



Adults, Wellbeing and Health Overview and Scrutiny Committee

Date **Tuesday 1 October 2024**
Time **9.30 am**
Venue **Council Chamber, County Hall, Durham**

Business

Part A

Items which are open to the Public and Press
Members of the public can ask questions with the Chair's agreement,
and if registered to speak.

1. Apologies
2. Substitute Members
3. Minutes of the meeting held on 16 July 2024 (Pages 3 - 10)
4. Declarations of Interest, if any
5. Any Items from Co-opted Members or Interested Parties
6. Adult Social Care Update - Report of the Interim Corporate Director of Adult and Health Services (Pages 11 - 30)
7. Chronic Obstructive Pulmonary Disease (COPD) Rescue Packs - Briefing report from the North East and North Cumbria ICB Primary Care Team (Pages 31 - 36)
8. Healthwatch County Durham Annual Report 2023/24 - Report and presentation by Gail McGee, Project Lead, Healthwatch County Durham (Pages 37 - 68)
9. Quarter 4 2023-24 Revenue and Capital Outturn and Q1 2024-25 Revenue and Capital Outturn reports - Reports of the Corporate Director of Resources and presentation by Joanne Watson, Principal Accountant (Resources) (Pages 69 - 100)
10. Quarter 1 2024/25 Performance Management Report - Report of the Chief Executive (Pages 101 - 138)

11. Such other business as, in the opinion of the Chair of the meeting, is of sufficient urgency to warrant consideration

Helen Bradley
Director of Legal and Democratic Services

County Hall
Durham
23 September 2024

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

Councillor V Andrews (Chair)
Councillor M Johnson (Vice-Chair)

Councillors J Blakey, R Crute, K Earley, D Haney, J Higgins, L A Holmes, L Howvells, J Howey, P Jopling, C Kay, C Lines, S Quinn, K Robson, A Savory, M Simmons, D Stoker and T Stubbs

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

Co-opted Employees/Officers: Healthwatch County Durham

Contact: Paula Nicholson Tel: 03000 269710

DURHAM COUNTY COUNCIL

At a meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Council Chamber, County Hall, Durham on **Tuesday 16 July 2024 at 9.30 am**

Present

Councillor V Andrews (Chair)

Members of the Committee

Councillors M Johnson, D Haney, J Higgins, L Hovvels, P Jopling, C Kay, K Robson and A Savory

Co-opted Member

Mrs R Gott

Co-opted Employees/Officers

Ms G McGee, Healthwatch County Durham

1 Apologies

Apologies for absence were received from Councillors J Blakey, R Crute, K Earley, L Holmes, C Lines, S Quinn, M Simmons, T Stubbs and Ms A Stobbart.

2 Substitute Members

There were no substitutes.

3 Minutes

The minutes of the meeting held on 9 May 2024 were confirmed as a correct record and signed by the Chair.

The Principal Overview and Scrutiny Officer referred to Community Pharmacies that was discussed at the last meeting where it was agreed to formulate a letter to the Secretary of State around the inadequacies of the existing funding arrangements. He advised Members that a response had been received from the Secretary of State that had been circulated to all Members of the Committee and highlighted the main points contained within the letter. He continued that they could look at including this as an item in the work programme later in the year when there

was an indication of any potential policy announcements from government in this respect.

4 Declarations of Interest

Councillor D Haney declared an Interest in Agenda Item No. 6 as an employee of South Tyneside and Sunderland NHS Foundation Trust.

5 Any Items from Co-opted Members or Interested Parties

The Principal Overview and Scrutiny Officer advised Members that a copy of the Healthwatch County Durham Annual Report had been circulated to Members of the Committee and Members of the Children and Young People's Overview and Scrutiny Committee. He continued that the Healthwatch County Durham Annual report would be considered at the next meeting of the Adults, Wellbeing and Health Overview and Scrutiny Committee.

6 North East and North Cumbria ICB Joint Forward Plan 2023/24 to 2028/29 Update

The Committee received a presentation on the North East and North Cumbria ICB Joint Forward Plan 2023/24 to 2028/29 Update (for copy of presentation, see file of minutes).

The Director of Local Delivery/Head of Integrated Commissioning was in attendance to deliver the presentation that provided the difference between an ICS, ICB and an ICP; areas covered; ICB Budget Overview; Strategic aims of ICBs set by Government; Developing the Integrated Care Strategy; Significant Change experience by the NENC ICB in its first year of operation; the NENC way, Key Achievements and the Impact in County Durham.

Councillor Jopling complemented the 111 service saying that in her experience it had improved. She then referred to the waiting lists for knee and hip replacements that were still not carried out in a timely manner and stated that the current waiting time was a year.

Councillor Robson referred to dentistry and indicated that his local dentist was now private and asked if there was anything being done to improve this service.

The Director of Local Delivery/Head of Integrated Commissioning responded that Dentistry had been considered by the Committee earlier in the year where they talked about the national policy actions that had been put into place to attract dentists to areas that had under provision and the introduction of mobile services. She continued that reform was needed for dental services and the dental contract was a challenge for the dentists who work across the region. When she attended the Committee previously dentists from the local dental committee had come along

and gave their perspective on this. There were a range of things that they were doing to bring more dentists to the region to help commission services for underserved areas, but it was recognised that it was an ongoing challenge and a pressure. With regard to the waiting lists for the replacement of hips and knees they were reducing the waiting lists, but they had not eradicated them resulting in some long waits in County Durham. However, the service was doing comparatively well with other parts of the region and country. She congratulated County Durham and Darlington NHS Foundation Trust who had been proactive in the work done to begin the elimination of waiting lists.

Councillor Hovvells expressed concerns that mental health was the poor relation in terms of funding when compared with other health services and asked if there were any plans to do more in terms of mental health.

The Director of Local Delivery/Head of Integrated Commissioning responded that mental health services were coming higher up the agenda of health related issues. She continued that mental health was an increasingly high priority issue being the single biggest long-term condition in County Durham and issue that the population was facing. She also referenced the Mental Health Investment Standard that ensured that increased investment in mental health services that was monitored robust. She stated that during the pandemic, mental health issues and mental illness had increased. This had resulted in mental health not being talked about in isolation anymore but discussed within the context of all health pathways.

Councillor Haney indicated that he was not sure that this was the reality of the patients experience on the ground. He then referred to the presentation at an earlier meeting of the Committee where he raised concerns about University Hospital North Durham where there were 5 beds in a 4-bed bay that was put down to winter pressures, but he indicated that this was still occurring.

The Director of Local Delivery/Head of Integrated Commissioning responded that in terms of urgent and emergency care, the challenges were huge, and demand was at its highest with more people presenting to the emergency department than ever including ambulance conveyances. There was equally a huge focus on how they can improve and regionally they had an Urgent and Emergency Care Improvement Board and members of the Board were experts from across the field looking at what could be done to make improvements. Locally the Accident and Emergency Board always had a strong focus on improvements and experience and stated that a report would be considered by the committee on winter planning and the work of the local Accident & Emergency Board which may be an opportunity to explore some of these issues in more detail.

Councillor Savoury referred to ambulance hand over times that was a concern and heard that patients were waiting 2 to 3 hours on trolleys before been seen. She stated that the need to go to hospital was greater and the clinicians were having to work extra hard to ensure that patients received timely and appropriate treatment.

She stated that if ambulances were backed up at hospital, they were unable to attend other calls that was putting people's lives at risk.

The Director of Local Delivery/Head of Integrated Commissioning confirmed that the work on this was underway and the delay in handovers had reduced significantly. She stated that work should be done to support people in the community and reduce the need to go to hospital by enhancing support at home where appropriate.

Councillor Jopling stated that triage in Accident & Emergency had improved but this still needed further streamlining and commented that a number of people in Accident & Emergency were under the influence of alcohol or requiring methadone. She continued that this should be a separate area as it was an unsettling environment to be in.

The Director of Local Delivery/Head of Integrated Commissioning responded that patients were screened in Accident and Emergency department based on the appropriate service that was needed. She stated that space within the emergency department at the UHND was at a premium and the Trust had been developing a business case for a new build, but the site was landlocked and there was little space for reconfiguration although noting that a new Accident & Emergency department would address these issues.

In response to a question from Mrs Gott on the availability of medication for mental health patients the Director of Local Delivery/Head of Integrated Commissioning responded that she would follow this up outside of the meeting but stated at times there was a shortage of some medication.

Councillor Higgins referred to waiting times in Accident & Emergency Departments and the capacity and stated that Peterlee was reduced from a 24-hour service resulting in more pressure on hospitals. He stated that they should look at opening the walk-in centres back up to 24 hours. He then referred to COPD rescue packs that some GPs would not prescribe that resulted in a hospital admission and stated that these packs should be prescribed.

The Director of Local Delivery/Head of Integrated Commissioning responded that she would pick the COPD rescue packs up with GP practices and clinical leads. With regard to the Peterlee Centre, she advised Members that the overnight service they go out to people's homes rather than patients visiting the centre. When this change was implemented, they monitored this and had not seen an increase in people going to Accident & Emergency departments in the areas where the changes were made. She indicated that the ICB was constantly looking at the effectiveness of services and this was something that they were currently looking at to ensure the urgent model was the right one based on people's change in needs and preferences.

Councillor Higgins asked if a report could be brought back to the next meeting on the COPD Rescue packs.

Resolved: That the information contained in the presentation be noted.

7 Health Protection and Assurance Annual Report

The Committee received a joint report of the Corporate Director of Adult and Health Services and the Director of Public Health which provided Members with an update on the health protection assurance arrangements in County Durham and health protection activities over the course of the year (for copy of report, see file of Minutes).

Joy Evans, Strategic Manager Protecting Health and Jo Darke, Consultant in Public Health, UK Health Security Agency were in attendance to present the report.

Councillor Robson referred to refugees coming to the North East and asked if any medical screening was carried in term of communicable diseases such as measles etc.

Officers assured Members that in the North East they had only had between 70 and 80 confirmed cases of measles, in other parts of the country they were running into the hundreds. This was down to the work that had been carried out to get the MMR vaccination coverage up and stated that the North East do not receive a huge number of refugees in comparison to other areas. When those individuals were dispersed to the area they would register with Primary Care, and they produced a Health Guide that outlined the tests that should be carried out.

In response to a further question from Councillor Robson, Officers advised that if someone did not have evidence of a vaccination then depending on the vaccination it would be administered. Durham County Council were carrying a lot of work with the workforce that met with asylum seekers and they know to direct them into Primary Care.

Councillor Hovvells asked if they had seen an increase in the Dengue Fever.

Officers responded that they had not had any cases in County Durham and indicated that when they see a rise in any infections then UK NHS produces a briefing note so that GPs and Hospital Doctors have the information.

Ms McGee, Healthwatch County Durham referred to Section 8 and the Horden Together partnership that was to be extended that was welcomed and asked what areas this would be and if it would be extended further into the County.

Officers advised that they would take this back to the Head of Community Protection Services for a response.

The Chair referred to Sexually Transmitted disease such as syphilis and gonorrhoea that was not easily picked up and asked if this was a potential problem.

Officers responded that they share information with hospital physicians and primary care. They had also been working with ante natal services to raise their awareness.

Resolved: (i) That the contents of the report be noted.

(ii) That the report provided broad assurance that effective processes are in place for each of the key strands of health protection activity be noted.

(iii) That Members noted and supported the areas for improvement and further assurance, particularly the school-aged immunisation service contract and sexual health contract. Both of these contracts are priority areas of work for improvement, development and assurance.

8 Quarter 4 2023-24 Performance Management Report

The Committee received a report of the Chief Executive which presented Members with information about the Council performance with Members, Senior Managers, Employees and the Public.

The Strategy Team Leader was in attendance to present the report that tracked progress towards achieving the strategic ambitions and objectives set out in the 2023-27 council plan. It contained the most recent performance data available on 31 March. Contextual information related to activity and events taking place in the fourth quarter of the 2023/24 financial year (January to March). The report also provided insights into what was going well, and the issues being addressed (for copy of report, see file of Minutes).

The Strategy Team Leader reported that the draft CQC report had been received and an internal benchmarking exercise would be undertaken at the end of the month with other local authorities who had been through the inspection process over the last few months. The final report and results were expected next month.

Councillor Higgins commented that he felt that smoking had reduced but he was concerned at the number of people vaping, in particular school children.

Councillor Robson asked if they were exploring initiatives to allow people to remain in their own homes for longer.

The Strategy Team Leader responded that of the rehabilitation services, usually put in place following Hospital Service Assessment Plans, reablement delivery is currently being reviewed and had been delivered in County Durham through one

organisation. The review found that the provider had a number of staffing and capacity issues through the pandemic that reduced the number of people that were able to use the service. The recent review of the service had identified a number of issues in the way it was delivered, and remodelling of the delivery of the service looked to increase the coverage of the service. In addition to this, for people with more severe needs, they had recently reviewed the delivery of intermediate care plus beds and the number of care homes that offered this service was reduced but the number of beds available had increased, and they had seen an increase in the number of people using this service.

Resolved: That the overall position and direction of travel in relation to quarter four performance (January to March), and the actions being taken to address areas of challenge be noted.

9 NHS Foundation Trust Quality Accounts 2023/24

The Committee received a report of the Director of Legal and Democratic Services which informed Members of the Adults Wellbeing and Health Overview and Scrutiny Committee of the responses made on behalf of the Committee in respect of NHS Foundation Trust Draft Quality Accounts 2023/24 (for copy of report, see file of Minutes).

The Principal Overview and Scrutiny Officer advised that the Adults Wellbeing and Health Overview and Scrutiny Committee had previously agreed responses to the draft Quality Accounts of County Durham and Darlington NHS Foundation Trust; Tees, Esk and Wear Valleys NHS Foundation Trust and North East Ambulance Service NHS Foundation Trust.

Upon receipt of the respective Quality Accounts, these were circulated to the Adults, Wellbeing and Health Overview and Scrutiny Committee membership for consideration and comment. A meeting of the Adults, Wellbeing and Health Overview and Scrutiny Committee was held on 9 May 2024 where representatives of County Durham and Darlington NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Foundation Trust presented information on the performance against the Quality Account priorities for 2023/24 and the proposed priorities for 2024/25.

The Draft Quality Account for North East Ambulance Service NHS Foundation Trust were circulated for information and comment to Members of the Committee.

The views provided by Members at the Committee were included in responses to the draft Quality Accounts which also set out the key areas of work that the Committee had undertaken in respect of each NHS Foundation Trust.

In order to comply with the deadline for responding to the Quality Account documents, draft responses were produced and signed off by the Statutory Scrutiny Officer in consultation with the Chair of the Committee and sent to each

Foundation Trust within the mandated timeframe for responses which was 30 days following receipt of the draft Quality Accounts.

Resolved: That the responses to the draft Quality Accounts of County Durham and Darlington NHS Foundation Trust; Tees, Esk and Wear Valleys NHS Foundation Trust and North East Ambulance Service NHS Foundation Trust be noted.

10 Refresh of the Adults Wellbeing and Health OSC Work Programme 2023/24

The Committee received a report of the Director of Legal and Democratic Services which provided the Committee with a work programme for 2024/24.

Adults, Wellbeing and Health Overview and Scrutiny Committee review their work programme each year to reflect the objectives and associated outcomes and actions identified within the Council Plan and in the context of the County Durham Vision 2035.

The proposed work programme had been framed around the shared County Durham Vision 2035 based on the three strategic ambitions of 'more and better jobs', 'long and independent lives' and 'connected communities'. The draft work programme also reflected NHS Partner strategies, priorities and actions that have been developed.

The proposed work programme also reflected the refreshed Council Plan adopted by the County Council at its meeting on 28 February 2024.

Resolved: That the Adults, Wellbeing and Health Overview and Scrutiny Committee work programme for 2024/2025 and the flexibility it offers to respond to emerging issues be agreed.

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



1 October 2024

Adult Social Care Update

Ordinary Decision

Report of Corporate Management Team

Michael Laing, Interim Corporate Director of Adult and Health Services

Councillor Chris Hood, Cabinet Portfolio Holder for Adult and Health Services

Electoral division(s) affected:

None.

Purpose of the Report

- 1 The purpose of this report is to provide an update on developments in Adult Social Care; including the Care Quality Commission (CQC) assessment of Adult Social Care in County Durham, a new service delivery model for Adult Mental Health Services, Unpaid Carers Service in relation to hospital discharge, and the Breakthrough Service.
- 2 To update on developments in relation to health and social care integration, particularly the advances made through the County Durham Care Partnership (CDCP) on the Transfer of Care Hub (ToCH), the Therapies Project and extended work on the Children and Young People's Integrated Services.
- 3 On 14 September 2022 Cabinet noted the potential changes to health and care integration set out in the Health and Care act 2022 and the Integration White Paper (February 2022). Cabinet agreed that the preferred option for future health and social care integration would be a Joint Committee co-produced with the North East and North Cumbria Integrated Care Board (ICB). Cabinet also noted that detailed discussions were needed with partners and Government guidance may

be published which would have an impact on the preferred option. This report gives an update on the discussions with partners, the impact of Government guidance and the likelihood of the preferred option to deliver significantly better outcomes.

Executive summary

CQC assessment of Adult Social Care

- 4 The CQC rated Adult Social Care in County Durham as 'Good' following publication on the 16 August 2024. A report outlining the assessment findings, and an improvement action plan will be presented to Cabinet on 16 October 2024.

Adult Mental Health Service Delivery Model

- 5 In January 2024, the Integrated Adult Mental Health Teams were restructured with the aim of improving service user pathways, response times and strengthening core social care functions. The reconfiguration created five Social Work Hubs which continue to provide coterminosity with the wider mental health service.

Unpaid Carers – Hospital Discharge Support

- 6 The aim of the Unpaid Carers – Hospital Discharge Support Service is to prevent carer breakdown and reduce re-admissions into hospital by providing support to carers at an early stage of the 'cared for person' being admitted to hospital.

Breakthrough Service

- 7 The aim of the Breakthrough Service is to support people who self-neglect and exhibit hoarding behaviours. The service is provided through County Durham Care and Support and offers a therapeutic focus which is person centred and utilises trauma informed care approaches.

Transfer of Care Hub

- 8 A Transfer of Care Hub (ToCH) is currently in development. This is a local health and social care system-level approach to coordinating care across sectors to facilitate complex hospital discharges from County Durham, and Darlington NHS Foundation Trust (CDDFT) hospitals.

Therapies Project

- 9 The aim of the Therapies Project was 'to co-design and co-produce an integrated service response by Occupational Therapists (OT's) from

Durham County Council and those employed by CDDFT. The project has reduced duplication and helped to mitigate against unnecessary delays to ultimately benefit service users.

Children & Young People's Integrated Services

- 10 The scope of the County Durham Care Partnership (CDCP) has recently expanded to include Children and Young Peoples integration and is focussed on four main areas, Neurodiversity, Preparation for Adulthood Complex Needs (16-25 years), Obtaining more help/ Risk support and the Mental health support Pilot. Workplans and key milestones have been confirmed for all four areas of activity.

Health and Social Care Integration Developments

Joint Committee at Place for Health and Care

- 11 The work of the CDCP is progressed through a shared vision 'To bring together health, social care and voluntary organisations to achieve improved health and wellbeing for the people of County Durham.'
- 12 On 14 September 2022 Cabinet agreed that their preferred option for future health and care would be a Joint Committee co-produced with the ICB. However, Statutory Guidance (March 2024) limited the full participation of other key stakeholders such as the voluntary and community sector (VCS) and the scope of financial delegation to a Joint Committee.
- 13 Chief officers have met to consider the limitations imposed by the Statutory Guidance and discussions have focussed upon the most appropriate option which would improve health and care outcomes for the people of County Durham. The preferred option would be the continuing development of the CDCP in conjunction with the ICB and other partners.
- 14 **Recommendation(s)**
- 15 Overview and Scrutiny is recommended to:
 - (a) note the outcome of the CQC Assessment report which, with a service improvement action plan, will be presented to Cabinet on 16 October 2024;
 - (b) note progress on the developments across Adult Social Care;
 - (c) note the continued commitment of partners to further health and care integration through the County Durham Care Partnership (CDCP);

- (d) note the impact of the Statutory Guidance (March 2024) on the likelihood of the previously preferred option of a Joint Committee to deliver significantly better outcomes for the residents of County Durham;
- (e) agree that the Council should continue to promote and participate in health and care integration through the CDCP but the option of a Joint committee should not be pursued in the current circumstances;
- (f) note that if there are changes to Statutory Guidance or ICB proposed delegations to place based arrangements further reports will be made to Cabinet;
- (g) note the developments in relation to health and social care integration to improve outcomes for the people of County Durham;
- (h) note the extension of the integration programme to include Children and Young People's Service;
- (i) receive future updates on Adult Social Care and progress on health and social care integration.

Background

Adult Social Care Performance

- 16 Referrals into Adult Social Care and requests for Care Act 2014 assessments remain stable. However, the number of people discharged from hospital into reablement, and rehabilitation is at a historic low. A review of reablement has recently concluded taking into account the changing demand, including staffing and service capacity, which will result in a revised model of service delivery. Outcomes for those people who utilise reablement continue to remain good and outperform targets.
- 17 The domiciliary care market has remained stable and waiting times for care packages have been eliminated. 70% of domiciliary care providers in County Durham are rated good or outstanding by CQC compared with 57% nationally.
- 18 Latest data for permanent admissions to care homes indicates that we are sustaining a lower rate, having had fewer admissions than in the previous 12 months. In addition, 85% of care homes are rated good or outstanding by CQC.

CQC Assessment of Adult Social Care

- 19 Cabinet will be aware from previous update reports on the 12 July 2023 and 13 December 2023 of the expectations from CQC in relation to local authority assessments. On 30 January 2024, CQC notified Durham County Council of the commencement of the assessment process in County Durham.
- 20 A significant amount of work has been carried out to prepare for and during the assessment process. This included developing a Self-Assessment, submitting evidence and data for a Local Authority Information Return (LAIR) and Case Tracking and an onsite assessment. Detailed information can be found in previous cabinet reports dated 12 July 2023 and 13 December 2023.
- 21 In the week of 20 May 2024, 10 CQC Inspectors conducted the onsite assessment and interviewed 166 staff, stakeholders, and partners, in addition to prior remote activities with voluntary and community groups.
- 22 The assessment report which judged Adult Social Care as 'Good' will be presented to Cabinet on 16 October 2024 along with the service improvement plan.

Adult Mental Health Service Delivery Model

- 23 Tees Esk and Wear Valley's NHS Foundation Trust (TEWV) is the lead agency for Adult Mental Health Community delivery.

- 24 In January 2024, the Integrated Adult Mental Health Teams were restructured with the aim of improving service user pathways, response times and strengthening core social care functions.
- 25 The existing 10 Integrated Adult Mental Health Teams were reconfigured to create 5 Social Work Hubs which would continue to provide coterminosity with the wider mental health service and continue to utilise 'CITO' (electronic patients records system) as agreed with Tees Esk and Wear Valleys NHS Foundation Trust (Appendix 2).
- 26 Primarily the benefits of the restructure are as follows:
- (a) improving systems delivery for patients, service users and staff;
 - (b) ensuring a distinct process for assessments of need under the Care Act 2014;
 - (c) improving recruitment opportunities for Mental Health Social Work staff;
 - (d) using collective resources more efficiently and enhance resilience.
- 27 Next steps include the development of an operational framework and performance system following further analysis of data flow arrangements.

Unpaid Carers – Hospital Discharge Support

- 28 The aim of the 'unpaid carers – Hospital Discharge Support Service' is to prevent carer breakdown and reduce re-admissions into hospital by providing support to carers at an early stage of the 'cared for person' being admitted to hospital.
- 29 The service is provided through Durham County Carers Support and commissioned by Durham County Council through the Hospital Discharge Grant 2023-25. Discharges from the University Hospital of North Durham are prioritised although referrals from Community Hospitals have been accepted.
- 30 Unpaid carers are supported both emotionally and practically, before, during and post discharge for a period of up to four weeks of intensive support. Should further help be required after this time, it is offered by the wider Durham County Carers Support Service.
- 31 To date 115 unpaid carers have been supported through the project. An evaluation of the service and outcomes in relation to unpaid carers will be undertaken later this year.

Breakthrough Service

- 32 The aim of the Breakthrough service is to support people who self-neglect and exhibit hoarding behaviours. It offers a therapeutic focus which is person-centred and uses trauma informed care approaches.
- 33 The service is provided through County Durham Care and Support through a team of support and recovery staff. A single point of contact has been established for referrers and a standard operating procedure is in place for the service.
- 34 Breakthrough have promoted a model of partnership working through the council and in conjunction with external partner agencies. The multi-agency approach has been important to achieving positive outcomes.
- 35 The Breakthrough Service is targeted towards those people who self-neglect and hoard to a severe or extreme level. Finite service capacity makes it difficult to extend to service to people identified in the early stages of self-neglect and hoarding behaviour. The service works to statutory thresholds, including those triggered by our safeguarding obligations as defined by the Care Act 2014.
- 36 To date 108 people have been helped and supported through the service. An evaluation of the service will be carried out later this year.

Extension of the County Durham Care Partnership's Integration Work Programme

- 37 Up until 2023 the Integration Work Programme focussed on older people and those with a physical disability. More recently the Integration Work Programme was extended to include children and young people which includes Transitions and Preparation for Adulthood and further work in relation to mental health and learning disability.

Transfer of Care Hub

- 38 The development of the Transfer of Care Hub (ToCH) to coordinate complex hospital discharges from County Durham and Darlington NHS Foundation Trust (DDFT) hospitals, and discharge support to County Durham and Darlington patients in neighbouring hospitals was approved in 2023.
- 39 Funding to develop the ToCH was provided through Hospital Discharge Fund Allocations to North East and North Cumbria ICB, Durham County Council and Darlington Borough Council in 2023-24.
- 40 Phase 1 of the development was to increase the capacity of the DDFT Discharge Nursing team which has since been completed. Phase 2

involved the formal arrangements regarding structure and responsibilities (Appendix 3).

- 41 The ToCH is comprised of a multi-disciplinary team of social workers, discharge nurses and other professionals that have been operating in shadow form. An Operations Manager for the ToCH was appointed in July 2024.
- 42 Central to the success of the ToCH is communication and coordination through co-location or virtual integration and where possible expanding existing roles.

Therapies Project as part of the Integration Programme

- 43 The aim of the Therapies Project endeavoured 'to co-design and co-produce an integrated service response by Occupational Therapists (OTs) from Durham County Council and those employed by County Durham and Darlington NHS Foundation Trust.'
- 44 The following benefits were identified at the inception of the project:
 - (a) a streamlined service, reducing duplication and more responsive to service user need;
 - (b) to create a single culture for the teams to improve communication and deliver improved outcomes for service users;
 - (c) to improve cooperation and collaboration between organisations;
 - (d) improvements in morale and performance;
 - (e) consistent professional leadership for OTs across County Durham.

Therapies Project Achievements to date

- 45 Over the past nine months both OT teams worked together to deliver the following outputs:
 - (a) change to back-office processes to allow OT staff (from either organisation) to order walking aids;
 - (b) a directory of services which provided contacts to support and inform new staff and share knowledge;
 - (c) the development, training and adoption of a new equipment offer and policy for care homes;
 - (d) an audit of equipment in all County Durham care homes;

- (e) a data sharing agreement has been agreed and improved access to respective case records to allow the adoption of a trusted assessor model;
- (f) to explore other opportunities to further integrate service delivery to improve service user experience.

Therapies Project benefits realised.

- 46 The most demonstrable benefit has been improvements to the walking aids ordering process.
- 47 Reduced duplication and avoidance of unnecessary delays in service delivery for the service user.
- 48 Implementation of the trusted assessor model allowing social care OTs to order walking aids.
- 49 OT staff reported that they were pleased with the changes this year and felt that this had made an improvement to service users experience.
- 50 Staff teams work well together which will continue alongside opportunities for job shadowing, training, and recruitment.

Children and Young People's Integrated Services

- 51 Children and Young People's integration is focussed on four identified areas of activity:
 - (a) Neurodiversity – establishing a needs led rather than a diagnosis determined model. Five workstreams established looking at; co-production, school support, training, mapping of current support and pathways work;
 - (b) Preparation for Adulthood Complex Needs (18-25 years) – considering young people with complex needs who are 'open' to more than one service; engagement workshops with Children and Young People / Young Adults have taken place to determine what is important to them about adulthood; the development of a Transitions register to provide a comprehensive overview, improve capacity and demand planning;
 - (c) obtaining more Help / Risk Support – a multi-agency group has been established to review Rapid Response and its interface with Mental Health Crisis and the Children and Adolescent Mental Health Service (CAMHS). The group will also review pathway guidance for staff who support Children and Young People (C&YP) who are entering or leaving a period of residential or

hospital care. A key principle of the group is to ensure co-production, with the voice of the young person and their family / carers at the forefront of any decision making;

- (d) Mental Health Support Pilot - developing a multi-agency collaboration model of working and improved access to services which more effectively supports children's mental health. The pilot seeks to improve professionals understanding of mental health support available to C&YP, clarifying pathways to ensure C&YP receive the right support in the right place and the right time. By adopting a graduated needs-led approach rather than a direct referral into secondary mental health services which would free up specialist resources for those with extremely urgent and / or complex needs.

Joint Committee at Place for Health and Care

- 52 County Durham has a long and successful track record of health and social care integration.
- 53 There is a shared commitment to the strategic priorities of the Health and Wellbeing Board and the joint plan to deliver them through set out in the Health and Care Plan for County Durham.
- 54 The work of the County Durham Care Partnership (CDCP) is progressed through a shared vision 'To bring together health, social care and voluntary organisations to achieve improved health and wellbeing for the people of County Durham.'
- 55 Membership of the CDCP Executive, the Terms of Reference, Membership, and Memorandum of Understanding have been reviewed and amended to reflect ICB's requirements and enable the CDCP Executive to act as the ICB's sub-committee at 'place.'
- 56 On 14 September 2022 Cabinet agreed to:
 - (a) note the potential changes to health and care integration set out in the Health and Care Act 2022 and the Integration White Paper (February 2022);
 - (b) agree the preferred option for future health and care integration as a Joint Committee to be co-produced with the ICB;
 - (c) note that further detailed discussions are needed with health and care partners and, that Government guidance may be published which would have an impact on the preferred option;

- (d) request further reports are presented following discussions with health and care partners with more detailed proposals for consideration.

57 The Cabinet report on 14 September 2022 outlined a Joint Committee arrangement which:

- included a wide range of services such as Adult Social Care, Children and Young People's Services, Public Health, Commissioning and Supported Housing;
- had multi-agency decision making and delegation of resources to address the health and care needs of residents more effectively;
- would jointly commission Continuing Health Care (CHC), community mental health, learning disability and autism services, and Children and Young People's Services;
- would develop local clinical leadership including clinical pathway re-design and helping to shape the commissioning of acute services;
- would fulfil the NHS's statutory advisory role in adults and children's safeguarding.

58 The Government published Statutory Guidance about options for health and care integration in late September 2022 which was updated in March 2024. The Statutory Guidance for Joint Committees:

- creates a 'voting' membership of NHS bodies, local authorities, and combined authorities. This excludes other partners such as the VCS, Healthwatch and Durham University who are currently members of the CDCP, from full participation;
- restricts the scope of contribution of local authorities to those services covered by section 75 agreements. These agreements cover pooled budgets for defined health and care functions mainly in adult social care. In County Durham they would not cover all of adult social care, Children and Young People's Services, Public Health, all Commissioning and Supported Housing as set out in the Cabinet report of 14 September 2022.

59 The likely effect of the Statutory Guidance would be to restrict the functions of a Joint Committee to a narrower basis than the current activities of the CDCP. It would not enable the full participation of all partners or lead to significant improvements in health and care outcomes for the residents of County Durham.

- 60 The ICB has also been working on their operating structures and schemes of delegation to place based arrangements. At the ICB meeting on 30 July 2024 a revised scheme of delegation covering financial limits to place based arrangements was agreed. At the ICB meeting on 1 October 2024 a report will be presented outlining those functions to be delegated to place-based arrangements. It is expected that these delegations will focus on primary care and community services.
- 61 This means that some services set out in the Cabinet report of 14 September 2022 will not be delegated to place-based arrangements. These include CHC, acute hospital services, some mental health, learning disability and autism services, the NHS's statutory advisory role in adult and children's safeguarding and the development of clinical leadership.
- 62 Since the Cabinet decision on 14 September 2022 CDCP Chief Officers and Chief Executives have met regularly to discuss the options available. These discussions have concentrated on determining the option which would improve health outcomes for the residents of County Durham. Bearing in mind the strength of the CDCP and the restrictive nature of the Statutory Guidance and the developing ICB delegations it is accepted that a Joint Committee as currently defined would not be our preferred option. The preferred option would be continuing to develop the CDCP with the ICB and other partners and integrating further using our locally available capacity. This will give County Durham a much more broadly based and inclusive place-based arrangement and put us in a better position to improve health outcomes.
- 63 Cabinet will be updated with further reports on the development of the CDCP and health and care integration in County Durham.

Conclusion

- 64 Adult and Health Services are committed to making improvements in relation to the service offer and delivery of care to the people of County Durham.
- 65 County Durham has a strong track record of integration based upon positive working relationships and shared priorities and there is a continuing commitment to further integration through the CDCP. However, the restrictive nature of the Statutory Guidance and developing ICB delegations mean that a Joint Committee as currently defined would not deliver significantly better outcomes for the residents of County Durham.
- 66 The integration programme will continue to focus upon those elements of operational delivery which improves outcomes for service users.

- 67 The developments highlighted in this report provide evidence of a desire to improve and deliver excellence in service provision to the people of County Durham.
- 68 Further service development and improvement work will be influenced by the outcome of the recent CQC assessment of Adult Social Care in County Durham.

Background papers

- February 2021: NHS Reform White Paper.
[Integration and Innovation: working together to improve health and social care for all \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/95222/nhs-reform-white-paper.pdf)
- December 2021: People at the Heart of Care: adult social care reform white paper.
[People at the Heart of Care: adult social care reform white paper](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/101421/people-at-the-heart-of-care-adult-social-care-reform-white-paper.pdf)
- April 2023: Adult social care system reform: next steps to put People at the Heart of Care.
[Next steps to Put People at the Heart of Care](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/114421/next-steps-to-put-people-at-the-heart-of-care.pdf)
- Arrangements for the delegation and joint exercise of statutory functions (Statutory Guidance) NHSE 24 March 2024.
- NHS (Joint Working and Delegation Arrangements) Regulations 2023 DHSC February 2023.

Previous Cabinet report links

- 14 September 2022 Cabinet Report
[Health and Care Integration - Report of Corporate Director of Adult and Health Services.pdf](https://www.durham.gov.uk/media/1234567/Health-and-Care-Integration-Report-of-Corporate-Director-of-Adult-and-Health-Services.pdf)
- 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 \(2022\)](https://www.durham.gov.uk/media/1234568/Adult-Social-Care-update-on-the-introduction-of-local-authority-assessment-by-the-Care-Quality-Commission-under-the-Health-and-Care-Act-2022.pdf)
- 13 December 2023 Cabinet Report
[Adult Social Care Update Cabinet CQC Assessment Update Report.pdf \(durham.gov.uk\)](https://www.durham.gov.uk/media/1234569/Adult-Social-Care-Update-Cabinet-CQC-Assessment-Update-Report.pdf)

Other useful documents

- None

Contact: Paul Copeland

Tel: 03000 265 190

Appendix 1: Implications

Legal Implications

The Council delivers adult social care in line with the requirements of the Care Act 2014, the Mental Health Act 1983 and the Mental Capacity Act 2005 and other secondary legislation. The assessment of local authority adult social care functions was suspended in 2011 but re-introduced following the introduction of the Health and Care Act 2022. This Act gives the Secretary of State for Health and Social Care wide powers of intervention and direction if local authorities are assessed as ‘inadequate.’

The CDCP operates within the governance arrangements of the Council and other statutory partners.

Finance

The adult social care budget is the largest in the Council and is used mainly to fund care packages, finance our capacity to meet our statutory duties for assessment and adult protection and safeguarding. The CQC assessment did not include an examination of our use of resources available or our financial position relative to other local authorities.

The CDCP works with organisations which are party to the Better Care Fund and budget pooling and sharing arrangements. The CDCP will make recommendations to the ICB about the use of budgets and commissioning services.

Consultation & Engagement

Involving people who use services, their families, carers and representatives is a key feature of the Care Act 2014. We will continue to involve them in individual assessments of need and in wider service development.

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

The CDCP includes Healthwatch and Durham Community Action who have engaged in discussions about the governance arrangements at “place.”

Equality and Diversity / Public Sector Equality Duty

People who use services often have ‘protected characteristics’ as defined by the Equalities Act 2010. The Care Act 2014 requires local authorities to take account of the needs of people with ‘protected characteristics’ in the way they assess need and commission services to meet need. Furthermore, the council

is required to consult and involve people with 'protected characteristics' in a way which enables them to participate as fully as possible.

The principles of equality and diversity have been considered.

Climate Change

The CDCP aim is to minimise duplication and reduce the use of transport by delivering care closer to home and this will contribute to the Council's zero net carbon target.

Human Rights

The principles and provisions of the Human Rights Act 1998 are considered as part of the CQC assessment and have been incorporated into this report.

Crime and Disorder

The CQC assessment framework as it relates to adult protection and safeguarding includes consideration of 'hate crime' and investigations into referrals which may lead to criminal prosecutions. The Care Act 2014 requires local authorities to pre-actively work to keep vulnerable people safe, have safeguarding systems in place and to lead safeguarding partnerships.

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.

Some staff are in joint posts which work across the NHS and the Council. There are opportunities to cooperate on shared workforce issues and to develop more joint posts where appropriate.

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.

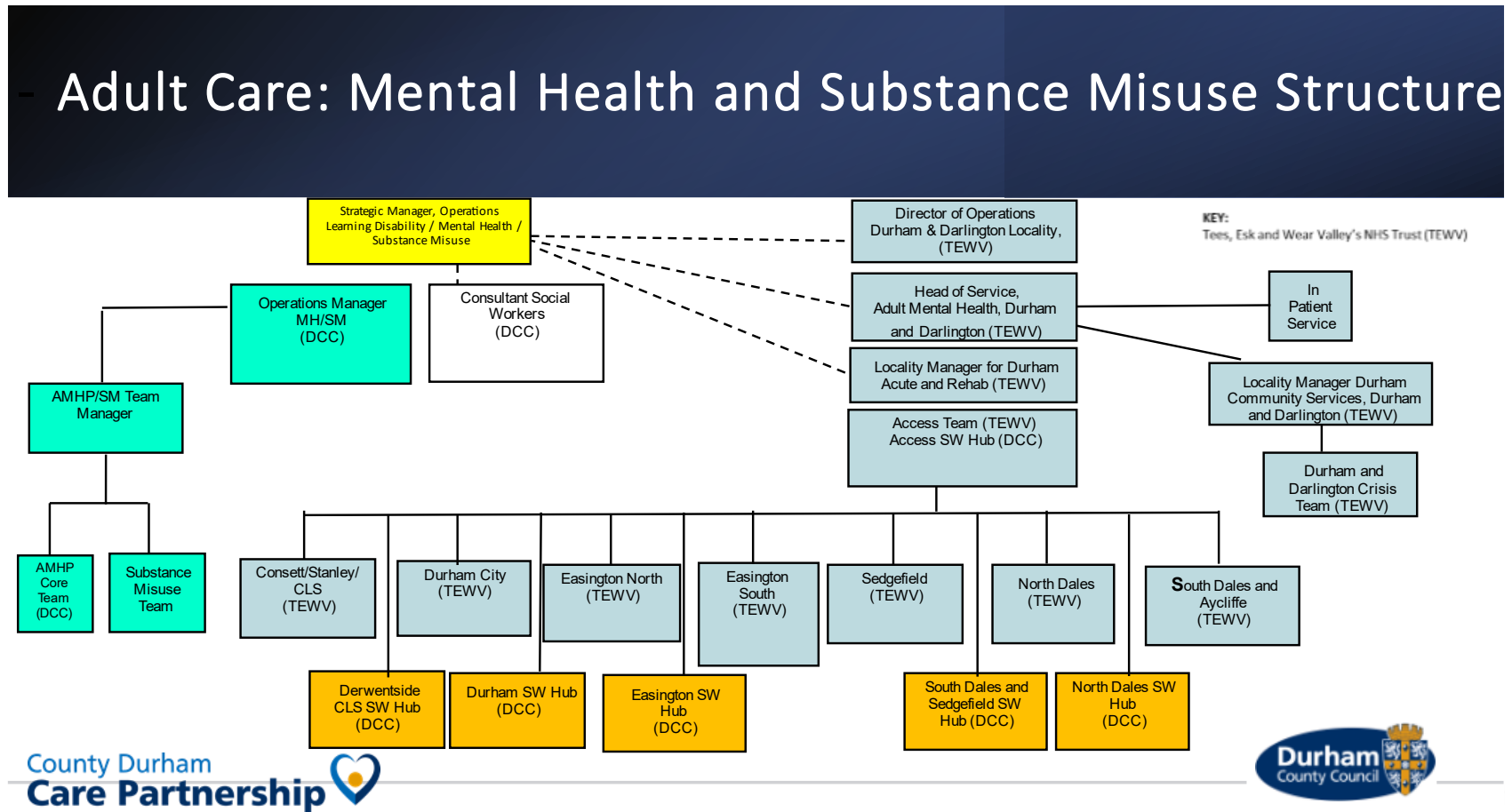
Risks are included in the Corporate Risk Register and managed using existing corporate systems.

Procurement

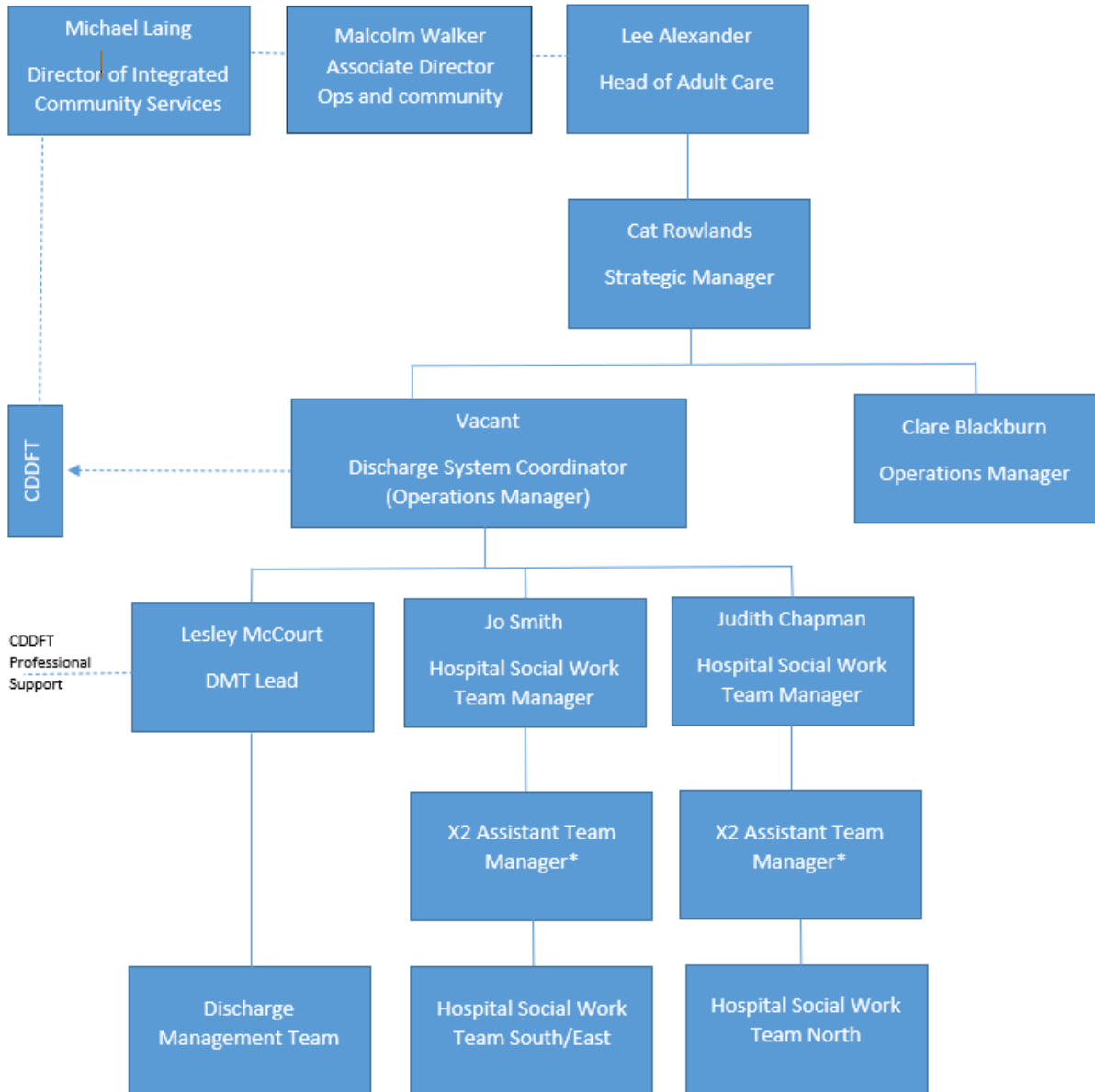
The majority of the Adult Social Care budget is used to procure or negotiate the costs of care packages. These are procured via the Council's procurement policies.

The CDCP acting as the ICBs Sub Committee will make recommendation to the ICB about commissioning and procurement.

Appendix 2: Integrated Mental Health Structure



Appendix 3: A revised proposal for an integrated structure for the ToCH



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**Adults and Health Overview and
Scrutiny Committee**

1 October 2024



Chronic Obstructive Pulmonary Disease (COPD) Rescue Packs

**Briefing from North East and North
Cumbria ICB Primary Care Team**

Electoral division(s) affected:

None

Purpose of the Report

- 1 To provide an update on Chronic Obstructive Pulmonary Disease (COPD) Rescue Pack availability from primary care providers (General Practice) across County Durham

Recommendation(s)

- 2 The Adults and Health Overview and Scrutiny Committee is recommended to:
 - (a) Note the attached briefing from NENC ICB primary care team in County Durham.

Background

COPD is the second largest cause of emergency admissions into hospital, and one of the most expensive inpatient conditions treated by the NHS (National Institute for Health and Care Excellence, 2019). COPD exacerbations can negatively impact on health status, rates of hospitalisation and readmission and disease progression (Global Initiative for Chronic Obstructive Pulmonary Disease, 2023).

An exacerbation is a worsening of patient symptoms beyond their usual day to day variation and may present as increased breathlessness.

NICE guidance for COPD supports the use of rescue pack medication. A COPD Rescue Pack is a 5 day supply of steroids and a 5 day supply of antibiotics for a patient to keep at home so that, in the event of a flare up, a course of treatment can begin immediately without waiting for an appointment with a clinician. NICE supports the use of the rescue packs with the following recommendations:

- If the patient has had an exacerbation within the last year, and remains at risk of exacerbations
- They understand and are confident about when and how to take these medications and the associated benefits and harms
- They know to tell their healthcare professional when they have used the medicines, and to ask for replacements.

NICE recommends that rescue packs should be prescribed on a patient specific basis considering the current evidence, the patient's clinical circumstances and prescribe a rescue pack as part of a patient's exacerbation plan.

There are risks associated with the use of rescue pack medication. Evidence shows that COPD exacerbations are generally inflammatory in nature (therefore the steroid being more important) and not infective, therefore, the antibiotic is in many cases not needed, and if used, may expose the patient unnecessarily to an antibiotic and therefore run the risk of antimicrobial resistance and *Clostridioides difficile* (bacterial infection).

NICE guidance therefore recommends that they are not issued on REPEAT prescription.

General Practices should have a process in place for the correct supply, monitoring and review of rescue pack medication. This is to ensure that patients are reviewed each time a COPD rescue pack is prescribed. A review of COPD rescue pack medication should take place regularly and at least once per year. This policy also helps flag any overuse of the rescue packs and if so, working with secondary care colleagues to undertake further investigation(s), if required.

Patients with COPD should have a written plan as to when to request further rescue medication and to also inform the practice when they have used the rescue pack that they already have on standby.

The intention of this guidance on the issuing of rescue packs is to safeguard the patient and to ensure that rescue packs are prescribed appropriately and not overused and to empower the patient to have a better understanding of their chronic condition and how to manage it.

UK, European, and international medicine guidance is monitored and reviewed locally via the Regional Clinical Advisory Group (RCAG), working closely with the NENC ICB's Medicine Optimisation (MO) team. RCAG and the MO team then work closely with our Clinical Leads to review and implement any changes to guidance locally.

The NICE guidance on issuing rescue packs has been discussed at all of the Local Prescribing Groups recently and therefore the latest guidance on the treatment of COPD exacerbations has been disseminated among all of the practices in County Durham.

A GP and pharmacist from each practice attends these informative meetings which is Chaired by the ICB, with a highly experienced Medicines Optimisation pharmacist in attendance.

In summary, County Durham General Practices have not been advised against issuing rescue packs but have been advised that they should be issued for COPD exacerbations in specific circumstances. If a patient has any concerns, we encourage them to contact their general practice so that they can be addressed.

Additional Information:

What is COPD?

Chronic obstructive pulmonary disease (COPD) describes a group of lung conditions that cause breathing difficulties. It includes:

- Emphysema – damage to the air sacs in the lungs
- Chronic bronchitis – long-term inflammation of the airways

COPD is a common condition that mainly affects middle-aged or older adults with a history of smoking, accounting for 9 out of every 10 cases. The main symptoms are:

- Increasing breathlessness, particularly when you're active
- A persistent chesty cough with phlegm – some people may dismiss this as just a "smoker's cough"
- Frequent chest infections
- Persistent wheezing

COPD can also affect people who have never smoked. Some cases of COPD are caused by long-term exposure to harmful fumes or dust. The outlook for COPD varies from person to person but the condition cannot be cured or reversed, but for many people, treatment can help keep it under control, so it does not severely limit their daily activities.

Prevalence of COPD

Information last updated by the National Institute for Health and Care Excellence (NICE) in 2016 says an estimated 3 million people have COPD in the UK, of whom 2 million are undiagnosed.

The National Institute for Health and Care Excellence (NICE) confirms that there are significant geographical variations in the prevalence of COPD, and it is closely associated with levels of deprivation.

NHS Digital data shows that in 2020/21, approximately 1.17 million people in England have been diagnosed with COPD, which is around 1.9% of the population.

County Durham COPD Cases	17,498 people are currently diagnosed with COPD in County Durham
Smoking prevalence	10,409 are ex smokers
	5,368 are current smokers
	1,702 have never smoked
Admissions to hospital <small>(RAIDR Population Health Management System, 2024)</small>	There were 1,692 recorded COPD condition related admissions into acute care (July 2023 to June 2024). 1,466 admissions the previous year.

County Durham Community Diagnostic Spirometry Service

Spirometry (meaning the measuring of breath) is the most common of the pulmonary function tests (PFTs). It measures lung function, specifically the amount (volume) and/or speed (flow) of air that can be inhaled and exhaled. Spirometry can be helpful in assessing breathing patterns that identify conditions such as COPD, asthma, pulmonary fibrosis and cystic fibrosis.

County Durham's Community Diagnostic Spirometry Service is provided under contract by County Durham and Darlington NHS Foundation Trust. The County Durham Diagnostic Spirometry Service provides a diagnostic service to patients over the age of 18 who are registered with a GP Practice in County Durham who have suspected COPD or Asthma.

The service also offers Fractional Exhaled Nitric Oxide (FeNO). FeNO testing produces a score which gives a value to the level of inflammation and can therefore be used to aid in the diagnosis of asthma.

Recommendation(s)

The Adults and Health Overview and Scrutiny Committee is recommended to:

- a) Note the attached briefing from NENC ICB primary care team in County Durham

Please feel free to contact the NENC ICB's primary care team in County Durham if you have any concerns or issues with the information contained in this briefing, or any other queries in relation to primary care services: colin.stephenson@nhs.net

Author: Colin Stephenson. Strategic Head of Primary Care, NENC ICB
colin.stephenson@nhs.net
September 2024

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**Annual Report
2023-2024**

The value of listening



Meet the Team



Gail McGee
Project Lead



Julia Catherall
Engagement and Signposting Lead



Claire Sisterson
Volunteer Support Officer



Chloe Bradbury
Engagement and Signposting Lead



Tony Bentley
Engagement and Inclusion Lead



Victoria Dixon
Research and Communications Officer



Lynsey Kim
Engagement and Signposting Lead



Sandra Burton
Youth Engagement Lead

Contents

Message from our Chair	4
About us	5
Year in review	6
How we've made a different this year	7
Your voice heard at a wider level	8
Listening to your experiences	9
Hearing from all communities	13
Advice and information	15
Volunteering	17
Enter & View	19
The way we work	20
Finance	22
Next steps & future priorities	23
Statutory statements	24



"Over the last year, local Healthwatch have shown what happens when people speak up about their care, and services listen. They are helping the NHS unlock the power of people's views and experiences, especially those facing the most serious health inequalities."

Louise Ansari, Chief Executive at Healthwatch England



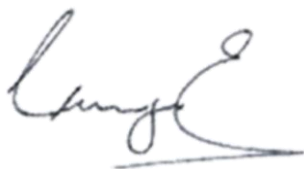
Message from our Chair

Another year has passed, and it is a privilege for me once again to report that the team and volunteers have been very busy out and about across County Durham.

A few words at the beginning of this Annual Report allows me to briefly again thank the team and volunteers on behalf of the Board and our communities for the work undertaken by Healthwatch – a small but dedicated number of people working on behalf of our community.

This year, work has been undertaken linked to some ICB initiatives as well as our workplan, and this report will give you an indication of just some of that work. We have been able to ‘reach out’ into the community, particularly in rural areas working with farming communities, and the d/Deaf community. The team have carried out significant work across mental health and learning difficulties, and in addition we have been able to reach out to younger people. This report gives you far more detail than could be included here.

I am grateful to the team, volunteers and Board for the work they undertake on behalf of County Durham residents, and I commend the report to you.



Chris Cunnington-Shore
Healthwatch County Durham Chair



“Healthwatch sits at the heart of our communities and represents the views of our people as an independent voice. We have supported the Integrated Care System developments with our Healthwatch Network, and of course the local authority and NHS as they continue to evolve to meet the challenges which we all continue to face. ”

Chris Cunnington-Shore, Healthwatch County Durham Chair



About us

Healthwatch County Durham is your local independent health and social care champion.

We make sure NHS and social care leaders and decision-makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.

Our vision

A world where we can all get the health and care we need.



Our mission

To make sure people's experiences help make health and care better.



Our values are:

- **Listening** to people and making sure their voices are heard.
- **Including** everyone in the conversation – especially those who don't always have their voice heard.
- **Analysing** different people's experiences to learn how to improve care.
- **Acting** on feedback and driving change.
- **Partnering** with care providers, Government, and the voluntary sector – serving as the public's independent advocate.



Year in review

Reaching out:

277 people shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

311 people came to us for clear advice and information about topics such as mental health and accessing care services.

1210 people helped us gather information by completing surveys we published.

4646 people follow us across our social media channels to keep up to date with health and social care information.



Making a difference to care:

We published

9 reports

about the improvements people would like to see in health and social care services.

These included reports about hospital discharge, our Enter & View visits, and the experiences of the d/Deaf community (including people who are deaf from birth and those with hearing loss) when accessing GP led services.



Health and social care that works for you:

We're lucky to have

23 outstanding volunteers who gave up **231 days** of their time to make care better for our community.

We currently employ

**6 (5 fte) permanent staff and
2 (1.1 fte) temporary staff**

who help us carry out our work.







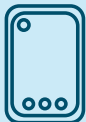

We're funded by our local authority.
In 2023 - 24 we received

£183,704

which is the same as the previous year.



How we've made a difference this year

Spring	 <p>We drew attention to the voice of young people using mental health services, with the public launch of our Video Diaries.</p>	 <p>We employed an Engagement & Inclusion Lead so we could be better at hearing from all our diverse communities.</p>
Summer	 <p>We reached out to those people struggling with the cost of living crisis by helping out at The Bread & Butter Thing across the county, and hearing about people's health care experiences.</p>	 <p>We began a new programme of Enter & View visits, focused on GP Practices – we listened to patient's views and made recommendations for improvements in our published reports.</p>
Autumn	 <p>We raised awareness of the role of Healthwatch at our biggest ever event. Wolsingham Show attracts over 30,000 visitors, and we were there to listen to feedback and advise about local services.</p>	 <p>We visited 'Welcome Spaces' across the county to talk to people about their experiences of health & social care, gathering feedback and helping individuals with specific enquiries.</p>
Winter	 <p>We employed a Youth Engagement Lead to make sure we include the voice of younger people in our work – she started by making contact with youth organisations and groups in our area.</p>	 <p>We raised an issue about how safeguarding alerts are responded to, and initiated discussions about how this could be improved to better protect our vulnerable residents.</p>

Your voice heard at a wider level

We collaborate with other Healthwatch to ensure the experiences of people in County Durham influence decisions made about services at North East & North Cumbria Integrated Care System (ICS) level.

This year we've worked with Healthwatch across the North East & North Cumbria to achieve:

A collaborative network of Local Healthwatch



All 14 Local Healthwatch were involved in the formation of a network which enables us to work together, both on a regional and an area basis. Through funding from the Integrated Care Board we appointed co-ordinators to facilitate engagement projects and the gathering of region-wide public feedback; our Board representative ensures that the public voice is heard at ICS level, influencing decision making across the whole of the North East and North Cumbria.

Understanding the public view of Dentistry services

At the end of 2023-24, the Healthwatch Network was commissioned to carry out public engagement about dentistry, to help inform the Integrated Care Board's decisions around improvements to services. Healthwatch carried out extensive public engagement across the region, including surveys and mystery shopper exercises – we gathered over 3500 responses to our general survey alone. Our list of recommendations formed part of our report to the ICB earlier this year.



Involvement Strategy review



The NENC Integrated Care Board wanted to review their 'Communities and People Involvement and Engagement Framework 2022-23' a year on from publication. The Healthwatch Network was commissioned to speak to seldom heard groups across the region to get their views on what an Involvement Strategy should include. We gathered valuable insight and made recommendations to the ICB about improvements to their strategy and public engagement processes.

Making health research more relevant

In February 2024, the Healthwatch Network was asked to support the ICB and partners in a Be Part Of Research Project (known as REN 3). Healthwatch were funded to speak to local under-represented groups to understand the level of interest in, and barriers to, taking part in NHS and health research. Our feedback will help the Research Engagement Network encourage more diverse participation, so their research better reflects our communities.





Listening to your experiences

Services can't make improvements without hearing your views. That's why listening to feedback from all areas of the community is always a priority. This allows us to understand the full picture, and feed this back to services and help them improve.

Many people don't feel comfortable speaking directly to services, but our independent status means that we can be trusted to represent the public voice.

Improving GP access for autistic people

We heard from many autistic people about the challenges they face when trying to make an appointment, or when attending appointments, at their GP practice.

We spoke to autistic individuals, support organisations and decision makers to find out what the issues were, and where improvements could be made. Together with a group of autistic individuals, we co-created 2 simple guidance sheets for use in GP Practices – one for the reception area and one for consultation rooms. The guidance covers the most common themes that were raised by autistic people during our conversations.

100% of the autistic people we spoke to told us they have experienced some challenge or difficulty when booking or attending a GP appointment.

"I am really glad I was able to contribute to this [work] and I hope it makes a real difference for autistic people accessing healthcare."

Participant at the Dept. of Psychology, Durham University

Who listened?

We shared the documents and got agreement of its use from the following bodies:

- NENC ICB Mental Health Parity of Esteem Group
- NENC ICB Learning Disability Network
- NHS England Training & Education Directorate (North East & North Yorkshire region)
- Reasonable Adjustments Digital Flag Project Team
- Co Durham & Tees Valley Mental Health, Learning Disabilities and Autism Partnership
- Primary Care Training Hub

What happened as a result?

- The guidance is endorsed by the Reasonable Adjustments Digital Flag (RADF) and carries dual branding – being rolled out alongside the RADF, it will provide an easy reference point when clinicians see the RADF on patient records.
- The guidance will be included in the training for GPs and practice staff by the NHS Training & Education Directorate and the Primary Care Training Hub.
- The guidance has also been published on the following websites:
 - Primary Care Training Hub Team
 - Co Durham & Tees Valley Mental Health, Learning Disabilities and Autism Partnership networks
 - Prevention of Adult Not Brought website

Influencing improvements in local nursing homes

Our Enter & View programme in 2019 focused on care homes. Due to the pandemic, we weren't able to follow up on our recommendations as soon as we would like, but during 2023 we were able to find out what impact our visits had. These are some examples of improvements made as a result of Healthwatch speaking to residents, families and staff at some of those nursing homes.

We heard:	Improvements made:
<p>Residents really valued the activity co-ordinators.</p> <p>Residents would like to get out more, and would like to see more services brought into the home for those who couldn't get out.</p>	<p>There are now more activity co-ordinator staff, meaning more work can be done in this area.</p> <p>More outings now take place, so residents get to the coast, local villages, and can go for meals and to coffee shops.</p> <p>Online activities and shopping have also been introduced.</p>
<p>Residents told us they liked the homely feel created by having their own personal things around them.</p> <p>Residents also enjoyed having pets allowed into the home.</p>	<p>Since our visit, the home has put in place an ongoing decorating plan, and now asks residents to choose their own colours and decoration.</p> <p>The home has also continued to allow dogs to be brought in by residents' relatives.</p>
<p>Residents appreciated it when staff took the time to meet their personal preferences, and could encourage residents to be more independent.</p>	<p>Since our visit the home increased staffing levels to have 9 staff on duty at all times throughout the day, which allows more time to interact with and encourage residents.</p>
<p>Residents told us that sometimes their food might not be hot enough if eating in their rooms.</p>	<p>The home now uses food covers to ensure all food is served at the right temperature. They have also introduced a more varied menu, based on resident's preferences.</p>



Recognising personal needs and preferences came across as very important to residents, and people were pleased when changes were made to reflect this.

“You can have your breakfast at a different time, as you wish!”

Resident – Devonshire House Nursing Home

Three ways we have made a difference to our communities

Healthwatch County Durham were able to help a Middle Eastern mother receive an explanation about treatment given to her son. The mother speaks some English but felt that due to the language barrier, she hadn't been given enough information to understand what was wrong with her son and how to deal with it.

We contacted the Patient Experience Team concerned and an investigation resulted in the woman receiving a written response, and an apology, in Arabic.

A "wonderful" response, she said, that was "appreciated".

This has raised the hospital's awareness of effective communication, and the importance of making sure patients understand the information they are given.



We worked with professionals and the general public to produce an accessibility poster for people with communication needs. We wanted to empower people by explaining the rights we all have when using health and care services, and highlighting what we should expect from services.

To improve our own communication, we have also added an accessibility button to our website. This allows people to change the size of the text, change the contrast, hide images and more.

This small button on the website could make a big difference to those trying to access information.

We know how important it is that people can find information easily, including who to go to if they have a concern about their care.

Healthwatch County Durham volunteers reviewed GP practice websites and out of hours telephone information. We looked at whether information was up to date, easy to understand, and whether information was given about how to raise a concern – including links to Healthwatch County Durham.

We shared the findings with the Primary Care team, who encouraged practices to update their information. This resulted in more practices making the correct information available.

This is something we will continue to review, and we will also be looking at how those details are made more accessible, so that everybody has correct, up to date information.





Hearing from all communities

Over the past year, we have worked hard to make sure we hear from everyone within our local area. It is important to reach out to the communities we hear from less frequently to gather their feedback. We want to make sure their voice is heard, and that services are meeting their needs.

This year we have reached different communities by:

- Working in our rural areas to talk to farmers, their families and farming communities about the challenges they face when they need services.
- Basing one of our staff in East Durham, and working in partnership with support organisations to reach our coastal communities and areas facing higher levels of poverty.
- Visiting support groups across the county, speaking to under-represented groups, including veterans, ethnic minorities, LGBTQ+ groups, people with disabilities and people with mental health issues.

Helping people from Ukraine understand the NHS

Ukrainians adapting to life in Durham City told us they didn't understand how the NHS worked as it was different to the Ukrainian health system.

To help, we produced a one-page summary explaining how a GP practice operates. We shared this with on-line Ukrainian communities, Durham County Council's "Homes for Ukraine" scheme, and NHS Social Prescribing Link Workers. We made sure a Ukrainian version of the document was made available, and we have had positive feedback that this has helped Ukrainian guests feel more confident in accessing health care.

We also helped to promote and explain the process of taking UK health records back to Ukraine, offering reassurance that those records will not be lost when people return to their homes.

"We will now make sure this is in every pack for our guests on arrival. Support Officers can now take [this] out on visits as we know health appointments have been an issue for our guests."

Natalie – Senior Refugee Resettlement Officer, Durham County Council

Highlighting the barriers to accessing GP appointments for the d/Deaf community

We have established links with the d/Deaf community and organisations providing support, and we spoke to people about their experiences of accessing GP appointments. In November 2023 we published a report of our findings and our recommendations for improvement, which included:

- Deaf awareness training for all GP Practice staff
- A flag on the records of d/Deaf patients to outline preferred communication methods
- More communication options to be used, such as text, email or video calls
- Investment in basic sign language training for GP Practice staff
- Interpreters to be booked and confirmed with the patient when necessary

Our research showed that although GP practices thought they were offering an accessible service, in most cases the experience of d/Deaf patients was very different.

We reminded GP Practices of their responsibilities under the Accessible Information Standard, and highlighted where patient's individual needs are not being met.

We will be following up on our recommendations in 2024 to see what improvements have been made.

As well as raising awareness of the challenges faced by d/Deaf patients, we also used their experiences to co-produce our new Accessible Information poster.



Advice and information

Healthwatch is here for the residents of County Durham. We provide advice and information to help you understand your options and get the help you need. Whether you need to find out about services in the area, understand how to make a complaint, or get help to communicate with services – our support is free, independent and confidential.

This year we've helped people by:

- Providing up-to-date information people can trust about local services and resources
- Helping people find and access the services they need
- Promoting health related information and taking part in national health campaigns
- Helping people to resolve problems or challenges they come up against when using services – including liaising with the service or organisation, signposting to the Independent Advocacy service, and helping people to understand information they are given.

Appointment system review for local Neurology Department

Reducing the risk of unnecessary delays

Thanks to the efforts of Healthwatch County Durham, University Hospital of North Durham Neurology Department have reviewed their appointments booking procedure to reduce the risk of unnecessary delays for appointments and treatment.

Healthwatch County Durham were contacted by a patient who had been waiting over 2 years for a medication review appointment at the Neurology Department, after numerous cancellations. The individual told us that the delays had severely impacted their mental health.

We contacted the department to raise the concerns and to understand what had caused the repeated cancellations.

The patient received an apology from the department, who agreed that the situation was unsatisfactory, and offered the patient the next available cancellation appointment. They also agreed to review their appointments procedure to improve the service and ensure the risk of repeated cancellations and delays was minimised.

Resolving patient record errors

We were contacted by a local resident after she received an appointment for her young son – despite being registered at a County Durham practice, this appointment was for a GP in Hull.

When her own practice said they were unable to help, she spoke to the practice in Hull and discovered that her son's records had apparently been merged with another patient of the same name and date of birth in Hull – they referred her back to her own GP, which is when she contacted Healthwatch, as she was unsure who should be helping her.

We spoke to the Primary Care Support Team at NHS England, who explained that there is a process in place for this type of error. We were then able to advise the client's GP practice of the process, which they followed to resolve the issue and updated the client.

- **The situation was resolved for the client, and a flag was put on her son's account to ensure the error could not be repeated.**
- **Thanks to the intervention of Healthwatch, the GP practice now has a better understanding of how to resolve this type of error.**





Volunteering

We are supported by a team of amazing volunteers who are at the heart of what we do. Thanks to their efforts in the community, we're able to understand what is working and what needs improving, carry out more research, and hear the views of more people.

This year our volunteers:

- Visited public events to promote their local Healthwatch and what we have to offer
- Collected experiences and supported their communities to share their views
- Carried out Enter and View visits at local services to help them improve
- Attended local forums and community groups to hear about what's important to people
- Carried out research and information gathering online and over the phone
- Took part in research across the North East and North Cumbria region



"I really enjoy being part of the 'Enter & View' team – meeting new people that I would never meet normally. Listening to them talking about their likes and dislikes, and what they think can be improved or what they like most at the premises being visited. I certainly feel supported in doing this work, especially through meeting staff and other volunteers regularly to talk about the project. I chose to volunteer with Healthwatch specifically so that we have a chance to complement or suggest how to improve services, in the NHS and care. I think the work carried out by Healthwatch through volunteers and staff has made a difference to a lot of people and services."



Paul –
Healthwatch County
Durham volunteer



"I most enjoy being able to listen and understand other people's perspective of a service. To be aware of issues people may face that go unnoticed. I decided Healthwatch was a great place for me to volunteer because it will give me a great insight into a wide range of health care settings, this will also help me better understand what type of role suits me best for a career. I feel like I will also gain from meeting different people and feeling part of a team. I believe I can contribute to making a positive impact for the people living in Durham, by listening to them and reporting what issues they have, especially where they feel their concerns aren't going to be heard".



Eve –
Healthwatch County
Durham volunteer

Do you feel inspired?



We are always on the lookout for new volunteers – if you're interested in finding out more, please get in touch with our Volunteer Support Officer.

 www.healthwatchcountydurham.co.uk

 07756 654223

 claire.sisterson@pcp.uk.net



Enter and view

Healthwatch have a legal power to visit health and social care services and see them in action. We speak to service users, families, carers and staff to identify what is working well and where services could be improved.

This year, we carried out 8 Enter and View visits.

Location	Reason for visit	What we did
Meadowfield Surgery	<p>GP practices were chosen as a focus area for Enter & View visits, because GP access was one of the main areas of public feedback.</p> <p>6 GP practices were originally selected, based on those who responded to an open offer of an Enter & View visit and geographical spread.</p>	<p>For all Enter & View visits, a report is published with details of the visit, feedback received from the people we spoke to, and a list of recommendations.</p> <p>You can read these reports on our website at www.healthwatchcountydurham.co.uk</p> <p>We will follow up on these recommendations during 2024 – 25.</p>
Ushaw Moor Surgery		
Tow Law Surgery		
Great Lumley Surgery		
Bridge End Surgery		
Marlborough Surgery		
Sacriston Medical Centre	Requested by Practice Manager	
Merrick House, Easington	Negative feedback from service users	

The way we work

Involvement of volunteers and lay people in our governance and decision-making

Our current Healthwatch Board consists of 6 members who work on a voluntary basis to provide direction, oversight and scrutiny of our activities. Our Board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community.

Throughout 2023/24, the Board met 6 times and made decisions on matters such as the recruitment of a Youth Engagement Lead to help us reach out to younger people, our focus for the Enter & View programme, and how to use the resources available to reach as many people as possible.

Our work priorities are decided based on common areas of public feedback, where concerns have been raised.

Methods and systems used across the year to obtain people's experiences

We use a variety of approaches to ensure that as many people as possible can provide us with insight into their experience of using services. During 2023/24, we have been available by phone, text and email, provided a 'Contact us' form on our website and through social media. We also attended a wide range of meetings, community groups and forums across the county.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We will publish it on our website, it is sent to a list of stakeholders, and the link is shared on our social media channels. On request, we can provide printed copies and versions in alternate languages.

Responses to recommendations

We provided one of our reports to 6 participating providers – none of the 6 responded to the report or recommendations. We had 6 providers who exceeded the formal deadline given to respond to an Enter & View report and recommendations. There were no issues or recommendations escalated by us to the Healthwatch England Committee, so no resulting reviews or investigations.

Taking people's experiences to decision-makers

We ensure that people who can make decisions about services hear about the insights and experiences that have been shared with us.

In our local authority area, we take information to Durham County Council's Overview & Scrutiny Committees for Adults Wellbeing & Health, and for Children & Young People; we attend the Safeguarding Assurance Group and sit on Joint Health & Wellbeing Strategic Partnership Groups.

We take insight and experiences to decision-makers in the North East and North Cumbria. As part of a network of 14 Local Healthwatch, we share information and service user feedback with the Integrated Care Board.

We also share our data with Healthwatch England to help address health and care issues at a national level, and contribute local research to national projects.



Healthwatch representatives

Healthwatch County Durham is represented on the County Durham Health and Wellbeing Board by Chris Cunnington-Shore, our Chair. During 2023/24 our representative effectively carried out this role by attending Health and Wellbeing Board meetings, providing an annual update on the work of Healthwatch County Durham and responding to items under consideration by the committee.

Healthwatch County Durham is represented on the Central Integrated Care Partnership by Gail McGee, Central Area Co-Ordinator for the Healthwatch Network, and at the North East & North Cumbria Integrated Care Board by Christopher Akers-Belcher, Regional Co-Ordinator for the Healthwatch Network.

Finance

To carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

Our income and expenditure

Income		Expenditure	
Annual grant from Government	£183,704	Staff costs (salary, travel, expenses)	£158,286
Additional income	£15,579	Non-staff expenditure	£6667
Brought forward	£35,817	Office costs and management fees	£51,115
Total income	£235,100	Total expenditure	£216,068

Additional income is broken down by:

- £2,865 received from Healthwatch England - £2500 for work on a Pharmacy Research project and £365 for reimbursement of conference costs.
- £2,366 received from Tees, Esk & Wear Valleys NHS Trust for an interim evaluation of Community Mental Health Transformation.
- £2000 received from North Tees & Hartlepool and South Tees Hospitals NHS Foundation Trusts for public engagement about the Group Model (taking place in 2024-25).
- £240 received from NHS England for research into digital screen displays in pharmacies.
- ICB funding, detailed below:

ICB funding

Healthwatch across North East & North Cumbria also receive funding from our Integrated Care Board (ICB) to support new areas of collaborative work at this level. Healthwatch County Durham received:

Purpose of ICB funding	Amount
Involvement in the Healthwatch Network for NENC (Nov 2023 – March 2024)	£1875
Dentistry engagement and production of region-wide report	£4783
Public engagement and focus groups (Waiting Well; Involvement Strategy; Research Engagement Network)	£1450

Next steps

Ongoing work from 2023 – 2024

Project	Progress so far
We raised concerns with our local Mental Health NHS Trust about negative public feedback we received relating to some of their services.	We now have a regular forum to share public feedback and raise issues, and we will make this a priority area to continue into 2024-25, including using our Enter & View programme.
Our Youth Engagement Lead spoke to young people in different settings across the county.	We have a new 'Youth Health' group to take forward into 2024-25, so we can focus on what health topics are important to younger people.
We began work on a 'Farming Outreach' initiative, to address the barriers faced by farming communities when needing health care.	We enlisted support from other bodies, including Public Health, NHS and support organisations such as UTASS. Public engagement is underway and the work will continue into 2024-25.

New work plan priorities for 2024 – 2025

Over the next year, we will keep reaching out to every part of society, including people in the most deprived areas, and those we hear from less often, so that those in power hear their views and experiences.

Our top priorities for the next year are:

- 1. Mental Health**
- 2. Pharmacy**
- 3. Maternity (miscarriage support)**
- 4. Patient Transport**

In addition to our work plan priorities, we will also focus on young people – we will be talking to people aged 14 – 24 to get their views on our priorities, and hear their experiences of health & social care services.

We will also continue our focus on reaching out to some of the more excluded groups in our communities – including the farming community and people with substance addiction issues.

We will be following up on recommendations made in our reports, to find out whether improvements have been made following your feedback, and if not, why not. We will continue to report our findings and outcomes on our website, so you know the impact that speaking to us has had.



Statutory statements

Healthwatch County Durham, Whitfield House, St John's Road,
Meadowfield Industrial Estate, Durham, DH7 8XL.

The organisation currently holding the Healthwatch contract is:

Pioneering Care Partnership, Pioneering Care Centre, Carer's Way,
Newton Aycliffe, County Durham, DL5 4SF

Registered Charity No. 1067888

Healthwatch County Durham uses the Healthwatch Trademark
when undertaking our statutory activities as covered by
the licence agreement.

Thank you


The team at Healthwatch County Durham would like to thank all the partners and organisations who work with us to improve services in our area.

We would also especially like to thank the members of the public who contact us with feedback – the voice of local people is crucial to bringing about positive change, and every bit of information we hear helps us to influence improvements.



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Committed to quality

We are committed to the quality of our information. Every three years we perform an in depth audit so that we can be certain of this.



Healthwatch County Durham



Annual Report 2023 - 2024

Page 63

healthwatch
County Durham

Page 64

2023 – 2024 Highlights

Increasing our reach into the community

Mental Health



Autistic Individuals, Farming Communities, Veterans, Refugees, LGBTQ+, Individuals & families living in poverty

Youth health
County Durham

2023 – 2024 Highlights

Our impact



Enter & View programme

- 8 visits completed – GP practices

Reports and recommendations on:

- Hospital Discharge
- GP access for the d/Deaf community

Increased collaborative working with:

- NHS Trusts, Public Health, VCSE sector
- The NENC region & the Healthwatch Network

2024 – 2025 priority areas

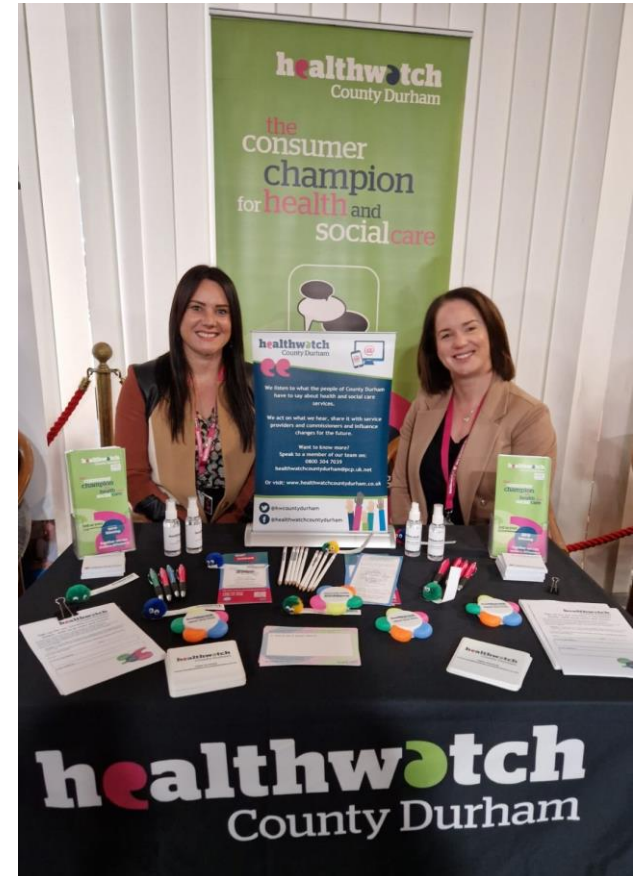
Page 66

- Pharmacy First
- Maternity services
- Mental Health
- Patient Transport



2024 – 2025 priority areas

- Farming communities
- Substance misuse
- Youth engagement
- ICB funded work



www.healthwatchcountydurham.co.uk

Page 68

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healthwatch
County Durham

Adult and Wellbeing Health Overview and Scrutiny Committee

1 October 2024

Revenue and Capital Outturn 2023/24



Report of Corporate Directors

Paul Darby, Corporate Director of Resources

Jane Robinson, Corporate Director Adult and Health Services

Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 To provide the Committee with details of the 2023/24 revenue and capital outturn budget position for the Adult and Health Services (AHS) service grouping, highlighting major variances in comparison with the budget for the year.

Executive Summary

- 2 This report provides an overview of the 2023/24 revenue and capital outturn position. It provides an analysis of the budget outturn for the service areas falling under the remit of the Overview and Scrutiny Committee and complements reports considered by Cabinet on a quarterly basis.
- 3 The outturn shows that AHS has a cash limit underspend of £0.786 million at the year-end against a revenue budget of £158.090 million, which represents a 0.5% underspend. This compares with the previously forecast cash limit underspend, based on the position at 31 December 2023 of a £0.464 million cash limit underspend.
- 4 Based on the outturn position the Cash Limit balance for AHS as at 31 March 2024 is £5.832 million.
- 5 Details of the reasons for under and overspending against relevant budget heads is disclosed in the report.

- 6 The AHS revised capital budget for 2023/24 comprised three schemes within Adult Care totalling £1.830 million. Capital expenditure of £1.830 million was incurred during 2023/24.

Recommendation

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

Background

8 County Council approved the Revenue and Capital budgets for 2023/24 at its meeting on 22 February 2023. These budgets have subsequently been revised to take account of transfers to and from reserves, grant additions/reductions, budget transfers between service groupings and budget reprofiling between years. This report covers the financial position for:

- *AHS Revenue Budget - £158.090 million (original £156.296 million)*
- *AHS Capital Programme – £1.830 million (original £2.045 million)*

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

Reason for Adjustment	£'000
Original Budget	156,296
Budget Transfer to CYPS	(157)
Budget Transfer to Resources	(26)
Budget Transfer to Chief Executive Office	(99)
Pay Award 2023/24	2,076
Revised Budget	158,090

10 The original AHS revenue budget includes a number of budgeted use of reserves as summarised in the table below:

Budgeted Use of Reserves in Original Budget	£'000
Use of cash limit reserve at budget build	(699)
Use of Social Care Reserve at budget build	(523)
Use of Integrated Reserve at budget build	(677)
Use of Public Health reserves at Budget Build	(872)
Total	(2,771)

11 The summary financial statements contained in the report cover the financial year 2023/24 and show: -

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

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

Revenue Outturn

- 12 The AHS service has a cash limit underspend of £0.786 million against a revised budget of £158.090 million which represents a 0.5% underspend. This compares with the forecast cash limit underspend at Quarter 3 of £0.464 million.
- 13 The tables below show the revised annual budget, actual expenditure in 2023/24 and the year end variance. The first table is analysed by Subjective Analysis (i.e. type of expense) and the second is by Head of Service.

Subjective Analysis (Type of Expenditure)

	Revised Annual Budget £000	Actual £000	Variance £000	Items Outside Cash Limit £000	Cash Limit Variance £000	Memo-Forecast Position at QTR3 £000
Employees	42,267	41,131	(1,136)	68	(1,068)	(1,069)
Premises	1,305	1,642	337	(151)	186	92
Transport	2,642	2,328	(314)	0	(314)	(177)
Supplies & Services	4,608	6,963	2,355	0	2,355	746
Third Party Payments	359,361	363,977	4,616	0	4,616	7,765
Transfer Payments	12,208	12,225	17	0	17	(68)
Central Support & Capital	36,296	43,729	7,433	2,689	10,122	(2,600)
Income	(300,597)	(317,297)	(16,700)	0	(16,700)	(5,153)
Total	158,090	154,698	(3,392)	2,606	(786)	(464)

Analysis by Head of Service Area

	Revised Annual Budget £000	Actual £000	Variance £000	Items Outside Cash Limit £000	Cash Limit Variance £000	Memo-Forecast Position at QTR3 £000
Excluded Services	132	172	40	(40)	0	0
Central/Other	10,847	8,801	(2,046)	2,229	183	41
Commissioning	336	712	376	(402)	(26)	(54)
Head of Adults	145,523	144,534	(989)	46	(943)	(451)
Public Health	1,252	479	(773)	773	0	0
Total	158,090	154,698	(3,392)	2,606	(786)	(464)

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

Service Area	Description	Cash limit Variance £000
Head of Adults		
Ops Manager LD /MH / Substance Misuse	£782,000 under budget on employees due to staff turnover above budget. £53,000 over budget on premises. £40,000 under budget on transport. £49,000 over budget on supplies and services. £2,475,000 net over budget on direct care related activity.	1,755
Safeguarding Adults and Practice Development	£172,000 under budget on employees due to staff turnover above budget. £8,000 under budget on transport. £346,000 net over budget on supplies and services, transport, and central costs principally due to an authorised overspend on DOLS £322,000. £9,000 over recovery of income.	157
Ops Manager OP/PDSI Services	£319,000 under budget on employees due to staff turnover above budget. £230,000 under budget on transport. £121,000 over budget on supplies and services. £2,107,000 net under budget on direct care-related activity.	(2,535)
Ops Manager Provider Services	£339,000 under budget on employees due to staff turnover above budget. £78,000 net over budget on other areas.	(261)
Operational Support	£39,000 under budget on employees due to staff turnover above vacancies. £7,000 under budget on transport and supplies and services. £13,000 over recovery of income.	(59)
		(943)
Central/Other		
Central/ Other	£183,000 net over budget across the service principally due to PPE write-off (personal protective equipment).	183
		183
Commissioning		
Commissioning	£37,000 under budget on employees due to staff turnover less than budget. £11,000 over budget on supplies and services.	(26)

Service Area	Description	Cash limit Variance £000
		(26)
Public Health		
County Durham Together	Plans not yet in place for budget.	(65)
Protecting Health	Under budget on additional budget as plans no in place yet £81,000. Offset by over budget due to reserve not being drawn for Infection Control contract £67,000 plus Agenda for Change linked to Infection Control £8,000 and over budget linked to Vaccine Inequalities funding held in Grant Reduction Reserve £13,000.	7
General Prevention Activities	Underbudget linked to pharmacy contract for flu immunisation.	(28)
Healthy Communities Strategy and Assurance	Under budget on water fluoridation £67,000 and £10,000 additional income from the ICB linked to Joining the Dots. Offset by £29,000 over budget not drawn from reserves.	(48)
Living and Ageing Well	Under budget on Health Checks contract £52,000. IPD grant used to fund £16,000. Under budget on prescription charges £78,000. Over budget of £290,000 to cover reserve expenditure. Overbudget on NRT £115,000, additional laptops £18,000, supervised consumption £33,000 and general over budget on DARS £34,000.	344
Public Health Grant and Reserves	Amount to balance the cash limit variance (£1,415,000) to Grant Reduction Reserve. Unallocated budget of £1,580,000.	(165)
Public Health Team	£360,000 under budget on staffing – vacant posts within the Public Health Team and associated costs. Offset by expenditure of £29,000 not drawn from reserves.	(331)
Starting Well and Social Determinants	Under budget on sexual health contract £41,000. Underbudget on children's contracts £130,000. Underbudget on remain safe contribution £30,000. Over budget on projects linked to reserve expenditure £541,000. General under budget £54,000.	286
		0
AHS Total		(786)

15 The service grouping has maintained spending within its cash limit. The outturn position incorporates the MTFP savings built into the 2023/24 budgets, which for AHS in total amounted to £1.775 million.

16 The cash limit reserve for Adult and Health Services is £5.832 million after incorporating the 2023/24 outturn and transfers to other earmarked reserves.

Capital Programme

- 17 The AHS capital programme comprises three schemes, the upgrade of Hawthorn House respite centre, the development of complex needs provision at Harelaw and the development of Positive Journeys at Chester le Street.
- 18 The revised capital budget at 31 March 2024 is £1.830 million.
- 19 Summary financial performance at 31 March 2024 is shown below.

Scheme	Actual Expenditure 31/03/2024 £000	Revised 2023-24 Budget £000	(Under) / Over Spending £000
Hawthorn House Development	635	635	0
Whitebeam Gardens (formerly Harelaw)	523	523	0
Positive Journeys Chester le Street	672	672	0
	1,830	1,830	0

Background Papers

- 20 Cabinet Reports 10 July 2024 – 2023/24 Final Outturn for the General and Collection Fund.

Appendix 1: Implications

Legal Implications

The consideration of regular budgetary control reports is a key component of the Council's Corporate and Financial Governance arrangements. This report shows the forecast spend against budgets agreed by the Council in February 2023 in relation to the 2023/24 financial year.

Finance

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

Consultation

Not applicable.

Equality and Diversity / Public Sector Equality Duty

Not applicable.

Human Rights

Not applicable.

Crime and Disorder

Not applicable.

Staffing

Not applicable.

Accommodation

Not applicable.

Risk

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

Procurement

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

Adult Wellbeing and Health Overview and Scrutiny Committee

1 October 2024

Quarter 1: Forecast of Revenue and Capital Outturn 2024/25



Report of Corporate Directors

Paul Darby, Corporate Director of Resources

Jane Robinson, Corporate Director of Adult and Health Services

Electoral division(s) affected:
Countywide

Purpose of the Report

- 1 To provide the Committee with details of the forecast outturn budget position for the Adult and Health Services (AHS) service grouping, highlighting major variances in comparison with the budget for the year, based on the position to the end of June 2024.

Executive Summary

- 2 This report provides an overview of the forecast of outturn, based on the position to 30 June 2024. It provides an analysis of the forecast budget outturn for the service areas falling under the remit of the Overview and Scrutiny Committee and complements reports considered by Cabinet on a quarterly basis.
- 3 The forecast indicates that AHS will have a cash limit underspend of £1.828 million at the year-end against a revenue budget of £159.463 million, which represents a 1.15% underspend.
- 4 Based on the forecasts, the Cash Limit balance for AHS as at 31 March 2025 will be £6.803 million.
- 5 Details of the reasons for under and overspending against relevant budget heads is disclosed in the report.
- 6 The AHS capital budget for 2024/25 comprises two schemes within Adult Care totalling £0.740 million. As at 30 June 2024 capital expenditure of £0.309 million has been incurred.

Recommendation

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

Background

8 County Council approved the Revenue and Capital budgets for 2024/25 at its meeting on 28 February 2024. These budgets have subsequently been revised to take account of transfers to and from reserves, grant additions/reductions, budget transfers between service groupings and budget reprofiling between years. This report covers the financial position for:

- *AHS Revenue Budget - £159.463 million (original £160.100 million)*
- *AHS Capital Programme – £0.740 million (original £0.740 million)*

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

Reason for Adjustment	£'000
Original Budget	160,100
Budget Transfer to CEO – Systems and Data Team	(637)
Revised Budget	159,463

10 The summary financial statements contained in the report cover the financial year 2024/25 and show: -

- The approved annual budget;
- The actual income and expenditure as recorded in the Council's financial management system;
- The variance between the annual budget and the forecast outturn;
- For the AHS revenue budget, adjustments for items outside of the cash limit to take into account such items as redundancies met from the strategic reserve, capital charges not controlled by services and use of / or contributions to earmarked reserves.

Revenue Outturn

- 11 The updated forecasts show that the AHS service is reporting a cash limit underspend of £1.828 million against a budget of £159.463 million which represents a 1.15% underspend.
- 12 The tables below show the revised annual budget, actual expenditure to 30 June 2024 and the updated forecast of outturn to the year end, including the variance forecast at year end. The first table is analysed by Subjective Analysis (i.e. type of expense) and the second is by Head of Service.

Subjective Analysis (Type of Expenditure)

	Revised Annual Budget £000	YTD Actual £000	Forecast Outturn £000	Items Outside Cash Limit £000	Cash Limit Variance QTR1 £000
Employees	42,203	10,857	41,933	0	(270)
Premises	1,561	151	1,440	31	(90)
Transport	2,640	426	2,456	0	(184)
Supplies & Services	4,279	2,080	4,628	0	349
Third Party Payments	386,823	68,531	387,770	0	947
Transfer Payments	12,251	1,977	12,821	0	570
Central Support & Capital	31,626	19,794	32,030	(2,051)	(1,647)
Income	(321,920)	(78,118)	(323,423)	0	(1,503)
Total	159,463	25,698	159,655	(2,020)	(1,828)

Analysis by Head of Service Area

	Revised Annual Budget £000	YTD Actual £000	Forecast Outturn £000	Items Outside Cash Limit £000	Cash Limit Variance QTR1 £000
Excluded Services	128	209	128	0	0
Central/Other	(1,979)	(2,182)	(1,908)	(70)	1
Commissioning	342	(1,188)	769	(443)	(16)
Head of Adults	160,926	23,568	159,447	(334)	(1,813)
Public Health	46	5,291	1,219	(1,173)	0
Total	159,463	25,698	159,655	(2,020)	(1,828)

- 13 The table below provides a brief commentary of the forecast cash limit variances against the revised budget, analysed by Head of Service. The table identifies variances in the core budget only and excludes items outside of the cash limit (e.g. central repairs and maintenance) and

technical accounting adjustments (e.g. central admin recharges and capital charges):

Service Area	Description	Cash limit Variance £000
Head of Adults		
Ops Manager LD /MH / Substance Misuse	£144,000 under budget on employees due to staff turnover above budget. £74,000 under budget on premises. £57,000 over budget on transport and supplies and services. £1,692,000 net over budget on direct care related activity.	1,531
Safeguarding Adults and Practice Development	£63,000 under budget on employees due to staff turnover above budget. £3,000 under budget on transport. £3,000 over budget on supplies and recharges.	(63)
Ops Manager OP/PDSI Services	£177,000 under budget on employees due to staff turnover above budget. £189,000 under budget on transport. £115,000 over budget on supplies and services. £2,762,000 net under budget on direct care-related activity.	(3,013)
Ops Manager Provider Services	£291,000 under budget on employees due to staff turnover above budget. £18,000 net over budget on transport, premises, supplies & services.	(273)
Operational Support	£5,000 over budget on employee costs due to staff turnover budget not met.	5
		(1,813)
Central/Other		
Central/ Other	No material variances.	1
		1
Commissioning		
Commissioning	£10,000 under budget on employees due to staff turnover less than budget. £6,000 under budget on supplies and services.	(16)
		(16)

Service Area	Description	Cash limit Variance £000
Public Health		
Pharmacy	£27,000 under budget linked to flu immunisation.	(27)
Team 1 – including Tobacco, 0-25 Healthy Child	£170,000 over budget linked to Nicotine Replacement. £343,000 underbudget on budgets linked to future Agenda for Change costs and CYPS contracts (full year budget covering partial year increase).	(173)
Team 2 – including Health Protection, Sexual Health, Oral Health	£403,000 under budget linked to future Agenda for Change costs and additional budget for Integrated Sexual Health Service. £75,000 under budget on “Protecting Health”.	(478)
Team 3 – including Drugs & Alcohol, Domestic Abuse, Wellbeing for Life	£16,000 under budget on In Patient Detox, £5,000 under budget on Nalaxone and £30,000 under budget on Remain Safe all funded from Grant. £75,000 under budget against prescription charges.	(126)
Team 4 including Healthy Weight, Physical Activity, Workplace Health	£3,000 under budget against CREES.	(3)
Team 5 including Mental Health, County Durham Together	£21,000 under budget against County Durham Together.	(21)
Public Health Team	£20,000 under budget on staffing – vacant posts within the Public Health Team. £40,000 fortuitous income from the ICB towards suicide coordinator post. £888,000 transfer to Grant Reduction Reserve for future Public Health projects.	828
		0
AHS Total		(1,828)

14 The service grouping is on track to maintain spending within its cash limit. The forecast outturn position incorporates the MTFP savings built into the 2024/25 budgets, which for AHS in total amounted to £1.029 million.

15 The cash limit reserve for Adult and Health Services is forecast to be circa £6.803 million after incorporating the 2024/25 forecast and transfers to other earmarked reserves.

Capital Programme

16 The AHS capital programme comprises two schemes, the upgrade of Hawthorn House respite centre and the development of Positive Journeys at Chester le Steet.

17 Further reports will be taken to MOWG during the year where revisions to the AHS capital programme are required. The capital budget currently totals £0.740 million.

18 Summary financial performance to 30 June 2024 is shown below.

Scheme	Actual Expenditure 30/06/2024 £000	Revised 2024-25 Budget £000	(Under) / Over Spending £000
Hawthorn House Development	268	714	(446)
Positive Journeys Chester le Street	41	26	15
	309	740	(431)

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

Background Papers

20 Cabinet Report 18 September 2024 – Forecast Revenue and Capital Outturn 2024/25 – Period June 2024.

Appendix 1: Implications

Legal Implications

The consideration of regular budgetary control reports is a key component of the Council's Corporate and Financial Governance arrangements. This report shows the forecast spend against budgets agreed by the Council in February 2024 in relation to the 2024/25 financial year.

Finance

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

Consultation

Not applicable.

Equality and Diversity / Public Sector Equality Duty

Not applicable.

Human Rights

Not applicable.

Crime and Disorder

Not applicable.

Staffing

Not applicable.

Accommodation

Not applicable.

Risk

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

Procurement

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

Overview and Scrutiny Committee

Adults Wellbeing & Health – 1 October 2024

AHS Revenue and Capital Outturn 2023/24 and Forecast 2024/25
Quarter 1

Joanne Watson – Principal Accountant



OVERVIEW

- 2023/24 Revenue Outturn and Variance Explanations
- 2023/24 Outturn Capital Position
- 2024/25 Quarter 1 Revenue Forecast Outturn and Variance Explanations
- 2024/25 Quarter 1 Capital Position

AHS 2023/24 Outturn By Expenditure Type

	Revised Annual Budget £000	Actual £000	Variance £000	Items Outside Cash Limit £000	Cash Limit Variance £000	Memo- Forecast Position at QTR3 £000
Employees	42,267	41,131	(1,136)	68	(1,068)	(1,069)
Premises	1,305	1,642	337	(151)	186	92
Transport	2,642	2,328	(314)	0	(314)	(177)
Supplies & Services	4,608	6,963	2,355	0	2,355	746
Third Party Payments	359,361	363,977	4,616	0	4,616	7,765
Transfer Payments	12,208	12,225	17	0	17	(68)
Central Support & Capital	36,296	43,729	7,433	2,689	10,122	(2,600)
Income	(300,597)	(317,297)	(16,700)	0	(16,700)	(5,153)
Total	158,090	154,698	(3,392)	2,606	(786)	(464)

AHS 2023/24 Outturn By Service Area

	Revised Annual Budget £000	Actual £000	Variance £000	Items Outside Cash Limit £000	Cash Limit Variance £000	Memo- Forecast Position at QTR3 £000
Excluded Services	132	172	40	(40)	0	0
Central/Other	10,847	8,801	(2,046)	2,229	183	41
Commissioning	336	712	376	(402)	(26)	(54)
Head of Adults	145,523	144,534	(989)	46	(943)	(451)
Public Health	1,252	479	(773)	773	0	0
Total	158,090	154,698	(3,392)	2,606	(786)	(464)

AHS Revenue Budget 2023/24

AHS budget position for 2023/24 is an under budget of £0.786 million, which equates to 0.5% of net budget

Key reasons for budget variances:

Head of Adult Care (under budget of £0.943 million)

- Net under budget on employee related costs of circa £1.651 million mainly through the level of staff turnover being above budget.
- Net over budget on supplies and services, transport and other costs and over recovery of income circa £340,000.
- Net over budget on care related activity of circa £0.368 million.

AHS Revenue Budget 2023/24

Key reasons for budget variances:

Central Costs / Other (over budget £183,000)

- Over budget principally due to PPE write off.

Commissioning (under budget £26,000)

- Under budget in respect of management of vacancies offset by small over budget on supplies and services.

AHS Revenue Budget 2023/24

Public Health (on target)

- This budget is funded mainly by Public Health Grant for 2023/24, and therefore shows nil net expenditure on the report.
- However, £1.415 million has been made available for future investment in Public Health projects from uncommitted budgets, savings from vacant posts and underspends against some contracts.

AHS – 2023/24 CAPITAL

Scheme	Actual Expenditure 31/03/2024 £000	Revised 2023-24 Budget £000	(Under) / Over Spending £000
Hawthorn House Development	635	635	0
Whitebeam Gardens (formerly Harelaw)	523	523	0
Positive Journeys Chester le Street	672	672	0
	1,830	1,830	0

Please note: the budget has been amended to match the in-year spend and any underspend relating to 23/24 has been reprofiled into 24/25

AHS Q1 2024/25 Forecast Outturn By Expenditure Type

	Revised Annual Budget	YTD Actual	Forecast Outturn	Items Outside Cash Limit	Cash Limit Variance QTR1
	£000	£000	£000	£000	£000
Employees	42,203	10,857	41,933	0	(270)
Premises	1,561	151	1,440	31	(90)
Transport	2,640	426	2,456	0	(184)
Supplies & Services	4,279	2,080	4,628	0	349
Third Party Payments	386,823	68,531	387,770	0	947
Transfer Payments	12,251	1,977	12,821	0	570
Central Support & Capital	31,626	19,794	32,030	(2,051)	(1,647)
Income	(321,920)	(78,118)	(323,423)	0	(1,503)
Total	159,463	25,698	159,655	(2,020)	(1,828)

AHS Q1 2024/25 Forecast Outturn By Service Area

	Revised Annual Budget £000	YTD Actual £000	Forecast Outturn £000	Items Outside Cash Limit £000	Cash Limit Variance QTR1 £000
Excluded Services	128	209	128	0	0
Central/Other	(1,979)	(2,182)	(1,908)	(70)	1
Commissioning	342	(1,188)	769	(443)	(16)
Head of Adults	160,926	23,568	159,447	(334)	(1,813)
Public Health	46	5,291	1,219	(1,173)	0
Total	159,463	25,698	159,655	(2,020)	(1,828)

AHS Revenue Budget 2024/25

AHS budget position for 2024/25 is a projected under budget of £1.828 million, which equates to 1.15% of net budget.

Key reasons for budget variances:

Head of Adult Care (projected under budget of £1.813 million)

- Net under budget on employee related costs of circa £0.796 million mainly through the level of staff turnover being above budget.
- Net over budget on supplies and services, transport and other costs and over recovery of income circa £53,000.
- Net under budget on care related activity of circa £1.070 million.

AHS Revenue Budget 2024/25

Key reasons for budget variances:

Central Costs / Other (projected over budget £1,000)

- No material variances.

Commissioning (projected under budget £16,000)

- Under budget in respect of management of vacancies and a small under budget on supplies and services.

AHS Revenue Budget 2024/25

Public Health (projected on target)

- This budget is funded mainly by Public Health Grant for 2024/25, and therefore shows nil net expenditure on the report.
- However, £0.888 million has been made available for future investment in Public Health projects from, savings from vacant posts and underspends against some contracts.

AHS – 2024/25 CAPITAL

Scheme	Actual Expenditure 30/06/2024 £000	Revised 2024-25 Budget £000	(Under) / Over Spending £000
Hawthorn House Development	268	714	(446)
Positive Journeys Chester le Street	41	26	15
	309	740	(431)

ANY QUESTIONS?

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Adults, Wellbeing and Health Overview and Scrutiny Committee

01 October 2024

Quarter One, 2024/25
Performance Management Report



Report of John Hewitt, Chief Executive

Electoral division(s) affected:

Countywide.

Purpose of the Report

- 1 To report our progress towards achieving the strategic ambitions and objectives set out in our 2024-28 council plan to members, senior managers, employees and the public.

Executive Summary

- 2 This report contains the most recent performance data available on 30 June 2024, alongside contextual information of activity and events taking place in the first quarter of the 2024/25 financial year (April to June).
- 3 As a large organisation providing a broad range of services, our operating environment can at times be challenging. It has been heavily influenced by various interconnected factors including inflationary and demand pressures, demographic shifts and the changing needs of our residents, economic uncertainties, and the ongoing impacts of global events.
- 4 In May, there was a General Election and a change in government. It is too early to determine how the change of government will impact local government, both in the short-term and long-term. We will continue to provide updates in future reports.

Context

- 5 From an adult social care perspective, referrals into the service and Care Act assessments remain stable. The number of people discharged from hospital to reablement and rehabilitation services is also at a historic low. Our home care market is stable, care homes are rated either 'good' or 'outstanding', and waiting times for home care packages have been eliminated.

Recommendation(s)

6 Adults, Wellbeing and Health Overview and Scrutiny Committee is recommended to:

- note the overall position and direction of travel in relation to quarter one performance (April to June), and the actions being taken to address areas of challenge.

Background papers

- [County Durham Vision](#) (County Council, 23 October 2019)

Other useful documents

- [Council Plan 2024 to 2028](#) (current plan)
- [Quarter Four, 2023/24 Performance Management Report](#)
- [Quarter Three, 2023/24 Performance Management Report](#)
- [Quarter Two, 2023/24 Performance Management Report](#)
- [Quarter One, 2023/24 Performance Management Report](#)

Author

Steve Evans

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Appendix 1: Implications

Legal Implications

Not applicable.

Finance

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

Consultation

Not applicable.

Equality and Diversity / Public Sector Equality Duty

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

Climate Change

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

Human Rights

Not applicable.

Crime and Disorder

A number of performance indicators and key actions relating to crime and disorder are continually monitored in partnership with the Safe Durham Partnership and its sub-groups.

Staffing

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

Accommodation

Not applicable.

Risk

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

Procurement

Not applicable.



Corporate Performance Report

Quarter One, 2024/25



Contents (blue text links to sections of the report)

[Executive Summary](#)

[Our People:](#)

[Performance Report](#)

Adult social care:

- ◆ [Referrals and assessments](#)
 - ◆ [Admissions to permanent care](#)
 - ◆ [Services received and outcomes](#)
 - ◆ [Carers: quality of life, ease of finding information, care and support](#)
 - ◆ [Carers: consulted about person they care for, social contact](#)
-

Public Health:

- ◆ [Reducing alcohol harms](#)
 - ◆ [Hospital admissions](#)
 - ◆ [Alcohol related mortality](#)
 - ◆ [Alcohol treatment](#)
-

Housing vulnerable people:

- ◆ [Care Connect, disabled facilities grants](#)
-

[Physical activity](#)

[Data Tables](#)

[Glossary](#)

Executive Summary

- 1 This report shows how we are performing against the priorities set out in our Council Plan 2024-28.
- 2 We are reporting performance on an exception basis with key messages structured around the five thematic areas of, our economy, our environment, our people, our communities, and our council.
- 3 We are reporting the most recent performance available as at 30 June. Contextual information relates to activity and events taking place in the first quarter of the 2024/25 financial year (April to June).

Our people

- 4 This priority aims to help our residents live long and independent lives and remain in good health for as long as possible. We will protect and improve health by tackling the leading causes of illness and early death, inequalities and the challenges around mental health. We will ensure a sustainable high-quality care market and invest in a multi-million pound programme to transform our leisure centre venues.

Going Well

- 5 Across Adult Social Care, annual review performance is improving. Quarter one shows almost 77% of service users had received an assessment or review in the last 12 months. We are working to reduce the backlog of overdue annual reviews, and expect performance to improve.
- 6 The home care market has remained stable over the last 15 months with approximately 3,300 people using home care at any given point during this period. Waiting times for home care packages have been eliminated. High Care Quality Commission (CQC) ratings for community-based care demonstrate high quality services provided for residents - 70% of providers in County Durham are rated good or outstanding compared with 57% nationally.
- 7 Around 90% of care homes across the county are rated as good or outstanding – better than the North East (85%) and England (77%). We continue to manage the capacity in care homes enabling admissions as required.

Issues we are addressing

- 8 Referrals into adult social care and Care Act assessments remain stable. We are working to increase our understanding of the changing demand for adult social care.
- 9 In adult social care, the number of people discharged from hospital into reablement and rehabilitation services is at a historic low. We are undertaking a review of reablement services to understand changing demand to the service as well as staff turnover and service capacity. Outcomes for those who do undertake reablement and rehabilitation services continue to be good and outperform targets.
- 10 Latest data for permanent admissions to residential and nursing care shows that we are sustaining a lower rate compared to the BCF target and have had fewer admissions than in the previous 12 month period. Around 10% of people use direct payments to pay for at least part of their care, which is a lower rate than both regionally and nationally. As there is no difference between our direct payment policy and that of other councils, we are exploring other opportunities to develop take-up in the county.

- 11 Around 7,000 people across the county are alcohol dependent. And our metrics for alcohol-specific hospital admission rates (for both adults and under-18s), alcohol-specific mortality rate, and mortality from chronic liver disease are worse than the England average. However, our Drug and Alcohol Recovery Service is rated 'outstanding' by the Care Quality Commission and the success rate of our treatment programmes is better than the national average, with high client satisfaction. Although we estimate unmet treatment to be around 76% - it is better than the national average of 79%.

Risk Management

- 12 The government's statutory guidance for best value authorities sets out the characteristics of a well-functioning authority. This details the arrangements that councils should have in place for robust governance and scrutiny including how risk awareness and management should inform decision making. The latest [Strategic Risk Management Progress Report](#) provides an insight into the work carried out by the Corporate Risk Management Group between October and December 2023.

Our People

Priority Aims:

County Durham is a place where people will enjoy fulfilling, long and independent lives. We aim to,

- ensure children and young people will enjoy the best start in life, good health and emotional wellbeing
- ensure children and young people with special educational needs and disabilities will achieve the best possible outcomes
- ensure all children and young people will have a safe childhood
- promote positive behaviours
- better integrate health and social care services
- tackle the stigma and discrimination of poor mental health and build resilient communities
- people will be supported to live independently for as long as possible by delivering more home to meet the needs of older and disabled people
- support people whose circumstances make them vulnerable and protect adults with care and support needs from harm
- protect and improve the health of the local population, tackling leading causes of illness and death

National, Regional and Local Picture

Adult Social Care

- 13 The Care Quality Commission (CQC) assessed our Adult Social Care Service in May. We expect to receive feedback towards the end of August. A full report on the final inspection outcome and report will go to cabinet in October.
- 14 The CQC has completed [eight council assessments](#) (five pilots and three full assessments). Seven were awarded a 'good' rating and one 'requires improvement'. From July, the CQC is working with a further 41 authorities (including Durham) on assessment activity.
- 15 The effectiveness of the CQC has been reviewed and an [interim report](#) on the findings published. Significant failings were found and recommendations made - summarised around five areas:

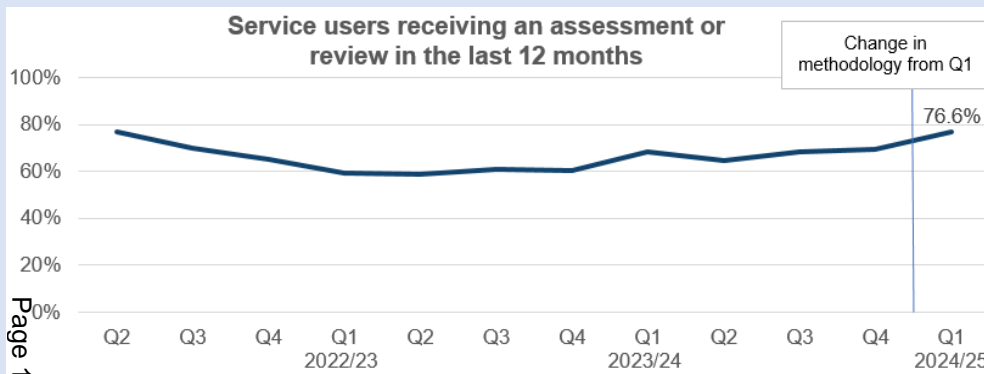
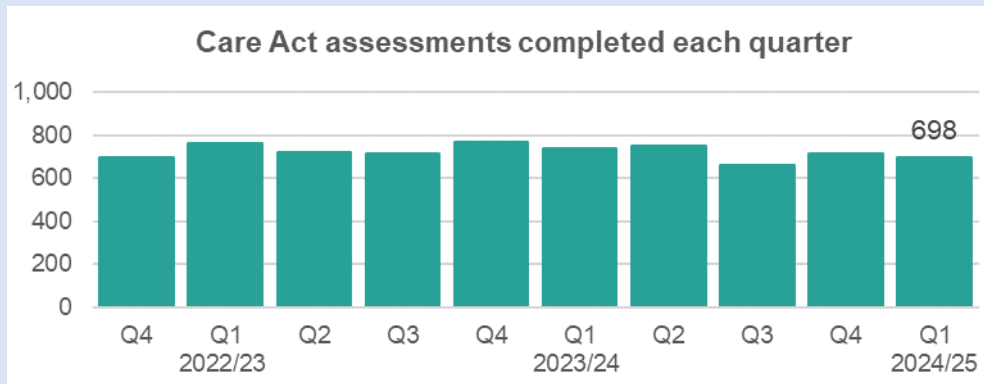
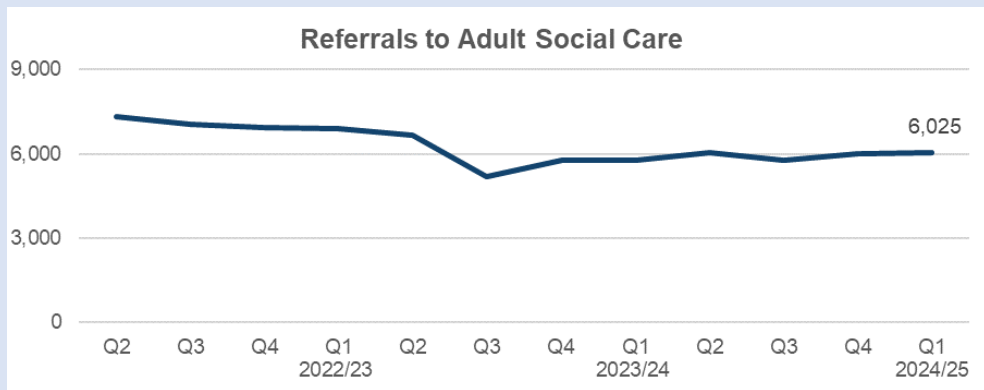
Failing	Recommendation
Poor operational performance	Rapidly improve operational performance
Significant challenges with the provider portal and regulatory platform.	Fix the provider portal and regulatory platform.
Considerable loss of credibility within the health and care sectors due to the loss of sector expertise and wider restructuring, resulting in lost opportunities for improvement.	Rebuild expertise within the organisation and relationships with providers in order to resurrect credibility.

Concerns around the Single Assessment Framework (SAF).	Review the SAF to make it fit for purpose.
Lack of clarity regarding how ratings are calculated and concerning use of the outcome of previous inspections (often several years ago) to calculate a current rating.	Clarify how ratings are calculated and make the results more transparent particularly where multi-year inspections and ratings have been used.

- 16 A more detailed report will be published in the autumn. This report will bring additional data and detail with input from the people spoken to (including patients and users) and more analysis. The review will also consider other areas, for example, local authority and ICS assessments.
- 17 The CQC has accepted the [findings and recommendations](#) in full.
- 18 Following the recent General Election, the government has announced that the proposed [adult social care charging reforms](#) will not go ahead - as there is no budget to implement them.
- 19 The Local Government Association's [workforce report](#) contains key data in relation to staffing across adult social care including:
- 63,500 full-time equivalent (FTE) employed across adult social care. The average council employs around 427 FTE.
 - 10,060 FTE posts are vacant - an average of 66 per council.
 - 16% of FTE adult social care roles are vacant.
 - 12% is the average turnover rate for adult social care staff in English councils.

Adult Social Care Dashboard – Referrals and Assessments

(discrete quarterly data)



Benchmarking data for these indicators is not available as this is local data that is not reported nationally. The implementation of the national Client Level Data set has the potential for benchmarking to be produced by DHSC. If this happens, it will likely be in the next 12-18 months.

Referrals to adult social care

- 20 Referrals into adult social care have been stable for over a year. We received an average of 5,898 referrals per quarter over the last 18 months.
- 21 We are examining contacts (internal and external) and referrals into adult social care to understand the longer-term reduction over the last two to three years. This will increase our understanding of the changing demand for adult social care.

Care Act assessments completed

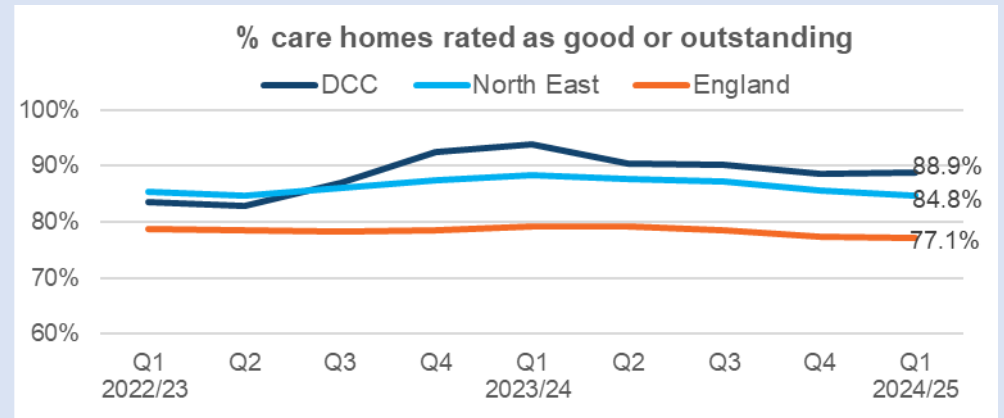
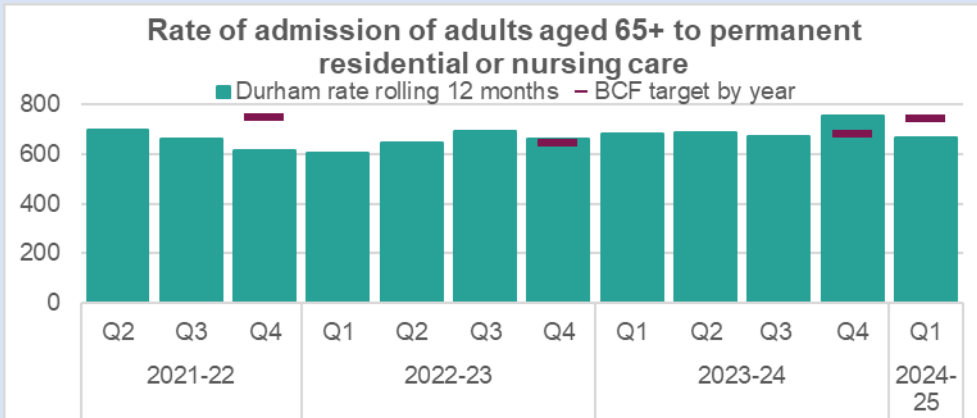
- 22 The number of Care Act assessments completed each quarter continues to be stable. We completed an average of 706 assessments each quarter over the last 12 months.
- 23 Currently, the number of Care Act assessments completed is not reported nationally.

Service users assessed or reviewed in the last 12 months

- 24 Previously only Care Act assessments and reviews / re-assessments were included in this indicator, but following a change in methodology all assessments and reviews undertaken by adult social care staff are now included: Care Act assessments, hospital service assessment plans, emergency duty plans, and all review and re-assessment types including the six-week reviews completed following a Care Act assessment.
- 25 The new methodology will determine if service users are assessed or reviewed by professional adult social care staff every year.
- 26 The new methodology shows almost 77% of service users have been assessed or reviewed in the last 12 months. Of the service users not seen within 12 months, most are allocated to service review teams which have high numbers of people overdue their annual review. We are working to reduce the backlog of overdue annual reviews, and expect performance for this indicator to improve.

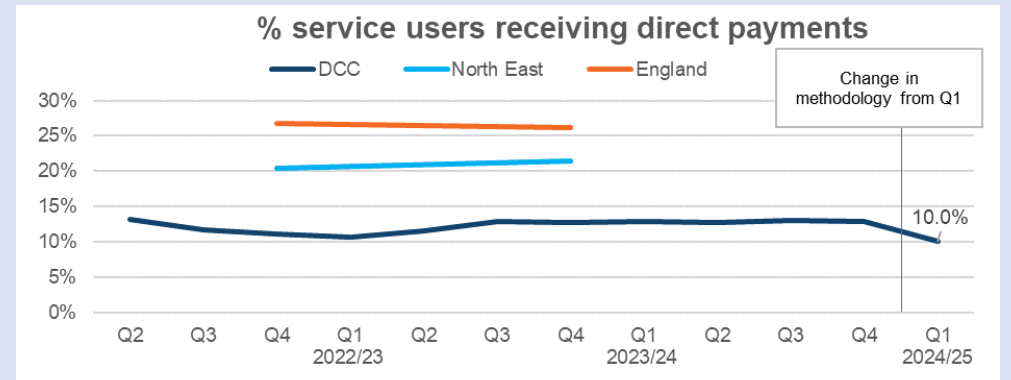
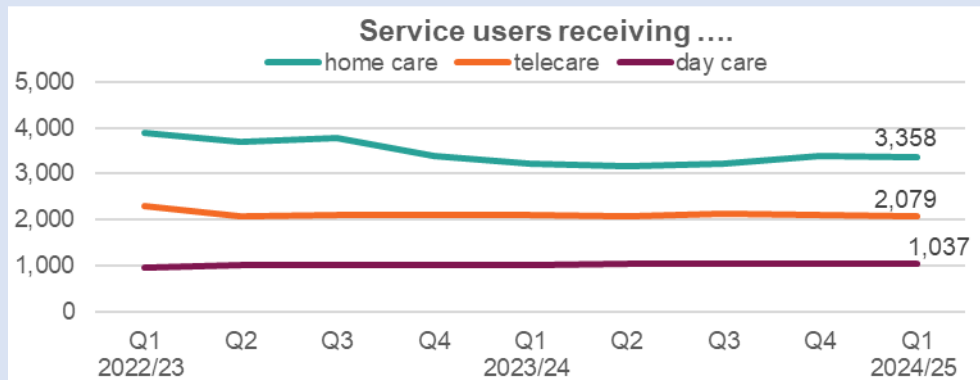
Adult Social Care Dashboard – admissions to permanent care

(quarterly data to June 2024)



Adult Social Care Dashboard – services received and outcomes

(quarterly)



People aged 65+ admitted to permanent residential or nursing care

- 27 From April 2024, admissions to residential care data is calculated from a 12-month rolling data set rather than cumulative periods during the financial year. This enables assessments with the Better Care Fund (BCF) target and provides better trend analysis.
- 28 The BCF plan for April 2024 to March 2025 is to maintain the number of admissions as last year, resulting in a slightly reduced rate per 100,000 population. Latest data (July 2023 to June 2024) shows that we are sustaining a lower rate compared to the BCF target and have had fewer admissions than in the previous 12 month period.

Care home ratings

- 29 Around 90% of care homes in the county are rated as good or outstanding, better than the overall ratings for care homes across the North East (85%) and England (77%).
- 30 We continue to manage the capacity in care homes enabling admissions as required.

Services Received

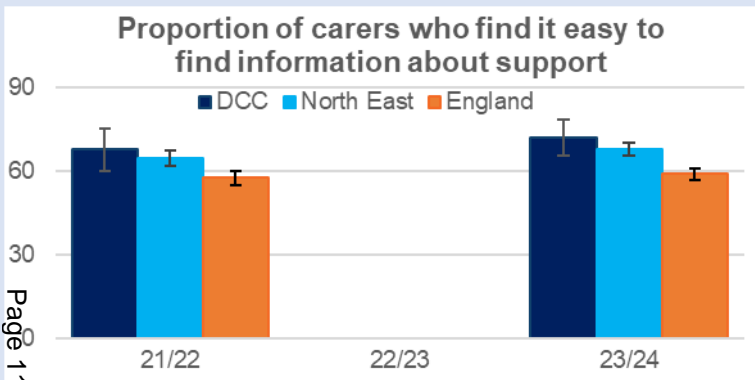
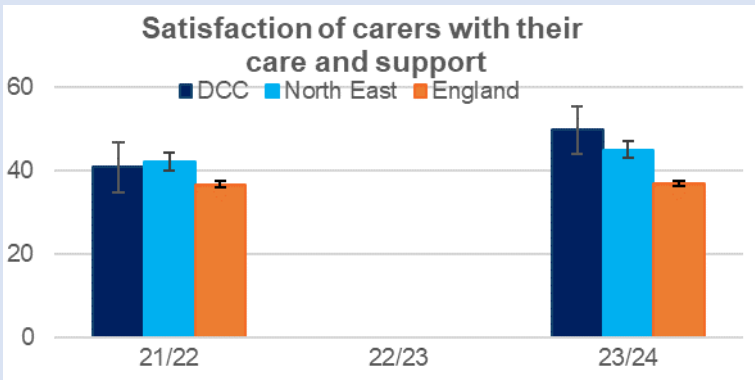
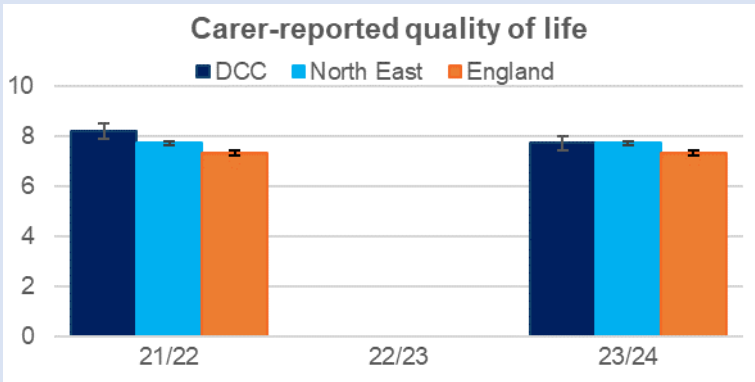
- 31 The home care market has remained stable since January 2023 with around 3,300 service users receiving home care at any point. Waiting lists for home care have been eliminated in County Durham, and continue to be monitored on a weekly basis.
- 32 High CQC ratings for community-based care locations demonstrate the quality of service provided across the market, 70% of community care providers in County Durham are rated good or outstanding compared with 57% nationally.
- 33 Service users receiving telecare remains stable with approximately 2,000 people using the service during the last two years. We have developed a plan to increase the use of technology to support service users which could result in an increase in the number of people receiving telecare.
- 34 People receiving a day care service has also remained stable over the last two years (approximately 1,000 people at any point between July 2022 and June 2024).

Direct Payments

- 35 A new methodology for calculating this indicator has been introduced. The data source has changed from the Short and Long Term Services (SALT) statutory return to the new Client Level Dataset (CLD). Both returns include similar information, but in a very different format. The government has issued draft guidance detailing how we can replicate some of the measures produced from SALT in the CLD. Although all attempts have been made to replicate the old methodology as closely as possible, some differences are inevitable.
- 36 Using this new methodology, we calculated that at the end of quarter one (30 June), 10% of people used direct payments to pay for at least part of their care. The number of people receiving a direct payment is consistent between the two methodologies. But as more people are receiving long term support in the community in CLD, this has reduced the overall percentage.
- 37 Performance calculated using the previous methodology showed take-up of direct payments is lower across the county compared to regional and national averages. As there is no difference between our direct payment policy and that of other councils, we are exploring other opportunities to develop take-up in the county.

Adult Social Care Dashboard – Carers

(annual data to March 2024)



The Oflog indicators for carers have been updated following the recent publication of the Survey of Adult Carers in England.

Further data for other OFLOG indicators will be available in October 2024 with the release of the following publications:

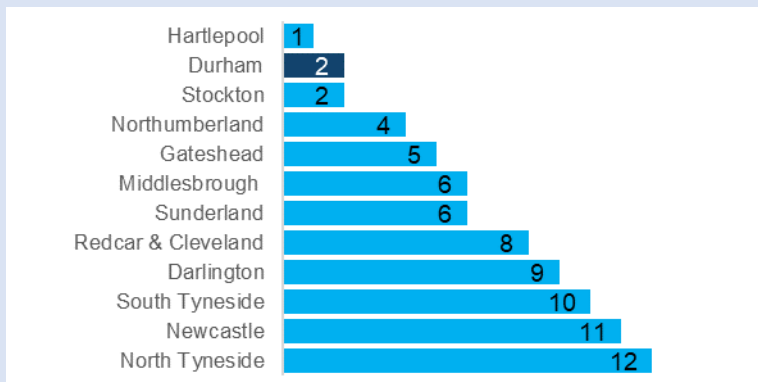
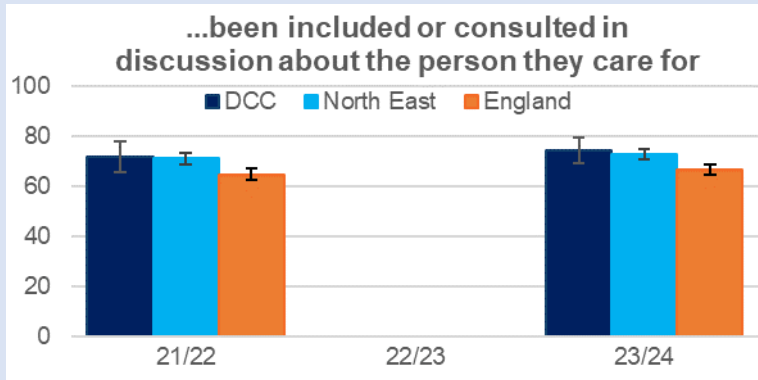
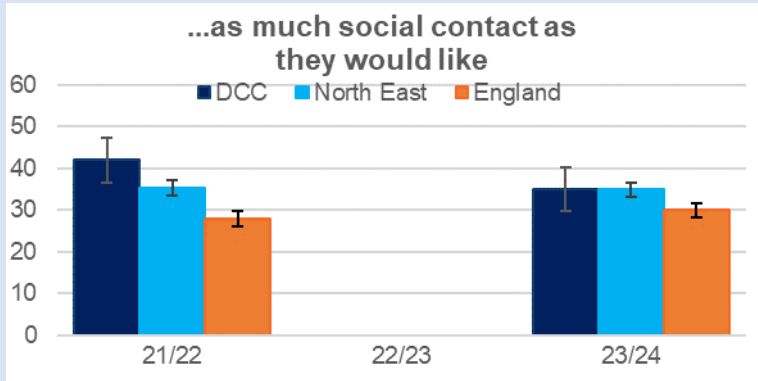
- Adult Social Care Survey (ASCS)
- Short and Long Term Support (SALT) return
- Adult Social Care Workforce Data Set

The remaining five Oflog indicators will be updated from the above publications in the quarter three Corporate Performance Report.

Adult Social Care Dashboard – Carers

(annual data to March 2024)

Proportion of carers who reported that they had...



The average of the five Survey of Adult Carers in England measures are used to determine the overall rank of each North East local authority.

County Durham is second out of the 12 North East local authorities with three of the five measures improving from 2021-22 to 2023-24.

When comparing the nine regions of England, the North East is ranked in first position.

Carer Indicators

- 38 The [Survey of Adult Carers in England](#) aims to learn more about whether the services received by carers are helping them in their caring role and their life outside of caring, and also about their perception of the services provided to the person they care for. It is carried out every two years and [results](#) from the 2023/24 survey are now available.
- 39 Five key measures from this survey are combined to rank councils and the English regions. The data compares 2023/24 (most recent survey) to 2021/22 (previous survey). The five measures are:
- **Carer-reported quality of life (Oflog measure).** The most recent survey scores us 7.7, worse than the score recorded in the previous survey (8.2). However, the latest data remains similar to the North East and statistically better than England.
 - **Carers who find it easy to find information about support.** Our performance has increased since the previous survey, and we remain in line or better than regional and national comparators.
 - **Overall satisfaction of carers with social services.** Our performance increased from 41% to 50%. Although regional and national performance also increased, their increase is at a smaller rate. Our performance is comparable with the North East, and significantly better than England.
 - **Carers who reported that they have been included or consulted in discussion about the person they care for.** Just over 74% of carers across the county replied that they had been. This compares to almost 72% two years earlier. Our latest performance is similar to regional performance but better than the national figure.
 - **Carers who reported that they had as much social contact as they would like.** Social contact across the county has reduced since the previous survey but is comparable with both regional and national benchmarking. Conversely, the national result for those reporting as much social contact as they would like has increased.
- 40 We are ranked second of the 12 North East councils, and show improvement in three of the five measures (between 2021/22 and 2023/24). Of the nine English regions, the North East is ranked in first position.
- 41 We continue to support unpaid carers across the county with a wide range of support. This includes:
- **Durham County Carers Support.** Provides information, advice and guidance to carers aged 18+. It offers practical support such as accessing a break from caring, provides free counselling and training, facilitates community based and online support groups, and helps carers claim benefits and grants.
 - **Hospital Discharge Carer Support project.** Improves support for unpaid carers where loved ones are on the hospital discharge pathway. Four weeks of intensive support before, during and after hospital discharge helps us identify carers early.
 - **The Bridge Young Carers Service.** Provides support to young carers (aged 5-17) and their families. Working with local schools, organisations and a range of health and social care professionals to identify young carers early, and assessing each young carer to understand their needs.

- **Bespoke help and support.** For young adult carers (aged 16-24) who are going through key times of transition, such as going to college or university, entering the workplace or leaving home. The service is working with the education sector including local universities, to ensure young carers are supported throughout their time in further education as well as being supported to access employment and other opportunities.
- 42 During the last 12 months, we consulted with carers and developed a 'Carers Plan on a Page'. This details the key areas of focus needed to improve outcomes for carers across the county. Actions include; early identification of carers, carer recognition, and access to information and guidance regarding the support available.
- 43 To achieve our objectives, we are:
- **Reviewing our Durham Carers Infopoint webpage** to ensure information is up to date, accurate and accessible. We are redesigning the webpage to incorporate a 'Talk to us' element where carers can share their thoughts, experiences and ideas.
 - **Recite Me software added to Durham County Carers Support website** to ensure the website is accessible for individuals with disabilities, situational challenges and language support. Carers can customise the content so they read and understand the information in a way that works for them. In eight weeks, 51 carers accessed content using the screen reader, translation service and reading aids.
 - **Developing a Virtual Carers Centre.** The site will serve as a 24/7 primary touch point for carers. It will let carers complete online assessments which identify their needs and present them with content that matches their specific needs. They will also be able to access further support, book appointments, and apply for carer break funding. Recite Me software is to be added to this site to ensure it is accessible - testing will take place throughout September.
- 44 Identifying unpaid carers and helping people to see themselves as unpaid carers is a challenge. A survey¹ has shown that 51% of carers took more than a year to recognise their caring role and 36% took more than three years. To help people recognise themselves as carers, we have started filming real life 'carer stories' for publication on websites and to be used as part of our marketing strategy for carers.
- 45 We continue to work with [Mobilise](#)² and use digital marketing across social media channels to discover 'hidden carers' who have not interacted with carer services. Since September 2022, Mobilise has helped us reach more than 48,000 carers, of which more than 70% are accessing their content outside of standard working hours and 78% report they have not accessed carer support services before.
- 46 It is encouraging that carers in County Durham are reporting higher satisfaction scores in comparison to the national average results relating to the ASCOF (Adult Social Care Outcomes Framework) survey. Work will continue with our commissioned services and other organisations that support unpaid carers across the county to ensure improvement across all reporting domains continues.

¹ by Carers UK

² Mobilise provides online support, information, advice and signposting to carers, access to online peer support groups, events, guides to caring and weekly newsletters.

Public Health Focus – Reducing Alcohol Harms Dashboard

- Alcohol misuse is a major health problem. It is the biggest risk factor for death, ill-health and disability among 15-49 years olds in the UK.
- The World Health Organisation places alcohol as a causal factor in more than 60 medical conditions including many cancers, liver disease and stroke.
- The [Joint Local Health and Wellbeing Strategy 2023-28](#) aims to reduce the harm caused by alcohol in County Durham.

The Joint Local Health and Wellbeing Strategy focuses on:

reducing the number of hospital admission episodes for alcohol related incidents and disease

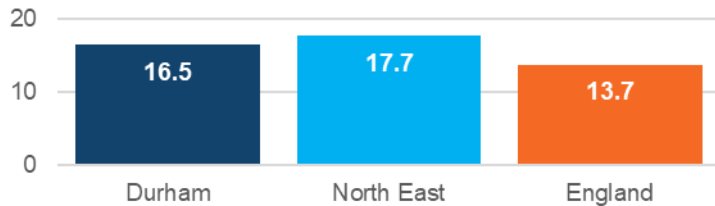
reducing the under 75 deaths rates from chronic liver disease

increasing the number of people suffering from drink dependency who are in treatment.

increasing successful completions from alcohol treatment.

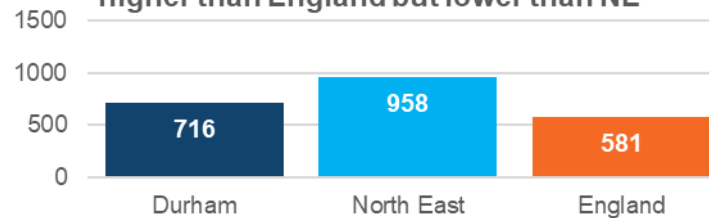
It also aims to influence cultural and policy change in relation to alcohol consumption whilst supporting children and young people to have an alcohol-free childhood.

Alcohol dependency rates are higher than England but lower than NE



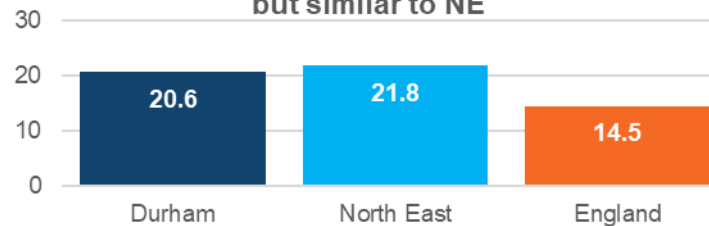
It is estimated that 16.5 per 1,000 adults in County Durham are dependant drinkers. This is approximately 7,067 people.

Hospital admission rates for alcohol specific conditions are significantly higher than England but lower than NE



Approximately 3,770 hospital admissions were attributed to alcohol in 2022/23.

Alcohol specific mortality rates are significantly higher than England but similar to NE



Around 108 deaths in 2022 were attributed to alcohol specific conditions.

New Dashboard on Durham Insight

A [dashboard](#) highlighting alcohol related harm has been developed. It provides a range of datasets that enable greater insight into the harms caused by alcohol the county.

Public Health – Reducing Alcohol Harms

National Context

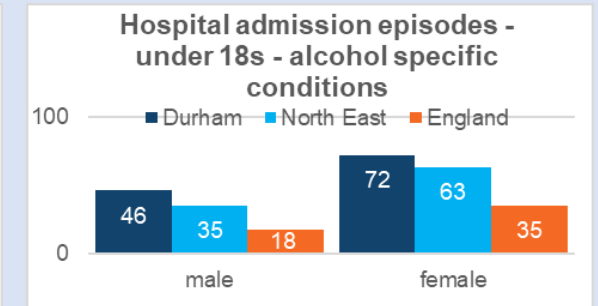
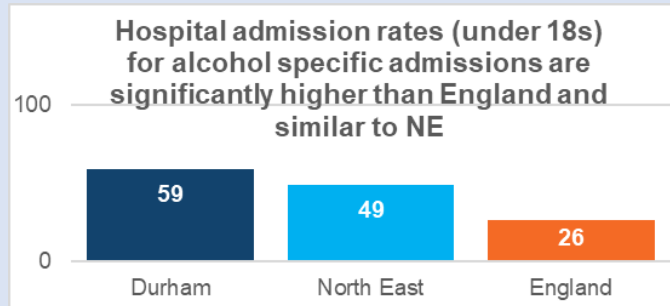
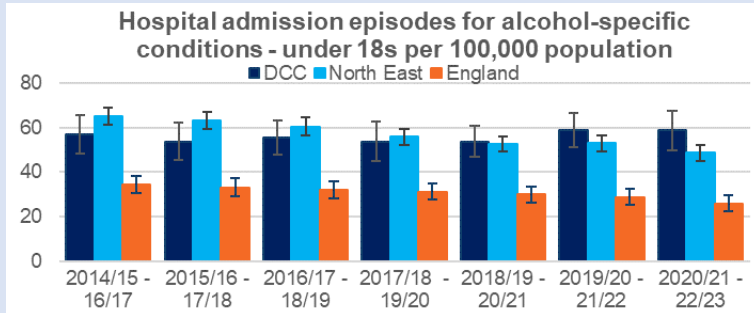
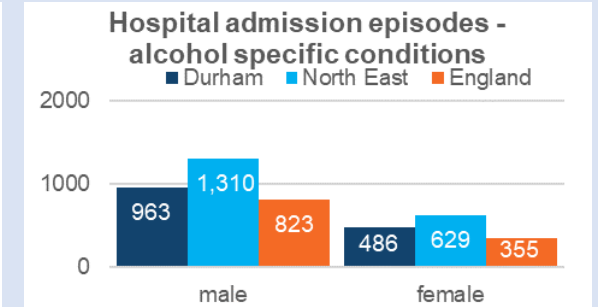
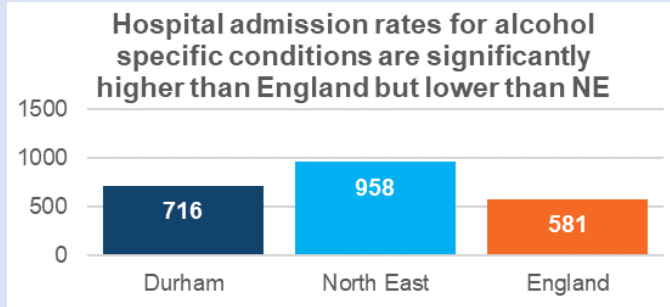
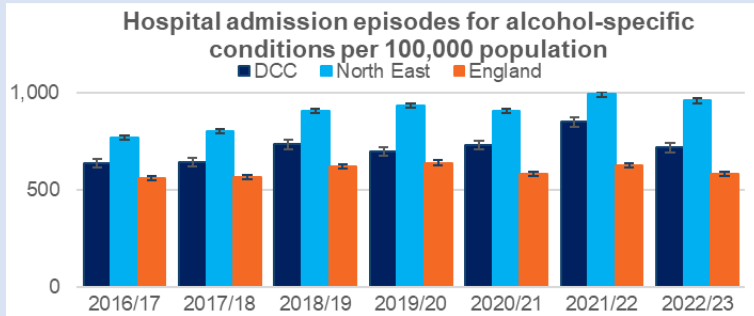
- 47 Alcohol misuse is the biggest risk factor for death, ill-health, and disability among 15 to 49-year-olds, the fifth biggest risk factor across all ages and a causal factor in more than 60 medical conditions.

Regional and Local Context

- 48 The North East suffers disproportionately from alcohol harm. It has the highest rates of alcohol-related hospital admissions and alcohol specific deaths in England. Around 47% of adults drink above the recommended low risk guidelines - around 850,000 people and six out of ten men. More people who drink are also bingeing. Alcohol costs the North East public services and employers more than £1 billion per year.
- 49 Across County Durham, approximately 7,000 people are drink dependent. Drug and alcohol treatment is provided by the [County Durham Drug and Alcohol Recovery Service](#) (DARS) using a 'Team around the Family' approach. The Care Quality Commission (CQC) rated DARS 'outstanding' (2022 [inspection](#)). 36.5% of those in alcohol treatment successfully completed the programme. This compares to a national average of 34.1%.
- 50 A new partnership working across County Durham and Darlington has been established. It will co-ordinate a system-wide response to tackling alcohol harms. This includes using an integrated evidence-based strategic approach; helping people to reduce alcohol intake and encouraging those who are drink dependent to access support; promoting an alcohol-free childhood; and supporting minimum unit pricing.
- 51 Recent work of the partnership ([more detail](#)) includes developing a data [dashboard](#) to provide an evidence-based approach to tackling alcohol harms; increasing capacity within the Drug and Alcohol Recovery Service (DARS) - using government funding; and providing training for partners in relation to effective conversations about safe levels of alcohol consumption and the tools to reduce risk.

Public Health Focus – Hospital Admissions

(annual data as at March 2023)



Hospital admissions for alcohol related conditions

- 52 With the exception of 2021/22 when rates across County Durham increased to 849 per 100,000 population, the rate has been relatively stable over the last five years (2018/19 to 2022/23).
- 53 During the 2022/23 financial year (April 2022 to March 2023), our hospital admission rate for alcohol-specific conditions in County Durham was worse than England but better than the North East.

County Durham	North East	England
716	958	581

- 54 Rates for men (963 per 100,000) are worse than for women (486 per 100,000) - almost double. This trend is reflected both regionally and nationally.
- 55 For the under 18s, our admission rate was worse than England but similar to the North East. This rate has remained largely static over the last 10 years.

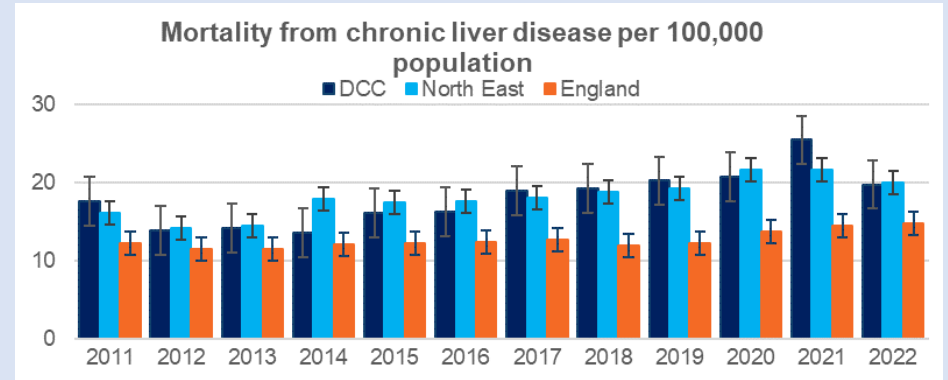
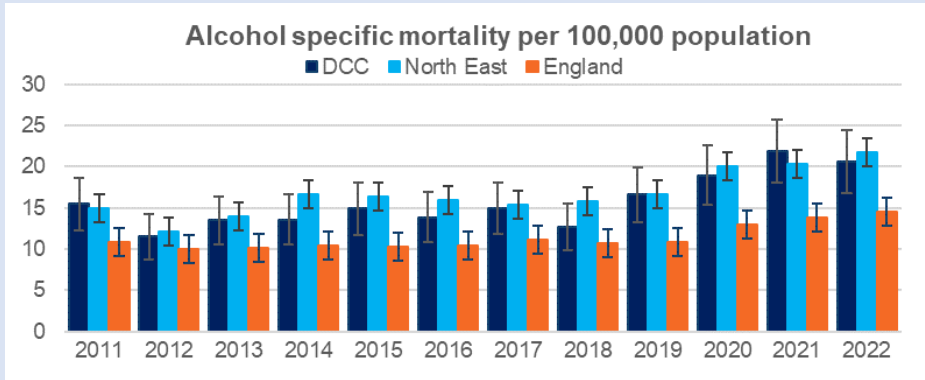
County Durham	North East	England
59	49	26

- 56 Rates for females under 18 (72 per 100,000) is worse than the rate for males under 18 (46 per 100,000). This trend is also reflected nationally.
- 57 We have linked the hospital admissions with geographic location³. The highest levels of alcohol related hospital admissions are registered in Durham City, Blackhall, Gilesgate Moor, Dawdon and Seaham Harbour, Chester-le-Street West and Pelton Fell, Shildon and Horden. This highlights the link with deprivation, but also indicates how high levels are influenced by the night-time economy within Durham City.

³ Durham Insight for 2017/18 - 2021/22

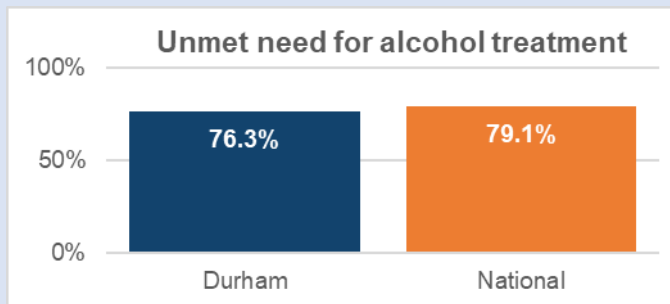
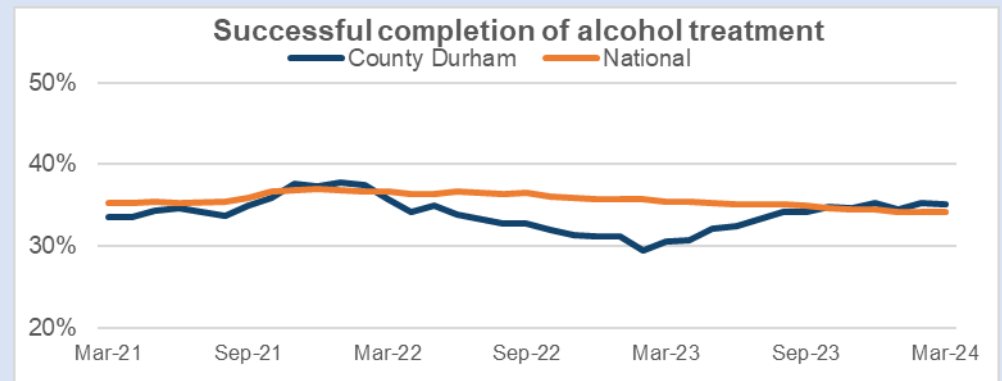
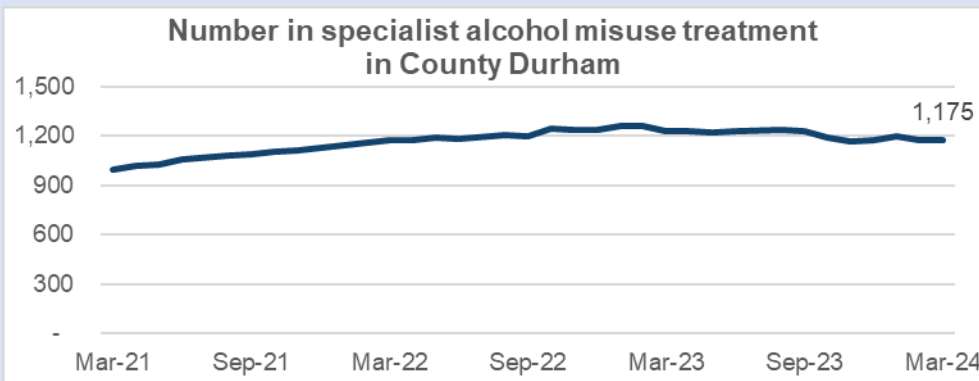
Public Health Focus – Alcohol related mortality

(annual data as at December 2022)



Public Health Focus – Alcohol Treatment

(Monthly data to March/April 2024)



Alcohol related mortality

58 There were 7,912 alcohol-specific deaths (wholly due to alcohol) in England in 2022. This is almost 5% higher than 2021 and 57% higher than 2006 (5,050 recorded deaths). Trends in deaths from chronic liver disease are similar.

59 Across County Durham, there were 108 alcohol-specific deaths in 2022, compared to 59 in 2012. The rate per 100,000 population (see table below) shows that although the alcohol-specific mortality rate for County Durham was statistically similar to the North East, it was worse than the rate for England. The gap is widening with England as the rate of increase has been much greater across the county and the wider North East.

	County Durham	North East	England
2012	11.5	12.2	10.0
2022	20.6	21.8	14.5
Increase	+79%	+79%	+45%

60 Trends for the rate of mortality from chronic liver disease were similar in 2022. County Durham was statistically similar to the North East, but worse than the rate for England.

	County Durham	North East	England
2022	19.7	19.9	14.7

Alcohol treatment and recovery

61 People accessing specialist alcohol treatment services across the county were stable between April 2023 and March 2024. Averaging 1,202 people per month, this is higher than the previous two years.

Unmet Need in County Durham

62 We estimate that approximately 7,000 people across the county are alcohol dependent. Although, 1,200 people accessed alcohol treatment services, we estimate unmet treatment to be 76%. This is better than the England average of 79%.

63 To reduce the unmet need, the DARS is expanding its capacity by:

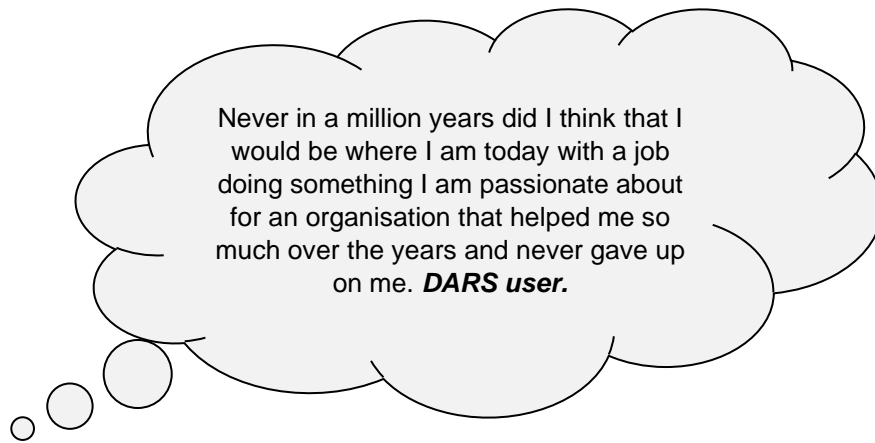
- using the DARS' outreach vehicle to visit communities and engage with those who need treatment but who are currently not engaging. A pilot within Bishop Auckland Primary Care Network is working with GPs to provide fibro-scanning (to detect the early onset of liver disease) for those drinking at high-risk levels.
- Targeting resources toward under-represented groups such as veterans and our Women's Recovery Academy Durham.

64 Using regional prevention funding, a Drug and Alcohol Care team has been set up within County Durham and Darlington NHS Foundation Trust. This team engages individuals into recovery services at their most vulnerable point.

Successful completions⁴

⁴ defined as a successful response to drug and alcohol related issues stated in a clients' treatment plan. This outcome is a clinical judgement that the individual no longer needs structured treatment.

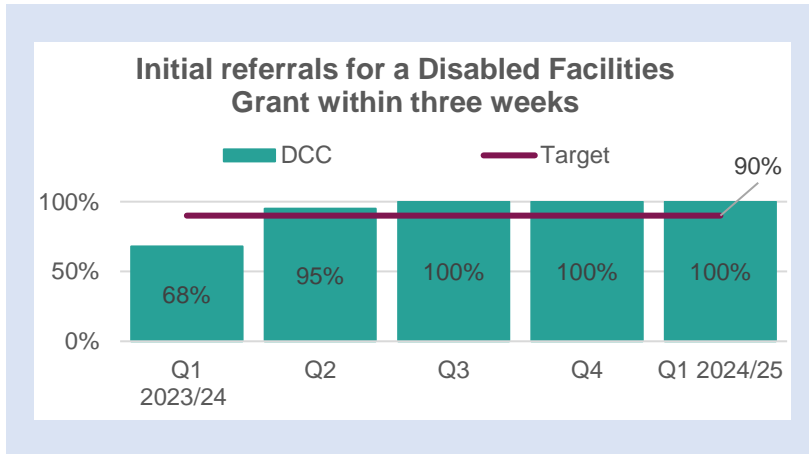
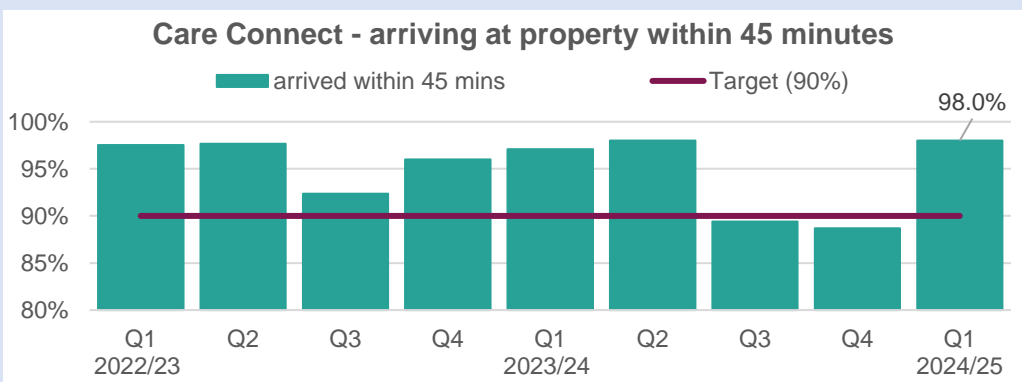
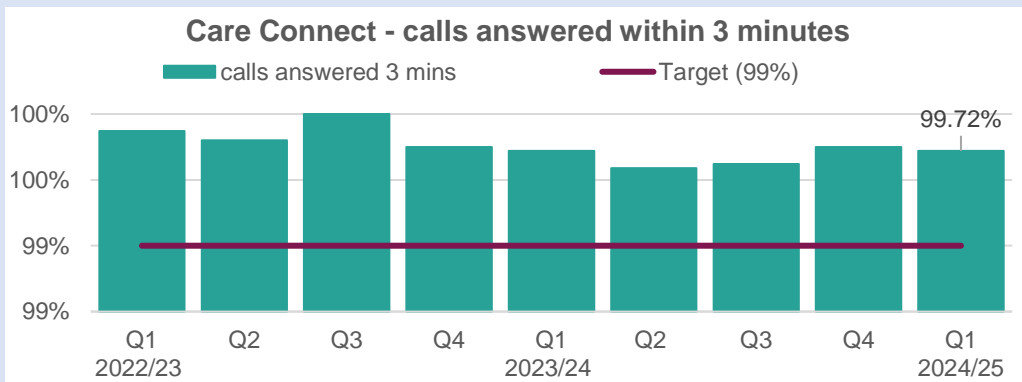
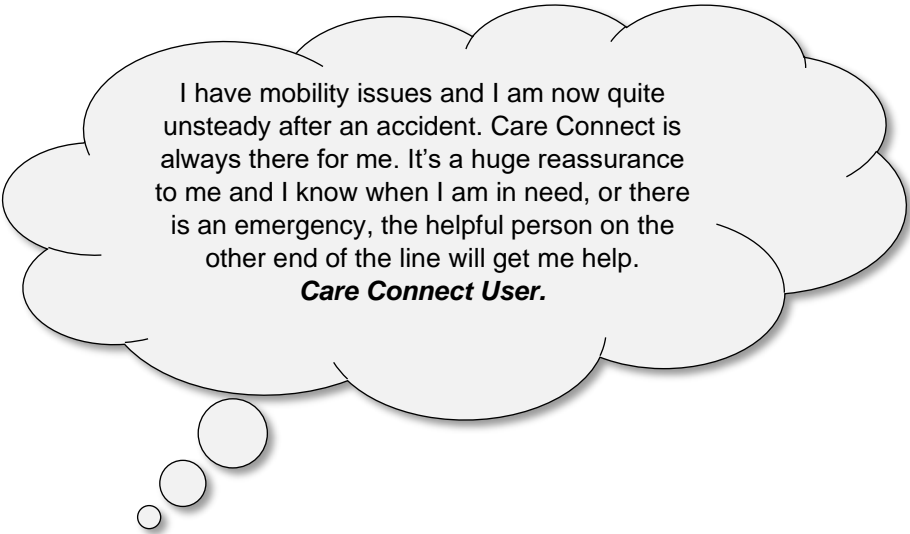
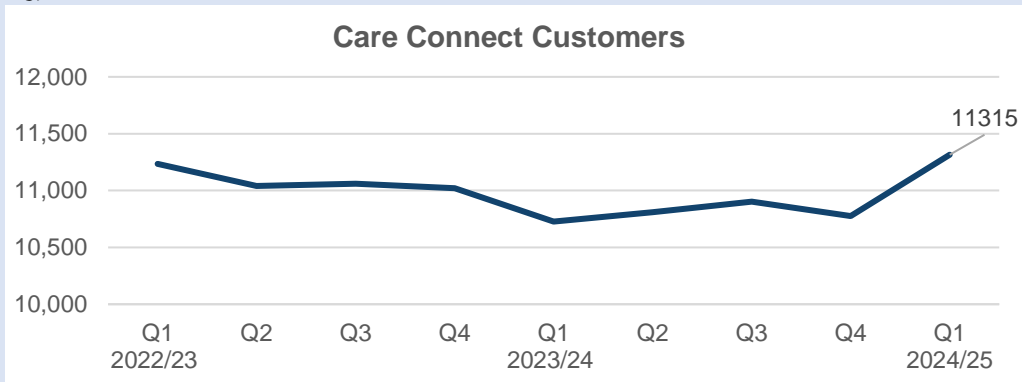
- 65 Nationally, people in treatment for alcohol-only dependency reported a fall in the number of days that they used alcohol⁵. At the start of treatment, they reported drinking an average of 21.3 days in the previous 28 days, but at their six-month review, this had fallen to 11.9 days.
- 66 Across County Durham, the rate of successful completions increased over the 12 months ending March 2024 and is now 36.5%, better than the national rate of 34.1%.
- 67 During 2023, 740 people completed an exit survey when leaving treatment. The average satisfaction rating was 4.9 out of 5. And 99.5% would recommend the service to others.



⁵ Outcomes for people who use drug and alcohol - Office for Health Improvement and Disparities.

Housing Vulnerable People Dashboard – Care Connect, Disabled Facilities Grants

(discrete quarterly data / as at 31 March 2024 / year to date ending 31 March 2024)



Care Connect

68 More customers used the Care Connect service during quarter one (April to June) compared to both the previous quarter (January to March) and the same period last year (April to June 2023).

April to June 2023	January to March 2024	April to June 2024
10,727	10,776	11,315

69 To help boost customers, we are running a summer promotion over July and August which offers free installation for new customers signing up to the Care Connect service.

70 We responded to 6,369 emergency calls during quarter one (April to June) - 98% within 45 minutes. This is better than both the previous quarter and the same period last year.

April to June 2023	January to March 2024	April to June 2024
89%	97%	98%

71 During quarter one (April to June), 29 calls were responded to after 60 minutes. This was because the location of the properties and staffing levels.

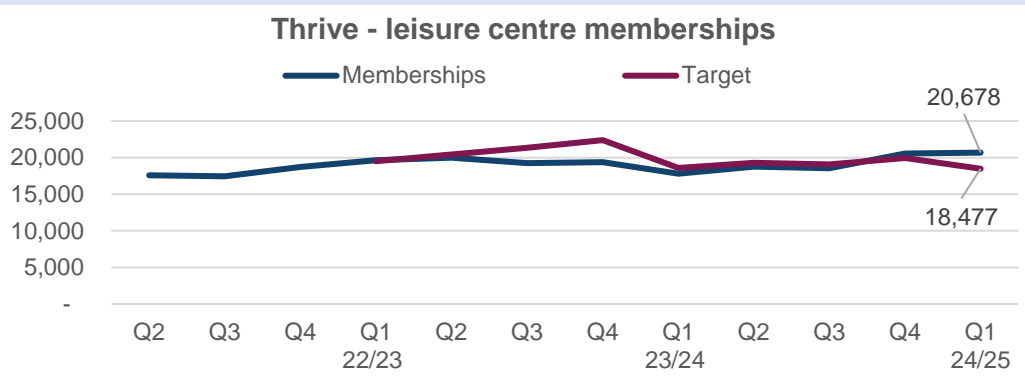
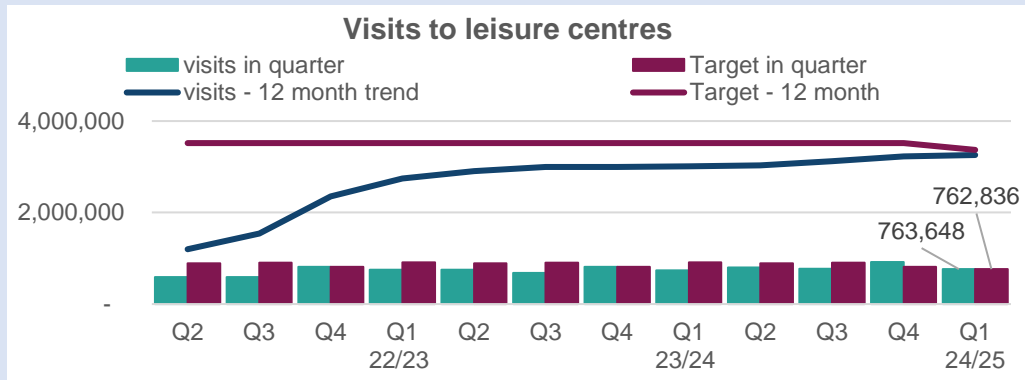
Disabled Facilities Grants

72 During quarter one (April to June), 100% of clients were contacted within three weeks of receiving a referral for a Disabled Facilities Grant. This is better than target (90%), and the same as quarter four (January to March).

73 Dedicated officers allocated responsibility to deal with first contact continues to have a positive impact on performance.

Physical Activity Dashboard

(as at 30 June 2024 / year to date ending 30 June 2024)



Leisure Centre Visits

- 74 As part of our Leisure Transformation Programme, refurbishment works continue at Newton Aycliffe, Teesdale, Spennymoor and Louisa Centre. We have adjusted the 2024/25 targets of our key indicators to reflect the work programme.
- 75 During quarter one (April to June), we recorded almost 764,000 visits to our leisure centres, better than both the target (762,836) and the same period last year (734,063).
- 76 The improved performance is due to Peterlee re-opening their swimming pool in April, more visitors to Woodhouse Close pool, and events such as athletics at Shildon, gymnastics and dancing at Newton Aycliffe and swimming galas at Chester-le-Street and Woodhouse Close.

Thrive (Leisure) Memberships

- 77 Thrive (leisure) memberships continue an upward trend and latest performance is better than target.

	June 2023	March 2024	June 2024
Memberships	17,813	20,540	20,678
Target			18,477

- 78 Our new membership scheme and pricing structure has had a large influence on sales and retention of members. However, the scheme is still in its infancy so we will continue to monitor our performance closely.
- 79 Leisure centres where activities have re-opened following transformation works have also made a positive impact on sales. As has our bespoke website, app and digital enquiry system. We have received more than 17,000 enquiries since the system launched in September 2023, one million website views since January 2024 and 10,000 app downloads since it was launched in April 2024.

Data Tables

D	T	C	G	Performance Indicator	Period	Performance	Target	12 months earlier	Benchmark period	DCC	National average	NE average	updated	Oflog
Yellow	Grey	Red	Yellow	Household waste re-used, recycled or composted	Oct 22-Sep 23	36.5%	Tracker	37.7%	Apr21-Mar 22	38.1%	42.5%	33.5%	Yes	Yes

D = Direction of Travel	T = compared to target	C = compared to England average	G = Gap between our performance and England average
meeting or exceeding the previous year	Meeting or better than target	meeting or better than the England average	The gap is improving
worse than the previous year but is within 2%	worse than but within 2% of target	worse than the England average but within 2%	The gap remains the same
more than 2% worse than the previous year	more than 2% behind target	worse than the England average	The gap is deteriorating

This is the overall performance assessment. Its calculation is dependent upon whether the indicator has an agreed target.

Key Target Indicator	Key Tracker Indicator
targets are set as improvements, can be measured regularly and can be actively influenced by the council and its partners. When setting a target, the D, C and G have already been taken into account.	no targets are set as they are long-term and / or can only be partially influenced by the council and its partners. Therefore, D, T, C and G are used to assess overall performance
better than target	Direction of Travel (D) is meeting or exceeding the previous year AND the gap with England (G) is improving
worse than but within 2% of target	Direction of Travel (D) is worse than the previous year OR the gap with England (G) is deteriorating
more than 2% behind target	Direction of Travel (D) is worse than the previous year AND the gap with England (G) is deteriorating

More detail is available from

the Strategy Team at performance@durham.gov.uk

Our Environment: summary data tables

Sustainable Transport and Active Travel KPIs

	D	T	C	G	Performance Indicator	Period	Performance	Target	12 months earlier	Benchmark period	DCC	National average	NE average	updated	Oflog
					Cycling and walking levels	2022	65.6%	Tracker	67.7%	2022	65.6%	70.6%	67.5%	No	No
					Satisfaction with cycle routes & facilities <i>(confidence intervals +/-4pp)</i>	2023	50%	Tracker	52%	2023	50%	50%		No	No

Our People: summary data tables

Adult Social Care KPIs

	D	T	C	G	Performance Indicator	Period	Performance	Target	12 months earlier	Benchmark period	DCC	National average	NE average	updated	Oflog
					Referrals into adult social care	Apr-Jun 24	6,025	Tracker	5,768					Yes	No
					Care Act assessments completed	Apr-Jun 24	698	Tracker	741					Yes	No
					Service users receiving an assessment or review within the last 12 months ⁶	Apr-Jun 24	76.6%	Tracker	68.1%					Yes	No
					Satisfaction of people who use services with their care and support <i>Confidence intervals +/-4.3pp</i>	2022/23	66.8%	Tracker	64.5%	2022/23	66.8%	64.4%	66.4%	No	No
					Satisfaction of carers with the support and services they receive <i>Confidence intervals +/-5.1pp</i>	2023/24	49.6%	Tracker	40.8%	2023/24	49.6%	36.8%	44.9%	Yes	No
					Adults aged 65+ per 100,000 population admitted on a permanent basis to residential or nursing care	Jul 23-Jun 24	662.9	739.7	679.3	Apr 22-Mar 23	662.9 (latest)	560.8	762.8	Yes	No
					Service users receiving Direct Payments ⁶	30 Jun 24	10.0%	Tracker						Yes	No
					Service users receiving home care	Apr-Jun 24	3,358	Tracker	3,232					Yes	No

⁶ Methodology for this indicator has changed from Q1 2024-25

	D	T	C	G	Performance Indicator	Period	Performance	Target	12 months earlier	Benchmark period	DCC	National average	NE average	updated	Oflog
Page 132					Service users receiving Telecare care	Apr-Jun 24	2,079	Tracker	2,097					Yes	No
					Service users receiving day care	Apr-Jun 24	1,037	Tracker	1,019					Yes	No
					Residential adult social care providers rated good or outstanding by CQC	Apr-Jun 24	88.9%	Tracker	93.9%	Apr-Jun 24	88.9%	77.1%	84.8%	Yes	No
					Requests resulting in a service – adult social care	2022/23	774	Tracker	1,229	2022/23	774	1,860	2,743	No	Yes
					Workforce turnover rate – adult social care	2022/23	29.6%	Tracker	25.3%	2022/23	29.6%	28.3%	26.4%	No	Yes
					People in adult social care – quality of life	2022/23	0.393	Tracker	0.414	2022/23	0.393	0.411	0.415	No	Yes
					Carer quality of life – adult social care	2023/24	7.7	Tracker	8.2	2023/24	7.7	7.3	7.7	Yes	Yes
					Short term service provision – adult social care	2022/23	70.9%	Tracker	92.7%	2022/23	70.9%	77.5%	81.7%	No	Yes
					People using services who found it easy to find information – adult social care	2022/23	71.6%	Tracker	65.1%	2022/23	71.6%	67.2%	62.7%	No	Yes
					Carers who found it easy to find information about services	2023/24	72.0%	Tracker	67.8%	2023/24	72.0%	59.0%	67.9%	Yes	Yes

Housing Vulnerable People KPIs

	D	T	C	G	Performance Indicator	Period	Performance	Target	12 months earlier	Benchmark period	DCC	National average	NE average	updated	Oflog
					Care Connect customers	Apr-Jun 24	11,315	Tracker	10,727					Yes	No
					Care Connect calls answered in 3 minutes	Apr-Jun 24	99.54%	99%	99.72%					Yes	No
					Care Connect calls arriving at the property within 45 minutes	Apr-Jun 24	98.00%	90%	97.00%					Yes	No
					Potential clients contacted within 3 weeks of initial referral for a Disabled Facilities Grant (DFG)	Apr-Jun 24	100%	90%	68%					Yes	No
					Households prevented from homelessness and helped to stay in their home	Apr-Jun 24	7%	Tracker	0.4%	Oct-Dec 2023	4.2%	18.1%	8.6%	Yes	No
					Households prevented from homelessness and helped to move to alternative accommodation	Apr-Jun 24	16%	Tracker	17.1%	Oct-Dec 23	13.9%	34.1%	38.9%	Yes	No

	D	T	C	G	Performance Indicator	Period	Performance	Target	12 months earlier	Benchmark period	DCC	National average	NE average	updated	Oflog
					Approvals on new housing sites of 10+ units, minimum of 66% of the total number of dwellings meet accessible and adaptable standards (building Regulations requirements M4(2)).	2022/23	71%	66%	50%					No	No
					Approvals on new housing sites of 10 units or more, a minimum of 10% of the total number of dwellings meet a design and type for older persons	2022/23	16%	10%	27%					No	No

Public Health KPIs

	D	T	C	G	Performance Indicator	Period	Performance	Target	12 months earlier	Benchmark period	DCC	National average	NE average	updated	Oflog
					Children aged 4-5 who are a healthy weight <i>Confidence intervals +/-1.2pp</i>	2022/23	73.2%	100%	75.5%	2022/23	73.2%	77.5%	74%	No	No
					Children aged 10-11 who are a healthy weight <i>Confidence intervals +/-1.2pp</i>	2022/23	59.1%	100%	59.2%	2022/23	59.1%	61.9%	58.9%	No	No
					Gap in breastfeeding at 6-8 weeks between County Durham and national average	2022/23	19.0pp	Tracker	18.7pp					No	No
					Mothers smoking at time of delivery	2023/24	12.0	0%	14.2%	2023/24	12.0%	7.4%	9.5%	Yes	No
					Smoking prevalence in adults (18+)	2022	15.4%	5.0%	16.2%	2022	15.4%	12.7%	13.1%	No	No
					People reporting a low happiness score <i>Confidence intervals +/-2.4pp</i>	2022/23	9.9%	Tracker	11.0%	2022/23	9.9%	8.9%	9.4%	No	No
					Suicide rate per 100,000 population	2020-22	16.8	Tracker	15.8	2020-22	16.8	10.3	13.5	No	No
					Healthy life expectancy at birth: female	2018-20	59.9 years	Tracker	58.3 years	2018-20	59.9 years	63.9	59.7	No	No
					Healthy life expectancy at 65: female	2018-20	10.2 years	Tracker	9.0 years	2018-20	10.2 years	11.3	9.8	No	No
					Gap in female healthy life expectancy at birth: County Durham and England	2018-20	4.0 years	Tracker	5.6 years					No	No
					Gap in female healthy life expectancy at 65: County Durham and England	2018-20	1.1 years	Tracker	2.3 years					No	No

	D	T	C	G	Performance Indicator	Period	Performance	Target	12 months earlier	Benchmark period	DCC	National average	NE average	updated	Oflog
Page 134					Healthy life expectancy at birth: male	2018-20	58.8 years	Tracker	59.6 years	2018-20	58.8 years	63.1	59.1	No	No
					Healthy life expectancy at 65: male	2018-20	7.7 years	Tracker	8.3 years	2018-20	7.7 years	10.5	9.2	No	No
					Gap in male healthy life expectancy at birth: County Durham and England	2018-20	4.3 years	Tracker	3.6 years					No	No
					Gap in male healthy life expectancy at 65: County Durham and England	2018-20	2.8 years	Tracker	2.3 years					No	No
				Successful completions of those in alcohol treatment	Sep 22-Aug 23	35.3%	Tracker	29.5%		Sep 22-Aug 23	35.3%	34.1%		No	No
				Successful completions of those in drug treatment: opiates	Sep 22-Aug 23	5.7%	Tracker	5.4%		Sep 22-Aug 23	5.7%	5.1%		No	No
				Successful completions of those in drug treatment: non-opiates	Sep 22-Aug 23	36.3%	Tracker	32.4%		Sep 22-Aug 23	36.3%	30.0%		No	No

Physical Activity KPIs

	D	T	C	G	Performance Indicator	Period	Performance	Target	12 months earlier	Benchmark period	DCC	National average	NE average	updated	Oflog
					Visits to Leisure Centres	Apr-Jun 24	763,648	762,836	734,063					Yes	No
					Leisure memberships	Apr-Jun 24	20,678	18,477	17,813					Yes	No

Glossary

Term	Definition
ACD	Automatic Call Distribution Telephone calls are received either through our ACD system, which routes calls to groups of agents based on a first-in-first-answered criteria, or directly to a telephone extension (non-ACD). Only calls received via our ACD system are included in our telephone statistics.
AQMA	Air Quality Management Area Geographical area where air pollution levels are, or are likely to, exceed national air quality objectives at relevant locations (where the public may be exposed to harmful air pollution over a period of time e.g., residential homes, schools etc.).
ASB	Anti-social behaviour
ASCOF	Adult Social Care Outcomes Framework Measures how well care and support services achieve outcomes that matter most to people (link)
BATH	Bishop Auckland Town Hall A multi-purpose cultural venue situated in Bishop Auckland. It offers regular art exhibitions, live music, cinema screenings and theatre performances, as well as a library service.
BCF	Better Care Fund A national programme that supports local systems to successfully deliver the integration of health and social care.
CAP	Customer Access Point A location where residents can get face-to-face help and information about council services. There are eight CAPs across County Durham.
CAT	Community Action Team Project team which includes members of our community protection service, planning, neighbourhood wardens and housing teams, who work alongside police and community support officers, fire and rescue teams and residents to tackle housing and environmental issues in a specific area by identifying local priorities and making best use of resources.
CDP	County Durham Plan Sets out the council's vision for housing, jobs and the environment until 2035, as well as the transport, schools and healthcare to support it (link)
CED	Community Economic Development
CERP	Climate Emergency Response Plan A community-wide call to action to help align all sectors on the actions required to further reduce greenhouse gas emissions and improve our resilience to the impacts of climate change.
CLD	Client Level Dataset A national mandatory person-level data collection (to be introduced) that will replace the existing annual Short and Long Term (SALT) Support data collected by councils. CLD will be added to the single data list and will become mandatory for all local authorities.
CNIS	Child Not In School
CPN	Community Protection Notice Can be issued to anyone over the age of 16 to deal with a wide range of ongoing anti-social behaviour issues or nuisances which have a detrimental effect on the local community. There are three stages: the first stage is a written warning (CPW), the second a notice (CPN) the third is an FPN or further prosecution for failure to comply with the previous stages
CRM	Customer Relationship Management system
CS&T	Culture, Sport and Tourism
CTR	Council Tax Reduction reduces council tax bills for those on low incomes
DCC	Durham County Council

Term	Definition
DEFRA	Department for the Environment, Food and Rural Affairs A ministerial department, supported by 34 agencies and public bodies responsible for improving and protecting the environment. It aims to grow a green economy and sustain thriving rural communities. It also supports our world-leading food, farming and fishing industries (link)
DHP	Discretionary Housing Payments Short term payments which can be made to tenants in receipt of the housing benefit element of Universal Credit, to help sort out housing and money problems in the longer term.
DHSC	Department of Health and Social Care Supports the government in leading the nation's health and care system.
DLE	Daily Living Expenses Available for those whose circumstances have changed unexpectedly. Payments can be made for up to seven days to help with food, travel and some clothing (restrictions apply).
DoLS	Deprivation of Liberty Safeguards Set of checks that are part of the Mental Capacity Act 2005, which applies in England and Wales. The DoLS procedure protects a person receiving care whose liberty has been limited by checking that this is appropriate and is in their best interests.
EAP	Employee Assistance Programme Confidential employee benefit designed to help staff deal with personal and professional problems that could be affecting their home or work life, health, and general wellbeing.
EET	Employment, Education or Training Most often used in relation to young people aged 16 to 17, it measures the number employed, in education or in training.
EHCP	Education, Health Care Plan Legal document which describes a child or young person's (aged up to 25) special educational needs, the support they need, and the outcomes they would like to achieve.
ERDF	European Regional Development Fund Funding that helps to create economic development and growth; it supports businesses, encourages new ideas and supports regeneration. Although the UK has now left the EU, under the terms of the Withdrawal Agreement, EU programmes will continue to operate in the UK until their closure in 2023-24.
EHE	Elective Home Education A choice by parents to provide education for their children at home or in some other way they desire, instead of sending them to school full-time.
ETA	Extension of Time Agreement An agreement between the council and the customer submitting a planning application to extend the usual deadline beyond 13 weeks due to the complex nature of the application.
FPN	Fixed Penalty Notice Conditional offer to an alleged offender for them to have the matter dealt with in a set way without resorting to going to court.
FTE	Full Time Equivalent Total number of full-time employees working across the organisation. It is a way of adding up the hours of full-time, part-time and various other types of employees and converting into measurable 'full-time' units.
GVA	Gross Value Added Measure of value of goods and services produced in an area, industry or sector of an economy.
HSF	Household Support Fund Payments support low income households struggling with energy and food costs, or who need essential household items.
ICO	Information Commissioner's Office The UK's independent body's role is to uphold information rights in the public interest (link)

Term	Definition
IES	Inclusive Economic Strategy Clear, long-term vision for the area's economy up to 2035, with an overarching aim to create more and better jobs in an inclusive, green economy (link)
JLHWS	Joint Local Health and Wellbeing Strategy JLHWS supports vision that County Durham is a healthy place where people live well for longer
KS2	Key Stage 2 The national curriculum is organised into blocks of years called 'key stages.' At the end of each key stage, the teacher will formally assess each child's performance. KS2 refers to children in year 3, 4, 5 and 6 when pupils are aged between 7 and 11.
KS3	Key Stage 3 The national curriculum is organised into blocks of years called 'key stages.' At the end of each key stage, the teacher will formally assess each child's performance. KS3 refers to children in year 7, 8 and 9 when pupils are aged between 11 and 14.
LGA	Local Government Association The national membership body for councils which works on behalf of its member councils to support, promote and improve local government.
LINKCD	Programme that brings together a number of delivery partners to support people with multiple barriers to address these underlying issues and to move them closer to or into the labour market or re-engage with education or training.
LNRS	Local Nature Recovery Strategies Propose how and where to recover nature and improve the wider environment.
MTFP	Medium Term Financial Plan A document that sets out the council's financial strategy over a four year period
MW	MegaWatt is one million watts of electricity
NESWA	North East Social Work Alliance A social work teaching partnership made up of 12 North East councils and six Higher Education Institutes. The Alliance is one of several teaching partnerships across the country which were created to improve the quality of practice, learning and continuous professional development amongst trainee and practicing social workers.
NQSW	Newly Qualified Social Workers a social worker who is registered with Social Work England and is in their first year of post qualifying practice.
NVQ	National Vocational Qualification A work-based qualification that recognises the skills and knowledge a person needs to do a job.
Oflog	Office For Local Government The vision for Oflog is for it to provide authoritative and accessible data and analysis about the performance of local government and support its improvement. Oflog is part of the Department for Levelling Up, Housing and Communities .
PDR	Performance and Development Review Is an annual process which provides all staff with the valuable opportunity to reflect on their performance, potential and development needs.
PRS	Private Rented Sector This classification of housing relates to property owned by a landlord and leased to a tenant. The landlord could be an individual, a property company or an institutional investor. The tenants would either deal directly with an individual landlord, or alternatively with a management company or estate agency caring for the property on behalf of the landlord.
PSPO	Public Space Protection Order To deal with a nuisance or problem in a particular area that is detrimental to local community.
QoL	Quality of Life

Term	Definition
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations A RIDDOR report is required for work-related accidents which result in a reportable injury .
RQF	Regulated Qualifications Framework RQF helps people understand all the qualifications regulated by government and how they relate to each other. It covers general and vocational in England, and vocational in Northern Ireland.
SALT	Short and Long Term Relates to the annual Short and Long Term (SALT) Support data collected by councils. It is to be replaced by a national mandatory person-level data collection (Client Level Data).
SEN	Special Educational Needs Term is used to describe learning difficulties or disabilities that make it harder for children to learn than most children of the same age. Children with SEN are likely to need extra or different help from that given to other children their age.
SEND	Special Educational Needs and Disabilities SEND can affect a child or young person's ability to learn and can affect their; <ul style="list-style-type: none"> ▪ behaviour or ability to socialise (e.g., they struggle to make friends) ▪ reading and writing (e.g., because they have dyslexia), ▪ ability to understand things, ▪ concentration levels (e.g., because they have attention deficit hyperactivity disorder) ▪ physical ability
SG	Settlement Grants Help people stay in their home or move back into housing after living in supported or unsettled accommodation (such as leaving care or being homeless). They provide help towards furniture, white goods, flooring, curtains, bedding, kitchen equipment, removal costs etc.
SME	Small to Medium Sized Enterprise A company with no more than 500 employees.
Statistical nearest neighbours	A group of councils that are similar across a wide range of socio-economic. Durham County Council uses the CIPFA nearest neighbours model which compares us to Northumberland, North Tyneside, Barnsley, Rotherham, Wakefield, Doncaster, Redcar and Cleveland, Wigan, St Helens, Cornwall, Sefton, Sunderland, Wirral, Plymouth and Calderdale
UASC	Unaccompanied Asylum Seeking Children Children and young people who are seeking asylum in the UK but who have been separated from their parents or carers. While their claim is processed, they are cared for by a council.
UKSPF	UK Shared Prosperity Fund Part of the government's Levelling Up agenda that provides funding for local investment to March 2025. All areas of the UK receive an allocation from the Fund to enable local decision making and better target the priorities of places within the UK that will lead to tangible improvements to the places where people work and live.
WEEE	Waste Electrical and Electronic Equipment Any electrical or electronic waste, whether whole or broken, that is destined for disposal. The definition includes household appliances such as washing machines and cookers, IT and telecommunications equipment, electrical and electronic tools, toys and leisure equipment and certain medical devices.
Yield	Proportion of potential income achieved