



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

**Date** Monday 18 November 2024  
**Time** 9.30 am  
**Venue** Committee Room 2, 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 for Absence
2. Substitute Members
3. Minutes of the meeting held on 1 October 2024 (Pages 3 - 12)
4. Declarations of Interest, if any
5. Any Items from Co-opted Members or Interested Parties
6. Adult Social Care Update on the Outcome of the Local Authority Assessment by the Care Quality Commission under the Health and Care Act 2022- Report of the Interim Corporate Director of Adult and Health Services (Pages 13 - 54)
7. Winter Planning Assurance 2024/25 - Presentation by Sue Jacques, Chief Executive, County Durham and Darlington NHS Foundation Trust and Michael Laing, Interim Corporate Director of Adult and Health Services (Pages 55 - 78)
8. 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  
8 November 2024

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

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

Councillors V Anderson, J Blakey, R Crute, K Earley, D Haney, J Higgins, L A Holmes, L Hovvels, 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 1 October 2024 at 9.30 am**

### **Present**

**Councillor V Andrews (Chair)**

### **Members of the Committee**

Councillors M Johnson, J Blakey, R Crute, K Earley, J Higgins, L Hovvels, P Jopling, C Lines, L Mavin (substitute for M Simmons), E Peeke (substitute for L A Holmes), K Robson and A Savory

### **Co-opted Member**

Ms A Stobbart

### **Co-opted Employees/Officers**

Ms G McGee, Healthwatch County Durham

### **Also Present**

Councillors J Charlton, C Hampson and P Heaviside

Members of the Safer and Stronger Communities Overview and Scrutiny Committee had been invited to attend the meeting in respect of Agenda Item No.6 – Adult Social Care Update

## **1 Apologies**

Apologies for absence were received from Councillors D Haney, L Holmes, S Quinn, M Simmons, T Stubbs and Mrs Gott.

## **2 Substitute Members**

Councillors E Peeke and L Mavin were in attendance as substitute Members for Councillors L Holmes and M Simmons.

### **3 Minutes**

The minutes of the meeting held on 16 July 2024 were confirmed as a correct record and signed by the Chair.

### **4 Declarations of Interest**

Councillor J Higgins declared an Interest in Agenda Item No. 7 – Chronic Obstructive Pulmonary Disease Rescue Packs.

### **5 Any Items from Co-opted Members or Interested Parties**

There were no items from Co-opted Members or Interested Parties.

### **6 Adult Social Care Update**

The Committee received a report of the Interim Corporate Director of Adult and Health Services which provided 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.

The report also provided an 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.

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. The report gave an update on the discussions with partners, the impact of Government guidance and the likelihood of the preferred option to deliver significantly better outcomes (for copy of report, see file of minutes).

Lee Alexander, Head of Adult Services was in attendance to present the report and advised Members that Durham's 'Good' CQC assessment rating carried the joint third highest assessment score among the local authorities currently with published CGC reports.

The Chair congratulated the team on the outcome of the CQC Assessment of Adult Social Care in County Durham.

Councillor Early referred to the issue of hospital discharges; transfers of patients and care pathways and asked if there were other opportunities to better integrate decision making and access to services to facilitate safe and prompt discharges.

The Head of Adult Services responded that despite some of the restrictions that had been embedded within the Social Care Act and the associated White Paper the Council was ahead of the curve and one of the strengths of Durham was their partnerships approach to integrated service delivery. The Council and partners take a measured approach to this in identifying new opportunities; they regularly get together strategically to address joint issues. An example of this was joint work pertaining to hospital discharges where they have implemented a trusted assessment model whereby NHS professionals can undertake baseline assessments for patients who require social care services coming out of hospital. In doing so, this reduces hand offs and delay. He stated that they were challenged by budgetary constraints, but they continually are looking at how they can develop social care service delivery.

Councillor Hovvells referred to discharges from hospitals and the use of external organisations and stated that an understanding of the local area and locations was useful and asked if some of these organisations were outside of the County. She continued in relation to the caseloads of social workers and asked for details of the caseloads and how often were the cases reviewed. She then asked if the Housing Board still had their own occupational therapists and how they linked into the Council and partner agencies. She stated that the work carried out for the children's social care casework that herself and Councillor Gunn had undertaken in bringing that together was important and asked if this would continue to be a priority.

The Head of Adult Services responded that in terms of caseload management he looked at a dashboard on a weekly basis of all of his team's workloads. He stressed that caseloads varied between teams due to having different remits as well as the varying nature of the work. Regarding hospital discharges they had relatively low caseloads but managed high volume and quick turnover, but the learning disabilities team have larger caseloads but manage people over a longer period of time; often over many years. He stated that there was no benchmarking data to define an optimal caseload within adult social care, but caseloads had remained stable and manageable, the greatest challenge was the complexity of cases. He referred to the legislative changes that had taken place and years of resource pressures which had led to more challenges because case management had become more complex in nature. The service continued to monitor workloads and service standards and have systems in place to monitor these. Improvements in new technology had contributed to developments in service standards. An example of this was the investment in tablets with 4G technology to enable staff to

make case notes and update records out in the field. In relation to occupational therapists, the service worked with housing partners and had set up a partnership board. An early focus of this board was to better understand occupational therapy interfaces between housing and social care activity. Within housing providers occupational therapy provision had reduced over the years and the Councils' occupational therapists had become more of a referral agent to respond to as a consequence of that. In relation to work with children they had the navigation service (overseeing the transition of children with disabilities from children to adult services) that was robust and there was no intention to remove that; reflecting that this service was continually developing in close working across the board on how they could improve and develop their service offer to young people.

Councillor Higgins asked if they were up to date with the twelve-monthly reviews of care packages.

The Head of Adult Services indicated that during COVID the reviews had suffered, and performance had reduced. They had undertaken a review of their systems and processes and carried out a re-structure 18 months ago and invested in additional staff to recreate a countywide review team. They had seen the performance increase and was now up to almost 80% of reviews undertaken within the twelve-month period. They had a target of 80% and he wanted to increase this to 90% and in doing so would be in a really strong performance position and was confident this was achievable in the next 6 to 12 months.

In response to a question from Councillor Heaviside on the breakthrough service, the Head of Adult Services responded that the service had been up and running for 18 months, he would get back to Councillor Heaviside with the data in relation to the number of referrals and the number of service users seen. He continued that a successful business case for the initiative had allowed for investment to be made to deliver the service which works in line with statutory duties under the Care Act. They received referrals from social workers and integrated teams. There are operational restrictions as they are a consensual service which requires people to fully engaged. The Head of Adult Services referenced lots of case examples where they had made a significant and lasting difference to service users wellbeing. The new breakthrough service was specifically designed to enable this.

Some of the historical challenges experienced with this type of service was the wide range of agencies who were in a position to identify, and report concerns around hoarding but might not be able to address the issues holistically.

**Resolved:** (i) That the outcome of the CQC Assessment report which, with a service improvement action plan, will be presented to Cabinet on 16 October 2024 be noted.

(ii) That the progress on the developments across Adult Social Care be noted.

(iii) That the continued commitment of partners to further health and care integration through the County Durham Care Partnership (CDCP) be noted.

(iv) That 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 be noted.

(v) 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 be agreed.

(vi) That if there are changes to Statutory Guidance or ICB proposed delegations to place based arrangements further reports will be made to Cabinet.

(vii) That the developments in relation to health and social care integration to improve outcomes for the people of County Durham be noted.

(viii) That the extension of the integration programme to include Children and Young People's Service be noted.

(ix) That the committee receive future updates on Adult Social Care and progress on health and social care integration.

**Councillors J Charlton, C Hampson and P Heaviside  
withdrew from the meeting**

## **7 Chronic Obstructive Pulmonary Disease (COPD) Rescue Packs**

The Committee received a briefing report from North East and North Cumbria ICB Primary Care Team that provided an update on Chronic Obstructive Pulmonary Disease (COPD) Rescue Pack availability from primary care providers (General Practice) across County Durham (for copy of report, see file of minutes).

Colin Stephenson, Strategic Head of Primary Care, North East and North Cumbria ICB was in attendance to present the briefing report.

Councillor Higgins welcomed the information within the report and stated that he hoped that all GP practices carry out the information that had been provided. He continued that the report stated that COPD was the second largest cause of emergency admissions into hospital and there was just under 1700 people admitted into hospital for the period July 2023 to June 2024 that was an average of 32 people per week. He indicated that probably more people were admitted into hospital in the winter period and his concern that he brought to the last meeting was that these emergency packs were not being offered via repeat prescription. He suggested that if a person can start the rescue pack immediately hopefully prevents people needing to be admitted into hospital. He was pleased to report that

one of his residents who had reported this to him had now received her COPD rescue pack.

Councillor Hovvells indicated that it was a post code lottery across the County and stated that she found the report useful and thanked the Officer for the information and stated that they can now advise their constituents.

**Resolved:** That the report be noted.

## **8 Healthwatch County Durham Annual Report 2023/24**

The Committee received the Healthwatch County Durham Annual Report 2023/24 (for copy of report, see file of minutes).

Gail McGee, Project Lead, Healthwatch County Durham was in attendance to present the report and deliver a presentation that provided details of the 2023-24 highlights and 2024-2025 priority areas (for copy of presentation, see file of minutes).

Councillor Earley asked about the responses in relation to the discharge of patients. He then referred to access to GP services and indicated that the ICB were doing a piece of work regionally on helping practices who had identified problems and asked if Healthwatch had followed that selection of practices or if this was independent in terms of interventions.

The Project Lead responded that the hospital discharge feedback was not positive, but they did usually only hear the bad stories. They were going to be following up on the recommendations made, most of which were practical with a lot around communications and the lack of understanding between different services which was an issue they hear a lot about.

The Strategic Head of Primary Care, North East and North Cumbria ICB indicated that there were a couple of national initiatives namely, the 'One General Practice Programme' and 'The Primary Care Access Recovery Plan (PECARP)'. All 61 practices could receive funding to improve access to services in particular access to the GP cloud-based telephony system. He and Gail McGee regularly meet to share intelligence on practices. A lot of work was ongoing around improvement and a reform plan should be available in the next few months focusing on digital activity and prevention.

Councillor Hovvells highlighted the amount of work carried out by volunteers and asked that thanks was passed onto those volunteers.

The Project Lead indicated that they currently had around 25 volunteers in Healthwatch who contributed a huge amount to their work.



Councillor Lines asked if they received much anecdotal feedback from residents particularly from those in rural areas and increasingly in urban locations who are finding it more difficult to access GP services due to the reduction in frequency and coverage of bus services. He asked if this was the case does this get fed back to local and regional transport companies.

The Project Lead responded that they did not receive feedback on transport issues for GP practices it tended to be more around hospital appointments in particular early morning appointments. This was what had prompted them to produce a guide on patient transport services, public transport was more difficult for them to get involved with, but they had been asked to look at this alongside patient transport, but they were not sure on how much they could influence public transport.

Councillor Savoury congratulated the work of the team and indicated that she was impressed by the work carried out with the farming communities and stated it would be wonderful if it could be rolled out to the practice at Weardale.

The Project Lead responded that the Inclusion Lead was talking to all the rural farmers, and she would come back to Councillor Savoury on how this was progressing.

The Chair asked that a letter of thanks be sent from the Committee to Healthwatch County Durham.

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

(ii) That a letter of thanks be sent on behalf of the Adults, Wellbeing and Health Overview and Scrutiny Committee to County Durham Healthwatch and their team of volunteers for the work undertaken in the past year.

## **9 Quarter 4 2023-24 Revenue and Capital Outturn and Q1 2024-25 Revenue and Capital Outturn reports**

The Committee received a report of the Corporate Director of Resources which provided details of the 2023/24 revenue and capital budget outturn position for the Adult and Health Services (AHS) service grouping, which highlighted major variances in comparison with the budget for the year.

A further report was received which provided the Committee with details of the forecast outturn budget position for the Adult and Health Services service grouping, highlighting major variances in comparison with the budget for the year, based on the position to the end of June 2024 (for copy of reports, see file of minutes).

Joanne Watson, Principal Accountant gave a detailed presentation which provided an overview of the following:

- 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

**Resolved:** That the financial position be noted.

## **10 Quarter 1 2024/25 Performance Management Report**

The Committee received a report of the Chief Executive which provided an overview of progress towards achieving the strategic ambitions and objectives set out in out 2024-28 council plan to members, senior managers, employees, and the public. The report covered 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 (for copy of report, see file of minutes).

Matthew Peart, Strategy Team Leader was in attendance to present the report and highlighted the main areas contained within the report.

Councillor Jopling referred to access to drug and alcohol treatment and that there was a large unmet need and asked how they could deal with this. She considered that better than national performance standards was not relevant if there was still a large proportion of people who could not get to the service. She asked if there was an outreach programme to bring people in and help with their addiction.

The Strategy Team Leader responded that there was a 76% unmet need within County Durham and the national figure was 79%. In terms of referrals to the service they relied on self-referral, colleagues, friends and family or professionals.

Councillor Jopling indicated that the problem leads to mental health issues and the large numbers of unmet need were worrying.

Councillor Crute indicated that alcohol abuse was spiralling out of control and asked what intervention was taken place to prevent it happening in the first place. He then asked about bench marking data for adult social care workers and asked why they did not have this data for adult social care workers as this data was provided to Children and Young People's Overview and Scrutiny Committee for social care workers for children.

The Strategy Team Leader responded that alcohol harm was one of the priorities within the Joint Local Health and Wellbeing Strategy as was mental health. The County Durham Drug and Alcohol Recovery Service use a team around the family approach, but this was when people were referred into the system. He could not speak on what was being done to promote these services and increase referrals but would contact someone from the service to answer the question.

Councillor Crute asked that this be looked at closer as it was not just about preventing young people getting involved it was also a pressure factor that works both ways. He stated that Children and Young People's Overview and Scrutiny Committee also needed to be a part of this work.

The Principal Overview and Scrutiny Officer indicated that drug and alcohol recovery service was reported in terms of performance as part of an annual report that was taken to the Safer and Stronger Communities Overview and Scrutiny Committee. He would find out when this was to be considered and circulate the date to members of the Adults, Wellbeing and Health Overview and Scrutiny Committee so that they could attend the meeting when it was to be considered. In terms of alcohol harm, the Health and Wellbeing Board met early September and as part of their agenda considered a reducing alcohol harm blueprint that had been produced by Balance. A number of areas of suggested work was included in the report that he would share with Members of the Committee and have a conversation with the Director of Public Health to see what they could bring to Committee.

The Strategy Team Leader indicated that caseloads were not part of any statutory data return for adults but was for children. There had been a regional attempt to produce a regional benchmarking tool but due to all the different operating systems among local authorities a comparison was not possible. In terms of tracking individual caseloads, they do provide senior management with a weekly situation report which measured the number of caseloads across the front-line teams and tracked against the high case threshold. They had not seen much of a change in the caseloads over the last few years and increased pressures were down to the complexity of cases.

Councillor Crute responded that it was good to know that there were internal mechanisms in place around caseloads but would like to see some data around this brought to this committee.

Councillor Earley referred to the undertake up of direct payments and asked for a regional and national comparison.

The Strategy Team Leader responded that Durham was around 15%, regionally it was 20% and nationally 25%. He continued that the data source had now changed, and nothing had been calculated nationally which was why there was no benchmarking. Direct payments would be included in the December outcomes framework that would include both methodologies and would be included in the Quarter three performance report.

**Resolved:** That 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 be noted.

This page is intentionally left blank

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

**18 November 2024**

**Adult Social Care Update on the  
Outcome of the Local Authority  
Assessment by the Care Quality  
Commission (CQC) under the Health  
and Care Act (2022)**



**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 This report provides Adults Wellbeing and Health Overview and Scrutiny with an update on the outcome of the Care Quality Commission (CQC) Assessment of the way in which the Council discharges its adult social care duties under part 1 of the Care Act 2022 undertaken earlier this year. The report seeks Adults Wellbeing and Health Overview and Scrutiny approval for the Service Improvement Plan to address areas for development set out in the CQC report and our wider service improvement aspirations, progress against which will be subject to annual reporting in the future.

**Executive summary**

- 2 On 1 April 2023, CQC regulatory powers came into effect under the Health and Care Act 2022 to assess how well local authorities are performing against their duties under Part 1 of the Care Act. When assessed, local authorities are given a rating of outstanding, good, requires improvement, or inadequate.

- 3 Significant work was undertaken to prepare for the CQC assessment, specifically including the development of a Self-Assessment which was informed by a variety of engagement work.
- 4 On 30 January 2024, CQC notified the council of the commencement of the assessment process consisting of various stages and taking place over a period of up to six months.
- 5 The stages included the submission of a comprehensive information return consisting of key evidence, information and data; a pre-meeting with senior leaders and representatives from CQC; case tracking activity to assess the lived experience of people drawing support from social care; remote activity with partners and providers including the voluntary and community sector, and the on-site assessment which took place during May 2024 involving leaders, staff, partners and representative groups.
- 6 In August 2024 CQC published the final assessment outcome, rating adult social care provision within the Council as 'Good'. The majority of areas within the assessment were found to be of a good standard and the report highlighted that the Service was performing well and meeting the expectations of CQC. The outcome and key messages have been communicated to a wide range of key stakeholders. At the time of publication the Council's rating placed it joint third nationally out of 11 published reports.
- 7 A number of areas within the report were also highlighted as needing improvement and an Service Improvement Plan has been developed to address these, building upon the work that was already in progress and following the development of the Self-Assessment. The service has a strong focus on ensuring continuous improvement and strives to foster a culture of continuous learning and development.
- 8 A review of the governance arrangements in relation to the work associated with CQC assessment has taken place to ensure that the robust oversight and leadership of improvement activity continues, as well as learning and preparation for future assessments.

### **Recommendation(s)**

- 9 Adults Wellbeing and Health Overview and Scrutiny is recommended to:
  - (a) note the outcome of the CQC assessment;
  - (b) approve the Adult Social Care Service Improvement Plan 2024-2025 at Appendix 2;

- (c) agree to annual update reports on progress with the Service Improvement Plan.

## **Background**

- 10 In December 2021, the Government published the White Paper 'People at the Heart of Care', which announced plans for a reintroduction of external assessment by an independent, regulatory body, such as CQC. In April 2022, the Health and Care Act 2022 came into force which included legislation about CQC assessment.
- 11 The Act gave CQC regulatory powers from April 2023 to enable them to assess how local authorities discharge their adult social care duties under Part 1 of The Care Act 2014. CQC were also given powers to assess whether Integrated Care Systems (ICSs) are meeting the needs of their local populations.
- 12 When assessed, local authorities are given a rating of outstanding, good, requires improvement, or inadequate. Assessing the performance of local authorities provides assurance to CQC and the Department of Health and Social Care (DHSC) about the quality of care in an area, including consideration as to whether any improvements are required.
- 13 The CQC assessment process shares some features of the best value themes such as leadership, partnerships and community engagement, governance, culture and service delivery. The CQC assessment report demonstrates that the Council is open to challenge and continuous improvement which are both part of the best value standards.
- 14 Details are available in the previous report 'Adult Social Care update on the introduction of local authority assessment by the Care Quality Commission under the Health and Care Act (2022)', which was presented to Cabinet on 12 July 2023.
- 15 Significant work was undertaken in preparation for the assessment, including the development of a Self-Assessment document. Further detail regarding this can also be found in the 12 July 2023, 13 December 2023 and 17 January 2024 Cabinet Reports. Links to the reports are available under the heading 'Background papers'.

## **Adult Social Care CQC Assessment Process**

- 16 On 30 January 2024, CQC confirmed the commencement of the Council's assessment process, consisting of various stages and taking place across a period of up to six months.
- 17 Throughout the preparation, assessment period and following the assessment outcome, a robust communication and engagement plan has regularly updated and informed staff, Members, partners and stakeholders of progress.
- 18 Key stages of the assessment process were as follows:



### *Local Authority Information Return (LAIR)*

- 19 The initial stage was the submission of the LAIR which comprised of key documents, information and data to be reviewed by CQC prior to their on-site visit.
- 20 The evidence within the LAIR supported the four themes within the assessment framework (Working with People; Providing Support; Ensuring Safety within the System, and Leadership) and the 'I' and 'We' statements to be assessed.
- 21 "I" statements are based on what service users expect and need and are used as a basis for gathering structured feedback. "We" statements are the standards against which CQC hold local authorities to account.
- 22 A comprehensive LAIR submission consisting of 186 pieces of evidence produced from across the service and wider council was submitted to CQC on 20 February 2024. A key document within the LAIR was the Self-Assessment that was developed in line with guidance from the Local Government Association (LGA) and Association of Directors of Social Services (ADASS) to reflect the strengths and identified areas of improvement across adult social care, together with any mitigating actions being taken to address these where appropriate.

### *Meeting the Senior Leadership Team*

- 23 Prior to on-site assessment, an introductory meeting with representatives from the CQC Assessment Team took place in April 2024 with senior leaders from the council. In attendance were the Chief Executive, Cabinet Portfolio Holder for Adult and Health Services, Corporate Director for Adult and Health Services, Director of Integrated Community Services, Head of Adult Care, Director of Place (Head of Integrated Strategic Commissioning), Director of Public Health as well as the Principal Social Worker and Strategic Managers from Adult Care Senior Management Team.
- 24 The purpose of the meeting was to enable the assessment team to understand more in relation to:
  - (a) how the leadership team was organised - areas of responsibility, strengths and areas for improvement in each area;
  - (b) lines of accountability from the Director down to Team Managers;
  - (c) how front-line teams are set up;
  - (d) a person's journey from initial contact with the local authority through to allocation to a team for assessment;

- (e) how front-line teams support people with specific needs. For example, autistic people, people with a learning disability, mental health need, or sensory need;
- (f) the pathway for young people transitioning from children to adult services;
- (g) any Section 75 agreements in place;
- (h) any commissioned partnership arrangements for the provision of Care Act duties. For example, contact centre, wellbeing service, financial assessments, carers support;
- (i) arrangements for joint working with Housing.

### *Case Tracking*

- 25 The lived experience of people drawing support from social care is key to the assessment. This enables CQC to gain an in-depth understanding of people's journey through the social care system, their experiences of how care and support decisions are made by commissioners and social work teams, how they were communicated and implemented, and the impact this has on their lives.
- 26 Case tracking involves retrospectively following the pathway of a small number of people to gather evidence for the assessment. During April, CQC selected 10 cases to review (6 cases with 4 as reserve) from an initial coded list of 50. Where consent was provided by service users, case records were provided to CQC for review and where appropriate CQC talked to the person, and/or family, friends or advocate, as well as staff from the council and other partners and agencies where required.

### *Engagement with Partners and Providers*

- 27 Alongside this, in the interim period following the submission of the LAIR and case tracking, CQC undertook additional activity remotely. This specifically included direct contact with voluntary and community groups and key partners and providers to understand more about their services and their engagement and relationship with the council.

### *CQC Onsite Assessment*

- 28 The on-site visit from the assessment team took place during 21 - 23 May 2024, with some additional virtual meetings on 24 May 2024. A total of 10 members of the assessment team were on-site.
- 29 Working with CQC, a detailed timetabling activity was undertaken in advance and a comprehensive schedule of interviews developed including staff and leaders, partner agencies, and representative groups. In total, 166 people were interviewed.

- 30 Feedback was sought via a survey to everyone involved in interviews to support learning. A high response rate of over 72% was received, and overall feedback about the experience was extremely positive. Typically, respondents noted that interviews were 'relaxed' and 'open' and conversations with the assessment team were 'engaging' and 'flowed really well'.

### *Post Assessment*

- 31 A high-level feedback meeting was held with the CQC Lead Assessment Manager, the Chief Executive and Corporate Director of Adult and Health Services following the assessment. The Assessment Team specifically thanked the service for their support and meticulous planning and organisation for the on-site visit.
- 32 Following the assessment, and the provision of some additional evidence requested, CQC drafted a report which included the scores for each of the quality statements within the four themes of the assessment framework, and an overall rating. On 28 June 2024, the service received the draft report from CQC for a factual accuracy check. This stage of the process is an opportunity for the council to highlight any detail within the draft report that is factually incorrect, or where it is considered that additional information or evidence be reviewed. A detailed submission was submitted to CQC in response.
- 33 As a result, CQC confirmed where amendments had been made, although these did not substantially alter the report, and the rating remained unchanged. An internal bench-marking process was also undertaken by CQC to review and calibrate scores and ratings to ensure consistency across local authorities.

### **CQC Assessment Outcome and Report**

- 34 On 16 August 2024 the final report was published and can be accessed [here](#). The council was rated as '**Good**' with CQC stating that: "*The service is performing well and meeting our expectation*". James Bullion, Interim Chief Inspector of Adult Social Care and Integrated Care at CQC, said that the council had "*..... built a great foundation on which to build their future plans and make improvements*".
- 35 The Assessment Team found that over 85% of CQC regulated provision in the county was rated as 'good' or 'outstanding' and praised the way in which people are supported to lead healthier lives, highlighting work with community groups to deliver services locally as well as council commissioned preventative services, such as peer support groups and carer breaks.
- 36 Other key extracts from the report highlighted that:

- (a) leaders and staff were proud of the work that they did and to work for the local authority;
- (b) there was a good understanding of the health and care needs of people living in the area and leaders and staff worked well with partners to agree plans and priorities for people living across County Durham. This was also reflected in what the assessment team heard from people receiving services, as well as their carers;
- (c) Social Care Direct (front-of-house service) was able to effectively direct people to a range of preventative services within the community;
- (d) partnership working resulting in minimal to no waiting times for people using services such as homecare or a residential placement;
- (e) work with providers to look at a more preventative approach to reablement care aimed to reduce admission to hospital and prevent or reduce people's long-term needs at an earlier stage;
- (f) good work was being done to rise to the significant challenge of poor mental health in County Durham, with close links formed with other organisations to make a single point of access for referrals;
- (g) the creative work of the Care Academy was supporting staffing challenges in the wider care market;
- (h) feedback was mainly positive from people about their experiences of care, with people feeling listened to and that their assessments and care plans reflected their needs and wishes;
- (i) most carers felt the support they had received from the local authority had helped them with their own mental wellbeing. They were signposted to appropriate services for their needs and 88% of carers found information and advice helpful;
- (j) staff felt that leaders were 'visible, capable and compassionate' with the report commenting on a 'positive culture of continuous learning and improvement in the local authority'.

37 Whilst the majority of areas were rated as being of a 'Good' standard, the assessment team found some room for improvement. The service recognises that there is always scope to improve, and indeed strives to foster a culture of continuous learning and development. This was

reflected in the Self-Assessment developed for the purposes of the assessment.

38 Key extracts from the report included:

- (a) challenges in accessing services due to the large geography and areas of deprivation;
- (b) some delays in mental health provision, although it was recognised that commissioners are working together with a local NHS trust to source placements for people;
- (c) challenges in sourcing flexible respite services;
- (d) a better understanding needed of the needs of people whose identity and characteristics were different, such as those from the LGBT or traveller community;
- (e) not everyone receiving the same quality of safeguarding support;
- (f) staff felt that financial assessments took too long, affecting the timeliness of assessments.

39 The Council's score for each of the evidence categories, described as Quality Statements, across the four themes is as follows:

| <b>Theme</b>                 | <b>Quality Statements</b>                  | <b>DCC Score</b> |
|------------------------------|--|------------------|
| Theme 1: Working with People | Assessing Needs                            | 2                |
|                              | Supporting People to Lead Healthier Lives  | 3                |
| Theme 2: Providing Support   | Equity in Experience and Outcomes          | 2                |
|                              | Care Provision, Integration and Continuity | 3                |
|                              | Partnerships and Communities               | 3                |

|                          |   |   |
|--------------------------|---|---|
| Theme 3: Ensuring Safety | Safe Pathways, Systems and Transitions    | 3 |
|                          | Safeguarding                              | 2 |
| Theme 4: Leadership      | Governance, Management and Sustainability | 3 |
|                          | Learning, Improvement and Innovation      | 3 |

- (a) 4 = Evidence shows an exceptional standard
- (b) 3 = Evidence shows a good standard
- (c) 2 = Evidence shows some shortfalls
- (d) 1 = Evidence shows significant shortfalls

### **Adult Social Care Service Improvement Plan**

- 40 The Service has a strong focus and aspirations to ensure continuous improvement, reflecting on learning from others and from the views of service users which are central to ensuring a strong service offer.
- 41 A Service Improvement Plan 2024-2025 has been developed which underpins the Service Plan and Council Plan in line with the corporate strategic planning framework (**Appendix 2**).
- 42 The Service Improvement Plan is in two parts. Part A, which sets out the strategic and transformational projects to improve existing high-quality services - maximising productivity and ensuring that MTFP financial commitments are met.
- 43 Part B is specifically focussed on the improvement activity aligned to the four themes in the CCQC assessment framework, building upon the Self-Assessment and recent assessment outcome.
- 44 The oversight of the delivery of the Service Improvement Plan will be managed in line with the established service governance arrangements for quality assurance, with ultimate responsibility being held by the Quality Assurance Board (QAB). This will also form part of the current

reporting arrangements to Corporate Management Team (CMT) and Elected Members.

- 45 The Service Improvement Plan is aligned with the Council's overall Transformation Programme to deliver financial and operational sustainability. This includes:
- (a) managing demand, which is preventable, avoidable, the result of service failure or is unavoidable due to external factors;
  - (b) empowering communities;
  - (c) being asset focused;
  - (d) building the resilience of the most vulnerable residents;
  - (e) working better together across sectors to reduce duplication and have a greater impact;
  - (f) sharing decision making with people who use services, their families and carers;
  - (g) making our interventions 'empowering' as far as possible;
  - (h) reaching informed decisions based on strong evidence;
  - (i) seeking alternative delivery models from communities, the VCS and others;
  - (j) harnessing the use of technology.

## **Next Steps**

### *Governance*

- 46 A review of governance arrangements has been undertaken to ensure that the effective management of work associated with the CQC assessment framework continues going forward. This is specifically important as the service transitions from post assessment, to embedding the assessment framework into business-as-usual activity, whilst maintaining strong oversight on learning and improvement and planning for future assessment.
- 47 A new CQC Project Team has been established to replace the former Inspection Preparation Group, which will be chaired by the Head of Adult Care. This new group will manage the maintenance of the self-assessment and associated evidence, in addition to managing arrangements for future assessments. Dedicated task and finish groups

will underpin the work of the Project Team in relation to such as the Self-Assessment and LAIR.

- 48 The Project Team will continue to feed into existing governance arrangements including QAB to ensure strong oversight and assurance. Work will also continue on a regional and national footing, including with ADASS and the LGA and Partners in Care and Health (PCH), to collaborate and share learning as further local authority assessments are carried out and in terms of sector-led initiatives, as well as keeping abreast of any developments with the assessment framework and methodology.
- 49 Arrangements have been agreed for the maintenance of the Self-Assessment document including an annual refresh and clear governance and approval arrangements.

### *Communications*

- 50 Communication and engagement are a vital component of the work around assessment. A robust communication plan has been in place since preparation for the assessment commenced and will continue going forward. The plan is regularly monitored through QAB and focuses on both internal and external communication with a range of stakeholders.
- 51 After the on-site assessment, a survey was sent to staff and partners to gather their views about the overall process, including such as the internal methodology, support arrangements and the effectiveness of communications, to support learning and improvement and shape the future approach.
- 52 Feedback included that the internal methodology used was comprehensive, robust and very well planned, tracked and governed, and that internal communications were clear and consistent. Staff felt that they were kept up to date and that engagement was consistent.

### **Conclusion**

- 53 In April 2023 regulatory powers were introduced for CQC to formally assess how local authorities discharge their duties under Part 1 of the Care Act 2014. Significant work was undertaken in order to prepare for assessment.
- 54 In January 2024 the council were notified by CQC that their formal assessment had commenced, taking place over a period of up to 6 months. During this period the assessment process consisted of a number of stages including the submission of a comprehensive information return, case tracking around the lived experience of people



drawing support from care, activity with partners and providers including the voluntary and community sector, and an on-site visit in May 2024 involving leaders, staff, partners and representative groups.

- 55 In August 2024 the CQC assessment outcome was published rating adult social care provision within the council as 'Good'. The majority of areas within the assessment were found to be of a good standard and the report highlighted that the service was performing well and meeting the expectations of CQC. The outcome and key messages have been communicated to a wide range of key stakeholders.
- 56 A number of areas within the report were highlighted as needing improvement and a service improvement plan has been developed to address these, building upon the work that was already in progress and following the development of the Self-Assessment. The service has a strong focus on ensuring continuous improvement and strives to foster a culture of continuous learning and development.
- 57 A review of the governance arrangements in relation to the work associated with CQC assessment has taken place to ensure that the robust oversight and leadership of improvement activity continues, as well as learning and preparation for future assessment activity.

## **Background papers**

- 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 \(2022\)](#)
- 13 December 2023 Cabinet Report  
[Adult Social Care Update Cabinet CQC Assessment Update Report.pdf \(durham.gov.uk\)](#)
- 17 January 2024 Cabinet Report  
[2024 01 17 Adult Social Care Assessment Framework Self-Assessment Cabinet Report.pdf \(durham.gov.uk\)](#)

## **Other useful documents**

- February 2021: NHS Reform White Paper  
[Integration and Innovation: working together to improve health and social care for all \(publishing.service.gov.uk\)](#)
- 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](#)
- December 2022: Update from CQC  
[Our new single assessment framework - Care Quality Commission \(cqc.org.uk\)](#)

- March 2023: Draft guidance from CQC  
[Assessment framework for local authority assurance - Care Quality Commission \(cqc.org.uk\)](#)
- 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](#)
- 06 June 2023  
[Adult Social Care Assurance: a guide to support the development of your adult social care self-assessment, Local Government Association](#)
- June 2023 Unpaid carers and Care Quality Commission assurance  
<https://www.local.gov.uk/our-support/partners-care-and-health/cqcs-new-assurance-framework/unpaid-carers-and-care-quality>
- Communication Examples  
[Quality Assurance Intranet Page](#)
- DCC Press Release: [News-County Durham's adult social care provision rated as 'good' - Durham County Council](#)
- BBC Press Release: [Durham County Council adult care services gain 'good' rating - BBC News](#)
- CQC Press Release: [CQC rates County Durham Council's adult social care provision as good - Care Quality Commission](#)

---

|                 |               |                   |
|-----------------|---------------|-------------------|
| <b>Contact:</b> | Michael Laing | Tel: 03000 267355 |
|                 | Lee Alexander | Tel: 03000 268180 |

---

## **Appendix 1: Implications**

---

### **Legal Implications**

The Council has duties under the Care Act 2014 to assess and meet the defined needs of vulnerable adults. The Council's discharge of these duties is assessed by CQC under the provisions of the Health and Social Care Act 2022.

### **Finance**

There are no immediate financial implications to this report. However, the actions in the Service Improvement Plan will contribute to the overall financial targets in the Medium-Term Financial Plan and the Transformation Programme by managing demand, empowering communities, being asset focused building resilience and other measures.

### **Consultation & Engagement**

Where appropriate, consultation has taken place with internal and external colleagues and stakeholders and partners. The CQC assessment report makes recommendations about how the Council can improve co-production, engagement and consultation.

### **Equality and Diversity / Public Sector Equality Duty**

The principles of equality and diversity have been considered. The CQC assessment report considers the access to services and experiences of people with protected characteristics and makes suggestions for improvement.

### **Climate Change**

When Commissioning services the impacts on the climate are considered such as reducing travel distances.

### **Human Rights**

The principles of human rights have been considered.

### **Crime and Disorder**

The CQC assessment report makes recommendations about ensuring the safety of vulnerable residents.

### **Staffing**

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

## **Accommodation**

Not Applicable.

## **Risk**

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

## **Procurement**

Not Applicable.

# Adult Social Care Improvement Plan 2024 – 2025



## Introduction from Michael Laing, Interim Corporate Director of Adult and Health Services (AHS)

As a service we have a strong focus on our aspirations to ensure continuous improvement. Our aim being to foster a culture where we continue to learn and develop, identify the things we do well, celebrate success, and where required take action to improve. This will instil confidence that we are setting and maintaining high standards, reflecting on the good working experiences between health and social care partners, and always looking for new and innovative ways to meet the needs of the people of County Durham. We will reflect on learning from others and the views of our service users which are central to ensuring a strong service offer.



Michael Laing

A handwritten signature in black ink that reads "Michael Laing".

Interim Corporate Director of Adult and Health Services



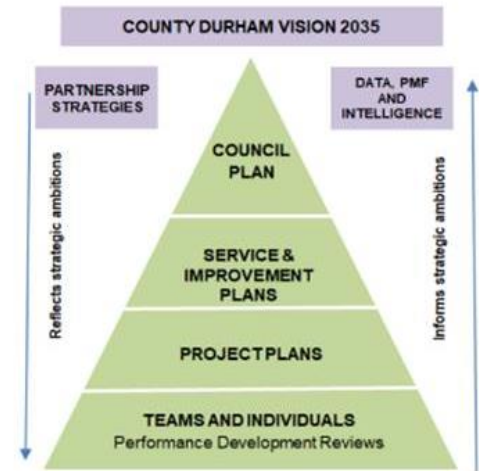
# About our Improvement Plan

A place where there are more and better jobs, people live long, healthy and independent lives and our communities are well connected and supportive.

The above County Durham Vision 2035, developed with residents and partners, sets out the vision and long-term ambitions for the county. A corporate strategic planning framework helps manage our contribution to this partnership vision.

This improvement plan underpins the Adult Social Care Service Plan and the Council Plan and sets out the service level actions that will be achieved to deliver the vision. This plan is also aligned to the Adult and Health Services Quality Assurance and Performance Frameworks, to the voice of the service user through customer feedback and engagement, as well as to our strategies and integrated agreements.

The plan is in two parts. Part A, which sets out our strategic and transformational projects to improve existing high-quality services, maximising productivity and ensuring that we meet our MTFP financial commitments. Part B is our focussed improvement work aligned to the Care Quality Commission (CQC) assessment framework for local authorities, comprising of the four themes below. This work builds upon our Self-Assessment and assessment outcome. Our assessment report can be accessed [here](#).



**Theme 1 Working with People**  
**Theme 3 Ensuring Safety**

**Theme 2 Providing Support**  
**Theme 4 Leadership**

The oversight of the delivery of the plan will be managed in the established governance arrangement for quality assurance with ultimate responsibility being held by the Adult and Health Services Quality Assurance Board (QAB). This will then form part of the reporting arrangements to Corporate Management Team and Elected Members. To ensure quality control, regular updates will be provided by named leads, highlighting any risks or exceptions.

## Adult Social Care Improvement Plan: Part A

**Accountable Officer(s):** Lee Alexander, Head of Adult Care and Sarah Burns, Director of Local Delivery/Head of Integrated Strategic Commissioning

**Accountable Board(s):** Adult and Health Services Quality Assurance Board (QAB) and Quality Innovation Leadership Transformation Group (QILT)

**Note:** These actions are being delivered as part of strategic projects and programmes of work with associated governance and delivery plans. Where appropriate, these are referenced and should be viewed for further detail.

**RAG**    **Complete** ■    **In Progress and On Track** ■    **Overdue with Close Monitoring Required** ■  
**Not Yet Started** ■

| Improvement Priority                           | Milestone/Action  | Lead  | Target Date | RAG | CQC Theme  | Governance/Work Programme            |
|--|---|---|-------------|-----|------------|--------------------------------------|
| <b>A1.<br/>Digital Innovation and Maturity</b> | <b>A1.1</b> Develop a digital strategy and delivery plan for adult social care aligned to the 'What Good Looks Like' (WGLL) framework, that incorporates work with the independent sector, and which aligns to regional and ICB digital work. | Service Manager<br>Operational Support and Strategic Commissioning Manager OP<br>PDSS | Jun 25      |     | Leadership | -AHS Digital Board<br>- DCC AI Board |
|  | <b>A1.2</b> Pilot and evaluate an Artificial Intelligence (AI) tool for social work practitioners.  | Service Manager   | Apr 25      |     |            |                                      |



|  |  |                     |  |  |  |  |
|--|--|---------------------|--|--|--|--|
|  |  | Operational Support |  |  |  |  |
|--|--|---------------------|--|--|--|--|

**Outcome(s):** Set a broad direction of travel and key priorities to compliment and support related digital strategies, including across our region and partners, and improve our digital capability to underpin the delivery of high quality and more joined up social care.

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|

|  |   |   |        |  |                     |   |
|--|---|---|--------|--|---------------------|---|
| <b>A2.</b><br><br><b>Hospital Discharge and Transfer of Care Hub (TCH)</b> | <b>A2.1</b> Explore digital opportunities to improve the flow, quality and timeliness of referrals, and develop a plan to pilot a digital solution. | Strategic Manager OP/PDSS and In House services | Jun 25 |  | Working With People | -TCH Task and Finish Group and associated action plan |
|  | <b>A2.2</b> Strengthen integration arrangements, specifically with regard to Discharge Management Team (DMT).                                       | Strategic Manager OP/PDSS and In House services | Jun 25 |  |                     |   |
|  | <b>A2.3</b> Develop home to hospital service standards.   | Strategic Manager OP/PDSS and In House services | Jun 25 |  |                     |   |

**Outcome(s):** Improved local arrangements on hospital discharge with a 'home first' approach. A seamless and efficient discharge pathway with a focus on the needs of older people.

|   |  |  |        |   |   |
|---|--|--|--------|---|---|
| <b>A3.</b><br><b>Extra Care</b><br><b>Strategy Housing</b><br><b>and Care</b> | <b>A3.1</b> Complete an initial draft of the strategy.   | Deputy Director of Local Delivery/Deputy Head of Integrated Commissioning and /Strategic Commissioning Manager OP PDSS | Oct 24 | Working with people<br>Providing Support<br>Ensuring Safety<br>Leadership | Commissioning Senior Management Team<br>- QILT<br>- AHSMT |
|   | <b>A3.2</b> Receive and evaluate feedback from management teams (QILT, Commissioning Senior Management Team, AHSMT).                   | Deputy Director of Local Delivery/Deputy Head of Integrated Commissioning and /Strategic Commissioning Manager OP PDSS | Dec 24 |   |   |
|   | <b>A3.3</b> Complete final Strategy and share relevant details with stakeholders (including external partners/ providers as required). | Deputy Director of Local Delivery/Deputy Head of Integrated Commissioning and /Strategic Commissioning Manager OP PDSS | Feb 25 |   |   |

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|

**Outcome(s):** People are supported to remain independent, for as long as possible. People are supported to access high quality and varied services.

People's choice and control over how they are supported to live their lives is maximised while their needs are met. To ensure Value for Money is achieved.

|  |
|--|
|  |
|--|

|   |  |  |        |   |   |
|---|--|--|--------|---|---|
| <b>A4.<br/>Older People<br/>(OP) Care Home<br/>Market Shaping</b> | <b>A4.1</b> Complete workstreams in relation to Nursing Provision; Quality of Services; Occupancy and Finance.   | Deputy Director of Local Delivery/Deputy Head of Integrated Commissioning and /Strategic Commissioning Manager OP PDSS | Jan 25 | Working with people<br>Providing Support<br>Ensuring Safety<br>Leadership | - Commissioning Senior Management Team<br>- QILT<br>- AHSMT |
|   | <b>A4.2</b> Complete an options appraisal for a plan for commissioning across 2025-26 and 2026-27, including a potential procurement approach which could be implemented from April 2025, or a staggered approach taken across 2025-26 and 2026-27 (depending on workstream findings and strategic course decided on). | Deputy Director of Local Delivery/Deputy Head of Integrated Commissioning and /Strategic Commissioning Manager OP PDSS | Nov 24 |   |   |

**A4.3** New contract date; may be tied to procurement approach highlighted above.

Deputy Director of Local Delivery/Deputy Head of Integrated Commissioning and /Strategic Commissioning Manager OP PDSS

Apr 25

**Outcome(s):** People are supported to remain independent, for as long as possible. People are supported to access high quality and varied services. People's choice and control over how they are supported to live their lives is maximised while their needs are met. To ensure Value for Money.

**A5.  
Reablement  
Service  
Transformation**

**A5.1** Agreement from management teams including AHSMT for a Reablement Strategic Plan, including piloting of new approach (as below) to build on the PeopleToo review.

Strategic Commissioning Manager OP PDSS

Nov 24

Working with people  
Providing Support  
Ensuring Safety  
Leadership

- Commissioning Senior Management Team  
- QILT  
- AHSMT

**A5.2** Commence a new reablement approach - pilots in 3 x domiciliary care zones (exact zones to be confirmed)

Strategic Commissioning Manager OP PDSS

Jan 25

|  |  |   |        |  |                     |                             |
|--|--|---|--------|--|---------------------|-----------------------------|
|  | based on a full analysis of areas where reablement capacity is most challenging.   |   |        |  |                     |                             |
|  | <b>A5.3</b> Complete an initial data analysis on the early stages of pilots. Complementary TEC offer / community equipment approach to be fully embedded including early learning from new approach.   | Strategic Commissioning Manager OP PDSS                       | May 25 |  |                     |                             |
|  | <b>A5.4</b> New contract date for fully revised reablement service; including TEC and equipment elements and further integrated approach to staff training and therapy. Links to revised procurement date for domiciliary care framework and spot contracts. | Strategic Commissioning Manager OP PDSS                       | Apr 26 |  |                     |                             |
| <p><b>Outcome(s):</b> People are supported to remain independent, for as long as possible. People are supported to access high quality and varied services. People's choice and control over how they are supported to live their lives is maximised while their needs are met. To ensure Value for Money/MTFP savings are achieved.</p> |  |   |        |  |                     |                             |
| <b>A6.</b>   | <b>A6.1</b> Complete a specialist residential care/operational review.   | Deputy Director of Local Delivery / Deputy Head of Integrated | Jan 25 |  | Working with people | -LD High-Cost Project Group |

|   |   |   |   |  |   |
|---|---|---|---|--|---|
| <b>Learning Disabilities (LD) Market Shaping: High-Cost Care Homes and Supported Living</b> |   | Commissioning/<br>Strategic<br>Commissioning<br>Manager LD MH   |   | Providing Support<br>Ensuring Safety<br>Leadership | -LD Budget Group<br>-QILT<br>-LD Commissioning Strategy<br>-Specialist Accommodation Plan |
|   | <b>A6.2</b> Identify people moving from high-cost residential care.   | Deputy Director of Local Delivery / - Deputy Head of Integrated Commissioning/<br>Strategic Commissioning Manager LD MH | Review annually – from 31 March 25                                    |  |   |
|   | <b>A6.3</b> Develop a detailed business case for new services where appropriate.  | Deputy Director of Local Delivery / Deputy Head of Integrated Commissioning/<br>Strategic Commissioning Manager LD MH   | Review annually – from 31 March 25 and each subsequent financial year |  |   |
|   | <b>A6.4</b> Movement of people to supported living, where available, or commission of bespoke services in conjunction with operational teams. | Deputy Director of Local Delivery /Deputy Head of Integrated Commissioning/<br>Strategic                                | Review annually – from 31 March 25 and each subsequent financial year |  |   |

|  |   |                                       |   |  |   |  |
|--|---|---------------------------------------|---|--|---|--|
|  |   | Commissioning Manager LD MH           |   |  |   |  |
| <p><b>Outcome(s):</b> People are supported to remain independent, for as long as possible. People are supported to access high quality and varied services. People's choice and control over how they are supported to live their lives is maximised while their needs are met. To ensure Value for Money/MTFP savings are achieved.</p> |   |                                       |   |  |   |  |
| <p><b>A7.</b><br/><b>LD and Mental Health (MH) Capacity and Demand Planning</b></p>  | <p><b>A7.1</b> Collect and analyse LD data for capacity planning.</p>   | Strategic Commissioning Manager LD MH | Dec 25 – then annual refresh as required (min 3 yearly) |  | <p>Working with people<br/>Providing Support<br/>Ensuring Safety<br/>Leadership</p> | <p>-Provisions Development Group<br/><br/>-LD Commissioning Strategy Group<br/><br/>-Specialist Accommodation Plan</p> |
|  | <p><b>A7.2</b> Open new supported living developments to increase capacity. (2 new services in place - Woodland View and Cedar House. Whitebeam gardens completed but not yet fully operational).</p> | Strategic Commissioning Manager LD MH | Jun 24  |  |   |  |
|  | <p><b>A7.3</b> Refresh the Specialist Accommodation Plan with latest data in order to identify detailed commissioning plans.</p>  | Strategic Commissioning Manager LD MH | Jan 25  |  |   |  |
|  | <p><b>A7.4</b> Transitioning of young people with very complex needs to adults.</p>   | Strategic Commissioning Manager LD MH | Review annually – from 31 March 25 and each             |  |   |  |

|  |   |                                       |  |  |   |   |
|--|---|---------------------------------------|--|--|---|---|
|  |   |                                       | subsequent financial year                                    |  |   |   |
|  | <b>A7.5</b> Identify as a priority people with low level forensic background.   | Strategic Commissioning Manager LD MH | Initially March 2025 and then each subsequent financial year |  |   |   |
|  | <b>A7.6</b> Identify and develop a business case and commissioning plan for the next priority in line with the Specialist Accommodation Plan. | Strategic Commissioning Manager LD MH | Jun 25   |  |   |   |
| <b>Outcome(s):</b> People are supported to access high quality and varied services. People's choice and control over how they are supported to live their lives is maximised while their needs are met. To ensure Value for Money. |   |                                       |  |  |   |   |
|  |   |                                       |  |  |   |   |
| <b>A8.<br/>LD MH<br/>Transforming<br/>Care<br/>Developments<br/>Phase 2</b>  | <b>A8.1</b> Complete an options appraisal for 2 further Transforming Care projects.   | Strategic Commissioning Manager LD MH | Mar 26   |  | Working with people<br>Providing Support<br>Ensuring Safety<br>Leadership | -Transforming Care (TC) Local Implementation Group<br><br>-TC Task Group<br><br>- LD Commissioning Strategy |



|  |  |  |  |  |  |                                |
|--|--|--|--|--|--|--------------------------------|
|  |  |  |  |  |  | -Specialist Accommodation Plan |
|--|--|--|--|--|--|--------------------------------|

**Outcome(s):** People’s choice and control over how they are supported to live their lives is maximised, while their needs are met.

|  |
|--|
|  |
|--|

|   |  |   |        |  |                 |  |
|---|--|---|--------|--|-----------------|--|
| <b>A9</b><br><b>Front Of House Review: Social Care Direct (SCD)</b> | <b>A9.1</b> Scope a proposal and associated Project Initiation Document.   | Strategic Manager – Safeguarding/<br>Strategic Manager PPMO | Jun 24 |  | Ensuring Safety | - Project board<br>- Operational Group |
|   | <b>A9.2</b> Brief SCD service on the full-service review:<br><br><ul style="list-style-type: none"> <li>- Review of core processes</li> <li>- Information to the public</li> <li>- Use of technology to enhance the service offer</li> <li>- Telephony developments</li> </ul><br>Leading to overall project completion. | Strategic Manager – Safeguarding/<br>Strategic Manager PPMO | Jan 25 |  |                 |  |

**Outcome(s):** Looking to develop ways of working in the most efficient way to improve outcomes to customers.

|  |   |  |               |  |  |   |
|--|---|--|---------------|--|--|---|
|  |   |  |               |  |  |   |
|  |   |  |               |  |  |   |
| <p><b>A10</b></p> <p><b>Reduce Restraints and Restrictive Practices Across Adult Care</b></p>  | <p><b>A10.1</b> Develop an action plan to reduce restraint and restrictive practices across all of our services in conjunction with partners, providers and people with lived experience, including work with the Supporting the Provider Market Team and Care Academy.</p> | <p>Strategic Commissioning Manager OP PDSS/LD Operations Manager</p> | <p>Mar 25</p> |  | <p>Working with people</p> <p>Providing Support</p> <p>Ensuring Safety</p> <p>Leadership</p> | <p>- Specialist Accommodation Plan</p> <p>- Whorlton Hall Action Plan</p> |
| <p><b>Outcome(s):</b> People’s choice and control over how they are supported to live their lives is maximised, while their needs are met.</p> |   |  |               |  |  |   |
|  |   |  |               |  |  |   |

# Adult Social Care Improvement Plan: Part B

**Accountable Officer(s):** Lee Alexander, Head of Adult Care and Sarah Burns, Director of Local Delivery/Head of Integrated Strategic Commissioning

**Accountable Board(s):** Adult and Health Services Quality Assurance Board (QAB) and Quality Innovation Leadership Transformation Group (QILT)

## Theme 1: Working with People

### What do we want to achieve?

- ✓ **Assessing Needs** - we maximise the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.
- ✓ **Supporting People to Live Healthier Lives** - we support people to manage their health and wellbeing so they can maximise their independence, choice and control. We support them to live healthier lives and where possible, reduce future needs for care and support.
- ✓ **Equity in Experiences and Outcomes** - we actively seek out and listen to information about people who are most likely to experience inequalities in experience or outcomes. We tailor the care, support and treatment in response in this.

### How will we achieve it?

| Ref  | Action  | H/M/L | Lead                             | Target Date | RAG | Governance/Work Programme              |
|------|---|-------|----------------------------------|-------------|-----|--|
| B1.1 | Understand workload demand with a focus on waiting lists and backlogs:<br><ul style="list-style-type: none"> <li>- 28-day completion of assessments on open cases and timely completion of safeguarding concerns/enquiries</li> </ul> | H     | Principal Social Worker (Adults) | Jun 25      |     | Adult Care Management Team (ACMT)/QILT |

|             |   |          |   |        |  |      |
|-------------|---|----------|---|--------|--|------|
|             |   |          |   |        |  |      |
| <b>B1.2</b> | <p>Embed and evaluate mental health social work hubs and ensure that health infrastructure is complimentary within the community:</p> <ul style="list-style-type: none"> <li>- Gain clarity on social care caseloads, levels of work and type of work/provision,</li> <li>- Provide services in a timely way,</li> <li>- Work to a clear performance framework,</li> <li>- Provide strong leadership and management of Human Resource issues, including recruitment and retention.</li> </ul>   | <b>H</b> | Strategic Manager (LD, MH, Subs Misuse, Trans)  | May 25 |  | ACMT |
| <b>B1.3</b> | <p>Promote carer experience and outcomes:</p> <ul style="list-style-type: none"> <li>- Ensure DCCS staff continue to communicate to unpaid carers their rights for formal carers assessment through the LA and continue to promote NHS Carer breaks to unpaid carers,</li> <li>- Ensure that Adult Care staff promote DCCS services for unpaid carers,</li> <li>- Ensure Adult Care staff consider ongoing carer respite needs linked to assessment and signpost to NHS carer breaks where carers are not eligible for respite through the LA,</li> <li>- Further build on the learning from the Mobilise contract work,</li> <li>- DCCS to identify any specific needs of carers with protected characteristics (e.g. older carers) and develop their unpaid carer service provision to better meet those needs,</li> <li>- Continue to monitor carer experience through the Survey of Adult Carers in England.</li> </ul> | <b>H</b> | <p>Deputy Director of Local Delivery / Deputy Head of Integrated Commissioning, Strategic Commissioning Manager OP PDSS and</p> <p>Principal Social Worker (Adults)</p> | May 25 |  | QILT |

|             |   |          |   |        |  |      |
|-------------|---|----------|---|--------|--|------|
| <b>B1.4</b> | Ensure that information and advice is more inclusive and easier to access.  | <b>M</b> | Principal Social Worker (Adults)  | Jun 25 |  | QAB  |
| <b>B1.5</b> | Better address equity of experience (link with task in Theme 4 and development of an overarching ASC strategy): <ul style="list-style-type: none"> <li>- Establish a baseline: <ul style="list-style-type: none"> <li>▪ Complete PCH Embedding EDI prompts,</li> <li>▪ Complete PCH Community and Workforce Relationship Self-Assessment Tool.</li> </ul> </li> </ul> | <b>H</b> | Service Manager Operational Support   | Oct 25 |  | QAB  |
| <b>B1.6</b> | Strengthen the recording of protected characteristics on Azeus.   | <b>H</b> | Principal Social Worker (Adults)  | Jun 25 |  | QILT |
| <b>B1.7</b> | Carry out insight work to understand inequalities in adult social care and consider care market requirements.   | <b>H</b> | Corporate Performance Manager/ Joint Head of Integrated Strategic Commissioning | Oct 25 |  | QILT |
| <b>B1.8</b> | Agree clear objectives to promote equality, diversity and inclusion.  | <b>H</b> | Service Manager Operational Support   | Oct 25 |  | QILT |

|              |  |          |   |        |  |       |
|--------------|--|----------|---|--------|--|-------|
| <b>B1.9</b>  | Carry out insight work to understand the experiences of people following Care Act assessments and reviews.   | <b>H</b> | Principal Social Worker (Adults)        | Jun 25 |  | QILT  |
| <b>B1.10</b> | <p>Continue to develop online solutions to support individuals and their carers to undertake a financial assessment either at the commencement of a service or before making a decision on whether they wish to proceed with a service option:</p> <ul style="list-style-type: none"> <li>- Continue to utilise Voicescape to support the initial contact with individuals who do not wish to undertake an online financial assessment,</li> <li>- Implement online financial assessment option for the majority of services,</li> <li>- Implement max charge calculation for those individuals who wish to understand what a service may cost them based on their income and assets,</li> <li>- Develop regular communication briefings with staff updating on developments,</li> <li>- Develop regular communication briefings with staff to update on benefits of the use of the online financial assessment.</li> </ul> <p>Review dashboard of new KPI to ensure performance of completion of financial assessments is maintained.</p> | <b>H</b> | Strategic Manager Assessment and Awards | Jun 25 |  | AHSMT |

## Theme 2: Providing Support

### What do we want to achieve?

- ✓ **Care Provision, Integration and Continuity** - we understand the diverse health and care needs of people and local communities, so care is joined-up, flexible and supports choice and continuity.
- ✓ **Partnerships and Communities** - we understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

### How will we achieve it?

| Ref  | Action   | H/M/L | Lead  | Target Date | RAG | Governance/Work Programme |
|------|--|-------|---|-------------|-----|---------------------------|
| B2.1 | Develop an action plan to improve the availability of Personal Assistants (PAs), including work with the Care Academy. | M     | Strategic Manager – Safeguarding/<br>Strategic Commissioning Manager OP<br>PDSS | Oct 25      |     | QILT                      |
| B2.2 | Improve the take up of Direct Payments (DPs), including work with the Care Academy.                                    | M     | Strategic Manager – Safeguarding/<br>Strategic Commissioning                    | Oct 25      |     | QILT                      |

|             |  |          |  |        |  |  |
|-------------|--|----------|--|--------|--|--|
|             |  |          | Manager OP<br>PDSS   |        |  |  |
| <b>B2.3</b> | <p>Sustain the planned improvement work focussing on bariatric care:</p> <ul style="list-style-type: none"> <li>- improve communications on the provision to the workforce.</li> </ul>   | <b>M</b> | Deputy Director of Local Delivery / Deputy Head of Integrated Commissioning/ Strategic Commissioning Manager OP PDSS | Apr 25 |  | QILT                                   |
| <b>B2.4</b> | <p>Review arrangements for joint work with VCSE organisations with a focus on funding support:</p> <ul style="list-style-type: none"> <li>- Care Academy to promote NEPO tendering training to VCSE,</li> <li>- Explore additional wording in next MPS re support for VCSE with bidding/identifying funding opportunities, including AAP funding,</li> <li>- Care Academy to ensure Durham Community Action opportunities are more widely promoted by encouraging newsletter sign up.</li> </ul> | <b>M</b> | Deputy Director of Local Delivery / Deputy Head of Integrated Commissioning/ Strategic Commissioning Manager OP PDSS | Jun 25 |  | QILT/ Integrated Partnership Executive |



## Theme 3: Ensuring Safety

### What do we want to achieve?

- ✓ **Safe Systems, Pathways and Transitions** - we work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.
- ✓ **Safeguarding** - we work with people to understand what being safe means to them and work with them as well as our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

### How will we achieve it?

| Ref  | Action  | H/M/L | Lead                             | Target Date | RAG | Governance/Work Programme |
|------|---|-------|----------------------------------|-------------|-----|---------------------------|
| B3.1 | Enhance the use and timeliness of advocacy and ensure the accurate and appropriate recording of the existence of advocates: <ul style="list-style-type: none"> <li>- including system updates</li> <li>- Further communication to the workforce.</li> </ul> | H     | Strategic Manager – Safeguarding | Apr 25      |     | QILT                      |
| B3.2 | Ensure staff consistently apply the principles of Making Safeguarding Personal' in practice: <ul style="list-style-type: none"> <li>- Link to safeguarding work with Systems Team</li> <li>- Communication to workforce</li> </ul>                          | H     | Strategic Manager – Safeguarding | Apr 25      |     | ACMT/QAB                  |

|             |  |          |  |                          |  |                         |
|-------------|--|----------|--|--------------------------|--|-------------------------|
| <b>B3.3</b> | Carry out development work in Safeguarding Operations:<br><br>- to monitor performance/new procedures in place<br>- further training across the workforce.   | <b>H</b> | Strategic Manager – Safeguarding   | Mar 25                   |  | ACMT/QAB                |
| <b>B3.4</b> | Ensure that roles, responsibilities, and processes for raising a concern are well understood and articulated, and that appropriate feedback is routinely provided to referrers on the outcome of reported safeguarding concerns. | <b>H</b> | Strategic Manager – Safeguarding   | Mar 25                   |  | ACMT/QAB                |
| <b>B3.5</b> | Ensure that the roles and responsibilities of the Adult Protection Team are well understood, including briefings and the Team Manager attendance at team meetings where required.  | <b>H</b> | Strategic Manager – Safeguarding   | Mar 25                   |  | ACMT/QAB                |
| <b>B3.6</b> | Communicate wider learning to the workforce from serious incidents and SARs.   | <b>H</b> | Strategic Manager – Safeguarding   | Jan 25 (and as required) |  | ACMT/QAB                |
| <b>B3.7</b> | Increase sufficiency of pathways around homelessness:<br><br>- Work together to review current support arrangements to reduce breakdowns in relationships which lead to homelessness e.g. through mediation,                     | <b>M</b> | Head of Planning and Housing/<br>Strategic Commissioning Manager LD MH / | Jun 25                   |  | QILT/wider council/DSAP |

|  |  |  |   |  |  |  |
|--|--|--|---|--|--|--|
|  | <ul style="list-style-type: none"> <li>- Develop a more targeted and preventative approach to helping people develop skills to maintain tenancies,</li> <li>- Identify how help/support can improve outcomes for people with complex needs in a timelier manner,</li> <li>- Improve processes and support to sustain independence and tenancies following homeless/hospital support,</li> <li>- Work with housing providers to identify those at risk who could benefit from commissioned outreach services,</li> <li>- Explore partnership working to reduce repeat homelessness e.g. by identifying and addressing decline in mental health and developing solutions such as step-up-step-down accommodation.</li> </ul> |  | <p>Strategic<br/>Manager –<br/>Safeguarding</p> |  |  |  |
|--|--|--|---|--|--|--|

## Theme 4: Leadership

### What do we want to achieve?

- ✓ **Governance, Management and Sustainability** - we have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.
- ✓ **Learning, Improvement and Innovation** - we focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

### How will we achieve it?

| Ref  | Action  | H/M/L | Lead                                   | Target Date | RAG | Governance/Work Programme      |
|------|---|-------|--|-------------|-----|--------------------------------|
| B4.1 | Develop a plan for progressing co-production across all four themes.  | H     | Service Manager<br>Operational Support | Oct 25      |     | QILT                           |
| B4.2 | Enhance learning from complaints/ensure organisational learning and improvements in practice are cascaded to the workforce. | M     | Service Manager<br>Operational Support | Apr 25      |     | QAB – 6 monthly quality report |

|             |   |          |  |        |  |  |
|-------------|---|----------|--|--------|--|--|
| <b>B4.3</b> | <p>Maintain a sustained focus on recruitment and retention (internal workforce):</p> <ul style="list-style-type: none"> <li>- Develop an approach to marketing and social media - raising our brand awareness as an employer of choice.</li> <li>- Promote the variety of adult social care roles at job and careers fairs and strengthen relationships with universities and colleges to support with skills sessions and a 'day in the life of'.</li> <li>- Improve induction processes and align more closely with the employee journey and candidate experience.</li> </ul> | <b>M</b> | Service Manager<br>Operational Support | Mar 25 |  | AHS Workforce Development Cross Service Strategy Group |
| <b>B4.4</b> | Review arrangements (both locally and regionally) for oversight of key themes and learning from fitness to practice issues and how this informs social work practice.   | <b>L</b> | Principal Social Worker (Adults)       | Jun 25 |  | PSW annual report                                      |
| <b>B4.5</b> | Promote more widely to the workforce standards and support available to ensure attendance of statutory/mandatory training to meet CPD needs.  | <b>L</b> | Service Manager Operational Support    | Mar 25 |  | Data Insight Report/QAB                                |
| <b>B4.6</b> | Develop an overarching strategy for adult social care focussing on the needs of people who use adult social care services, ensuring equity of experience and including work on preventative activity in the County (see tasks in Theme 1).  | <b>L</b> | Head of Adult Care                     | Oct 25 |  | QILT   |

|             |   |          |   |                           |  |     |
|-------------|---|----------|---|---------------------------|--|-----|
| <b>B4.7</b> | Ensure a strong focus on adult social care at Overview and Scrutiny Committee and Health and Wellbeing Board. | <b>L</b> | Adult and Health Services Management Team | Review annually<br>Mar 25 |  | QAB |
|-------------|---|----------|---|---------------------------|--|-----|

**V4.0**  
**24 September 2024**

# Winter Planning Assurance 2024-25

Overview and Scrutiny Committee 18 November 2024

Sue Jacques Chief Executive County Durham and Darlington  
NHS FT

Michael Laing Interim Corporate Director Adult and Health  
Services Durham County Council

# Format

- Covers health, care, other services cold weather and surge plans
- Context
- Learning from last year
- Governance
- Partner plans – health and care
- Partner plans – other services
- Summary
- Thank you and questions



# Context

- Partners have had winter plans in place for years:
  - **Cold weather plans:** Agreed actions for services and environment for responding to adverse weather;
  - **Surge response:** To prevent and manage increases in demand caused by illness of residents, patients and staff.
  - Based on strong strategic and operational partnerships and joint working
- Plans have a shared aim to ‘prevent’ excess winter deaths and cold related ill health and to manage demand on health and social care systems and other related services over the winter season.

# Learning from last year

- Activity based on strong partnerships
- Increased demand for NHS services especially A&E
- Unpredictable patterns of increased demand starting earlier in late October earlier November 2023
- Positive changes in practice in Emergency Departments
- Organisations working together on hospital discharge
- Transport recognised as a critical factor
- Additional funding applied to shared priorities
- Care market prepared and responded well to demand

# Governance

- System managed via the LADB which meets monthly
- LADB informal meeting 8am every Monday or more if needed
- Weekly Gold Command meetings in each Trust or more if needed
- Bed meetings in Trusts 3 times per day
- Transfer of Care Hub meetings daily
- System Leaders meetings 2 times per week
- Active collaborative management of the health and care system by Chief Officers
- Daily oversight by the ICB and Government

# Partner Plans – Health and Social care

# CDDFT Winter Planning 1

Priorities for 24/25 set by Government in letters from Ministers, NHSE and ICB to all partners:

- Ambulance handovers
- Waiting times in ED
- Sustaining the elective recovery programme
- Hospital Discharge
- Urgent Community Response
- Admissions avoidance
- Single point of access/Integrated coordination centre
- Hospital at Home

Lessons from winter 2023/24 have been incorporated in plans.

Increased bed capacity: 28 additional winter beds at Bishop Auckland and 13 surge beds in Darlington Memorial Hospital.

Bed meetings in CDDFT 3 times per day / Transfer of Care Hub meets daily.

Organisational Executive Triumvirate improvement programme – Improving patient safety and experience by improved flow. (Commenced February 24).

# CDDFT Winter Planning 2

Attendance at national winter learning events.

Peer reviews to support improvement journey in UEC.

On going discussion in LAEDB to align to NENC System priorities.

The key areas of focus to support improving patient safety and experience by improved flow :

- Hospital@Home & Frailty SDEC service
- Bed Modelling
- Discharge Lounge expansion of hours and model
- Further embedded of SAFER principles
- Digital Optimisation
- OPEL action review and cascade
- Same Day Emergency Services extension of provision (Medical, Surgical, Gynae )
- Service Standards
- Single Point of Access (Integrated Care Hub)
- UEC - increase in ambulance handover capacity
- UEC staffing model to support triage, navigation, transport and rapid review

# Primary Care Winter Planning

- **ARI Hubs** Now confirmed £1.2m regional ICB funding, Durham's fair share is £220k. Will support increased staffing/dedicated appointments for acute respiratory infections. Delivery vehicle will be x4 SDUCs but also assessing capacity need in Derwentside
- **SDUC Hubs** Open 7 days per week throughout the winter period, including Christmas/New Year/Bank Holidays. We are exploring funding additional capacity in the UHND hub for the full month of January. Highly used hub, largely due to its location next door to CDDFT ED at UHND
- **Enhanced Access** Appointments available OOH County-wide at PCN level between 18:30 to 20:00 (18:30 to 21:00 in Central Durham). Bookable at practice. This will be throughout the winter period, including Christmas and New Year but they are closed on Bank Holidays
- **GP Collective Action** Mandate for CA remains in place although currently no co-ordinated/significant action in Durham, however does present risk. Ongoing monitoring
- **UEC Workforce T&F** Established September 2024, collaborative between CDDFT/Primary Care/Community/Local Authority – LADB oversight

# Social Care Winter Planning

All ASC providers:

- Ongoing Care Academy support with recruitment – e.g. winter recruitment campaign;
- Ongoing Care Academy support with training – e.g. Encouraging vaccinations qualification;
- Care Homes: visitor communications for resident health protection;
- Domiciliary Care: Care Academy ‘Walkers to Drivers’ ongoing offer to increase capacity;
- IPC measures: UKHSA / IPC team advice guidance and support;
- Care Home residents and adult social care staff vaccination programme;
- Collaborative approach to managing system demand, capacity, incidents and risk.

Grant funding (Better Care Fund ASC Discharge Fund and MSIF Fund) has been used for a number of initiatives in 2024/25 including:

- Financial support for specific sectors of the adult social care provider workforce;
- Extra Intermediate Care Plus (ICP+) Block bed capacity;
- Additional domiciliary care capacity through the ‘short term assistance service’;
- Support for unpaid carers, people with MH needs or dementia and with hospital discharge;
- Additional workforce capacity for DCC AHS Adult Care and Commissioning;
- Care Academy provider recruitment, digital and discharge su



# Public Health Winter Planning

- Robust surveillance and outbreak management processes.
- PH on-call rota in place.
- Continued focus on the most vulnerable and at risk groups - matrix working is strengthening this work.
- Promotion of infection prevention controls to prevent the spread of infections;

# Public Health Winter Planning

- Vaccinations:
  - COVID-19 booster and flu vaccination programmes key to prevent illness;
  - Primary Care Networks and Pharmacies delivering the Autumn Booster and flu vaccinations;
  - DCC and Social Care staff vaccination programme;
  - Use of local data to target low take up areas;
  - Widening the 2-3 year olds flu vaccination programme;
  - RSV vaccination programme.
- Adverse weather protecting health plan
  - UKHSA Weather Health Alerts;
  - Action cards for 12 front line services areas;
  - Resources available on the DCC intranet/google drive.

# VCSE Response – Winter Planning



## Community Infrastructure

Community Spaces are the heart of communities providing social activities and a place to connect:

Welcome Spaces – supported by a seasonal grant programme

Volunteering & Social Action – projects supporting Community Café/Digital connectivity/Green Social prescribing opportunities

Community Food & Growing Initiatives – supporting health & wellbeing (winter activities)



## Raising Awareness

VCSE organisations operate as trusted sources of information both in person and through appropriate socials:

Awareness campaigns (e.g.)

- Winter wellness materials
- Vaccinations
- Pension Credit
- Universal Credit migration
- Home Energy advice & advocacy



## Advice and Support

VCSE organisations tailor their advice and support services in response to priority needs:

Income maximisation

- Pension Credit checks in response to campaigns
- Household Support Fund (focus on energy costs)

Health & Wellbeing Activities including a hot meal or family food

Additional Volunteer recruitment e.g. Winter Night Shelter Support

# Health and Care Assurance Summary

- **NHS** – Bed occupancy / winter pressures managed via LADB; including Acute Respiratory Infection (ARI) Hubs; NHS Priorities; grant initiatives; vaccinations;
- **Primary Care** – Pressures offset by pharmacy support; vaccination delivery; Oversight by ICB and LADB processes and aligned to NHS priorities; mitigations to offset GP Collective Action;
- **Social Care** – Winter pressures managed by CDCP Chief Officers meetings and use of mutual support. grant initiatives; workforce developments; mutual aid; provider market management and support; CQC offer of support for winter planning;
- **Public Health** – Surveillance and outbreak management; infection prevention controls; vaccinations, adverse weather protecting health plan;
- **VCS** – building community infrastructure, raising awareness, providing advice and support

# Partner Plans – other services

# CCU/LRF Winter Planning

- Statutory duty to assess risk; plan; exercise, business continuity, warn and inform, and cooperate and share information;
- Duty discharged by Civil Contingencies Unit (CCU) and membership of County Durham and Darlington Local Resilience Forum (LRF) and other multi-agency bodies; Range of Emergency Plans such as:
  - *LRF Multi-Agency Incident Procedures; LRF Severe Weather Plan; LRF Multi Agency Flood Plan;*
  - *DCC Corporate Emergency Plan; DCC Emergency Assistance Centre Plan; Local Community Emergency Plans;*
- On Call – CCU, EMT, Highways, Property Services, Emergency Duty Team, Care Connect etc;
- DCC and LRF store of emergency supplies and equipment to support welfare provision in event of incident;
- DCC engaged with 40+ community organisations/ Town and Parish Councils progressing local community resilience/emergency plans.

# Communities

- **Contact points:** Welcome Spaces / DCA Community Connectors / Area Action Partnerships / Community Champions / Better Together Forums / Social Prescribers;
- **Main coordination:** via Voluntary and Community Sector / County Durham Together / VCSE Winter Resilience / County Durham Partnership;
- **Local support** across the county for vulnerable and ‘at risk’ individuals. Examples that may be available in response to community needs:
  - **Emergency Provisions** – Emergency packs which can be distributed to those in crisis tailored to suit particular needs, e.g. food, clothes, fuel voucher, personal hygiene items;
  - **Hot meal services / lunch clubs** – providing meals at set venues or delivered to home;
  - **Befriending schemes** – to engage and befriend isolated residents.
  - **Community and social activities** – regular drop-in sessions to meet with others;
  - **Good neighbours** – in snowy / icy conditions helping with shopping, picking up prescriptions, clearing pavements, putting bins out, lighting fires etc;
- **Durham Index of Need:** Using DIoN to target priority areas / targeted groups.

# Welfare and financial support

Welfare and financial support available for residents with key information disseminated to partners and wider council services.

Worried about  
rising costs, debt  
or your finances?

[www.durham.gov.uk/helpwithyourmoney](http://www.durham.gov.uk/helpwithyourmoney)



- DCC Webpages - [Help with your money - Durham County Council](#)
- Fuel Poverty Information - [Help with your heating and energy bills](#)
- Welfare Rights Advice - [Welfare Rights](#)
- Home Energy Efficiency Measures - [Warm Homes](#)
- Benefits Support and Debt Advice and Financial Help - [Benefits Support](#)
- Household Support Fund - [Household Support Fund](#)
- Help with food costs - [Help with food costs](#)
- Free School meals - [Apply for free school meals](#)
- Targeted Support for older people - [Pension Credit Campaign](#)
- Welfare Assistance Scheme [Welfare Assistance](#)



# Housing

The ability to maintain a warm and healthy home can protect and improve health and wellbeing. Poor and cold housing is linked to a variety of conditions such as respiratory diseases, and hypothermia.

- Severe Weather Emergency Protocol (SWEP) – emergency accommodation for homelessness and those at risk of homelessness.
- Adaptations and improvements:
  - MHCLG Damp & Mould Project – *£130k to fund inspections of properties where tenants report damp & mould, or where we identify those properties most at risk through day-to-day work (D&E rated EPCs).*
  - Energy Team – *Warm homes advice, Energy Company Obligation referrals (new boilers)*
  - Homes Upgrade Grant – *30 ‘off-grid’ homes identified for retrofit measures to improve energy efficiency. (ESH are contractors delivering the scheme).*
- Targeted communities – Homelessness, GRT, supported living, communal areas.
- Care Connect – emergency response, falls, and ‘home from hospital service’, 4x4’s

# Highways

- Duty to provide safe passage along a highway not endangered by snow and ice.
- Delivered by treating of 45% (1733km) of the road network, known as Priority 1:
  - Priority 1 includes key carriageways providing links to essential services, key facilities, critical infrastructure and other transport needs;
  - SLA's with local residents and farmers with snow ploughs etc for rural places;
  - SLA's with town and parish councils to clear snow and grit roads and paths in communities using volunteers;
- Priority 2 routes are treated after Priority 1 routes and only in times of prolonged winter weather. (Comprise of 10% of the network or 387km);
- 24hr emergency response – must be an immediate danger to public safety;
- Salt stocks – 42,000 tonnes to cover 160 runs providing a high degree of resilience;
- 2500 salt bins are replenished throughout the winter season;
- Supported by website and socials communications activity.

# Communications

- **Warm and Well** suite of webpages  
[www.durham.gov.uk/warmandwell](http://www.durham.gov.uk/warmandwell)
- **Winter Wellness** resources;
  - Warm, Well and Well Hydrated – animation and postcard
  - MECC briefings – Cold weather and winter wellness / Catch it, Bin it, Kill it
  - Welcome Spaces / Care Home visitor poster and leaflets / Winter welfare and financial support.
- **Falls Prevention**
  - Suite of webpages / 5 bitesize videos / MECC briefing.
- **Weather Alerts** – Health / Schools / Highways / Service disruption.

**Finding financial help and support in County Durham**

The rising cost-of-living is squeezing all of our household budgets, but help and support is available for those who need it.

If you are experiencing financial hardship, have rent arrears or are dealing with debt, you should get help as soon as possible. You can get free and impartial advice and support from a range of places.

For information, visit [www.durham.gov.uk/helpwithyourmoney](http://www.durham.gov.uk/helpwithyourmoney)

**Our services**

We can:

- Provide general information and advice on Council Tax discounts, disregards and exemptions, including single person discount.
- Discuss any difficulties you are having paying your Council Tax or Housing Benefit repayment. We can discuss a payment plan to help with your overall household budgeting.
- Talk through your income to see if you may be entitled to help through our Council Tax Reduction Scheme.
- Provide advice on claiming a Discretionary Housing Payment if you are having difficulties in paying a shortfall in your rent.

[www.durham.gov.uk](http://www.durham.gov.uk)  
Tel: 0191 386 3856  
Monday to Thursday 8.30am-5pm,  
Friday 8.30am-4.30pm.

**Age UK County Durham**  
Age UK County Durham provides a free and impartial service to help people aged 65 and over across County Durham maximise their income. A holistic approach ensures clients receive wide-ranging expert support with their claims, as well as help with other issues including adaptations, energy costs, care provision and debt relief.  
Tel: 0191 386 3856  
Email: [ageuk@durham.gov.uk](mailto:ageuk@durham.gov.uk)

**Citizens Advice County Durham**  
Citizens Advice County Durham is a local charity which provides debt and other advice to thousands of people every year. Its services are free, confidential and impartial. If you're struggling with your Council Tax bill, or any other debts, the service can provide guidance, money advice and debt solutions.  
[www.citizensadvice.org.uk](http://www.citizensadvice.org.uk)  
General Advice: 0800 278 7821  
Debt Advice: 0800 240 4420  
Monday to Friday 9am-4pm.



**Welcome spaces**   

County Durham  
Care Partnership

Do I create Login Have your say My Durham Search

Home / Residents / Emergencies / Emergency safety advice / Stay warm, well and safe this winter

**Stay warm, well and safe this winter**

Follow our winter safety advice to keep your family safe, warm and healthy during the cold months. You'll also be able to get rebates.

**WELCOME SPACES** - are somewhere you can go to get warm, stay warm and enjoy a little company. With many people feeling the pressure because of increased energy costs and the rising cost of living, Welcome Spaces network aims to support residents across County Durham this winter. Our Welcome Spaces are free and will let you stay for as long, or for as short a period as you wish (within their opening hours).

**CATCH IT**  
Germs spread easily. Always carry cough issues and use them to catch your cough or sneeze.


**BIN IT**  
Germs can live for several hours on surfaces. Dispose of your issue as soon as possible.

**KILL IT**  
Hands can transfer germs to every surface you touch. Clean your hands as soon as you can.

Watch Later

**Are they warm?**

Watch on YouTube



**Winter Support**

**Warm Well Water**

[www.durham.gov.uk/warmandwell](http://www.durham.gov.uk/warmandwell) 

**Ice Yellow warning** 





Durham County Council @DurhamCouncil -10m  
Our gritting crews will be on stand-by on all High Pennines Priority 1 routes from 8pm today (27 Nov).  
For more info visit: [durham.gov.uk/winterinfo](http://durham.gov.uk/winterinfo)



# Other Services Assurance Summary

- **CCU/LRF** – On Call response, Emergency Plans, emergency supplies and equipment; resilient communities / community support, implement learning.
- **Communities** – Welcome Spaces, DCA Community Connectors, AAPs, Better Together Forums, Social Prescribers, Community Champions.
- **Welfare and financial support** – support available for residents with key information disseminated to partners and wider council services.
- **Housing** – Severe Weather Emergency Protocol (SWEPE), warm homes and adaptations, supported living, Care Connect, home from hospital service.
- **Highways** – Gritting of the road network (P1&P2); 2500 salt bins, staff and volunteers used for snow clearing in prolonged snow falls.
- **Communications** – central to raising awareness and promoting and supporting interventions. Winter Wellness resources; Weather Alerts.

# Summary

- County Durham plans based on strong strategic and operational partnerships
- Lessons from last year added into plans
- Demand for all services unpredictable – daily “dynamic” management of pressures
- National NHS focus on ambulance times and A&E
- Working as a system to avoid acute admissions and keep people safe and well at home
- Oversight by the ICB and Government

# Thank You and Questions