment is requested by a parent.

- 18 Assessing how local authorities meet their Care Act duties is a new responsibility for the CQC. Durham County Council has been undertaking quality assurance activities in preparation of the upcoming CQC assessment. CQC have clearly communicated that they want to find out what LAs know and share publicly about the needs of unpaid carers and how LAs meet their statutory responsibilities in relation to carers.
- 19 The CQC has reported that their findings from the LA assessment pilots demonstrate variations across LAs in relation to local carer support offers and identified that not all LAs had published a carer's strategy. In response to this, a draft Carers Plan on a Page has been developed for County Durham, documenting the strategic work for carers to be undertaken locally.
- 20 The plan was initially developed using a range of local and national data and information as well as feedback received directly from carers in County Durham. Sources included:
- The results of recent regional and national carer surveys.
 - Feedback gathered from carers during the Carer Strategic Review which took place towards the end of 2022 and early 2023.
 - DCC duties under the Care Act 2014 and the Children and Families Act 2014 legislation.
 - The State of Caring Report 2022, (Carers UK) documents the challenges facing unpaid carers and includes the personal cost of providing unpaid care on the carer's health and wellbeing, finances, employment as well as barriers to people identifying as a carer.
- 21 Focus groups were held with a range of Health and Social Care partners and the plan was taken to multiple carer support groups across County Durham. This resulted in the documented being amended to reflect the findings of the engagement work. The engagement activities can be seen in more detail in Appendix 1.
- 22 In addition, the Council's Carers Staff Network have also had sight of the draft plan and been asked to review the document and provide any comments.
- 23 Progress in the development of the plan was shared as it developed at three County Durham Adult Carer Strategic Group meetings where partners were encouraged to share their thoughts and help shape the plan based on their knowledge and experience of working with local carers.

- 24 Our jointly commissioned carer support service providers, Durham County Carers Support (DCCS) and Family Action, then took the draft plan to community carer groups for engagement with adult carers, parent carers and young adult carers to ensure the document reflected their views.

Key Messages

- 25 Carers that were part of the engagement work were overall satisfied the Carers Plan on a Page addressed the key issues facing unpaid carers in County Durham. They did however make the following suggestions:
- Include a reference to reaching Black, Asian and Minority Ethnic Carers.
 - Carers said they would like a stronger emphasis on identifying hidden carers including campaigns that use language that might help a carer 'see themselves'. They wanted the plan to address barriers to people identifying as a carer.
 - Carers wanted a clear definition of an unpaid carer and to include this in any communications, marketing and publications.
 - In the 'Be Well and Be Healthy' section, some carers felt this was aspirational and not a reality for carers.
 - Carers wanted 'working carers' to be emphasised in the plan and an acknowledgement of the pressures facing carers in employment due to their caring role outside of work.
 - Multiple comments were made in relation to the availability of respite care and/or taking a break from their caring role.
 - Refer to support for carers who have sensory support issues.
 - To strengthen the objective around advocacy and available services.
- 26 All these suggestions were considered, and amendments were made to the plan to reflect this feedback. An updated copy was sent to DCCS to share with carers, thank them for their input and acknowledged their comments had been heard and actioned.

Key Areas covered in the Carers Plan on a Page

- 27 The Carers Plan on a Page is centred around 4 key areas:
- **Be Seen** – a focus on identification of carers including typically under-represented groups such as male and working carers.

- **Be Well and Healthy** – a focus on improving physical and mental health and how to take a break from the caring role.
 - **Be Connected** – a focus on providing support to enable carers to remain active in their community, reduce social isolation and help to remain in employment.
 - **Be Heard** – a focus on advocacy and capturing the ‘carer voice’ to ensure carers are involved in shaping services and care planning.
- 28 During the strategic review of carer support services earlier this year, discussions with carers identified that when a carer was signposted to carer support services whilst visiting a loved one or upon discharge, their satisfaction scores were higher. It also resulted in identifying carers much earlier in their caring journey. This feedback was also reflected in the ADASS regional survey.
- 29 In response, DCC has secured grant funding to have specialist carer support workers in University Hospital of North Durham (UHND) for a two-year period to provide up to 4 weeks intensive support to the carer upon the patient’s discharge. CDDFT are supporting the project and are assisting DCC with arranging honorary contracts to allow the carer support workers access to the wards. Support in acute health settings is included in the Plan on a Page. Following shared learning, Darlington Borough Council have also secured funding to deliver a similar service in Darlington Memorial Hospital and Bishop Auckland General Hospital.
- 30 Similarly, young adult carers told us they needed bespoke support during key times of transition into adulthood, such as moves into education, training and employment. This was reflected in An All-Party Parliamentary Group for Young Carers and Young Adults Inquiry Report, only published in November 23 which identified that ‘Young adult carers are substantially (38%) less likely to achieve a university degree than their peers without a caring role’ and ‘Young adult carers are less likely to be employed than their peers without a caring role, particularly if they are providing significant levels of care’.
- 31 In response, funding has been secured for 2 years to deliver a young adult carer support service offering tailored and person-centred support to young adult carers aged between 16-24. This service is being delivered by our existing young carer commissioned service provider, Family Action.
- 32 Attention has been given to feedback in regional and national surveys. The Survey of Adult Carers in England (SACE) 2021-22 reports on five measures from the Adult Social Care Outcomes Framework (ASCOF) and results show that Durham has performed significantly better than

the national results in all five key measures from the Adult Social Care Outcomes Framework, including the Quality of Life outcome as seen below. However, the survey also highlighted that more carers feel they have not been included or consulted in discussions about the person they care for than in previous year. Due to this an objective has been included on the Plan on a Page regarding this issue.

- 33 The North-East ADASS Carers network agreed to carry out a region wide, diverse local carers survey between April and May 2021 to support improvements to service provision. The network agreed to target a wider range of carers and questions were varied to obtain diverse feedback recognising the limitations of the SACE/ASCOF survey.
- 34 A total of 822 responses were received from carers in County Durham with carers highlighting the following as areas that would benefit them the most. All have been referenced in the Carers Plan on a Page with the exception of 'Ability to talk to the same person/organisation'.



Conclusion

- 35 A Carers Plan on a Page has been written together with carers and those providing support to carers.
- 36 The Carers Plan on a Page will assist with evidence gathering for the CQC assessment and demonstrate that engagement and consultation has been undertaken with people with lived experience as carers. It also provides a framework for targeting and developing support to carers in County Durham.
- 37 The Carers Plan on a Page addresses areas highlighted in the recent strategic review of carer support as needing focused support or attention, such as young adult carers, male carers and working age carers.
- 38 The Carers Plan on a Page will be published on the Durham Carers Infopoint www.durhamcarers.info which provides a range of information, advice and guidance to unpaid carers.
- 39 Following engagement and consultation with carers, two new carer projects have commenced: the first offering carer support in UHND

hospital and the second, supporting young adult carers during key times of transition into adulthood.

Background papers

- None

Other useful documents

- Carers Plan on a Page for Adult Carers, Parent Carers and Young Adult Carers.

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Appendix 1: Implications

Legal Implications

None identified.

Finance

Work to be undertaken within existing staff resource and budgets.

Consultation

Engagement document included as appendix 2 detailing stakeholders.

Equality and Diversity / Public Sector Equality Duty

None identified.

Climate Change

None identified.

Human Rights

None identified.

Crime and Disorder

None identified.

Staffing

Work to be undertaken within existing staff resource.

Accommodation

None identified.

Risk

None identified.

Procurement

N/A

Appendix 2: Engagement

Target Group	Method				Who is organising this?	Timeframe
	Survey	Workshop/ Focus Group	Meeting	Other e.g. briefing/ email		Insert date range or specific dates if you know them
Adult and Parent Carers		X			DCCS	<p>Sept/Oct/Nov 23</p> <p>Carers Plan on a Page was taken to 7 carer community groups.</p> <p>Multiple changes, additions and suggested wording received. All considered and incorporated into the plan. Feedback sent to DCCS confirming the carer views had been heard and the plan updated accordingly.</p>
Young Adult Carers			X		Family Action – 1-1 meetings with young adult carers.	Sept/Oct/Nov 23
Durham County Carers Support – Commissioned Carer Support Service			X		Integrated Commissioning – structured meeting took place.	13th July 2023
Family Action – Commissioned Carers			X		Integrated Commissioning –	12th July 2023

Support Service for Young Adult Carers					structured meeting took place.	
Alzheimer's Society			X		Integrated Commissioning – structured meeting took place.	13th July 2023 Suggested additional comments should be included around people caring for someone with a dementia. Also referenced Dementia training
AHS Locality Team Manager			X		Integrated Commissioning – structured meeting took place.	10th July 2023
Integrated Care Board			X		Integrated Commissioning – structured meeting took place.	27th July 2023
Adult Strategic Carers Group			X		Integrated Commissioning Team – 3 meetings were held where partners were given an update and asked for views, comments to help shape the plan.	25th April 2023 25th July 2023 11th Oct 2023 including representation from: <ul style="list-style-type: none"> • Cllr Alan Shield • Adult and Health Services • Comms and Marketing • Alzheimer's Society • Healthwatch Co Durham

						<ul style="list-style-type: none"> • Social Care Direct • Integrated Commissioning • Neighbourhoods & Climate Change
TEVV					Email	TEVV reviewed the plan and sent comments and suggested amendments which were actioned/incorporated.
Survey of Adult Carers England (SACE)	X					Completed December 21. Results published by DCC Resources Team in July 22.
ADASS Regional Survey	X					Completed April 21. Results published Sept 21.

Carers Plan on a Page (September 2023)

Caring for
carers

This plan on a page has been written together with adult carers, parent carers and young adult carers.

Purpose - To have clear actions of support for adult carers, parent carers and young adult carers in County Durham who have caring responsibilities.

A carer is a person of any age who provides unpaid care and support to a family member, friend or neighbour who is disabled, has an illness or long term condition, or who needs extra help as they grow older. Caring can be a rewarding experience but it can also be very challenging, with many carers juggling care with work and family commitments. In County Durham we are working together to make sure carers access the help, information and support available to them in the following areas:



1

Be Seen

Focus on early identification and carer recognition. Our aim is to identify and support all carers, especially those that may not be easy to reach, specifically targeting carers of people with dementia, working age carers, young adult carers, Black, Asian and minority ethnic carers and male carers, who are typically under-represented.

- We will work with our commissioned carer services, dementia support services and support health and social care professionals and organisations to identify, value and work with carers. This will include GPs, Acute and Mental Health Hospitals, Social Workers, Therapists, Social Prescribers and the Voluntary and Community Sector and Education sector.
- We will use different methods to raise awareness of what the term 'carer' means and to help people identify and see themselves as carers, including a range of communications, marketing and carer focused campaigns. We will talk to carers to understand any barriers in identifying as a carer and/or seeking support.
- We will recognise and respond to your needs as an adult carer, parent carer or young adult carer by providing you with an opportunity to have a carer assessment. A joint assessment can take place with the person you care for, or can be done separately if you prefer. We will also signpost you to other services who can provide additional or specialist support.
- We will provide you with appropriate information, advice and guidance on help available to you as a carer, including support available to you from our commissioned Carer Support Services and other organisations actively providing specific or specialist support to carers. Our support will consider individual communication needs for carers to overcome any barriers to carers accessing support.
- We will identify more young adult carers aged 16-24 years and deliver bespoke support through key times of transition into adulthood. This will include transitions into further education, training and employment.

2 Be Well and Healthy

Helping Carers to stay healthy, including emotional and physical support. Carers to feel safe, supported and enabled to continue in their caring role, education, leisure and working lives.

- We will raise awareness of the different ways you can take a break from your caring role including personalised NHS carers breaks for eligible carers and assessed need for respite through the Council, and help you to access these opportunities, including in times of crisis. We will talk to carers to understand any barriers in accessing breaks or respite to inform our work in this area.
- We will ensure free training that promotes your health and wellbeing is available, including training on Stress Management, Moving & Handling, Mental Health, Dementia, First Aid, Counselling sessions and specialist training.
- We will support you to maximise your income through helping you understand what benefits, grants, and debt support is available to you. This may include help with completing forms and you may be supported to access other services.
- We will provide opportunities and advice to increase the level of choice and control you have in your daily life.

3 Be Connected

Carers remain independent, part of their community and able to participate in work, training and learning. Carers to be supported and enabled to have a good quality of life.

- We will provide opportunities in the community where carers can come together and benefit from peer and community support - ie community groups, dementia friendly groups, events, carer discount card, carer breaks and grant funding.
- We will support and encourage greater carer awareness with local businesses and help them to achieve Carer Friendly and Dementia Friendly employer status. Durham County Council will support it's working carers via the Carers Staff Network.
- We will provide digital support, equipment and training to allow carers to access online services and stay connected.

4 Be Heard

Influencing change and innovation through carer voice and partnership working.

- We will provide opportunities for you to share your feedback on our services, make suggestions on how we can improve and will use your information to inform service developments and planning.
- With consent, we will include you and listen to your views during the care planning process and discussions about the person you care for.
- We will provide advocacy support services to ensure your voice as a carer is heard and your needs as a carer are effectively communicated and listened to. We will raise awareness of the range of advocacy support available to carers or the people they care for.
- We will raise awareness of caring by taking part in local and national events such as Carers Week, Carers Rights Day and other local initiatives. We will promote engagement with carers across local networks and organisations.



[durhamcarers.info](https://www.durhamcarers.info)

County Durham Carers Plan on a Page

Sarah Douglas, Strategic Commissioning
Manager, OP PDSI.

Integrated Strategic Commissioning Team



Better for everyone



Format

- Background to why a Carers Plan on a Page has been developed.
- Detail how this has been co-produced with carers and key partners.
- Outline how the plan relates to the Council's duties to carers under the Care Act 2014 and the Children and Families Act 2014.
- Explain how the Carers Plan on a Page links to the Council's assurance preparation for the Care Quality Commission (CQC) assessment.
- Provide an overview of key areas covered in the plan.
- Summary

Background

- ‘A carer is anyone, including children and adults who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is **unpaid**’ (NHS England).
- In County Durham, the 2021 census reported that 52,676 people provide care and support. Whilst this is a reduction from just over 60,000 carers in 2021, we have seen a shift in carers providing increased levels of support with over 18,000 people caring for 50+ hours per week.
- The number of carers providing more than 50+ hours per week in County Durham is proportionally higher than both the national and regional average.
- The census also tells us we have almost 2,800 young adult carers – aged between 16-24 years caring for a parent, sibling, grandparent or other family member.

Rights for Carers

- The Care Act 2014 and Children's and Family Act 2014 places responsibilities on LAs to ensure **all** unpaid carers are given access to support and information as well as affording carers the same protection as the 'cared for' person.
- Assessing how local authorities meet their Care Act duties is a new responsibility for the CQC and it is clear they will review what LAs know and share publicly about the needs of unpaid carers and how LAs meet their statutory responsibilities in relation to carers.
- The CQC reported their findings from the LA assessment pilots and identified that not all LAs had published a carer's strategy. In response to this, a draft Carers Plan on a Page has been developed for County Durham, documenting the strategic work for carers to be undertaken locally.
- It should be noted that a separate plan on a page already exists for young carers aged 5-17 therefore are out of scope for this work.

How the Carers Plan on a Page was developed

- Feedback received directly from carers during the Carers Strategic Review - conducted late 2022/early 2023. (Gaps in YAC provision and Hospital Discharge support for carers)
- Results and findings highlighted through regional and national surveys for carers in County Durham.
- Focus groups were held with key Health and Social Care partners involved in delivering support to carers, including our Commissioned Providers.
- DCC duties under the Care Act 2014 and the Children and Families Act 2014.
- The State of Caring Report 2022, (Carers UK) sets out the challenges currently facing unpaid carers.
- DCC's staff network for Carers shared their experiences of being a working carer.
- County Durham Adult Carer Strategic Group helped to shape the plan based on their local knowledge and experience of working with unpaid carers.

Feedback from Carers on the **draft** plan

- Include a reference to reaching Black, Asian and Minority Ethnic Carers.
- Carers said they would like a stronger emphasis on identifying hidden carers including campaigns that use language that might help a carer 'see themselves'. They wanted the plan to address barriers to people identifying as a carer.
- Carers wanted a clear definition of an unpaid carer and to include this in any communications, marketing and publications. This will be added to the Carers Plan on a Page landing page on the Durham Carers Infopoint and will include definitions for young carers, young adult carers, parent carers and adult carers.
- In the 'Be Well and Be Healthy' section, some carers felt this was aspirational and not a reality for carers.
- Carers wanted 'working carers' to be emphasised in the plan and an acknowledgement of the pressures facing carers in employment due to their caring role outside of work.
- Multiple comments were made in relation to the availability of respite care and/or taking a break from their caring role.
- Refer to support for carers who have sensory support issues.
- To strengthen the objective around advocacy and available



Carers Plan on a Page – Key Areas

- **Be Seen** – a focus on identification of carers including hard to reach carers e.g. male carers and working carers. Work will include marketing campaigns / targeted comms and programs of support delivered by the commissioned carer providers.
- **Be Well and Healthy** – a focus on improving physical and mental health and how to take a break from the caring role.
- **Be Connected** – a focus on providing support to enable carers to remain active in their community, reduce social isolation and help to remain in employment. Digital resources, products and support are currently offered to carers in County Durham across multiple web and social media platforms and further development of the use of technology to support carers will be reviewed with carer input.
- **Be Heard** – a focus on advocacy and capturing the ‘carer voice’ to ensure are involved in shaping services and care planning.

Summary

- A Carers Plan on a Page has been written **together** with carers and those providing support to carers.
- The Carers Plan on a Page will assist with evidence gathering for the CQC assessment and demonstrate that engagement and consultation has been undertaken with people with lived experience as carers. It also provides a framework for targeting and developing support to carers in County Durham.
- The Carers Plan on a Page addresses areas highlighted in the recent strategic review of carer support as needing focused support or attention, such as young adult carers, male carers, working age carers and support for carers following the ‘cared for’ person being discharged from hospital.
- The Carers Plan on a Page will be published on the existing ‘**Durham Carers Infopoint**’ website which provides a wide range of information, advice and guidance to carers. This webpage is currently being reviewed and updated.



Durham Safeguarding Children Partnership Annual Report 2022/2023





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1 Introduction

As the three statutory partners of the Durham Safeguarding Children Partnership, we present our report covering the period 2022/2023. The report provides information about the work and effectiveness of our local safeguarding children arrangements during this period. In it we aim to demonstrate how we function and provide assurance that our safeguarding arrangements are effective in keeping children safe.

The last 12 months within the DSCP have seen the launch of a brand-new approach to the way we support children and families in County Durham. We have developed a learning cycle model which will allow us to focus more clearly on the DSCP priorities in order to strengthen partnership working in service delivery. Within the model we've developed our practice to enable us to listen to what children, young people, families, and practitioners have told us and we have been working across the Partnership to coproduce this approach. We're really excited about the vision it offers, where we work towards offering families the help they need, at the earliest opportunity and we build upon the strengths and resources available to practitioners and community networks. Within the DSCP we recognise a well-functioning child safeguarding partnership will have the right support available, at the right time – something we believe passionately we can achieve here in County Durham.

Durham Safeguarding Children's Partnership have so much to be proud of in County Durham. This report recognises the progress that the Durham Safeguarding Children Partnership has made throughout the year and sets out our commitment to continue to address the challenges that will remain in 2023/24. We want to thank all those colleagues that are working across the Partnership in a variety of roles, to support children, young people, and families every day. We are immensely grateful for all that you, our workforce, do across the county, on a daily basis - thank you!

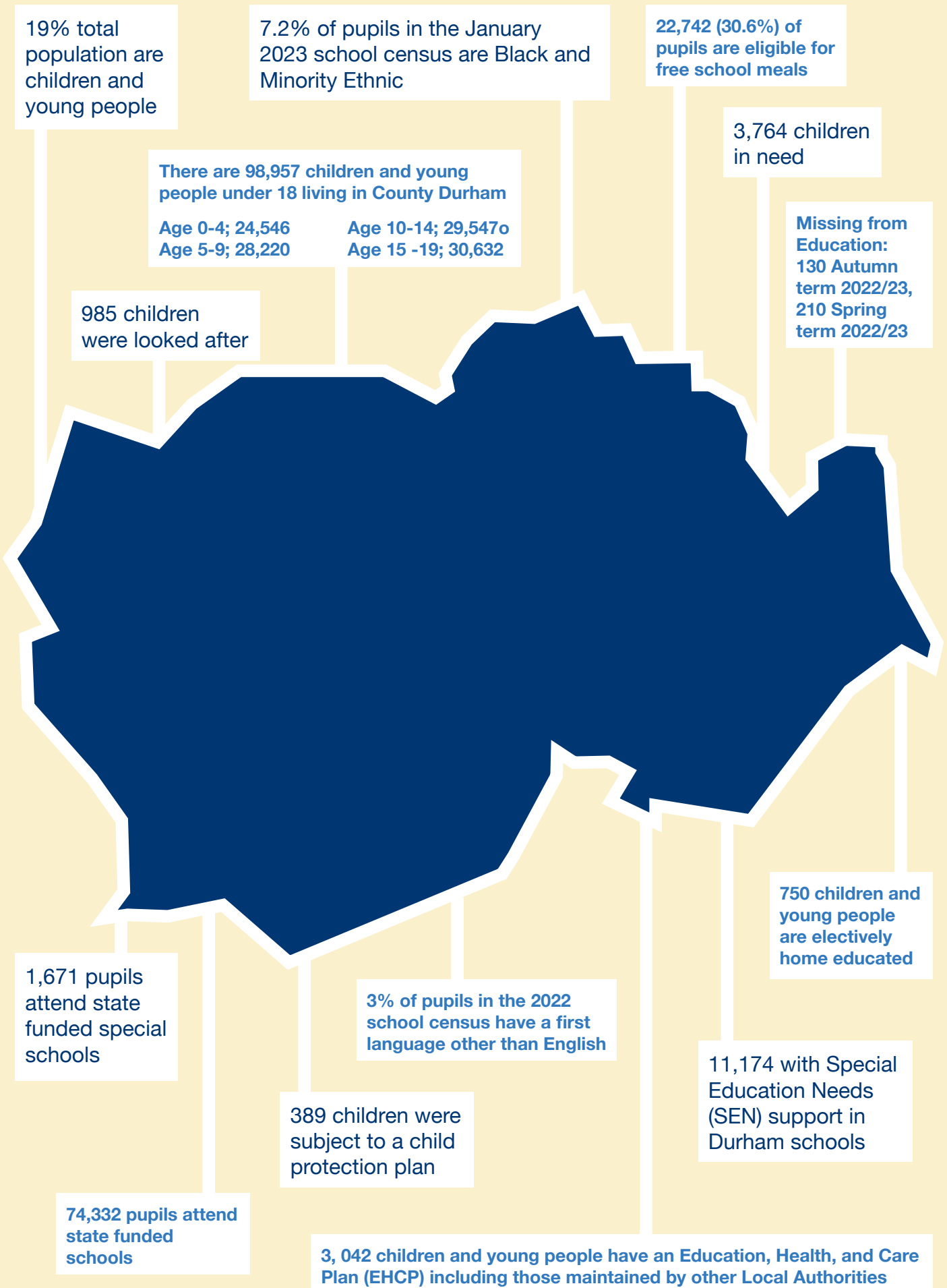
John Pearce
*Director of Children and
Young People's Services,
Durham County Council*

David Ashton
*Detective Chief
Superintendent, Head of
Crime and Safeguarding,
Durham Constabulary*

Annie Topping
*Director of Nursing,
North East and North
Cumbria ICB (Central
locality)*



2 Children and Young People in County Durham





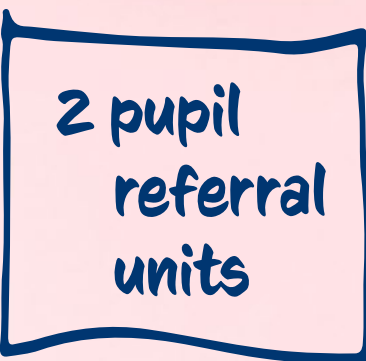
Schools in
County Durham



213 primary
schools



33 secondary
schools



2 pupil
referral
units



10 special
schools



11 nursery
schools



9 independent
schools



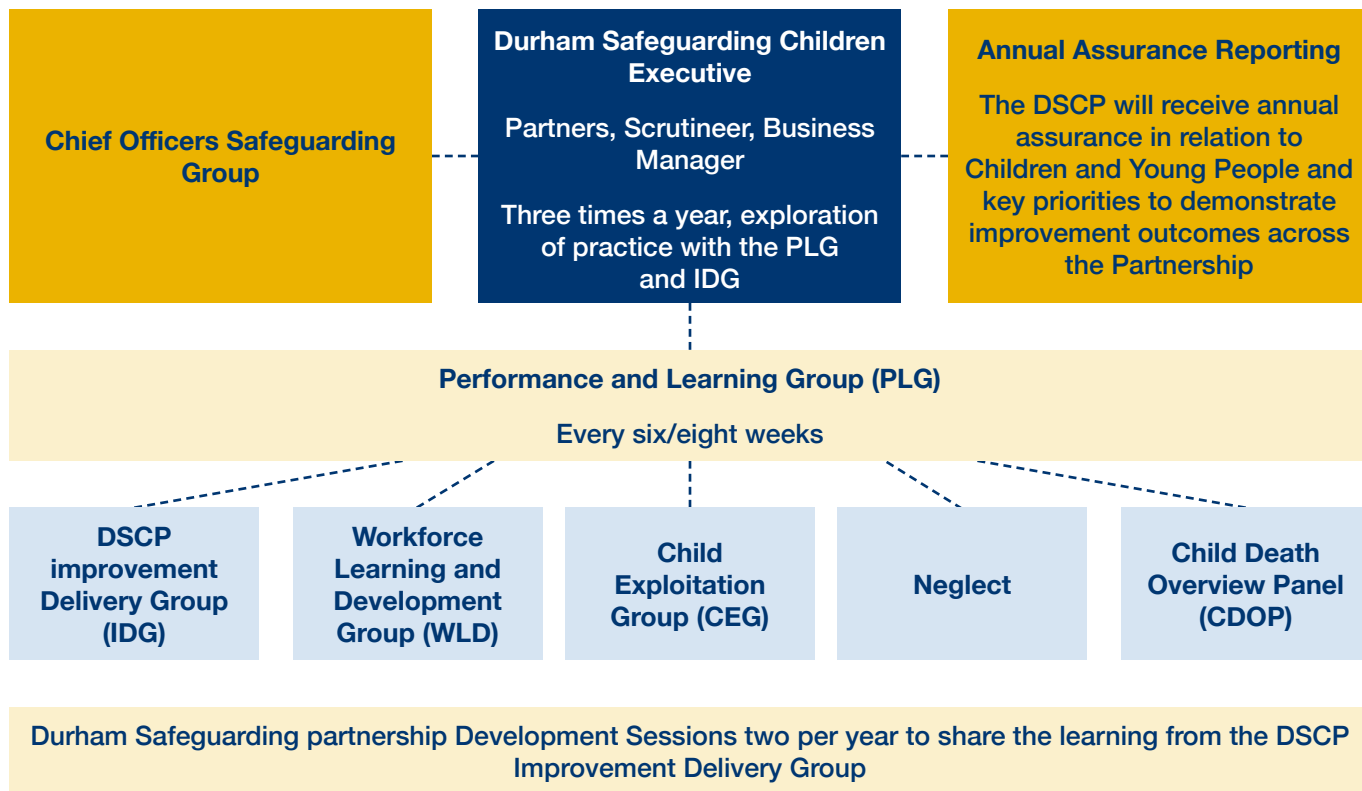
Total
278
schools



3 About Durham Safeguarding Children Partnership

The Durham Safeguarding Children’s Partnership (DSCP) is a statutory, multi-organisation partnership coordinated by a business unit, which oversees and leads children’s safeguarding across the Durham Council area. The main objective of the DSCP is to gain assurance that local safeguarding arrangements, comprised of partner organisations, are working effectively, individually, and together, to support and safeguard children in its area who are at risk of abuse and neglect.

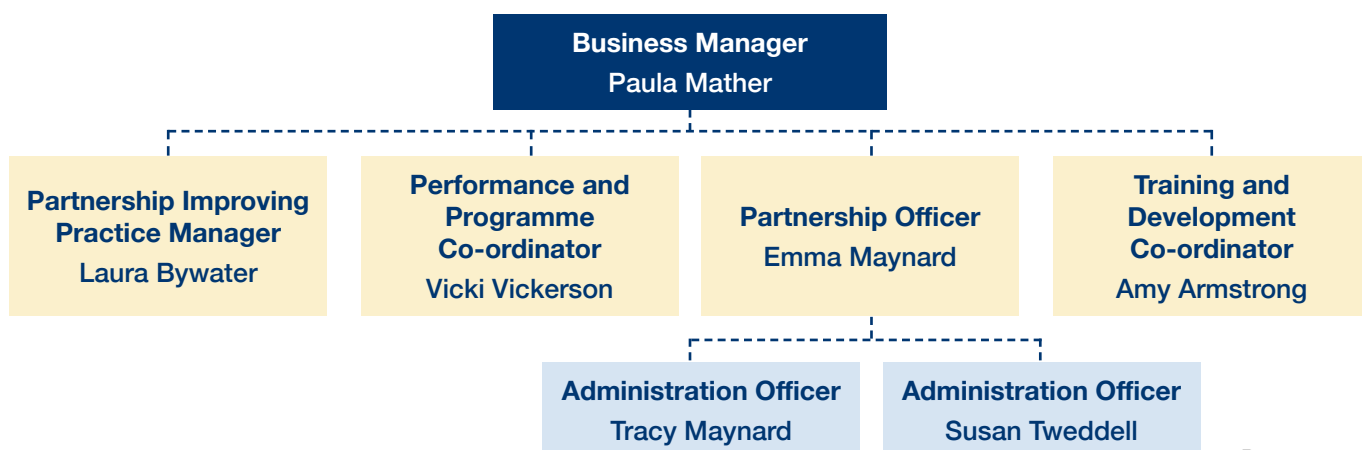
How the DSCP is Structured



The Durham Safeguarding Children Partnership has made several changes over the past twelve months to their team and the structure of meetings and subgroups. The changes were made to support improvements to how we collaborate, scrutinise, assure, and drive the coordination of safeguarding activity. Within the partnership each sub-group has a clear term of reference and an annual workplan will align with the strategic priorities for the partnership. Within the updates structure each work plan demonstrates golden threads to priority areas and impact on the lives of children and young people. Agendas and facilitative discussions at all meetings focus on safeguarding practice, impact and improvement.

The Partnership Business Support Unit undertake the management and support function of the partnership, their structure and staffing has also had several changes.

Durham Safeguarding Children Partnership Team Structure



Alongside these changes within our partnership, we are grateful for all the efforts across the multi agency arena to continue to drive activity to ensure that we have met or worked towards the key priorities (2022/2023).

The business unit continues to plan and move forward with joint strategic work, making best use of some of the working practices which have now become business as usual.

4 Safeguarding Partnership Subgroups

The DSCP has six principal subgroups:

- Performance and Learning Group (PLG)
- Improvement Delivery Group (IDG)
- Neglect Group
- Child Exploitation Group (CEG)
- Workforce Learning and Development (WLD)
- Child Death Overview Panel (CDOP).

Performance and Learning Group

The purpose of the Performance and Learning Group is to monitor the impact and outcomes of partner activity on behalf of the DSCP, as required by Chapter 3 of Working Together to Safeguard Children 2018. The group considers the performance of all agencies involved in safeguarding children using the vision of the DSCP as a basis from which to assess good practice and concerns, reporting such to the Safeguarding Executive Group, by using data and intelligence. The purpose of the Durham Performance and Learning Group is to take forward key actions and improvements identified by the Safeguarding Partnership Executive. The Durham Performance and Learning Group will plan and coordinate learning activities. This will include learning from Local Safeguarding Practice Reviews and learning from national best practice.

Key Achievements

- Multi agency action plans have been reviewed, the recommendations made at rapid reviews, within multi agency audits and improvement work is then discussed at six months and/or twelve months, looking at the impact this makes to children and young people in County Durham
- Scoped and planned the MASH deep dive, they then managed, agreed and reviewed the learning from this practice improvement piece of work
- They have Identified and ensured the dissemination of good practice, to celebrate and learn (chapter 6)
- They have analysed national learning and considered local learning themes. 7 point briefings or learning briefings have been completed and shared through the partnership from the PLG
- Coordinated and overseen an annual programme of multi agency audits, this has enabled them to provide assurance about improvement and impact, receive findings and ensure that learning is disseminated to front line staff (chapter 5)
- Sought assurance that the subgroups alongside the PLG have a function and clear process of work and terms of reference.

What difference has it made?

- The PLG model has developed to be structured around an active learning approach, making links with a range of activity to support the priority areas of work including performance, local cases, local practice themes, national practice themes assurance visits, work of the scrutiny group and views from practitioners, children, and their families
- The PLG have supported the multi agency team to have a clear model to share and communicate learning and practice across the partnership.

Next Steps

- The PLG have developed a ‘think tank’ approach to the gathering, sharing and evaluating of data, both qualitative and quantitative across the partnership. This will be developed further in 2023-2024
- Embed the new model of practice across the partnership, identifying more positive practice examples and sharing this
- To disseminate the learning from the current Local Safeguarding Practice Reviews
- To support the completion of the Organisational Safeguarding Assessment pilot.

Neglect Group

The Neglect Group recently revised their plan and partnership vision and key priorities.

Vision

‘To reduce neglect; to reduce the impact of neglect by providing effective help and support at the earliest opportunity’.

Although Neglect continues to be a key challenge in Durham the number of children requiring a child protection plan because of neglect has fallen from 70% to 65%.

Key Achievements

- Revised and developed an updated HEAT tool
- Raised practitioners’ awareness of the Signs of Safety Harm Matrix
- Developed and supported the implementation of the neglect tool kit
- Over the past twelve months the neglect group as implementation and reviewed the use of the Graded Care Profile 2 tool
- Developed and launched training around Dental Neglect.

What difference has this made

To date we have trained two hundred and seventy six practitioners and managers across the partnership to use the Graded Care Profile. Initial evidence of the tools’ impact includes practitioners reporting they are better able to evidence neglect and the harm to the child. Practitioners also report the tool helps to recognise what parents are doing well as well as where change is required. They report the tool also helps to break down priority actions into small achievable tasks for parents, subsequently supporting engagement of the family. A more detailed evaluation of the impact of the tool is planned in 2023.



What next

- The Neglect Group recently revised the 'Neglect Plan on a Page' (2023/24). The plan sets out our partnership vision and key priorities. We aim to do this through three key objectives: -
 - **Understand Neglect:** To understand the prevalence of neglect across County Durham in order to effectively target resources which helps to prevent and mitigate impact of neglect on children and young people
 - **Early Identification:** to improve the recognition and assessment of neglect and
 - **Effective Interventions:** practitioners across County Durham deliver effective interventions that reduce neglect before the need for statutory interventions.



Child Death Overview Panel (CDOP)

The County Durham and Darlington Child Death Overview Panel is a joint sub-group of Durham Safeguarding Children Partnership and Darlington Safeguarding Partnership. This allows for sharing of good practice and development of safeguarding opportunities towards improving outcomes for all children and young people across County Durham and Darlington and considers the learning across the county.

Key Achievements

- The Child Death Overview Panel (CDOP) is committed to reviewing every child death in order to identify whether there is any learning to influence better outcomes for children and young people at both local and national level
- The CDOP also influence actions that can be taken to reduce the number of child deaths in the future, as well as improving services to families and carers.

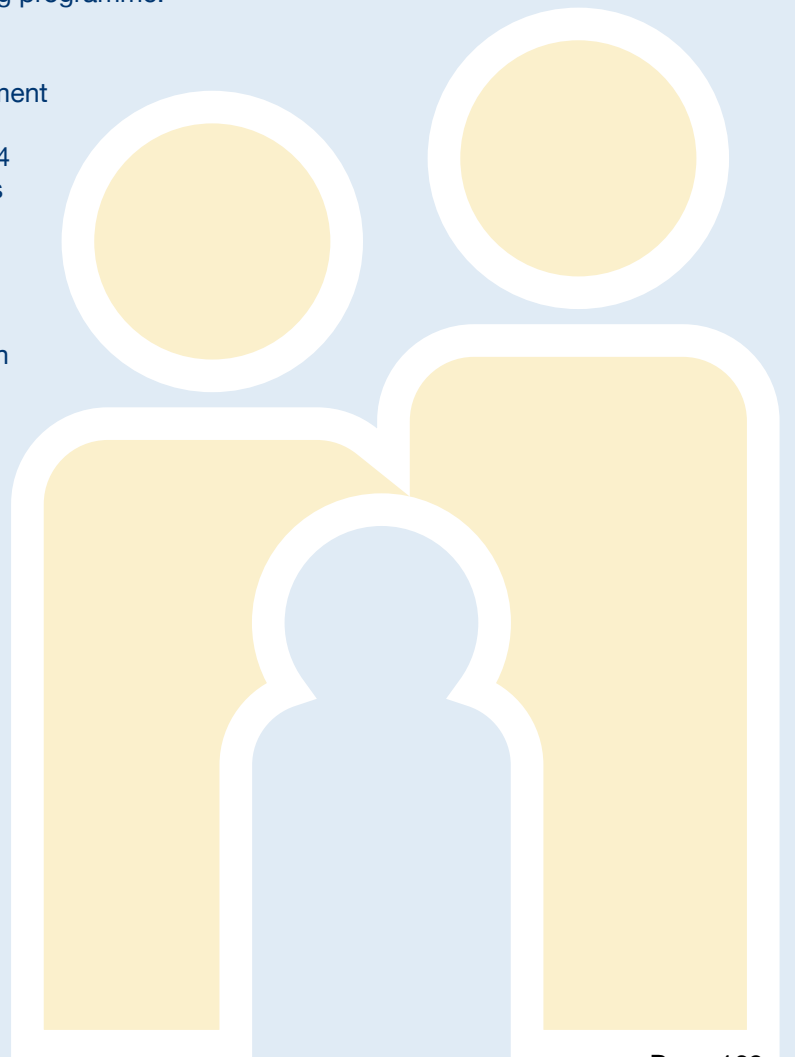
What difference has this made

In February 2022, with funding from the NIHR Applied Research Collaboration (ARC) for North-East and North Cumbria (NENC) the local authority including public health and NHS partners, began working in partnership with Durham University to design and implement a multi agency SUDI (sudden unexpected deaths in infancy)-prevention programme for County Durham to further reduce these tragic deaths in infants. Free online training packages have been developed and piloted for County Durham staff and partner services who encounter vulnerable families. This graded training offer is reflective of the specific roles and responsibilities. We are now working with key partners to firmly embed the multi agency 'Eyes on the Baby' SUDI training programme.

What next

The Child Death Overview Panel held a Development Session in November 2022 to review the current CDOP arrangements and a work plan for 2023-24 has been developed to build on the effectiveness of the Child Death Review process in County Durham and Darlington. Developments include:

- A revised escalation processes
- A new Thematic Review framework in line with the national guidance
- Measuring the impact of the work of the CDOP
- Standardising family engagement in the Child Death Review process.





Workforce Learning and Development

Key Achievements

Over the past year the Workforce Learning and Development has ensured that safeguarding children training needs are identified, training is delivered to a consistently high standard and that there is a process in place for the partnership to monitor and evaluate the effectiveness of training. The Workforce Learning and Development is accountable to the Performance and Learning Sub-Group (PLG) who has the responsibility to integrate the learning from local and national child safeguarding practice reviews and significant events into training.

What difference has this made

We have developed and embedded three different training options, e Learning, training programme with sessions delivered by an expert in the course subject either on Teams/Zoom or face to face Bespoke training delivered as single agency to individual organisations by the DSCP Training and Development Coordinator.

All training available is multi agency and topics which are the findings in national and local learning reviews. The three training options were developed to meet the increasing demand from a flexible training offer. One where partners can all learn and develop from no matter what barrier or limitations they may have upon time and availability.

We delivered two very successful safeguarding weeks which in April, twenty sessions offered and themed around:

- Safeguarding back to basics
- Report writing
- Neglect
- Child sexual abuse.

Safeguarding week in November was topics from recent reviews such as Arthur and Star Story and recognition of:

- Physical abuse
- Engaging Dads and unseen males
- A wonderful session delivered by young people 'what it means to feel safe to me'.

We have developed a thorough evaluation, feedback and impact process which allows practitioners to reflect on training through our training evaluation and practitioner impact forum. This is an opportunity to explore together how training has impacted on their practice with children, young people and families, whether it meets their needs and how we can develop any future learning. There is no 100% return rate on all training evaluation.

Next Steps

A continuous program of training and learning to be developed, with some key focus on training around:

- Dietary Neglect
- Nourish to Thrive
- Reducing Parental Conflict
- Multi agency child protection conference template
- SUDI Eyes on the Baby training
- Safer Recruitment Training.

Improvement Delivery Group

The Improvement Delivery Group is a new subgroup to the DSCP, it was launched in September 2022, its role is to consider and reflect a range of information from a variety of sources relating to a multi agency practice issue and complete work around the safeguarding partnership's priorities.

The Improvement Delivery Group (IDG) considers these frontline challenges and successes and makes suggestions and recommendations to improve multi agency working which are presented into the Executive Group by the Performance and Learning Group (PLG). The Improvement Delivery Group has been established by Durham Safeguarding Children Partnership to improve the effectiveness of Durham's safeguarding and child protection practice across partnership agencies.

The aim of the Improvement Delivery Group is to ensure a clear line of sight into practice across the landscape of provision for County Durham's most vulnerable children including those in receipt of Early Help services. The Improvement Delivery Group should bring together the views of children, their families, and professionals to inform the continuous development of services and approaches aimed at protecting children from harm and making positive differences to their lives. The Improvement Delivery Group will receive direction from the Safeguarding Executive, Performance and Learning Group to direct the focused areas.

Key Achievements

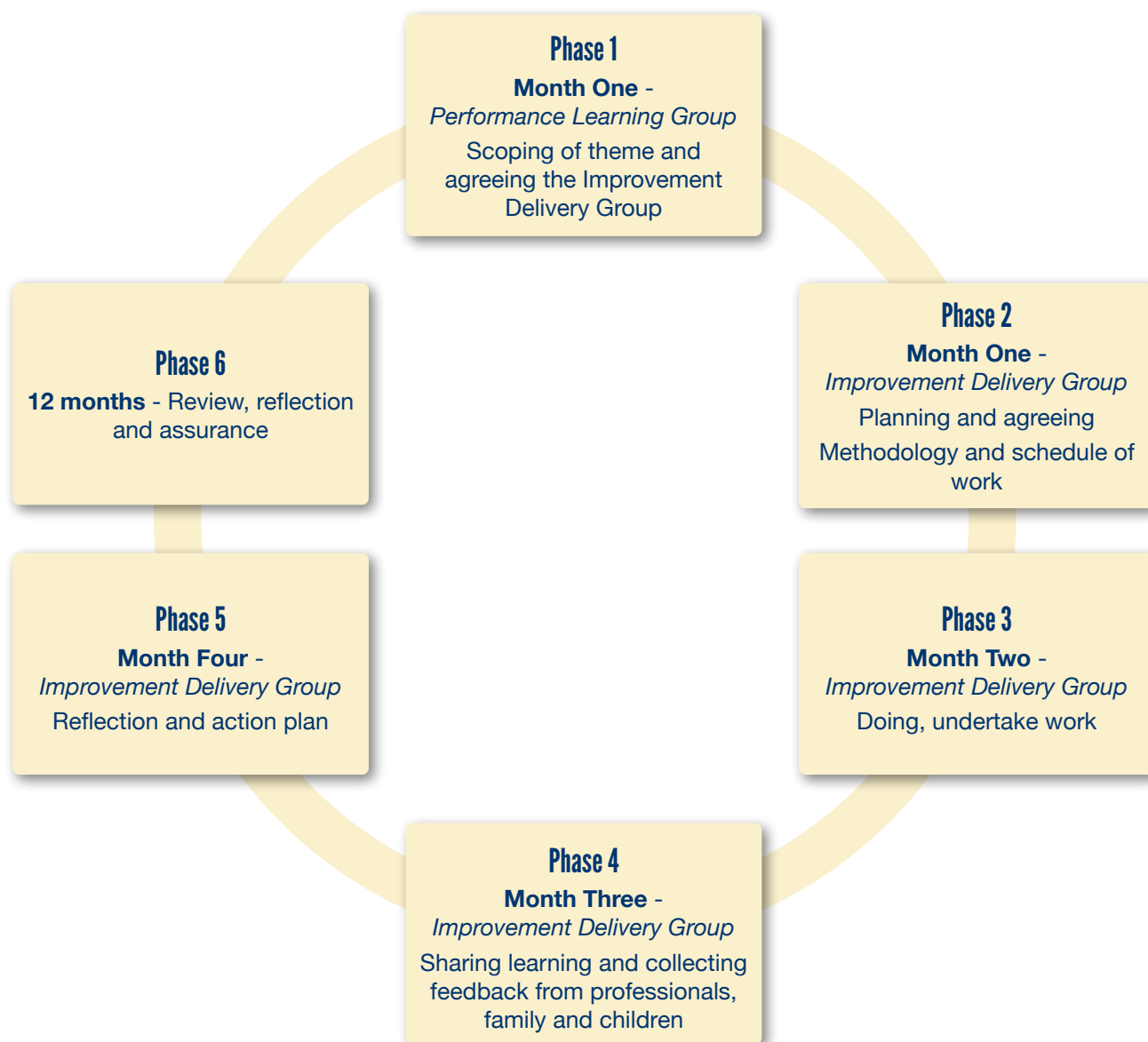
Since the launch of the Improvement Delivery Group, they have completed one piece of work which entailed a Deep Dive into the Multi Agency Safeguarding Hub (MASH). This entailed an audit of fifteen multi agency cases and a two day assurance visit to the first contact team where the MASH is situated.

What difference has this made

Examination has provided good assurance on the co-located multi agency team of social workers, police, and safeguarding nurses. Good evidence that robust multi agency discussions and decisions around risk were taking place and were well recorded; most partners had a voice in the process and strong evidence a Signs of Safety (SOS) approach was being used. Following this piece of work the IDG offered a number of recommendations to the Performance and Learning group, these involved improving communication with partners around the input and output of work within the MASH and increasing the use of safeguarding leads into discussion around threshold. This has been taken up by the MASH board where an action plan has been developed and delivered.

Next steps

The IDG have aligned themselves to the DSCP priority plan, each priority will be looked at within the next sixteen months. A four month learning cycle will be used when looking at each priority work stream.



Child Exploitation Group

The Child Exploitation group is a group that has a joint governance with Darlington Safeguarding Children's Partnership. The primary purpose of the Child Exploitation Group is to monitor, improve and evaluate the strategic response of partner agencies in tackling children missing from home, care and education and the reduction of child exploitation across Durham and Darlington.

Key Achievements

- A joined-up approach to raising awareness of online harm, child exploitation, risks to missing children, county lines and modern slavery to enable practitioners to spot the signs to prevent further harm.
- Formal strategies and procedures, (including clear thresholds and time frames) are in place for Children Missing from Home, Care and Education and Child Exploitation

- Where issues of concern are not resolved at a local level they are escalated to the Child Exploited Group and if required to the Executive/Statutory Safeguarding Partners
- To understand the local picture of missing children, Child Sexual Exploitation and Child Criminal Exploitation
- Understand the contextualised safeguarding model
- Understand what the gaps and barriers are to work together through audits and quality assurance processes to identify learning and provide appropriate responses, solutions and tool kits
- To monitor an agree joint partnership performance scorecard relating to missing children, child exploitation, child exploitation vulnerability tracker (CEVT) and education data to gain an understanding of changing trends, needs and risk factors.

What difference has it made

- A key achievement over the past twelve months has been the improvements that have been made in the way data is captured and analysed. A dashboard has been created to better understand the number of missing episodes and the children concerned.
- In terms of impact, the timeliness of Return to Home Interviews despite some challenges with staffing issues, has improved from 29% to 68%. This continues to follow an upward trajectory.
- The scope of the Return to Home Interviews has been extended to review the quality of the Return to Home Interviews completed. The findings received so far are positive in terms of quality and the effectiveness of staff in engaging with young people and gathering information.
- Further work is underway to look at how the performance data can be used to inform planning within the CEG, the aim of which is to identify opportunity to reduce the number of missing episodes and improve the safety of young people. The findings from a review of young people with frequent missing episodes indicated that there was a need to raise awareness regarding the difference between a missing episode and an absent episode and how these are recorded on systems to ensure the accuracy of the performance information, this work is currently being completed and a more detailed evaluation of the impact of the above changes will be completed in 2023.

What next

Durham and Darlington Safeguarding Partners have developed the three objectives when completing any work over the next twelve months.

- **Child/Children or Young Person(s) focus:** partners are committed to the identification, risk assessment and risk management of those children identified as being at risk of missing and child exploitation Children are at the centre of what we do
- **Context focus:** partners are committed to targeting spaces and places and people of concern who pose a risk to exploiting children and young people
- **Early Identification Focused:** Partners are committed and equipped to educate children to recognise the risks of Harm outside the Home. Partners will support parents, carers, and practitioners to understand the signs of harm outside the home.

What we do within Durham Safeguarding Children's Partnership

- Pro actively identify and respond to new and emerging safeguarding issues and develop multi agency policies, procedures, and work streams
- Communicate widely to persons and bodies of the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so
- Raise awareness and train the multi agency workforce to promote a common, shared understanding of local need in order to and provide children with the help they need
- Coordinate a response to serious safeguarding incidents, unexpected child deaths and dialogue with the National Safeguarding Practice Review Panel
- Oversee, evaluate, and seek assurance on the effectiveness single/ multi agency safeguarding practice in order to drive improvement
- Make recommendations in the planning of services for children in County Durham that is driven by analysis of multi-agency data, intelligence, and learning
- Quality assurance remains our key driver across all the subgroups, using frameworks that will measure the impact of subgroup activities and challenge those working in the safeguarding arena. Partners provide either a written or verbal report to the exec and three additional exec meetings are held per year which will seek assurance from partner agencies and relevant agencies in relation to safeguarding children in practice and responsibilities.

How do we achieve it

- Manage the strategic business plan which has four priority areas over three years
- Challenging and learn from practice through the learning cycle process
- Quality assurance framework meetings
- Performance Framework
- Oversee Complex and Organised abuse process
- Support subgroups; Missing and Exploited Group (MEG), Child Death Overview Panel (CDOP), Neglect Group, Workforce Learning and Development Group (WFD), Performance and Learning Group (PLG), Improvement and Delivery Group (IDG)
- Management of serious incident and child death notifications and processes
- Management and oversight of Local Child Safeguarding Practice Reviews
- Learning from – near misses, poor and good practice
- Multi agency website, newsletter and twitter
- Supporting and developing the multi agency procedures
- Multi agency training programme

Durham Safeguarding Children Partnership Reporting and Assurance Structure



The Partnership has an Independent Scrutineer and Chair who provides leadership, vision and support and who is responsible for ensuring that all organisations contribute effectively to the work of the DSCP. The Independent Scrutineer and Chair provides accountability for the work undertaken by the DSCP by way of reports to relevant strategic committees and boards. Effective communication between the Business Manager and Independent Scrutineer and Chair ensures that there is a clear link between the subgroups and executive group, enabling risks, themes, and opportunities to be highlighted at an executive level, and challenge, direction and opportunities to be shared into subgroups. This is supported by meetings for subgroup Chairs to provide clarity about the role of each subgroup in the priority areas and to raise any process or participation issues with the Independent Scrutineer and Chair.

Our Vision and Values

Our vision and values are simple, it's about 'Keeping Children Safe' on the premise that safeguarding is everyone's responsibility. It acts as an umbrella covering all that we do and underpinned through our three Core Values - Tenacity; Curiosity; Openness.

The DSCP has had a number of significant changes over the past twelve months, this has included a number of staffing changes and a change to our structure and how we deliver work. The biggest motivation for this change has been to consider how the partnership can understand practice and make improvements in a timely manner.



5 Achieving against Priorities

The local priorities for the DSCP during the reporting period of 2022/23 were:

- Management Understanding and Decision Making
- Voice and Lived Experience of the Child
- Cumulative Harm
- Harmful Sexual Abuse.

Each priority area was discussed within the Performance and Learning Group where a dedicated subgroup, with membership from across the partnership was identified. The subgroup activity focuses specifically upon what we want to improve for children and young people within each specific themed priority area. Each subgroup has a bespoke work plan, which has clear impact statements and outcome measures, so that we can track progress and evidence the impact of our multi agency activity. Strategic leads are required to submit an annual spotlight report to the partnership, to evidence how their work has contributed to improving outcomes for children and young people. The multi agency subgroups pro actively horizon scan for emerging risks and themes in safeguarding practice, so that we can respond to the needs of children, young people, and their families in a timely manner. This annual report will summarise the key achievements, challenges, and areas of focus for each of our subgroups, linked to our local priorities for 2022/23.

Management Understanding and Decision Making

Key Achievements 2022/2023

- Quarterly multi agency auditing processes have been developed. Within each audit activity there was a focus on Management Understanding and Decision Making. Within these audits there has been a recognition that management oversight, understanding and decision making has been evident on children's files, if it was not evidenced then action plans have been drawn up to support this to take place
- Multi agency training has been delivered throughout the year, Risk Assessment/Cumulative Harm embedded into Safeguarding Managers training
- There are improved systems to monitor Supervision across the partnership
- Capping caseloads for less experienced staff are evidenced in the partnership
- Buddy support is offered to less experienced staff in the partnership
- Early Help offers fortnightly discussions to the partnership on any cases that a stuck or difficult to manage
- Challenge process has been developed within the DSCP to support multi agency challenge on difficult cases
- Awareness/training to professionals has been well attended with positive feedback.

What Difference has it made

- All of the above work has contributed to there being an increase in the level of management oversight and decision making on all cases where children require support from services
- Regular evidence appears of strong supervision and management oversight in a high percentage of cases
- Process have been developed to allow managers to refer multi agency cases to the DSCP for independent oversight and scrutiny
- Practitioners have a pathway and protocol to follow when they are struggling with a case.

Next Steps

- DSCP to support the development of a multi-agency supervision process
- A challenge event will be held in 2024 along with strategic managers to look at what we have done, what we have achieved and further steps to be taken.

Voice and Lived Experience of the Child

Key Achievements 2022/2023

- Quarterly multi agency auditing processes have been developed. Within each audit activity there was a focus on voice and lived experience of the child. The results are presented at the Performance and Learning group to provide assurance to key stakeholders
- Within these audits there has been a recognition that developing practice is becoming more evidence that the child's words, experiences, and voice is evident on children's files
- This is a common theme in all training on the DSCP training programme and great emphasis and information is shared on this
- Safeguarding week topic, within the week there was a session designed, facilitated, and delivered by children
- The DSCP have sought or included the voice and feedback of children within their work and priorities, this has included focus groups, surveys, and appreciative enquiry work
- DSCP have supported and promoted key practice principles across the partnership, language that cares have been shared
- A Professional Pledge has been developed with a commitment that children are central to all we do, and we hold each other to account
- DSCP training offer designed so that lived experience of children is consistent in all courses
- Impact Forums introduced to assess real difference on practice multi agency training has
- Special Educational Needs and Disabilities representation is evident within the partnership, to support an understanding of individual needs
- Safeguarding video have been produced by young people to help others understand different service levels and which agencies support families.



What Difference has it made

- The DSCP now has a clear process and vision to include the voice and lived experience of the child within all work and all subgroups. At this stage, impact and outcomes are yet to be determined. This will be a focus of the Performance and Learning Group for the next three years initially focussing on the next twelve months
- Agencies understand the expected standards when considering lived experience/voice of children
- Robust processes are in place in each agency to monitor and report on compliance and impact.

What Next

- Young people will be able to view the work completed within DSCP and have a greater understanding of the changes to the DSCP and the levels and stages of support and which services sit under these at each level
- Young people to contribute to the DSCP Website
- Young people's views inform the strategic direction of the work within the DSCP.

Cumulative Harm

Key Achievements 2022/2023

- Cumulative Harm guidance developed and cascaded across communication channels looking at key areas like Harm Matrix and Chronologies
- Quarterly multi agency auditing processes have been developed. Within each audit activity there was a focus on cumulative harm and the tools practitioners use to understand the history of the child. The results are presented at the Performance and Learning group to provide assurance to key stakeholders. Within these audits there has been a recognition that developing practice is becoming more evidence that the child's world, experiences, and history is evident on children's files.
- Access into Signs of Safety briefings enhanced and woven into all DSCP training provision
- ICPC reports have been developed alongside the SOS structure which supports practitioners to identify cumulative harm.

What Difference has it made

- Through appropriate levels of scrutiny and health check, multi agency meetings are well facilitated to enable the continued assessment of risk and progress for children and families
- There is a robust analysis of family history, capacity to change and the impact on the child
- There has been improvement as to how professionals use plain language that children and families understand.

What Next

- Child Protection assurance visits will be completed by the DSCP in October 2023
- DSCP Banners to be shared with the partnership to support information sharing.

Harmful Sexual Abuse

Key Achievements 2022/2023

- A Sexual Harm Consultation group has been established in Durham which is a multi-agency group that offers oversight and support on cases where sexual harm is assessed
- Cases are now flagged on multi agency systems when Sexual Harm is assessed
- Family network meetings have been promoted and developed across the partnership
- Training now uses the Sexual Harm Framework, Assessment Intervention and Moving on (AIM'S) training and capacity to protect training is offered to social work professionals. Supervising cases of sexual harm training was offered to all team managers and practice leads that supervise social work staff
- Sexual Harm Champions have been trained and developed across the partnership
- Sexual harm tool kits are available to the partnership.

What Difference has it made

- The use of Sexual Harm Champions in the partnership has led to an increased awareness
- Cases are triaged for advice when Sexual Harm is categorised by management and experiences practitioners
- Family network meetings are being utilised within the partnership to help to manage risk
- Safeguarding Children Sexual Abuse, four hundred+ briefing sessions have been offered to the partnership.

What Next

- Review of the Sexual Harm consultation group. Review to include processes, referrals in. Consideration to whether this could it be offered to the wider partnership?
- Data work on the children coming through the sexual harm consultation group, have we got the 'right' children coming through, can do some assurance work with this.



Audits 2022/2023

The DSCP seeks to challenge partners to continuously improve safeguarding for children and young people in County Durham. Multi agency, collaborative and practitioner led auditing have been completed throughout 2022-2023. These audits were identified by partners at Embedded Learning Group (now the Performance and Learning Group) following review of wider service intelligence and learning from LCSPR'S. Four audits were completed focusing on:

- Multi agency assessments and recognition of cumulative harm
- Recognising and responding to risk factors in sexual abuse
- How and when Strategy Meetings are convened, focussing on children at risk of Child Sexual Exploitation
- Whole family assessments, considering cumulative harm, frequent house moves and consideration of all adults significant in the life of the child.

Key Achievements

- Within each audit activity the partnership identified areas of positive practice around:
 - Quick application of safeguarding protocols by referring practitioners.
 - Good communication and coordination of safeguarding protocols implementation between partner practitioners
 - Appropriate service responses to referrals and disclosures.
 - Good recording of information within most partner agency systems
 - Evidence of direct work with the child and the child understood risk
 - Evidence of safeguarding supervision taking place and being recorded on the child's files
 - Positive relationships between professionals, family and child seen on the case files.

Auditors found areas for improvement included

- Assuring the sharing of information to inform decision making and risk assessment, between and within agencies
- Communication, both between agencies and with service users
- Wider safeguarding needs, such as cumulative harm, were not always consistently considered
- Maintaining effective communication between partners after initial strategy meeting
- Assuring the sharing of information to inform decision making and risk assessment, between and within agencies
- Consideration for effective support during and after protocol including consideration of Early Help and supported participation in interventions/programmes.

What Difference has it made

Recommendation for learning has been developed from each audit, the audit activity has been cross referenced with wider DSCP learning activity to understand consistent themes and focus improvement activity linked with this. Themes for improvement have included:

- The partnership approach to group supervision
- Maintaining effective communication between partners after initial meetings
- Cross boundary working and information sharing
- The consistent use of tools (Harm Matrix, Heat tool).

6 Learning and Improvement Work

The Durham Safeguarding Children Partnership is committed to working together to protect children and young people from the risk of serious harm and abuse. The DSCP seek to review and update our local pathways, policies and procedures so that they are responsive to current levels of need and risk in the local area. The DSCP, and its associated subgroups pro actively work together to horizon scan for emerging risks and threats across the partnership to make sure that we are in a position to respond effectively. Within the Performance and Learning Group (PLG) the multi agency group (including all statutory partners) oversees all multi agency review activity. The PLG coordinates the outcomes of all case reviews and thematic audits and provides scrutiny of action plans where learning has identified that frontline practice could be strengthened.

During 2022-23 the PLG developed and launched a new pathway and referral process for cases where learning can be sought from cases, both good practice examples and learning examples. In 2022 one notification for learning was received by the PLG, this resulted in a learning event being conducted and a case review and briefing to be developed.



Case Study

K was 18 years 3 weeks when he was found unresponsive, K sadly died from a cardiac arrest owing to drug and alcohol use. Whilst K was not a child at the time of his death he had been accommodated by children's services and open to a multi agency team from the age of 14 years old. The review completed by the DSCP identified a number of examples of key learning for the partnership. A systems learning approach was taken to the review of K's story, partners were invited to consider how they work together to safeguard children. The following themes were identified:

- Recognising the importance of engaging with families at the earliest opportunity
- Multi agency approach to providing necessary help and support to all family members, particularly at times when children are no longer living with adults who they love and want to protect
- Professionals' curiosity about a child's lived experience and the dynamics within the family and wider support networks
- Professionals have the right resources at the right time and when a young person has very complex needs, we need to ensure that the right things are in place to find a solution that meets these needs
- Utilising tools like multi agency chronologies to help us understand the lived experience of children and young people and the cumulative harm they may have suffered.

What has the impact been

Since the learning event in November 2022 a learning briefing was developed and shared with the partnership. So far, the briefing has been watched by over five hundred and fifty practitioners in the partnership. The PLG also agreed six actions from the review, and they have kept oversight of actions arising from the recommendations.

Feedback

Briefing was rated 4.4 out of 5 stars on Me Learning.

I supported K for two years your delivery of his story was accurate and very sensitive. Thank you I know he would be very grateful (practitioner after watching briefing).

Between April 2022 and March 2023 there has been four children referred to the PLG for consideration of a statutory review. All four hit the criteria for a statutory Rapid Review, three of which warranted deeper exploration to understand learning, via a statutory Local Child Safeguarding Practice Review (LCSPR). The case that did not hit the criteria for a deeper exploration, single agency learning was identified within the Rapid Review process. This was shared within the PLG, actions agreed, and the case was reviewed at six months to seek assurance around the learning dissemination and changes made.

We also undertake horizon scanning of regional and national learning to identify what, outside of County Durham, may impact on what we do and the outcomes that we collectively achieve. During 2022-23 a learning briefing was created and distributed in response to the National Review into the deaths of Arthur Labinjo- Hughes and Star Hobson. Learning from these cases was also shared in Safeguarding Week (November 2022) where practitioners across the partnership attend a one-hour briefing.

One way we share learning within the DSCP is to create and develop a range of learning briefing or 7 point briefings which are available as part of a repository on the DSCP website to inform practitioners and public.

7 Use of Restraints

Use of Restraint In conjunction with Durham County Council, the DSCP monitors the use of restraint at Aycliffe Secure Services Centre.

The Centre houses a changing population of young people (aged 10-17) with complex needs.

The home regularly reports information regarding the use of restraint to the Youth Custody Service and Ofsted.

Injuries due to restraint are categorised on the level of medical intervention required with one being minor injury (no medical treatment required) and three being serious injury (requiring hospital treatment).

Of the two hundred and forty two incidents of restraint recorded for the year, 83% caused no injury at all, and whilst forty one resulted in injury, it is notable that 96% were at level one, with only one being recorded in the highest level three category.

Scrutiny involves review of the home's CCTV where randomly selected incidents are reviewed with a manager from the home about the use of restraint, the circumstances leading up to the incident and what happened afterwards. This scrutiny provides assurance to the Partnership that the use of restraint is being monitored in terms of legality and proportionality in cooperation with the centre. The Aycliffe Centre has been judged as good in its most recent Ofsted inspection, with children's health being judged as outstanding.

8 Training

Training Delivery Model

- 4 delivery and learning options
- 7172 people accessed training
- 54% increase (4108 people) in 2021/22

Me Learning

15 e Learning Courses
5681 completions

Training Programme

10 virtual multi agency courses
891 completions

Safeguarding Week

40 bitesize courses
509 completions

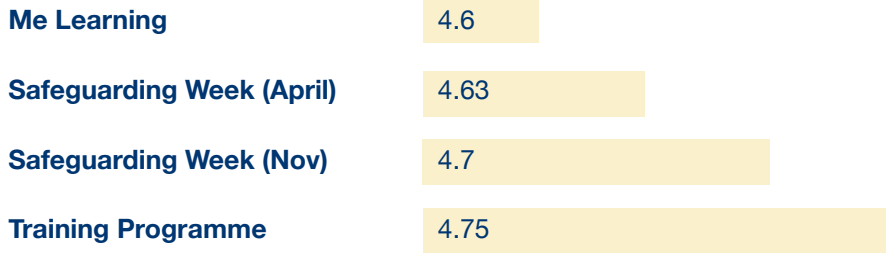
Bespoke

Single Agency Training 90 completions



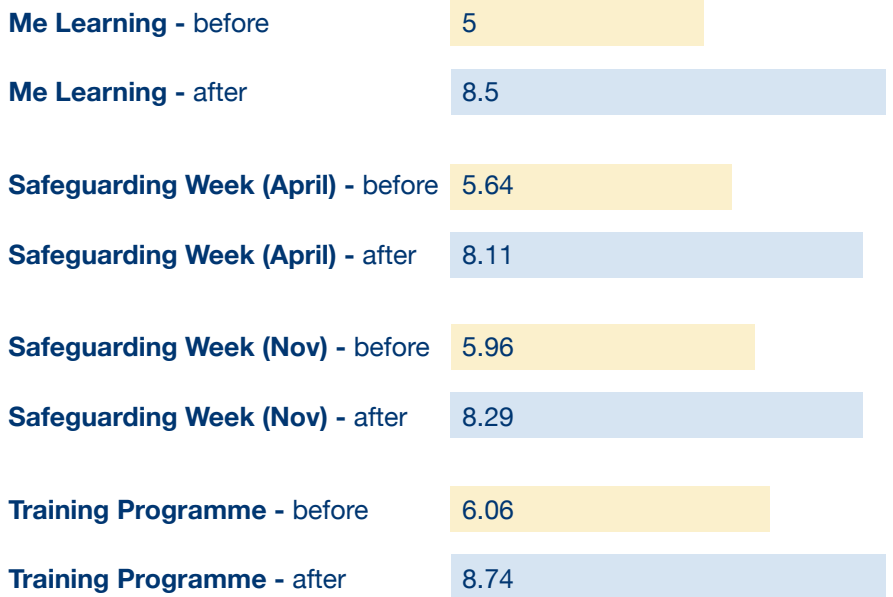
Course Content

Average rating 4.67 out of 5



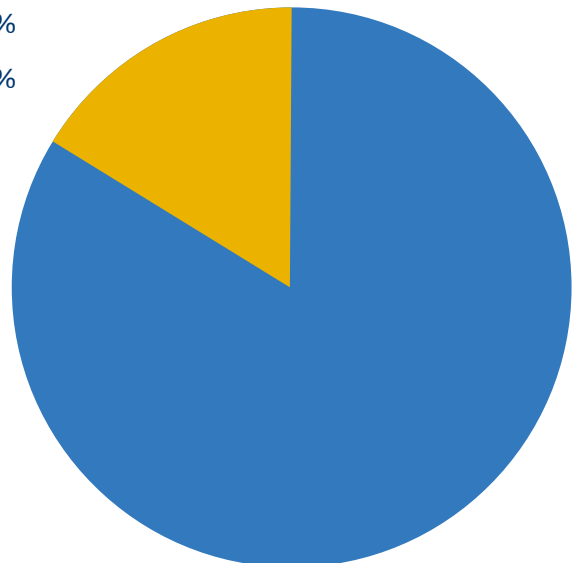
Level of knowledge on this subject prior and on completion to training

(1 being limited knowledge and 10 being in depth knowledge).



Do you think this training will have an impact on your practice with children, young people and families?

Moderately impact	16%
Significantly impact	84%
No impact at all	0%



9 What's Next for the DSCP

Priorities

The DSCP have developed a three year business plan (2023-2026) which outlines a clear set of priority areas and golden threads which will influence the work of the DSCP in the coming months/years.

- **Priority One** - Domestic Abuse
- **Priority Two** - Harm outside the home
- **Priority Three** - First 1001 days
- **Priority Four** - Mental health and wellbeing
- **Golden Threads** - these weave through everything we do:
 - Child's voice and lived experience
 - Working together across partners
 - Whole family approach recognising networks
 - Fathers roles and hidden males
 - Cultural competence
 - Reflective practice
 - Signs of safety.

These priorities will form the work completed within the Performance and Learning Group which meets every six to eight weeks. Within their groups there is a consideration of local and national learning, audit findings, learning cycle activity, good practice and areas for further exploration. Members of this group involved in a focussed area for consideration will meet with the Safeguarding Executive and members of the Improvement Delivery group to scope out the topic for examination for delivery by the Improvement delivery Group based on the four priority areas.

Learning Cycle

Within 2023/24, each priority will be explored within the DSCP Learning Cycle. In summary, the learning cycle is completed within the Improvement Delivery Group (IDG). The IDG is made up of practitioners and managers from each agency within the DSCP, meetings are held on a monthly basis where it is split into six phases, phases one to five are carried out over a four month period, with phase six, review, reflection, and assurance, taking place in month twelve.

Other new developments in the DSCP

DSCP have planned to relaunch their monthly Newsletter and Twitter page to increase their ability to communicate with the wider partnership.

The DSCP website will continue to be built upon and changed to meet the developing needs of the partnership.

Continue to embed the Signs of Safety Practice Framework across partner agencies.

Improve effectiveness of Partnership scrutiny and the assessment of impact Progress the DSCP website.

Maintain the Child Protection procedure updates.

The financial contributions from the strategic partners are as follows.

Partner	Contribution 2022-23 (£)
Durham County Council	191,604
Integrated Care Board (ICB)	105,135
Durham Constabulary	39,285*
Probation	4,873
HDFT	2,680
CDDFT	2,680
Total	347,060

*In addition to the financial contribution Durham Constabulary contribute a Partnership Analyst as a full time resource shared between the Children and Adults Partnership.

Overview by the Independent Chair and Scrutineer of the progress made by the DSCP 2022/2023

I am delighted to respond, as the Independent Chair and scrutineer, to the publication of the Durham Safeguarding Children Partnership's (DSCP) 2022-23 Annual Report.

The report clearly sets out what has largely been a transition year, moving from the previous model of working to one more focused on a learning cycle delivering practitioner engagement and learning, resulting in better outcomes for children, young people, their families and carers. This has been supplemented by the introduction of an interactive assurance model and improved performance management framework.

The report clearly details the structural changes that have been undertaken to achieve the new way of working introduced in December 2022 both in working sub-groups and the Durham Safeguarding Children Partnership Business unit. It has been a credit to all partners and staff across the partnership how they have embraced these changes, recognising the positive impact it will have on practitioner development. This means that agencies in County Durham continue to improve safeguarding of all children in their area and those on out of area placements.

The Durham Safeguarding Children Partnership successfully finalised their previous priorities:

- Management Understanding and Decision Making
- Voice and Lived Experience of the Child
- Cumulative Harm
- Harmful Sexual Abuse.

There is detail contained in the report highlighting the key achievements and impact against each of these priorities.

Moving forward the following priorities have been agreed from April 2023:

- Domestic Abuse
- Harm outside of the Home
- First 1001 days
- Mental Health and Well-being.

These priorities will be delivered by utilising the new operating model for example, the learning cycle has completed two areas of examination, the Multi-agency Safeguarding Hub (MASH) and Child and Adolescent to Parent Violence and Abuse (CAPVA). This has allowed the new way of working processes to be tested and refined as well as practitioner learning identified to be delivered by the Performance and Learning Group and overseen by the Executive.

Health and Wellbeing Board

22 January 2024

Durham Safeguarding Adults
Partnership (DSAP)

Annual update



Report of Lesley Jeavons, DSAP Independent Chair

Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 To present to Health and Wellbeing Board (HWB) the Annual Report for 2022/2023 of the Durham Safeguarding Adults Partnership (DSAP), which provides assurance of safeguarding adults activity across County Durham.
- 2 To present the accompanying suite of documents including the Annual Report on a Page (Appendix 2) and Easy Read report (Appendix 3). The full suite of reports can be accessed via the [Durham Safeguarding Adults Partnership website](#).

Executive summary

- 3 The Care Act 2014 outlines the requirement upon Safeguarding Adults Boards (SABs) to publish an annual report.
- 4 This is the eighth Annual Report which provides information about the achievements and challenges during the year 2022/2023.
- 5 Key data relating to safeguarding activity is included and based upon 1st April 2022 to 31st March 2023. Safeguarding adults data is also published within [NHS Digital Safeguarding Adults Collection](#).
- 6 The Annual Report outlines the DSAP progress in line with its vision and strategic priorities.
- 7 For the third year the DSAP has agreed that the Annual Report will be conveyed as a YouTube video via its website. The report can be accessed [here](#). The aim is to increase the attractiveness and accessibility with to improving the uptake of key safeguarding messages for County Durham.

- 8 The Annual Report includes headline messages of the learning from Safeguarding Adults Reviews as well as partners' contributions to the work of the partnership.
- 9 Content of the Annual Report encompasses:
- Key points
 - Chair's foreword and introduction
 - The local picture
 - Our vision and partners
 - Safeguarding Adult Reviews
 - Strategic plan and priorities
 - Governance review and audit
 - Safeguarding issues
 - Professional and community engagement
 - Quality assurance and the Safeguarding Adults Collection return
 - Looking ahead
 - Partners' Action Reports

Recommendations

- 10 The Health and Wellbeing Board is recommended to:
- (a) Receive the Durham Safeguarding Adults Partnership Annual Report suite for 2022/2023 and note the progress made by the partnership.
 - (b) Note the future work of the Durham Safeguarding Adults Partnership.

Background

- 11 The DSAP regularly reviews its strategic plans. Its current plan was agreed in September 2020, reviewed in 2021, and refreshed towards the end of the year 2022/23, with partners taking a renewed focus upon the Coronavirus (Covid-19) recovery. The refreshed version [2023-2026](#) is published on the DSAP website. The plan has three agreed priorities:
 - (a) Reflect upon the learning from Covid-19 and inform new ways of working;
 - (b) Seek assurance from agencies and use that information to strengthen safeguarding;
 - (c) Share key messages with our community, our networks and work co-productively with adults.
- 12 The DSAP Annual Report is minded to its vision to support adults at risk of harm to prevent abuse happening and when it does occur, to act swiftly to achieve good outcomes, consulting with the Local Healthwatch as a source of support to inform DSAP activity. The Local Healthwatch was consulted in relation to its revised strategic plan.

Safeguarding Adults Assurance

- 13 The proceeding section outlines highlight messages that offer a level of assurance to HWB and of safeguarding activity during 2022/2023.
- 14 Under the Care Act 2014, the Partnership should undertake Safeguarding Adults Reviews (SARs) when certain criteria are met, for example, when an adult with care and support needs has died or been seriously harmed, and there are concerns about how partners worked together to protect the adult. SARs give a focus upon what can be learnt about improving practice, what worked well, and about cooperation between organisations. SARs are not about blaming any individual or organisation.
- 15 During the year one SAR was completed and reported to the partnership. One SAR was ongoing at the end of the year.
- 16 Examples of emerging themes from the SARs include working with adults who self-neglect or who misuse alcohol and substances; application of the Mental Capacity Act 2005; and creating safer organisational cultures.
- 17 As a consequence, the DSAP held key events for practitioners in safeguarding week 2022/2023, dedicated sessions for partners, and a range of practitioner briefings, newsflashes and ebulletins.
- 18 Further activity related to the emerging themes from SARs has included a multi-agency training and workshop offer, partnership development

days, and a range of published briefings such as Closed Cultures, and continuation of 'The Mental Capacity Act: what good looks like' suite of resources. In collaboration with the North East SAR Champions Network we published a set of 7-minute briefings on self-neglect.

- 19 The DSAP published the Executive Summary of the Whorlton Hall Safeguarding Adults Review in line with legal considerations on 6th December 2022. The review findings place a lens upon national learning. The DSAP held a Development Day to explore the findings from that review in January in 2023 and will take forward any local activity into the next year.
- 20 Closed/Toxic Cultures training was delivered by the Independent Chair of the partnership, initially for social work practitioners, and is planned to be rolled out for providers next year.
- 21 The DSAP has addressed other nationally emerging themes with briefings, newsletter articles and awareness raising activity, covering a range of topics including World Autism Acceptance Week, Deaf Awareness Week, Hoarding Awareness Week, Gypsy Roma and Traveller History Month, Scams Awareness Fortnight, and Anti-Slavery Day.
- 22 Other briefings developed to support providers included briefings on Bruising, Criminal Offences, a Safeguarding Adults Recap, and Enquiry Actions for Providers. The Working Collaboratively and Information Sharing Good Practice Toolkit and the Skin Damage Toolkit were reviewed and updated.
- 23 A key focus continued to be the use and application of the Mental Capacity Act 2005, Covid-19 vaccination considerations, and embedding human rights into safeguarding adults training offers.
- 24 The DSAP held its third virtual safeguarding week in conjunction with the Safe Durham Partnership, with 267 attendances across 14 webinars on a range of topics. The week-long event served as platform to launch a new animation '[What to do about self-neglect](#)'. The resource is a short film to help people to understand what self-neglect is, how it can build up, and what can be done to help.
- 25 During 2022/2023 there were 32,783 visits to the DSAP website and 1,480 visits to the 'report abuse' page, an increase of 9.5 percent.
- 26 There were 42 core training courses delivered through 2022/23, with 816 places taken up (some delegates attend more than one course). The DSAP Raising a Concern Workbook was completed by 762 delegates for the same period.

- 27 Reported safeguarding concerns during 2021/2022 saw an average of 202 reports a week. As a partnership this offers assurance that reports have continued to be submitted. Not all reports require a safeguarding response.
- 28 When adults are at risk of or experiencing abuse Durham County Council Adult and Health Services may need to trigger the duty to undertake a safeguarding enquiry (Section 42 of the Care Act 2014). A key element of that safeguarding practice is to place emphasis upon the 'voice of adults'. People in receipt of safeguarding services are asked 'what they would like to happen'. The DSAP is assured that the voice of adults is central to its safeguarding practice. From the year end data of adults or their representatives who were asked and expressed desired outcomes, 92 per cent in concluded enquiries had their outcomes fully (74 per cent) or partially (18 per cent) met.
- 29 The DSAP were further assured about practice where risk was identified, in that risk was reduced or removed for 86 per cent of concluded enquiries. There will always be a percentage of enquiries where the 'risk remains' following a safeguarding intervention, and this can be linked to the autonomous decision making of adults who may choose to live with a level of risk.

Looking Ahead

- 30 The DSAP will continue its focus into 2023/24 on priorities of raising awareness and improving practice particularly in relation to working with adults who self-neglect or misuse alcohol or substances, professional curiosity, closed/toxic organisational cultures, and proper use of the Mental Capacity Act 2005.
- 31 The DSAP published the full Report and Easy Read Report of the Whorlton Hall Safeguarding Adults Review in line with legal considerations in May 2023. The review findings place a lens upon national learning. The DSAP is developing local and national activity in response to the findings from that review.
- 32 The partnership will maintain its focus upon key learning opportunities and strengthening its safeguarding offer, inclusive of closed cultures training.
- 33 Furthermore, it will strengthen its wider community related activities inclusive of empowerment activity and will engage a community reference group for co-production work as well as delivering community-based engagement events in 2023/24.

Conclusion

34 The Annual Report provides a comprehensive overview of the work of the DSAP during 2022/23 and the priorities for 2023/24.

Authors

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Appendix 1: Implications

Legal Implications

The Care 2014 states that Safeguarding Adults Boards must publish an annual report and strategic plan, and that the report should outline its progress against that that plan as well as learning from Safeguarding Adults Reviews.

Finance

Continuing financial pressures on public services remain a challenge for member agencies and contributory partners of the DSAP. The DSAP monitors risk and challenges through its governance arrangements, including business continuity. Durham County Council ensure it includes any such areas in those arrangements.

Consultation

The annual report is consulted upon with all partner agencies. It consults with the local Healthwatch on its strategic plan. The DSAP offers opportunity to partner agencies to submit an annual overview of their own contributions to the work of the DSAP for inclusion within the annual report.

Equality and Diversity / Public Sector Equality Duty

Adult safeguarding is linked to and covered in DSAP policies and procedures with equalities impact assessments undertaken when and where appropriate.

Climate Change

The DSAP Business Unit is minded to the impact of climate change and aims to reduce its carbon footprint where possible. Emissions due to DSAP activity are in line with other County Council activity. For this report they include power use due to online processing and storage; and heating, lighting, travel, and other emissions by use of staff both homeworking and office working in line with the Council hybrid working model.

Human Rights

Upholding human rights is a fundamental element of the DSAP core activity. The DSAP and relevant partners within the context of safeguarding adults should continue to ensure that they are embedded in policy and practice.

Crime and Disorder

Adult safeguarding is linked to and covered within the DSAP policies and procedures. There is a close working relationship with the Safe Durham Partnership and working arrangements across agencies and broader

partnership including but not limited to the County Durham Anti-Slavery Network. Durham Constabulary is a statutory partner of the DSAP.

Staffing

The sustaining of adult safeguarding activities requires continued priority to staffing to ensure adequate resource is maintained. The continued contribution to staffing from partner agencies is supportive of a dedicated support function to the DSAP, there can be continued pressure for capacity within the staffing function when unforeseen situations arise.

Accommodation

Not applicable

Risk

The risks associated with not appropriately managing responses to safeguarding are extremely high and include risks of ongoing abuse and neglect and the risk of serious organisational and/or reputational damage to statutory and non-statutory organisations in County Durham.

The DSAP puts considerable effort into training and awareness raising to ensure that abuse and neglect is recognised and reported. Screening of all reported concerns takes place, and they are directed appropriately to ensure the most appropriate response is taken.

Any risks identified under the umbrella of the DSAP is updated within a risk and challenge log which is reviewed quarterly. The impact of training is regularly explored and is reported annually. Partner agencies of the DSAP are committed to improvement activity. In 2022-2023 the partnership strengthened its arrangements through updates from Durham County Council, Principal Social Worker. The partnership also receipted update of three multi-agency reflective exercises related to provider concerns. That work will continue with further reflective exercises planned for future board reporting.

Procurement

The adoption of safeguarding principles in the procurement of health and social care services is essential. An example is the DSAP support for Durham County Council checking supply chains for modern slavery and a focus upon safeguarding within regionally agreed procurement frameworks for Safeguarding Adults Reviews.

Appendix 2: DSAP Annual Report on a Page 2022-2023

See attached or [website link](#) to document.

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DSAP Annual Report on a Page 2022/23



Durham Safeguarding Adults Partnership

Durham Safeguarding Adults Partnership is supported by core statutory partners: Durham County Council, Durham Constabulary, and NHS North East and North Cumbria Integrated Care Board



DURHAM
CONSTABULARY



Our Vision: We will support adults at risk of harm to prevent abuse happening; when it does occur, we will act swiftly to achieve good outcomes and we will consult with the Local Healthwatch as a source of support to inform DSAP activity



County Durham Population 522,100

420,800* adults

111,300** adults aged 65 and over



Over 64s Care

2,671 people had home care

3,062 people were living in a care home

Paid for or arranged by DCC @ 31.03.2023

*Extrapolated estimate from ONS Census March 2021 **ONS Census March 2021

Safeguarding Adults in County Durham

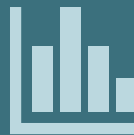


10,544 concerns reported leading to

4,048 enquiries made of which

351 enquiries required the specialist adult protection team

In County Durham for every 100 safeguarding enquiries



Places of abuse

Own home **50**

Care home **36**

Types or patterns of abuse



Voice of the adult and Making Safeguarding Personal



When adult lacked capacity, supported by advocate, family or friends in **33** enquiries
When given, wished for outcomes met in **92** safeguarding enquiries

For every 100 enquiries

Risk was removed or reduced in **86** enquiries

Assurance

Strategic Plan on a Page supported response to Covid-19

Three dynamic strands of work

Reflections and Innovations

Safeguarding Assurance

Communications and Engagement

Focus on sharing learning

2 Development Sessions for DSAP

Safeguarding Adult Review (SAR) panel

Learning from SARs

Focus on safeguarding with adults who self-neglect

Application of the Mental Capacity Act 2005

Closed Cultures briefing and training

The SAR about Whorlton Hall identified 7 national systems findings for change

Support for good practice Safeguarding Adults Week 2022

DSAP



SDP



DCA



267 Places taken up

Held 14 webinars

Launched our film **What to do about self-neglect**

7 partner events promoted

6-page directory of resources and films shared

Training

816 attended DSAP multi-agency online training

762 completed Raising a Concern Workbook

14 completed DSAP Stop Abuse Now Easy Read Workbook

1 completed DSAP Staying Safe Easy Read Workbook

We asked our attendees



113 Event participants rated 4.68 out of 5



434 Training participants rated 4.7 out of 5

We published



37 DSAP ebulletins



14 Trainer's ebulletins



5 awareness day bulletins



5 Newsletters



3 MCA guides



1 Whorlton Hall SAR Executive Summary



13 Single topic briefings for practitioners

Website Visits

Total visits
32,783

Training page
4,112 Visits

There were 1,480 visits to the Report Abuse page

Unique visits to the Report Abuse page increase by 9.5%

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Appendix 3: DSAP Easy Read Annual Report 2022-2023

See attached or [website link](#) to document



**Durham
Safeguarding Adults
Partnership**

Durham Safeguarding Adults Partnership Annual Report 2022 to 2023

Message from Lesley Jeavons



Hello. My name is Lesley Jeavons and I am the **Independent Chair** of the Durham **Safeguarding Adults Partnership**. **Chair** means that I am in charge of our meetings.



The **Partnership** is made up of people from social care, health services, the police, and other organisations. **Independent** means I do not work for social care, health services, or the police.



The people in the Partnership work together to help keep people safe from harm, abuse, and neglect. This is called **Safeguarding Adults**.



This is our **Annual Report**. An **Annual Report** is about the work the Partnership did in the last year. It shows what we have done to keep people safe from harm, abuse, and neglect.

What did we do in the year April 2022 to March 2023?



We started having some **hybrid** meetings. **Hybrid** means mixed, some people joined online, and some people were in the same room. This was because the Covid-19 pandemic and social distancing was coming to an end.



We held lots of short online events in our **Safeguarding Week**. **Safeguarding Week** tells people about safeguarding adults and about abuse and neglect.



We launched 'What to do about **self-neglect**', a film to support people to know about self-neglect. **Self-neglect** means you stop taking care of yourself or where you live.

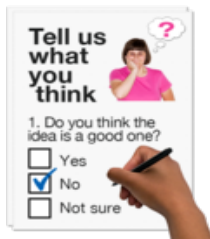


We trained staff, **volunteers** and people who use services about safeguarding. We used online Microsoft Teams, meetings in the same room, and workbooks.

Volunteers give their time free to help people.



Last year we gave certificates to 14 people who did the Stop Abuse Now easy read workbook, and to one person who did the Staying Safe easy read workbook.



We listened to the views of people who use services.



We shared information about the Mental Capacity Act 2005, Autism Acceptance Week, Carers Week, and lots more.



We worked with others to help protect people from **scams** and financial abuse. **Scams** means people are tricked into giving their money to criminals.



Last year new scams tricked people about getting help if they do not have enough money for food or their bills.



We worked on our website to make it better.

www.safeguardingdurhamadults.info



Durham County Council Adult and Health Services have carried on the project to help home care and care homes to improve their services.



We have updated some of our **guidance** and **policies**. **Guidance** helps people to work better. Our **policies** are rules to follow if there is abuse, neglect, or harm to adults.



We will continue to learn from **Safeguarding Adult Reviews** to help us improve our work. **Safeguarding Adult Reviews** happen if an adult has died or has been seriously harmed, and we want to know if everyone worked well together.



In 2019 there was a BBC programme about Whorlton Hall in County Durham. Since then we worked on the Safeguarding Adult Review about it. During this year we shared learning from the Review and put the **Summary** on our website. **Summary** means a shorter version of a report.

What will we do in 2023 to 2024?



We will carry on our Safeguarding Adult Reviews. This includes more of the learning from the Safeguarding Adult Review about Whorlton Hall.



We will train staff and volunteers and share updates on our website. We will tell more people about the easy read workbooks, Staying Safe and Stop Abuse Now.



We will carry on sharing messages about safeguarding.



We will improve our guidance and policies and write new ones.



We will look at different ways to hear the voice of adults who use services, to help us to better understand abuse and neglect.



We will plan an **empowerment** campaign with adults about what stopping abuse means to them. **Empowerment** means help to make your own decisions.

What to do if you are worried that someone is being abused or neglected



If abuse or neglect is happening to you, or you are frightened of someone, or if someone tells you they have been abused, call Social Care Direct on **03000 26 79 79**.



Social Care Direct will listen to you and you will be taken seriously. Please do not worry, your details will be kept private.



If you are in danger call the police on **999** first before calling Social Care Direct.



You might like to watch Tricky Friends, a film to support and empower people to tell someone if 'something's not right'. Click on [Tricky Friends Video on YouTube](#)

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