



Adults, Wellbeing and Health Overview and Scrutiny Committee

Date Monday 17 March 2025
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
2. Substitute Members
3. Minutes of the meeting held on 13 January 2025 (Pages 3 - 16)
4. Declarations of Interest, if any
5. Any Items from Co-opted Members or Interested Parties
6. Shotley Bridge Hospital Update - Presentation by representatives of County Durham and Darlington NHS Foundation Trust (Pages 17 - 20)
7. County Durham and Darlington NHS Foundation Trust - Unannounced Inspection of Emergency Departments by Care Quality Commission - Presentation by representatives of County Durham and Darlington NHS Foundation Trust (Pages 21 - 28)
8. Tees, Esk and Wear Valleys NHS Foundation Trust - Unannounced Inspection by Care Quality Commission - Presentation by representatives of Tees, Esk and Wear Valleys NHS Foundation Trust (Pages 29 - 40)
9. Q2 2024/25 Performance Management Report - Report of the Chief Executive (Pages 41 - 78)

10. 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
7 March 2025

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, 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 Committee Room 2, County Hall, Durham on **Monday 13 January 2025 at 9.30 am**

Present

Councillor V Andrews (Chair)

Members of the Committee

Councillors M Johnson, V Anderson, J Blakey, K Earley, D Haney, L Hovvels, C Hunt (substitute for P Jopling), C Lines, S Quinn and K Robson

Co-opted Members

Mrs R Gott and Ms A Stobbart

Co-opted Employees/Officers

Ms C Bradbury, Healthwatch County Durham

Also Present

Councillor E Adam and Co-opted Member Mr B McArdle (Environment and Sustainable Communities Overview and Scrutiny Committee)

Members of the Environment and Sustainable Communities Overview and Scrutiny Committee had been invited to attend the meeting in respect of Agenda Item No.6 – Oral Health Promotion Strategy.

Members of the Children and Young People's Overview and Scrutiny Committee had been invited to attend the meeting in respect of Agenda Item No.6 – Oral Health Promotion Strategy, Agenda Item No. 7 – NHS Dentistry Update and Agenda Item No. 8 – Director of Public Health Annual Report 2024.

1 Apologies for Absence

Apologies for absence were received from Councillors R Crute, J Higgins, J Howey, P Jopling, A Savory, M Simmons and T Stubbs.

Apologies for absence were also received from Healthwatch County Durham Project Lead, Ms G McGee.

2 Substitute Members

Councillor C Hunt was in attendance as substitute Member for Councillor P Jopling and Ms C Bradbury was in attendance on behalf of Healthwatch County Durham.

3 Minutes

The minutes of the meeting held on 18 November 2024 were confirmed as a correct record and signed by the Chair, subject to it been noted that Councillor Haney was in attendance for the Winter Planning Assurance 2024/25 item.

4 Declarations of Interest

There were no declarations of interest.

5 Any Items from Co-opted Members or Interested Parties

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

6 Oral Health Promotion Strategy

The Committee received a presentation from the Director of Public Health on the Oral Health Promotion Strategy which provided a data summary and details of the oral health in children in County Durham; County Durham's oral health promotion strategy 2023-2028; supervised toothbrushing in County Durham; oral health strategy action plan; community water fluoridation and the next steps (for copy of presentation, see file of minutes).

Councillor Hovvells indicated that water fluoridation in the water was important and stated that it was an inequality right across the area as not all water within County Durham contained fluoride. She continued that she was interested in the outcome of the bid to the ICB investment board for funding to extend and expand local delivery and the timeframe and type of investment.

The Director of Public Health responded that in terms of inequalities community water fluoridation was not right across the County. The Council was waiting for the outcome of the Government consultation on the potential extension of the Community Water Fluoridation from the DHSC. The outcome of the ICB bid was imminent but they were also looking to see if there was anything else that could be done locally to extend and expand local delivery such as the supervised toothbrushing scheme.

Councillor Quinn raised concerns with regard to NHS dental appointments and difficulties registering children with an NHS dental practice. She stated that when

she was a child water contained fluoride, and you drank water and questioned how many children actually now drink water from the tap.

The Director of Public Health responded that dental access would be covered under the NHS Dentistry Update. She continued that they were doing everything they could in terms of oral health promotion alongside Dentistry service access issues. They would like to see some of the oral health promotion work in early years extended to mitigate against the suspension of the supervised toothbrushing scheme during COVID. The Director of Public Health reiterated the importance of extending community water fluoridation to ensure that oral health inequalities were eradicated across County Durham and the wider North East. She stated the introduction of high fat, salty and sugary foods which are cheaper and more accessible than healthy food was exacerbating poor oral health. This was why the strategy could not sit in isolation it needed to sit alongside the work carried such as healthy weight strategy and work on high energy/fizzy drinks.

Councillor Quinn stated that the interventions in schools do work.

The Director of Public Health indicated that free toothbrushing packs were distributed at family hubs to make it as easy as possible.

Councillor Hovvels referred to the work carried out in Shildon around sugary drinks and asked the outcomes from this research.

The Director of Public Health responded that this work had helped to reform the policies that they were looking at locally in terms of the restriction of advertising high energy drinks. The research helped to inform some of the national discussions in terms of advertising and healthy weight as it was a published piece of work.

Councillor Lines referred to the data relating to children's oral health and asked how robust the data was as he was concerned that people were ignoring issues and using over the counter painkillers as an alternative treatment where dental appointments were unavailable.

The Director of Public Health indicated that whilst the quantitative data was robust the service needed qualitative data to sit alongside this. She stated that this may be something that they look at as part of the strategy and get an understanding from local residents.

Councillor Lines stated that the reality was that there was a much bigger problem.

The Director of Public Health responded that their concern was the existing oral health inequalities and that was why the Oral Health Strategy was so important.

Councillor Lines asked if they encouraged people to speak about the issues and not ignore them.

The Director of Public Health stated that Healthwatch had undertaken an extensive piece of work on dental access and would recirculate the findings from this work.

Healthwatch County Durham confirmed that they had nearly 4,000 responses across the North East and Cumbria.

Councillor Adam referred to the consultation with the Health and Wellbeing Board and the Children and Young People's Overview and Scrutiny Committee, but no consultation was held with the Environment and Sustainable Communities Overview and Scrutiny Committee notwithstanding that adding anything to the water had an environmental impact. He stated that he was not against fluoridation in the water and referred to research in America and stated that it was a toxin material and adding a toxin to a water supply was going to have an impact on the environment and the health of human beings. He continued that it was not to help human growth and was for help with oral health and asked how fluoridation could reduce tooth decay when we already had a supervised toothbrushing scheme and widespread fluoride toothpaste usage.

Councillor Adam also asked what evidence suggested that people were drinking tap water rather than bottled water and if more people consumed bottled water how would water fluoridation impact on levels of tooth decay?. He asked for the timescales for introducing fluoride into the water system. He also questioned the strong scientific evidence that water fluoridation was an effective public health intervention stating that some reports from the European Union and the Communities Health and Environmental Risk Committee who looked at the risks had stated that a large proportion of the European countries don't have fluoridation in the water supply due to health concerns. He stated that there was a risk if you get too much fluoride and asked how this was controlled and that 80% of five-year-olds were using fluoride toothpaste and mouthwash and asked about the impact of over provision of fluoride.

The Director of Public Health responded that in terms of the consultation the Health and Wellbeing Board oversaw the Oral Health Strategy and was the Board to formally respond to the consultation. It was also opened out to the Adult's Wellbeing and Health Overview and Scrutiny Committee and Children and Young People's Overview and Scrutiny Committee and stated that a joint Health and Wellbeing Board and Environment Partnership development session would be held in April that could look at some of the issues and advised that the consultation also went out to others to respond to. She continued that they do have an existing community water fluoridation scheme in some parts County Durham that had been in place since the 1960's that was safe, effective and was highly regulated. Fluoride was a naturally occurring mineral, hydrofluoric acid which was the chemical that was regulated and approved nationally for that use. From an environmental point of view the carbon footprint of dental care if this can be reduced further it outweighs the impact in terms of environmental impact. From an

evidence point of view, an evidence briefing was produced which looked at national and international evidence and believed that fluoridisation was a cost-effective intervention from a public health and inequalities perspective. The government was looking at the evidence and it was a Department of Health decision whether to extend fluoridation. She stated that the fluoridation in the American study was at a higher level than that proposed for the North East.

Councillor Adam referred to the inequalities and stated that he did not see in the 2023 strategy that they were tackling the dietary issues. He had watched a programme on healthy eating for children and additives added to make the food more appetising and encourage children to eat more of it. This had a greater impact causing tooth decay and stated that he was pleased to hear that they were carrying out tooth brushing and asked why the strategy does not focus on dietary habits and not consuming sugary drinks.

The Director of Public Health stated that they needed multiple interventions in terms of inequalities. She continued that this strategy sits under the joint health and wellbeing strategy and their core priority was around healthy weight and a high focus on good food in terms of sustainability and an access point of view. They measure children and have a high level of children who are overweight and have an extensive range of interventions. They have an existing policy around takeaways in close proximity to schools and advised Members that a report on child obesity would be going to the next Children and Young People's Overview and Scrutiny Committee and they may bring a report to this committee to show the work in relation to food and physical activity.

Councillor Robson stated that other countries don't have issues accessing dentists, but you can't access an NHS dentist in towns and referred to the successful stop smoking campaign and asked if something similar could be done for teeth cleaning.

The Director of Public Health referred to the joint work and communication was important and linking to some of the community organisations would be a good way forward and stated that dental health had improved over the years.

Councillor Hunt asked around the data for the enforcement in relation to the supply and purchasing of energy drinks.

The Director of Public Health stated that she would take this back to the community protection team and obtain details of the programme.

Councillor Hovvells stated that test purchasing was in place, and they do target areas.

Resolved: That the contents of the presentation be noted.

7 NHS Dentistry Update

The Committee received a presentation from the Director of Local Delivery, North East and North Cumbria Integrated Care Board and Head of Integrated Strategic Commissioning, County Durham Care Partnership/Durham County Council which provided an update on NHS Dentistry.

The presentation also provided a summary overview of NHS dentistry; NHS commissioned capacity; urgent dental care services in County Durham; significant challenges to people accessing dentistry in North East and North Cumbria; national dental recovery plan; local approach to tackling challenges; local actions undertaken; oral health initiatives and next steps (for copy of presentation, see file of minutes).

The Director of Local Delivery, North East and North Cumbria Integrated Care Board and Head of Integrated Strategic Commissioning advised Members that urgent dental access centres had been commissioned in County Durham, the locations were to be confirmed.

Mrs Gott asked when the new services were available if leaflets could be placed in GP practices.

The Director of Local Delivery, North East and North Cumbria Integrated Care Board and Head of Integrated Strategic Commissioning responded that leaflets could be provided to GP practices and the information shared with care navigators in GP practices.

Councillor Hunt asked how often the information provided to 111 was updated and advised that one of her constituents was provided with contact details for dentists who all turned her away, so the information provided was incorrect.

The Director of Local Delivery, North East and North Cumbria Integrated Care Board and Head of Integrated Strategic Commissioning advised that she would follow this up and advised Members that it was up to dentists to update if they were accepting patients and prioritising their capacity.

Councillor Anderson referred to the COVID era and some people in her division who were unregistered from practices for non-attendance and were now struggling to access a dentist.

The Director of Local Delivery, North East and North Cumbria Integrated Care Board and Head of Integrated Strategic Commissioning responded that COVID was just one factor, and all factors have put greater pressure on services.

Councillor Anderson asked how they could encourage dentists once qualified to remain in the NHS.

Councillor Hunt stated that tooth decay was linked to bad food choices as a result of deprivation.

Councillor Adam referred to the difficulty obtaining an emergency dental appointment and provided an example of where they provided antibiotics for an abscess but would not treat after the abscess had gone due to the dentist not taking on any more NHS patients.

The Director of Local Delivery, North East and North Cumbria Integrated Care Board and Head of Integrated Strategic Commissioning stated that it was helpful for Members to share their experiences with her so that she could pass these onto the team and impact on change.

Councillor Hunt stated that any other severe infection you would be admitted into hospital. People could die from gum infection who were not getting treated.

The Chair stated that GPs were not allowed to treat dental problems due to medical indemnity.

Councillor Hovvells stated that people are confused on who to contact.

Councillor Hunt stated that if you have an infection you can go to a pharmacy for antibiotics but when it was oral no one would help other than a dentist.

The Director of Local Delivery, North East and North Cumbria Integrated Care Board and Head of Integrated Strategic Commissioning responded that the longer-term work would help but the reality was that currently there were challenges experienced in terms of the provision of and access to NHS Dentistry services local, regionally and nationally.

Councillor Robson reiterated members' concerns around the absence of an accessible NHS Dentistry service and the potential impact that this would have on wider health and wellbeing of the local community.

The Director of Local Delivery, North East and North Cumbria Integrated Care Board and Head of Integrated Strategic Commissioning referred to the national actions and stated that the government were reviewing this and had come out with a number of points such as more work force and attract dentists and reviewing the national contract. She stated that nationally it was recognised as a problem.

In response to a further question from Councillor Robson, The Director of Local Delivery, North East and North Cumbria Integrated Care Board and Head of Integrated Strategic Commissioning stated that the number of training places in dental schools had been extended to attract more people into dentistry but stated that many dentists had chosen to work in private practice.

Councillor Hovvells referred to dental nurses and what investment had gone into this and what changes would they see in the near future.

The Director of Local Delivery, North East and North Cumbria Integrated Care Board and Head of Integrated Strategic Commissioning responded that there was a dental workforce plan. She would bring a briefing report back to the committee on dental workforce.

Councillor Hunt referred to the shortage of dentists but if you say you are private you can get into the practice and stated that it was more about the money.

Councillor Anderson asked what happened to dental hygienists.

The Director of Local Delivery, North East and North Cumbria Integrated Care Board and Head of Integrated Strategic Commissioning would bring this back as part of the briefing.

Councillor Quinn expressed concern that people were self-caring and pulling their own teeth out and stated that they as much as possible needed to be done to ensure that NHS Dental services were available across County Durham.

The Director of Local Delivery, North East and North Cumbria Integrated Care Board and Head of Integrated Strategic Commissioning responded that she was keen to have conversations about disseminating information into the community.

Resolved: That the contents of the presentation be noted.

8 Director of Public Health Annual Report 2024

The Committee received a joint report of the Corporate Director of Adult and Health Services and Director of Public Health on the 2024 Annual Report of the Director of Public Health for County Durham (for copy of report, see file of Minutes).

The Director of Public Health provided a detailed presentation on the Public Health County Durham Annual Report 2024 which focused on the following areas:

- Highlighted Health of our People
- Future Health of our People
- Health and Social Care
- Healthy Behaviours
- Wider Determinants of Health
- Recommendations and Conclusion

Councillor Hunt welcomed all the work that had been done on the smoking and referred to pregnant mothers who were smoking. She asked if the advice and

solution was offered to all pregnant mothers as sometimes, they don't admit that they are smoking.

The Director of Public Health responded that they had appointed an inequalities midwife who works in the local trust and regionally, so it was underway and stated that she was making a real difference.

Councillor Earley raised concerns around adopting a policy of targeting interventions in certain areas which may lead to an unintended levelling down of health inequalities. He then referred to social prescribing and stated how difficult it was to maintain a viable list that was ad hoc and could be done better.

The Director of Public Health responded that universal work on oral health that may be fluoridation across the whole county and then some targeted work in terms of interventions. She referred to mothers smoking at time of delivery and stated that they wanted every single mum to have that interaction but where they had areas with 33% of mums smoking, they needed to do something more intensive in that area. With regard to social prescribing, they were working hard to update the community book that would have details of local groups and interventions in place, it often comes down to having good relationships locally with the local social subscribing link worker who should also be reaching out into the local areas. If this was not happening, then this would be looked at.

Ms A Stobbart stated that they are wanting people to change their behaviour in a community setting and stated that someone could recognise that and have that conversation. She then referred to social housing providers who would be willing to have those conversations with customers at the right time.

The Director of Public Health responded that they had a training programme that was to make every contact count, she would check to ensure that it was reaching out to housing colleagues.

Councillor Quinn referred to the wellbeing for life programme that was excellent and was working in communities. She then referred to nitrous oxide, drugs and vapes that contributed to most of the issues in communities and stated that more needed to be done around this.

The Director of Public Health responded from a drugs point of view they had just received confirmation that funding from Dame Carol Black "From harm to hope" initiative had been confirmed for the future which was additional funding to the core drug and alcohol contract. They were working closely with the Police and Crime Commissioner and Durham Constabulary on the nitrous oxide and vapes. She stated that they had to be careful due to the benefits that vapes offer to adults to help them to stop smoking as they were safer than cigarettes, but they did not want young children to start vaping and it to be marketed in that way. She continued that they had just put out a survey to young people around vaping and were currently

analysing the results that would go back to the Health and Wellbeing Board but could bring the results also back to this committee.

Councillor Adam commented that the theme from today was deprivation and the impact on health and stated that slow progress has been made. He stated that it was about investment in County Durham and that this was the only way to see improvement.

Councillor Lines referred to the figures on the future health of residents that were stark and scary. He was conscious that public health practitioners have a lot on their plate to address some of the challenges and asked what more the Council and partners could do.

The Director of Public Health responded that they were looking at housing, planning and the economic point of view and a development session would be held initially with the Health and Wellbeing Board in February then the Health and Care Partners then a Joint session with the Environment partnership.

Councillor Anderson referred to the healthy behaviours section of the report and mental health and wellbeing and stated that the mental health services in County Durham were stretched and were always the poor relations who were underfunded and understaffed. She continued that mental health referrals were on the increase and one in six children and young people have a mental health condition and stated it was around signposting for these people and timely access for the right treatment and stated that unfortunately in County Durham CAMHS waiting lists are high. She asked what work was being done to reduce waiting lists and the retention and appointment of staff.

The Director of Public Health responded that they were carrying out some joint work looking at mental health and bringing things together.

Councillor Hovvells referred to link workers and stated that not all link workers reach out and stated that more work needed to be carried out around this. She then referred to rural communities and she had some concerns and did not want these communities to be forgotten.

Councillor Robson stated that he was concerned about some of the information provided in relation to 2040 and new diseases and issues. He provided an example of people who worked in the pit and how the impacts of cannabis could be one of the diseases in the future and asked for more information on what they are expecting.

The Director of Public Health responded that the legacy from the mining industry people did not understand the health risks and the impact of that was now coming to an end. The newer issues such as access to unhealthy food not been able to do as much physical activity, drinking too much and smoking that are addictive and

access to drugs these are the things that lead to the projections becoming a reality. These are the things that they can do now to avoid those 2040 projections coming to bear. The third part of the report about starting to look at actions are the things they need to do to mitigate those projections.

Councillor Hunt referred to the gap between mental health and drug services and how people were self-medicating with street drugs. She stated that the drug and alcohol services won't take people with a mental health issue that was not been treated so they were in a circle and asked what they were doing to address this.

The Director of Public Health stated that she would take this away and get back to Councillor Hunt.

Resolved: That the Director of Health Annual Report 2024 be noted.

9 Durham Safeguarding Adults Partnership Annual Report 2023/24

The Committee received a report of the Durham Safeguarding Adults Partnership Independent Chair that presented the Annual Report for 2023/2024 of the Durham Safeguarding Adults Partnership (DSAP), which provided assurance of the safeguarding adults activity across County Durham (for copy see file of Minutes).

The Durham Safeguarding Adults Partnership Business Manager was in attendance to deliver the report.

Councillor Quinn thanked the Officer for looking into the safeguarding issues on people living on their own and the vulnerable.

In response to a question from Councillor Earley, the Business Manager indicated the following on from the high profile exposes that happened many years ago in other parts of the country they ended up with Transforming Care. Transforming Care from an NHS perspective was predominantly around people being placed some distance from their home in an "out of area placement". The partnership has had for a number of years some assurance around transforming care and what that means if they are placed in our county or out of county. Some elements of that were now picked up within local authority assessment under the Care Quality Commission whilst others were picked up under the assurance role of the safeguarding adult's partnership in terms of reporting. For a number of years, they have had regular updates on who had been placed outside the area from the local authority and the oversight of those adult's placed elsewhere.

The Safeguarding Adults Business Manager provided members' assurance that mechanisms were in place to ensure that information and soft intelligence was shared between the Council and Partners where concerns were highlighted in respect of quality of care. The expectation was that agencies could collect and share that information with the local authority to ensure service standards were

maintained. The Partnership received information updates which identified the potential need for interventions should concerns arise around safeguarding. They have updates pre and post local authority assessment from the care quality commission.

In response to a further question from Councillor Earley, the Business Manager stated that there was a national working group around the prevention of institutionalised abuse and the development of service standards which would tackle this.

Councillor Hunt referred to vulnerable adults been used by drug gangs and asked if they have a lot of referrals and what the process was.

The Business Manager responded that children who can be criminally exploited sit within the safeguarding children's partnership although work was done with the Safeguarding Adults Partnership during the transition from childhood to adulthood. The Safeguarding Adults Partnership had not received reports of drug exploitation specifically but were aware of the risks posed in terms of financial abuse, modern slavery linked to drug and substance misuse. Incidents of home invasion had also been reported and members were assured that the Partnership undertook regular audit activity and case working to address such issues.

The Partnership was currently working on engaging with adults who may be at risk or experiencing such issues and were hoping to develop an associated "toolkit" in this respect later in the year.

The Chair referred to SARs and asked if the training was optional or mandatory.

The Business Manager responded that the review training was not mandate but was open to all partners of the board.

Resolved: (i) That the Durham Safeguarding Adults Partnership Annual Report suite for 2023/2024 the progress made by the Partnership be noted.

(ii) That the future work of the Durham Safeguarding Adults Partnership be noted.

10 Quarter 2 2024/25 Forecast of Revenue and Capital Outturn

The Committee received a report of the Corporate Director of Resources that provided details of the forecast outturn budget position for the Adult and Health Services (AHS) service grouping, highlighting major variances in comparison with the budget for the year, based on the position to the end of September 2024 (for copy of report, see file of minutes).

The Principal Accountant (Resources) was in attendance to present the report and deliver a presentation that provided an overview of 2024/24 Quarter Two Revenue

Forecast Outturn and Variance Explanations and 2024/25 Quarter Two Capital Position (for copy of presentation, see file of minutes).

Resolved: That the information detailed within the report and presentation be noted.

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Shotley Bridge Community Hospital

Adult Health and Wellbeing Overview
and Scrutiny Committee – 17th March
2025



Project Update

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County Durham
and Darlington
NHS Foundation Trust

- Re-design and value engineering completed end 2023 and revised scheme costs submitted to NHP for approval
- Ongoing dialogue with NHP to gain assurance on design and to secure funding to progress the design business cases into 2024/25 financial years
- May election announcements halt all major government decisions and new government appointed July 2024
- DHSC to undertake review of NHP on cost and timescales
- SoSfH announcement January 2025 – SBCH would be a wave 1 scheme for construction commencement in 2026/27

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Re-Mobilisation

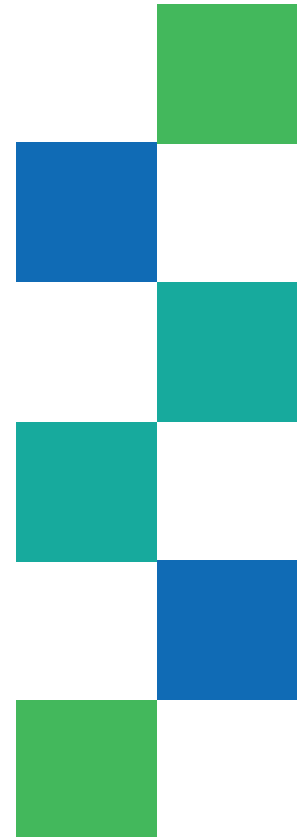
- Project team and contractors are unable to remobilise until funding is released – required by April 2025
- Programme timelines are being developed that will drive the funding requirements for 2025/26
- 2025/26 programme to include site acquisition and remediation on the agreed Consett site
- OBC based on the redesign model will require substantial refresh given time lapsed – commence FBC immediately after OBC submission
- Contractor, architects and all project team members are ready to start as soon as funding is available



Budget and Timeline

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- Overall scheme budget will be set following the NHP Major Programme Review outcomes - awaited
- Timelines currently indicative, but construction expected to be towards final quarter of 2026/27
- Planning will require refresh but unlikely to be full permission requirements – working with planning dept now.
- Expected completion 2028/29 – dependent on timeline and cashflow



Care Quality Commission Update

UEC - Inspection report issued 14 January 2025



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Emergency Department Inspection – June 2024



County Durham
and Darlington
NHS Foundation Trust



- Unannounced inspection of EDs at UHND and DMH undertaken by CQC - 17th and 18th June 2024
- **Overall Rating for both sites was Good**
- Caring domain was not reviewed as part of this inspection – therefore remains Good from previous rating
- No issues raised formally by the CQC with the Trust either during or after the inspection
- High-level feedback letter received 16th August 2024:
 - No issues identified and nothing for urgent attention or escalation
 - CQC saw evidence of a strong learning culture where incidents were investigated and learning embedded
 - CQC found the environment to be clean and tidy
 - CQC saw that there were enough staff with the right skills and experience to care for patients safely
 - CQC saw there was a culture of kindness and respect between colleagues
- Inspection report issued on CQC website 14 January 2025. CQC currently publish reports in HTML format rather than PDF (links below). Although told there will be a feature to download the report as a PDF in the future
- DMH - <https://www.cqc.org.uk/location/RXPDA/reports/LAP-01104/urgent-and-emergency-services>
- UHND - <https://www.cqc.org.uk/location/RXPCP/reports/LAP-01105/urgent-and-emergency-services>

Emergency Department Inspection – June 2024

Comments from patients, families and carers CQC spoke with:

- were all positive about the staff
- were treated with warmth and kindness and provided effective care and treatment
- were seen quickly by trained nursing staff when they arrived
- were asked appropriate questions to find out more about why they had attended the emergency department (triage)
- were given the tests they needed usually promptly (confirmed by CQC records review)
- felt staff were on hand if they needed them for help or support
- did not feel anxious about raising concerns
- said communication with them was good.



Emergency Department Inspection – SAFE



County Durham
and Darlington
NHS Foundation Trust

8 Quality Statements Assessed	Scoring (Rated as Good)
Learning Culture	3
Safe systems, pathways and transitions	3
Safeguarding	3
Involving people to manage risks	3
Safe environments	3
Safe and effective staffing	3
Infection prevention and control	3
Medicines optimisation	3

Scoring Methodology:

- 1 = Evidence shows significant shortfalls
- 2 = Evidence shows some shortfalls
- 3 = Evidence shows a good standard
- 4 = Evidence shows an exceptional standard



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Emergency Department Inspection – EFFECTIVE



5 Quality Statements Assessed	Scoring (Rated as Good)
Assessing needs	3
Delivering evidence-based care and treatment	3
How staff, teams and services work together	3
Monitoring and improving outcomes	3
Consent to care and treatment	3



Emergency Department Inspection – RESPONSIVE



County Durham
and Darlington
NHS Foundation Trust



7 Quality Statements Assessed	Scoring (Rated as Good)
Person-centred Care	3
Care provision, Integration and continuity	3
Providing Information	3
Listening to and involving people	3
Equity in access	3
Equity in experiences and outcomes	3
Planning for the future	3

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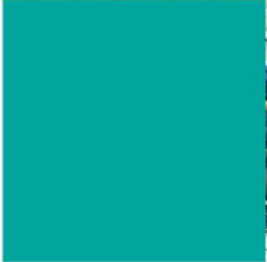
Emergency Department Inspection – Well-led



3 Quality Statements Assessed	Scoring (Rated as Good)
Capable, compassionate and inclusive leaders	3
Governance, management and sustainability	3
Learning, improvement and innovation	3



Heading



Thank You
Any Questions?

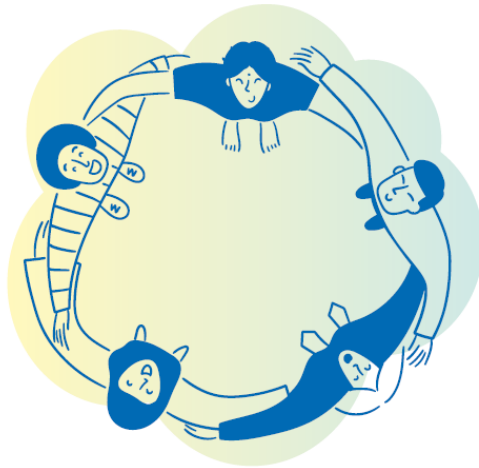
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Tees, Esk and Wear Valleys
NHS Foundation Trust



Tees, Esk and Wear Valleys NHS Foundation Trust CQC Inspection Report and Improvement Plan update

Adults Wellbeing and Health Oversight Scrutiny
Committee 17 March 2025

Respect

Compassion

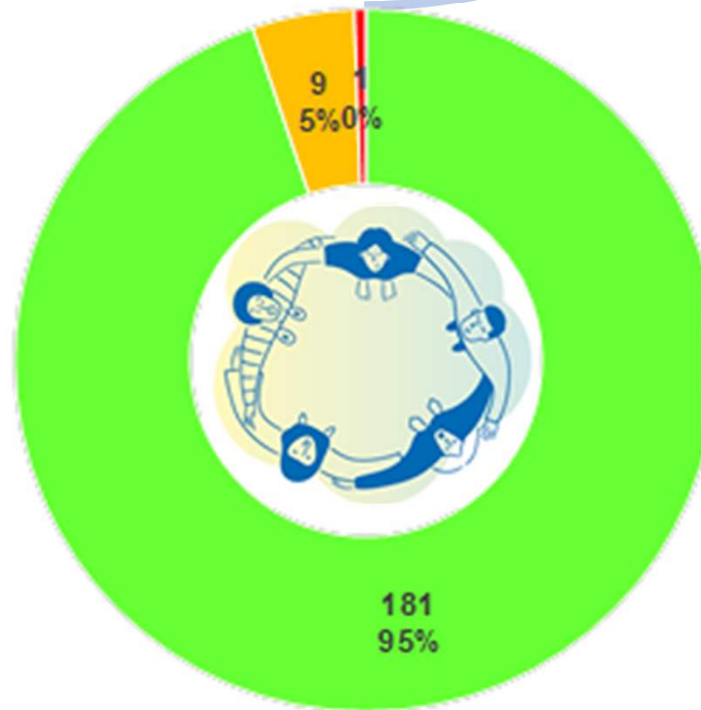
Responsibility



Delivering the Trust's CQC Improvement Plan

Progress of the CQC Improvement Plan from the CQC Inspection Report published October 2023 (position as at **18/02/2025**):

- **181** Improvement actions complete
- **9** actions in progress (within target)
- **1** recommendations in progress (behind target)



- Complete
- In Progress (within target date)
- In Progress (behind target date)



The 1 CQC Recommendation which are making progress but have exceeded their target date of completion include:

- **Should Do 56)** The trust should ensure that they continue to embed the harm minimisation policy.
 - ❖ The Harm Minimisation Policy has been fully reviewed and was published 15 October 2024 following extensive consultation. This is now the Safety and Risk Management Policy which provides updated terminology and encompasses the approach to better reflect the principles of personalising care planning and assessment of risk. There have also been changes to clarify expectations of staff to work collaboratively with the people who use our services in developing and devising their care.
 - ❖ A full Training Plan has been developed and face to face training delivery (commencing November 2024) is progressing across all Specialties. Course data is not yet fully automated, and it is therefore not accessible via the Trust's Integrated Information Centre (IIC). Reporting mechanisms are being explored to ensure that training data can be appropriately reported.

CQC Report for AMH Crisis, Acute Liaison and Health Based Places of Safety

- Targeted inspection of the Trust's AMH Crisis, Acute Liaison and Health Based Places of Safety (Section 136 Suites) Services, commenced 11 June 2024.
 - Inspection included on-site inspections with clinical teams, discussions with people who use services and their carers and online Focus Groups with Trust Partners (including Commissioners, Local Authorities, GPs and the British Transport Police).
 - A total of 132 information requests were also collated and submitted during the inspection.
- Initial feedback was received during the inspection and action has also been taken in the 6 months since the inspection to ensure timely improvements in service delivery including;
 - Installation of fencing and movement of the hatched police parking bays at Cross Lane Hospital 136 Suite Entrance to further improve privacy for patients.
 - Installation of a new intercom within the Section 136 Suite to support two-way communication
 - Medication management and storage at the CAS Suite, at Roseberry Park Hospital - lockable cabinets were installed for patients to store medication whilst at the CAS when not detained
 - No reoccurrence of the SI Backlog and further work progressed to embed the PSIRF
 - Overall, improvements achieved in mandatory and statutory training compliance






CQC Report for AMH Crisis, Acute Liaison and Health Based Places of Safety

- Draft report received by the Trust 05 November 2024 and went through a process of factual accuracy checks, with comments submitted back to the CQC 06 December 2024. Follow up queries and points of clarification were also shared during January 2025.
- Areas raised during the Factual Accuracy Process focused on:
 - **Removal of inaccurate statements:** including references to services not commissioned by the Trust and one Local Authority advising that safeguarding referrals were low however, this had not been raised through external Safeguarding Adults/ Children's Boards and the Trust were able to demonstrate this.
 - **Proportionality:** including where small numbers of patients had advised the CQC that they did not receive a response to their complaint, however, the Trust had not been provided with the opportunity to validate this information and when information was shared, the Trust were able to demonstrate relevant complaints updates.
 - **Misinterpretation of Evidence:** including inaccurate calculation of bank/agency vacancy rates and additional home-based treatment teams being included during the inspection however, not all data being requested or considered for those teams.



Outcomes of the Factual Accuracy Checks

Domain	Draft Report Overall Score Rating	Final Report Overall Score Rating	Overall Change in Sub Scores
Safe	Requires Improvement (56% - 2)	Good (69% - 3)	 8
Effective	Good (71% - 3)	Good (71% - 3)	 1
Caring	Good (65% - 3)	Good (65% - 3)	No change
Responsive	Good (71% - 3)	Good (71% - 3)	No change
Well-led	Requires Improvement (62% - 3)	Requires Improvement (62% - 3)	 1

The CQCs Rating

The CQC Inspection Report was published **6 February 2025** with a rating of **Good** being achieved.

Inspected and rated

Good



The report demonstrates our continuous improvement and the positive impact this has had on people's experience of our Trust. This is down to our committed and hardworking staff, working alongside our community partners, to provide mental health crisis support. This is against a national backdrop of increased demand for services and recruitment challenges across the NHS.

The inspection also took place during a period of change for the service, and for our teams, as we moved over to NHS 111.



Key Findings of the Inspection

The report highlights that staff **shared a vision and culture**, worked with **capable and compassionate leaders** and there were **sound structures in place for staff to speak up**.

- **People were treated as individuals** and offered independence, choice and control.
- There was evidence of a **good learning culture**, and people using the services told the CQC that they **felt safe**.
- **People were safeguarded** by the staff caring for them.
- People had their **needs assessed**, and most people said they were involved in the planning of their care and that their **care was regularly reviewed**.
- The CQC saw **staff supporting people** with their mental health needs and the **physical health monitoring**.
- **People received evidenced based care and treatment** and there were regular multidisciplinary meetings where learning could be shared and staff at all levels attended various meetings.
- People are **included** in their care and treatment choices with **carers being involved** where appropriate.
- People's **preferences** were considered when deciding on appropriate treatment options.
- **Carers were included** at assessment stage and throughout.
- There was a **strong quality improvement culture**, and leaders were encouraged to develop themselves and the services.
- Staff told the CQC that the recent move to the 111 service was having a **positive impact**.



Analysis of the Inspection Findings

Domain	Previous Inspection Ratings 2021	Inspection Ratings January 2025
Safe	Good	Good (69% - 3)
Effective	Good	Good (71% - 3)
Caring	Good	Good (65% - 3)
Responsive	Good	Good (71% - 3)
Well-led	Good	Requires Improvement (62% - 3)
Overall	Good	Good

Analysis of the Inspection Findings

It should be noted that this is the first inspection where the CQC have inspected Acute Liaison Services as part of this core service.

Sustained Good Practice:

- Clear vision and strategic direction
- Culture
- Person-centred care
- Involvement of patients, families and carers
- Multi-disciplinary working
- Multi-agency working
- Holistic plans of care
- Risk Management
- Safeguarding
- Learning
- Environment

Repeat Issues / New Areas for Improvement:

- Mandatory and Statutory Training
- Supervision
- Medication Management
- Outcome measures
- Governance



CQC Report for AMH Crisis, Acute Liaison and Health Based Places of Safety

It is anticipated that improvement actions will include:



Further improvements in mandatory and statutory training compliance

Embedding systems and processes for supervision recording

Improving clerking systems and processes for patients presenting to the Crisis Assessment Suite at Roseberry Park Hospital

Consistent recording and reporting of patient outcome measures

Measuring length of stay for informal patients presenting to the Crisis Assessment Suite

Reducing inappropriate stays in a Section 136 Suite

Improving people's experiences of future planning

Working with Local Authorities to understand the number of safeguarding referrals that progress to a Section 42

CQC Report for AMH Crisis, Acute Liaison and Health Based Places of Safety

Next Steps:

- An Improvement Plan will be collaboratively developed to address improvement actions resulting from the inspection
- There will be formal oversight and monitoring of the Improvement Plan by the Executive Directors Group and the Trust's Quality Assurance Committee.



Thank You

Adults, Wellbeing and Health Overview and Scrutiny Committee

17 March 2025

Quarter Two, 2024/25 Performance Management Report



Report of John Hewitt, Chief Executive

Electoral division(s) affected:

Countywide.

Purpose of the Report

- 1 To inform members, senior managers, employees and the public of our progress towards achieving the strategic ambitions and objectives set out in our [Council Plan 2024-28](#).

Executive Summary

- 2 This report contains the most recent performance data available on 30 September 2024, alongside contextual information of activity and events taking place in the second quarter of the 2024/25 financial year (July to September).
- 3 It should be noted that since this report was written, the government has closed the [Office for Local Government](#). A new way of ensuring local authorities are fit, legal and decent, incorporating the benefits of relevant work completed by Oflog to date, is being developed. Therefore, although Oflog's suite of metrics is included in this report (as Oflog was still in operation over the reporting period) we intend to review their inclusion in future reports once clarity is received on the new assurance methodology.
- 4 We are a large organisation providing a broad range of services. Our operating environment, which can be challenging, is heavily influenced by many interconnected factors including inflationary and demand pressures, demographic shifts and the changing needs of our residents, economic uncertainties, and the ongoing impacts of global events.
- 5 The government presented its [Autumn Statement](#) to Parliament on 30 October. This set out the government's financial plans for this year and next, alongside the estimated impact of changes to tax, welfare and public spending.
- 6 The government has published the provisional local government finance settlement for England, 2025/26. Our financial position remains very challenging despite the additional government grant funding being provided next year ([budget 2025/26 – report to County Council](#)).

Context

- 7 From an adult care perspective, referrals into the service and Care Act assessments completed remain stable. The percentage of service users receiving an annual review continues to improve and a high proportion of our care homes are rated either 'good' or 'outstanding'.

Recommendation(s)

- 8 Adults, Wellbeing and Health Overview and Scrutiny Committee is recommended to:
 - (a) note the overall position and direction of travel in relation to quarter two performance (July to September), and the actions being taken to address areas of challenge.

Background papers

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

Other useful documents

- [Council Plan 2024 to 2028](#) (current plan)
- [Quarter One, 2024/25 Performance Management Report](#)
- [Quarter Four, 2023/24 Performance Management Report](#)
- [Quarter Three, 2023/24 Performance Management Report](#)
- [Quarter Two, 2023/24 Performance Management Report](#)

Author

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Appendix 1: Implications

Legal Implications

Not applicable.

Finance

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

Consultation

Not applicable.

Equality and Diversity / Public Sector Equality Duty

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

Climate Change

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

Human Rights

Not applicable.

Crime and Disorder

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

Staffing

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

Accommodation

Not applicable.

Risk

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

Procurement

Not applicable.



Corporate Performance Report

Quarter Two, 2024/25



Contents (blue text links to sections of the report)

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[Our People:](#)

[Performance Report](#)

Adult social care:

- ◆ [Referrals and assessments](#)
 - ◆ [Admissions to permanent care](#)
 - ◆ [Services received and outcomes](#)
 - ◆ [Adult Social Care](#)
 - ◆ [Carers: consulted about person they care for, social contact](#)
-

Public Health:

- ◆ [Healthy weight and physical activity](#)
 - ◆ [Healthy weight \(children\)](#)
 - ◆ [Healthy weight \(adults\)](#)
 - ◆ [Physical activity](#)
-

Housing vulnerable people:

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

[Physical activity](#)

[Data Tables](#)

[Glossary](#)

Executive Summary

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

Our people

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

Going Well

- 5 We are seeing improvements in the percentage of adult social care service users receiving an annual review. Data for quarter two shows almost 77% of service users had received an assessment or review in the last 12 months. We are continuing to reduce the backlog of overdue annual reviews and expect that performance will continue improve.
- 6 Eighty-eight percent of care homes across the county are rated as good or outstanding. This is better than the North East (85%) and England (77%). We continue to manage the capacity in care homes enabling admissions as required.

Issues we are addressing

- 7 The proportion of reception aged children who are of a healthy weight has reduced in County Durham over the last three years. In 2021/22 we were similar to the England position; we are now statistically worse than the national result. To improve this, Public Health are working with partners to implement a whole school food approach within schools across the county.

Risk Management

- 8 The government's statutory guidance for best value authorities sets out the characteristics of a well-functioning authority. This details the arrangements that councils should have in place for robust governance and scrutiny including how risk awareness and management should inform decision making. The latest [Strategic Risk Management Progress Report](#) provides an insight into the work carried out by the Corporate Risk Management Group between January and May 2024.

Our People

Priority Aims:

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

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

National, Regional and Local Picture

Adult Social Care

- 9 The CQC assessed our adult social care service in May 2024 with the [final assessment report](#) published in August 2024. They rated 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 the CQC. At the time of publication the council's rating placed it joint third nationally out of 11 published reports.
- 10 A number of areas within the report were also 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.
- 11 The recent [Autumn Budget](#) included some items specifically for adult social care:
 - support to local authority services through provision of at least £600 million of new grant funding to support social care (both adult and children's social care).
 - an £86 million increase to the Disabled Facilities Grant to support 7,800 more adaptations to homes for those with social care needs to reduce hospitalisations and prolong independence.
- 12 The King's Fund, a think tank working to improve health and care in England, has provided an [assessment](#) of the budget's impact on adult social care. It points out that the additional funding will be welcomed by the adult social care sector. However, the resource is likely to spread thinly as the sector employs as many people as the NHS and will be more exposed to the increased cost pressures also announced in the budget. The analysis also [notes](#) that the 'much promised fundamental reforms for social care remain

over the horizon rather than in plain sight from the current policy agenda of this government’.

- 13 Care England, a body representing independent providers of adult social care in England, also stated that the budget ‘overlooks the financial pressures¹ bearing down on the sector’. It highlighted the risk of an increasing number of contracts being handed back to local authorities by providers due to the increased National Insurance contributions². This, in turn, may lead to the closure of services that are no longer financially viable.
- 14 The government has opened a call for evidence to understand the cost of inaction around adult social care reform. This intends to investigate the cost of inaction to individuals, the NHS, local authorities and also to the wider economy. It is focusing not only on the financial cost, but also on the personal costs and on potential benefits that are being missed. The government will provide an update on the findings in the new year.

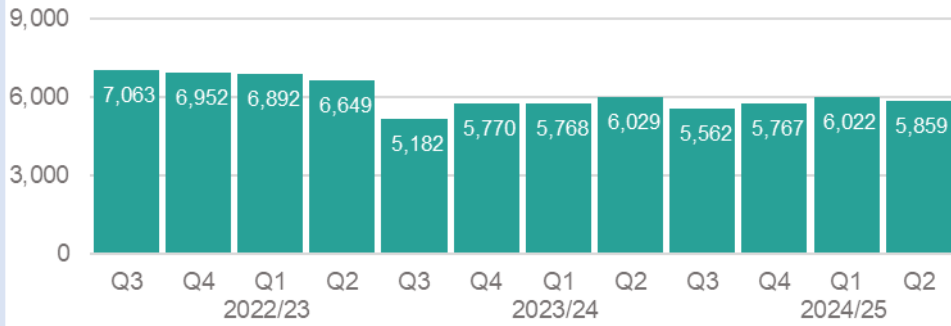
¹ [Financial pressures bearing down on the sector](#)

² [Increased NI contributions](#)

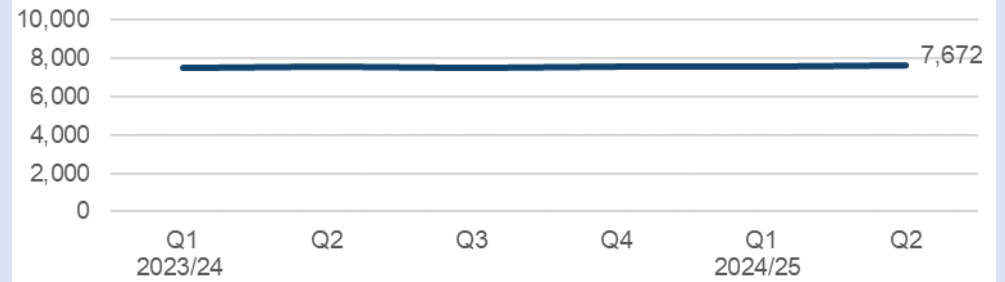
Adult Social Care Dashboard – Referrals, assessments and service users

(quarterly data / as at end of September 2024)

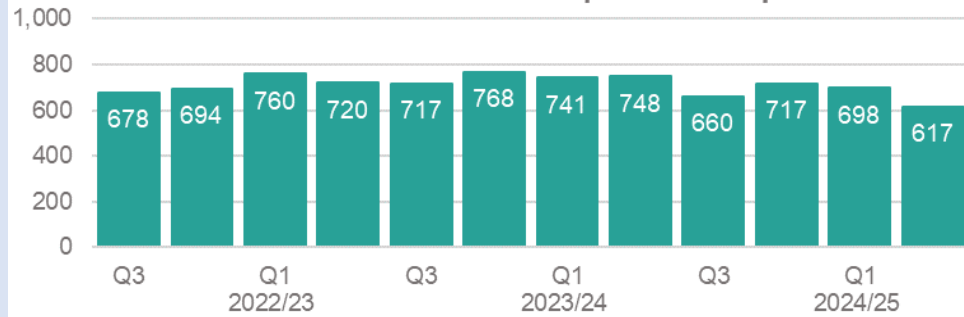
Referrals to Adult Social Care



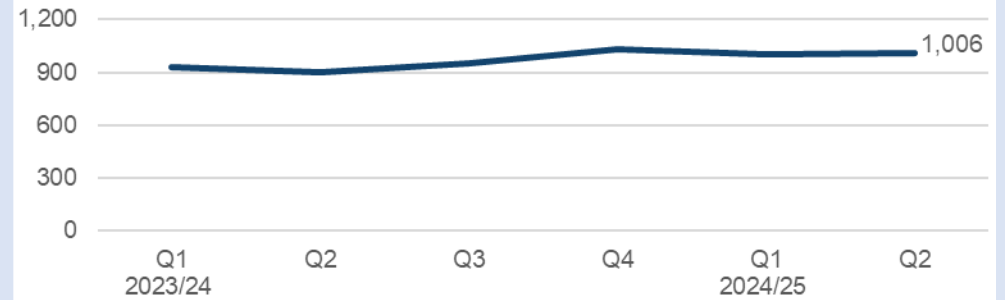
Adult Social Care - open long term service users



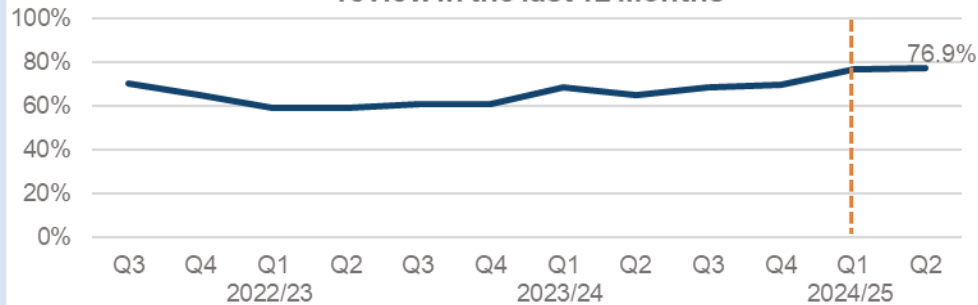
Care Act assessments completed each quarter



Adult Social Care - open short term service users



Service users receiving an assessment or review in the last 12 months



change in methodology from Q1

Referrals to adult social care

- 15 During quarter two we received 5,859 referrals to adult social care. Referrals into adult social care has remained stable for the last two years.

Care Act assessments completed

- 16 The number of Care Act assessments completed each quarter has remained stable over the last three years. Small quarterly changes show no longer-term trend.
- 17 We completed 617 Care Act assessments during quarter two, the lowest quarterly total reported in the last three years. This is also below the expected quarterly variation. One quarter is not enough data to suggest an overall declining trend, so we will continue to monitor this indicator without any further action yet being taken.
- 18 At present, the number of Care Act assessments completed is not reported nationally so no benchmarking data is available.

Service users assessed or reviewed in the last 12 months

- 19 The methodology for this indicator changed in April 2024 to ensure that all assessments and reviews are included. The indicator now provides a clear overview of the percentage of service users assessed or reviewed by professional adult social care staff every year.
- 20 The new methodology shows 76.9% of service users have been assessed or reviewed in the last 12 months. Of the service users not seen within 12 months, most are allocated to service review teams, which have high numbers of people overdue their annual review. We are working to reduce the backlog of overdue annual reviews, and expect performance for this indicator to continue to improve.

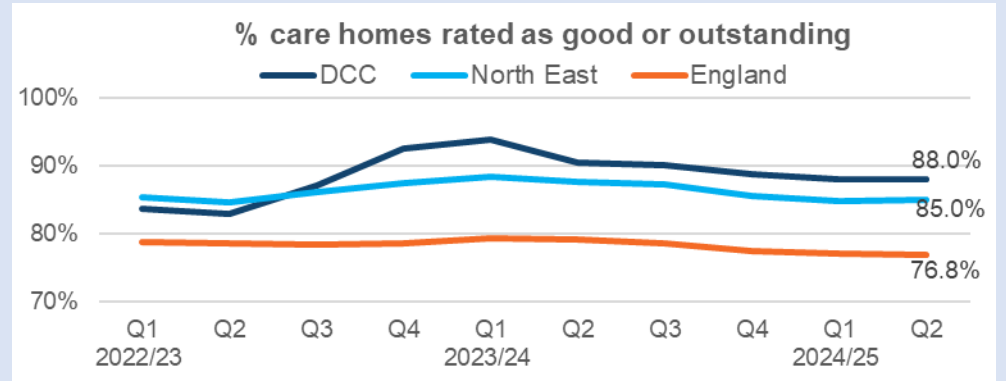
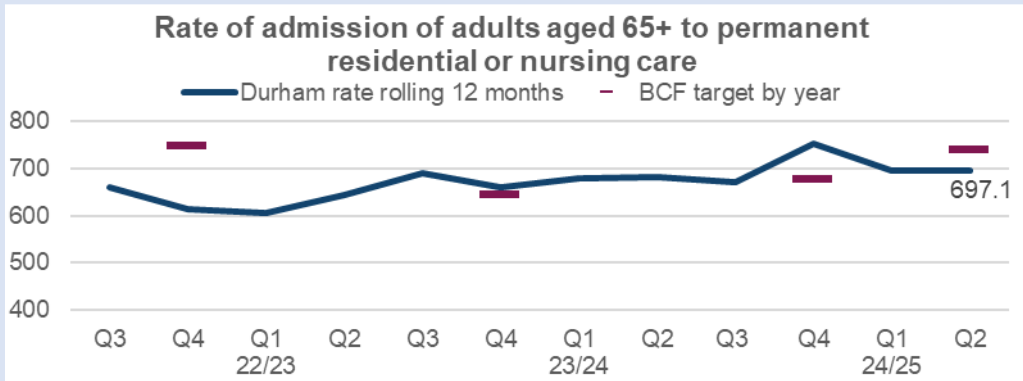
Adult Care Caseloads

- 21 Caseloads is an important indicator of workload and the use of staff resources. Since January 2023, caseloads have been reported weekly to senior managers in adult care through the weekly situation report (SITREP). This is done to ensure adequate management oversight of the caseload size of staff across the various teams and professions in adult care.
- 22 Data from Azeus was first used to report caseloads across adult care in January 2023. As Azeus holds no data on job roles or FTE hours worked, reporting on caseloads in adult care involves a data matching exercise between Azeus and our HR system Resourcelink. Since January 2023, the methodology for this data matching has been through several different iterations to ensure we are measuring caseloads as accurately as possible.
- 23 Close working with the service area led to the final changes in methodology being implemented in August 2024. Data reported prior to this date is therefore not comparable to the current indicator.
- 24 The average caseload across adult care at the end of quarter two was 26.2. Caseloads do vary across the different teams and professions.
- 25 All team averages are currently sitting below the high caseload thresholds set by the service area. The number of individual staff whose caseloads increase to above the thresholds set is included in the weekly SITREP to ensure close management of trend.
- 26 In Locality Teams, the average caseload is 21.2 in Older People and 24.6 in Learning Disabilities.

- 27 In Occupational Therapy teams the average caseload is much higher at 43.2, as Occupational Therapists can manage more clients due to the different nature of the assessments and service provision.
- 28 In Hospital Social Work teams, the average caseload is much lower at 6.9, due to the quicker throughput of service users in this area where assessment to service is often a matter of days to facilitate timely discharge from hospital.
- 29 Caseloads also differ in other teams with dedicated purposes. In Sensory Support the average is 14.8, in the 14-25 Navigation Team it is 28.4, and in the LD Access team it is 22.5.
- 30 In review teams, Reviewing Officers carry a larger caseload and manage the reviews they need to complete annually. In other teams, workers only carry any cases in which they are actively involved. Due to their different working nature, review teams are removed from the calculation of the overall adult care average caseload so it isn't inflated. In the OP review team the average caseload is 199.4, and in the Learning Disabilities / Mental Health review team it is 218.8.
- 31 We do not have a longitudinal view of caseloads due to the changing methodology used over the last 18 months. Benchmarking data is not available as caseloads are not included in any statutory data return. We do know the number of short-term and long-term cases open to us from the new Client Level Dataset (CLD). Data from the CLD shows us to have a steady number of people in receipt of both long-term and short-term services over the last 12 months.
- 32 The number of staff employed in adult care is also available through a statutory data return published by Skills for Care. This shows there were 850 staff employed in County Durham in the local authority sector at the end of 2022/23 and 2023/24.
- 33 Caseloads are an important measure in analysing demand for adult social care, however they need to be considered alongside other indicators to provide a true picture of demand on staff. The complexity of service users presenting has been increasing over time, resulting in more work being required for the average case.
- 34 In the recent [ADASS Spring Survey](#), Directors of Adult Social Care ranked increased costs due to increasing complexity of care needs as the main area of concern in terms of financial pressure for 2024/25.

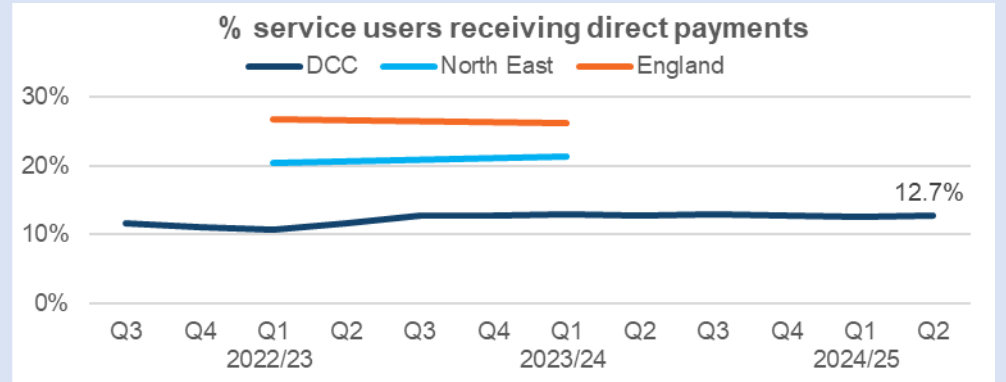
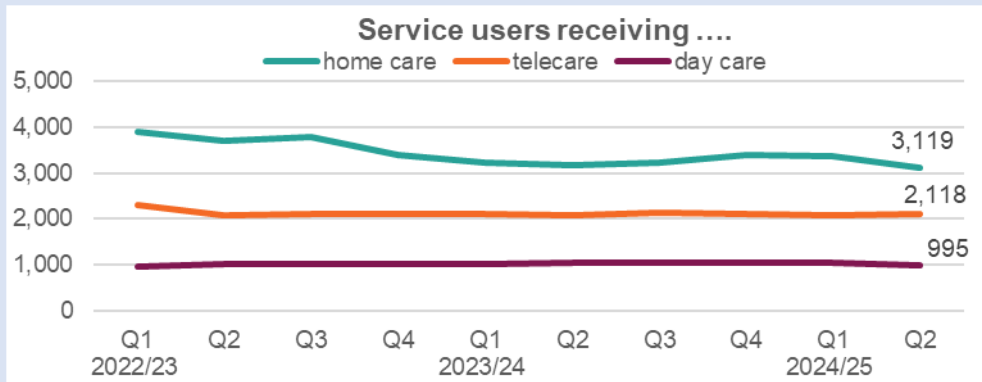
Adult Social Care Dashboard – admissions to permanent care

(12 month rolling / as at end of September 2024)



Adult Social Care Dashboard – services received and outcomes

(as at end of September 2024)



People aged 65+ admitted to permanent residential or nursing care

- 35 Since April 2024, admissions to residential care data are calculated from a 12 month rolling data set rather than cumulative periods during the financial year. This enables easier assessment against the Better Care Fund (BCF) target and provides better trend analysis.
- 36 The BCF plan for April 2024 to March 2025 is to maintain the number of admissions from last year, resulting in a reduced rate per 100,000 population. Latest data (October 2023 to September 2024) shows that we are sustaining a lower rate (697.1 per 100,000 population) compared to the BCF target (739.7 per 100,000 population).

Care home ratings

- 37 Eighty-eight percent of care homes in County Durham are rated as good or outstanding and this performance has been maintained over the last year. Our latest performance is better than the overall ratings for care homes across the North East (85%) and England (76.8%). We continue to closely manage the capacity in care homes ensuring a stable care market.

Services Received

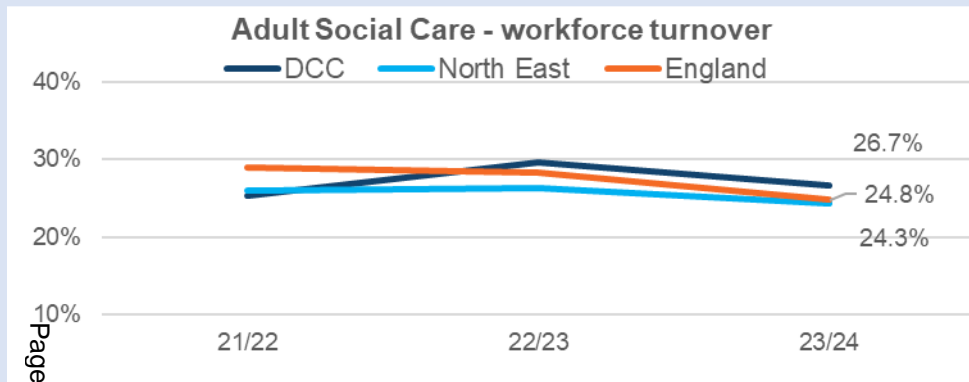
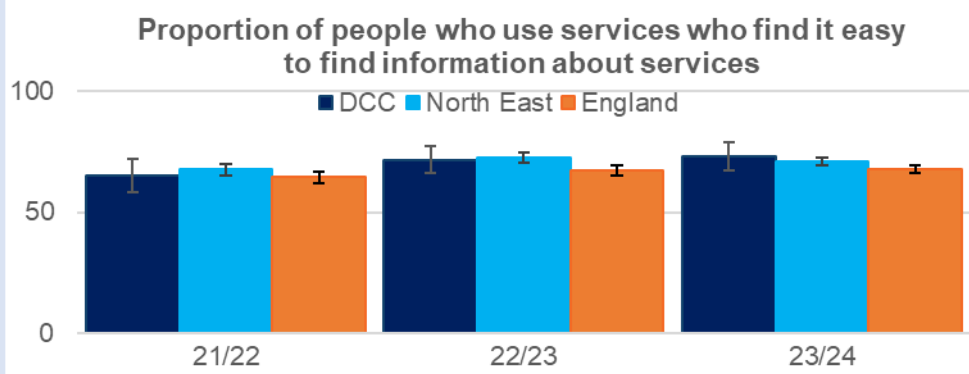
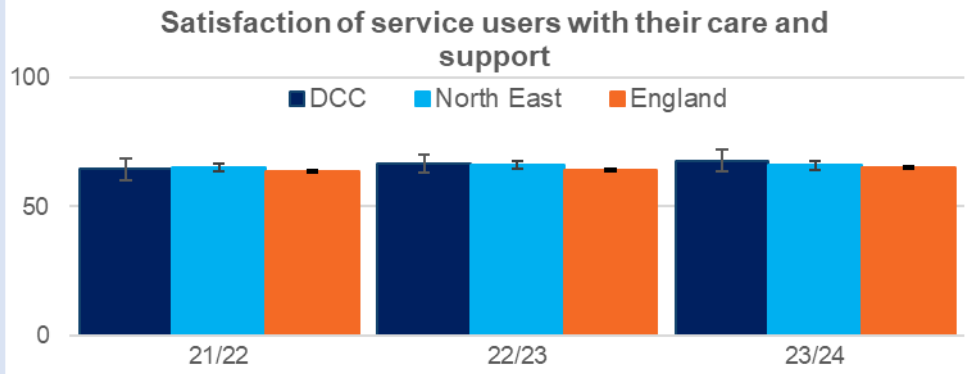
- 38 The number of service users receiving home care has largely been stable since January 2023 with around 3,300 people receiving home care at any point. The latest figure is slightly under the average for the same period (3,119 service users at the end of September 2024), we will monitor the data for any further variances. Waiting lists for home care have been eliminated in County Durham, and continue to be monitored on a weekly basis.
- 39 High CQC ratings for community-based care locations demonstrate the quality of service provided across the home care market. 70% of community care providers in County Durham are rated good or outstanding compared with 55.4% nationally.
- 40 Service users receiving telecare remains stable with approximately 2,000 people using the service during the last two years. We have developed a plan to increase the use of technology to support service users which could result in an increase in the number of people receiving telecare.
- 41 People receiving a day care service has also remained stable with approximately 1,000 people at any point between April 2022 and September 2024.

Direct Payments

- 42 In quarter one (April-June 2024) we used a new methodology and data source to calculate the result for this indicator from the new CLD. DHSC has since confirmed that the methodology is subject to change and will be published in March 2025. As a consequence, we have returned to the previous methodology to calculate the indicator for both quarters one and two. The new methodology will be used once published.
- 43 Performance for both quarters (12.6% and 12.7%) is similar to that seen over the last year (between 12.7% and 13.0%).

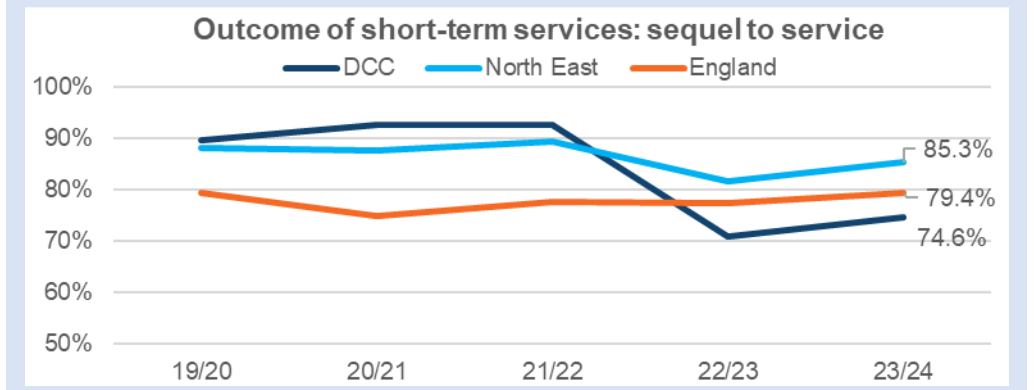
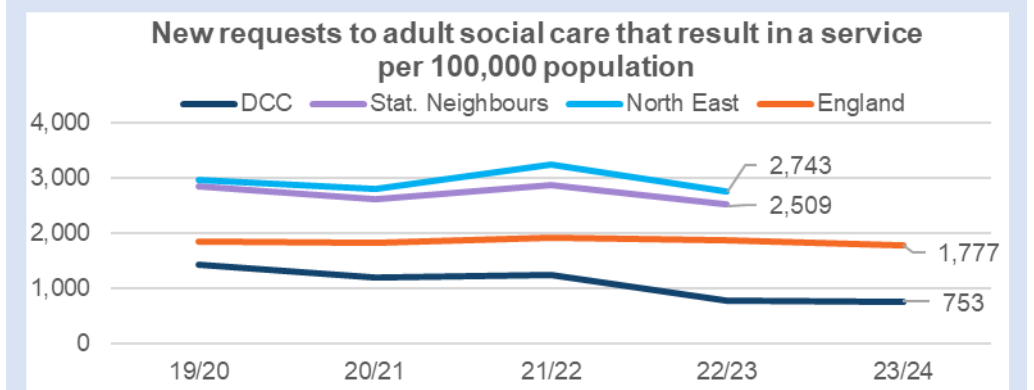
Adult Social Care Dashboard

(annual data to March 2024)



Indicators for adult social care have been updated following the recent publication of the Adult Social Care Survey (ASCS), the Adult Social Care Activity and Finance Report, and the Adult Social Care Workforce Data Set.

Following publication of the Adult Social Care Outcomes Framework (ASCOF) data set in December 2024, all remaining Durham results and benchmarking data will be released.



Adult Social Care

- 44 The [Adult Social Care Survey](#) seeks the opinions of service users aged 18 and over in receipt of long-term support services funded or managed by social services and is designed to help the adult social care sector understand more about how services are affecting lives to enable choice and for informing service development. It is carried out annually and [results](#) from the 2023/24 survey are now available.
- 45 The survey provides data for the following two indicators:
- **Satisfaction of service users with their care and support.** Our latest performance (67.9%) is comparable to the previous survey (66.8%) and is the highest since the pandemic. Our latest data remains similar to both the North East and England.
 - **Service users who find it easy to find information about services.** Our performance (73.1%) is comparable to the previous survey (71.6%), and we remain in line with regional and national comparators.
- 46 Latest data for staff turnover in County Durham (26.7%) has reduced from the previous year (29.6%) but remains slightly above regional (24.3%) and national (24.8%) results. It is important to recognise that local authority staff play a limited role in this performance due to the much larger number of staff employed in the independent care sector.
- 47 Turnover in the local authority sector is much lower in County Durham at 10.2%, and performing better than the regional (11.6%), and the national (13.0%) results.
- 48 The Adult Social Care Activity and Finance Report is published annually. It provides data taken from the Adult Social Care Finance Return (ASC-FR) and short and long-term (SALT) collection to provide information regarding adult social care activity and finance on councils with adult social services responsibilities in England for 2023/24. This report provides data for two indicators:
- **New requests to adult social care that result in a service.** This indicator suggests that, over the last five years, County Durham has had a consistently lower rate of people whose new request to adult social care resulted in a service. Performance and benchmarking data has previously been extensively investigated with reasons for our performance cited. The 2023/24 SALT return was the last return that national statistics will be produced from, therefore, a decision was made not to change the way our SALT return is compiled. Future work will concentrate on the new CLD set.
 - **Outcome of short term services – sequel to service.** Short-term services aim to maximise the potential independence of people following a serious event such as an admission to hospital before long-term care needs are assessed. Latest data for 2023/24 shows an increase in performance in County Durham to 74.6% (70.9% in 2022/23). This remains below both regional and national benchmarking.

Feedback from service users

- 49 The Adult Social Care Survey includes 'free text' boxes to enable service users to provide opinions on the care they receive. Our internal Operational Practice Survey also offers insight into the views of service users. The following comments provide a positive picture of the care our service users receive.

We could not praise the staff at Cedar Court and everyone involved in arranging rehabilitation strongly enough. In times where there is so much negativity, we were so grateful for all the care and support provided.

My carers are fantastic – could not be better.

Nice to know I will be getting the help to stay safe and independent in my own home.

My social worker was very understanding and compassionate. She took the time to listen to me and is referring me onto the appropriate people to get help with my shower as this is my biggest concern.

It is a very good service. All the teams pull together.

Overall I am happy with any service I receive as it helps improve my life tremendously. Without it I was in a very dark place, dirty and uncared for. Thank you to all who have made my life a bit more manageable.

We were treated respectfully and given good information. The social worker was friendly approachable and helpful.

All of my needs have been met. I have a really good service.

My daughter's service is excellent and meets her needs.

Public Health Focus – Healthy Weight and Physical Activity Dashboard

- The UK has the third highest obesity rate in Europe (almost one in three adults, an increase from one in 10 adults in 1970).
- Consumption of fast food, inactivity and levels of obesity-related hospital admissions are around 2.5 times higher in the most deprived areas compared to the least deprived.
- The [Joint Local Health and Wellbeing Strategy 2023-28](#) (JLHWS) prioritises supporting healthy weight with a focus on physical activity.

Healthy Weight

Maintaining a healthy weight has many health benefits, including improved health-related quality of life, a reduced risk of health conditions including heart disease, stroke, type 2 diabetes, liver disease and some cancers.

A summary of key indicators for healthy weight demonstrates significant differences between County Durham and the national average. The county has statistically lower rates than England for healthy weight in children whilst also experiencing higher rates for adults who are overweight or obese.

	Period	Durham	North East	England
Reception – prevalence of healthy weight	2023/24	72.7%	74.5%	76.8%
Year 6 prevalence of healthy weight	2023/24	60.9%	60.1%	62.5%
Adults classified as overweight or obese	2022/23	77.7%	70.2%	64.0%

Physical Activity

Children and young people who are physically active in County Durham has increased since last reported. County Durham is now statistically similar to regional and national data.

There is a reduction in the percentage of physically active adults (aged 18+) in the county (from 66.7% in 2021/22). County Durham is now statistically worse than the national result.

	Period	Durham	North East	England
Physically active children and young people	2022/23	45.6%	48.4%	47.0%
Physically active adults	2022/23	62.0%	63.2%	67.1%

Other measures

Indicators can provide an overview as to levels of healthy weight in an area, and our [healthy weight dashboard](#) provides an analysis of these.

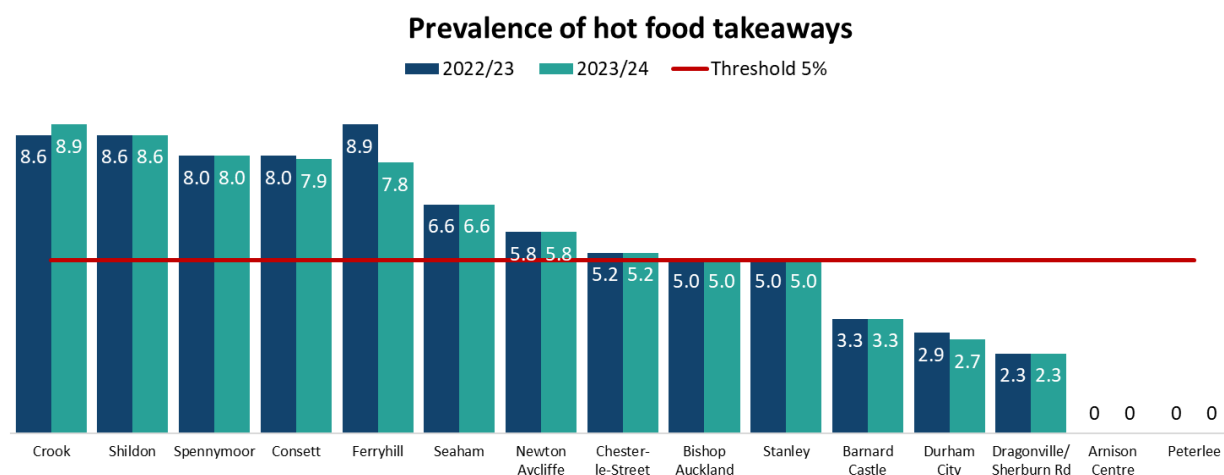
Whilst County Durham has a higher percentage of people meeting the healthy eating recommendation, obesity levels are significantly higher than national average.

This is also reflected in the people reporting a long-term musculo-skeletal problem in the county compared to benchmarking areas.

	Period	Durham	North East	England
Adults 16+ meeting 5-a-day fruit and vegetable consumption recommendation	2022/23	32.4%	28.6%	31.0%
Adults 18+ classified as obese	2022/23	34.0%	32.2%	26.2%
People 16+ reporting a long-term musculo-skeletal problem	2023	25.0%	23.1%	18.4%

Public Health – Healthy Weight and Physical Activity

- 50 Obesity is an enduring public health problem that can lead to Type 2 diabetes, cardiovascular disease and cancer. It is also associated with an increased use of long-term medication, impaired fertility, musculo-skeletal disorders and negative impacts upon mental health and wellbeing. Children and young people with obesity may experience bullying, which in turn can be associated with shame, depression, low self-esteem, poor body image and suicide.
- 51 Access to foods high in sugar, fat and salt and more sedentary behaviours have contributed to an ‘obesogenic environment.’ The environment in which we live, work, study and socialise, and issues such as poverty and access to healthy, affordable food, make it extremely challenging to maintain a healthy weight.
- 52 Accordingly, ‘enabling healthy weight for all’ is a key priority of the JLHWS 2023-28.
- 53 A further objective of the JLHWS is to ensure that the prevalence of hot food takeaways does not exceed the County Durham Plan threshold of 5% of premises being a hot food takeaway. As of summer 2024, whilst eight out of 15 areas exceed this threshold (noting that seven of these had over 5% threshold when the policy was introduced in 2018/19), the overall numbers of takeaways has decreased since the previous year. It is encouraging to note that in the period 2023/24, rates are either unchanged or have fallen in 14 of the centres compared to 2022/23.



- 54 A review of approaches to healthy weight was conducted in 2022/23. Its recommendations informed the Healthy Weight Action Plan, which was signed off by the Health and Wellbeing Board in September 2024. The plan focuses on five key action areas: healthy at place, healthy families, healthy and sustainable food for all, healthy workforce and healthy weight patient care.
- 55 Rates of overweight / obesity and physical activity in children and adults are reported through national indicators:
- Reception and Year 6 children – levels of overweight/obesity
 - Adult levels of overweight/obesity
 - Children and adult rates of physical activity

Healthy Weight and Physical Activity Dashboards

- 56 To complement [‘Moving Together in County Durham’](#) (our new physical activity strategy) and our healthy weight action plan, two new dashboards have been developed on Durham Insight to enable the County Durham Health and Wellbeing Board and other

stakeholders (including members of the public) to monitor outcomes for both physical activity and overweight and obesity.

57 Benchmarking against indicators in the healthy weight dashboard for reception age and year 6 children shows in 2023/24:

		County Durham	National
Reception	Healthy weight	72.7%	76.8%
	Overweight or obese	26.7%	22.1%
Year 6	Healthy weight	37.8%	35.8%
	Overweight or obese	60.9%	62.5%

58 Benchmarking for adults shows in 2022/23 in County Durham 77.7% were overweight or obese compared to 64.0% nationally. This represents an increase of 2.5% compared to 2021/22 data.

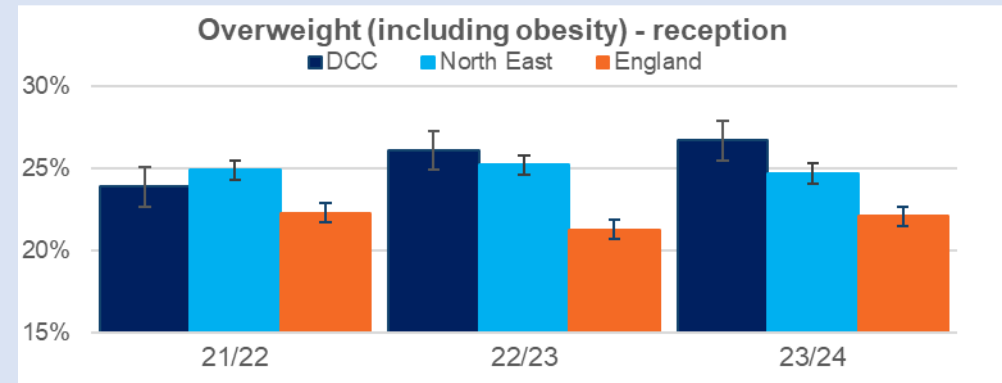
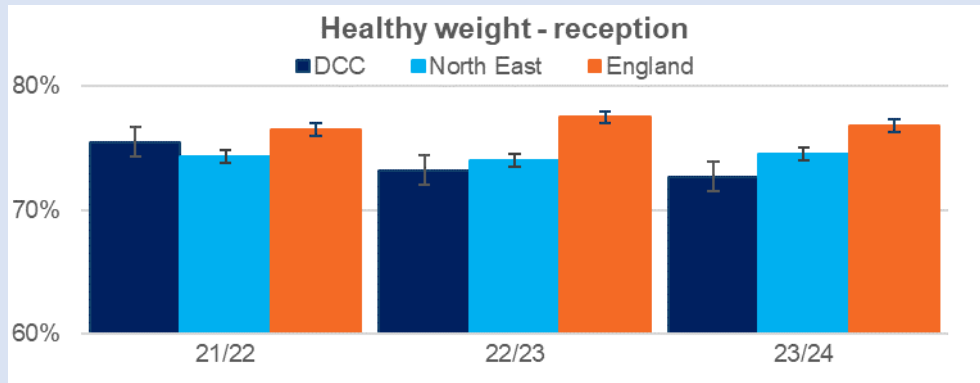
59 For adults aged 16+ who met the 5-a-day fruit and vegetable consumption recommendation during 2022/23, County Durham is 32.4% compared to 31.0% nationally. This represents a decrease of 2.3% compared to 2021/22 data.

60 Similar benchmarking against indicators in the physical activity dashboard shows in 2023/24:

- 45.6% of children were physically active, compared to a national average of 47.0%, representing an increase of 8.7% compared to 2021/22 data.
- 62.0% of adults were physically active, compared to a national average of 67.1%, representing a decrease of 4.7% compared to 2021/22 data.

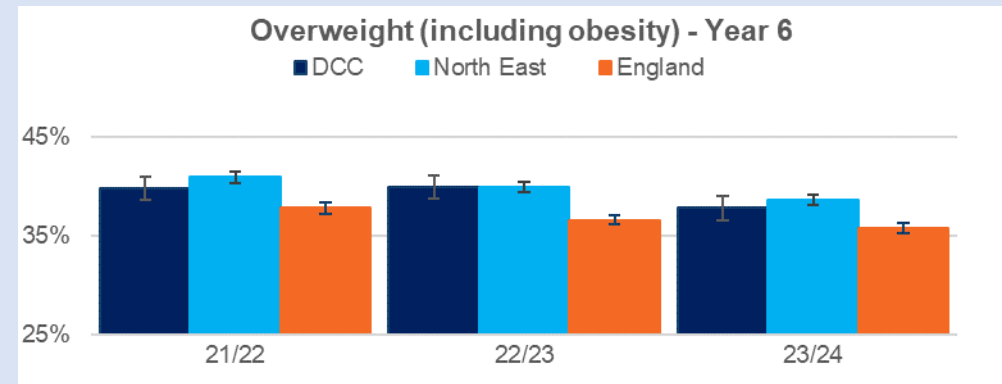
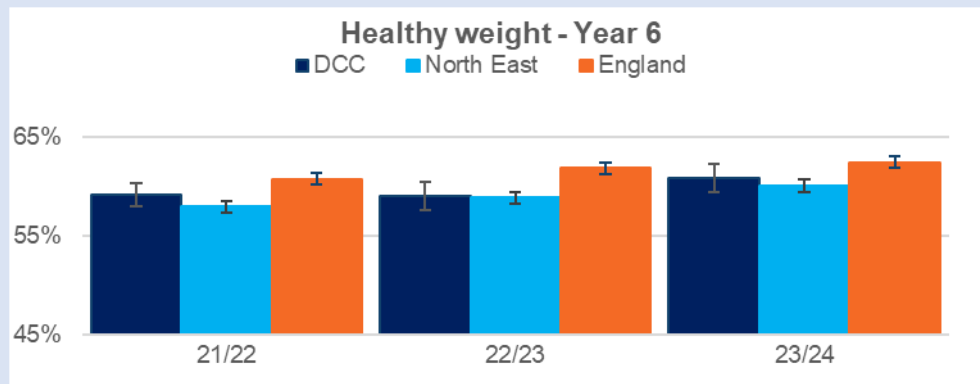
Public Health Focus – Healthy Weight (Children)

(annual data as at 31 March 2024)



Children (aged 4-5 years) of a healthy weight in County Durham has deteriorated since the pandemic and the gap with England has worsened.

In County Durham, around 1 in 4 children aged 4-5 years are overweight or obese. Significantly worse than both the regional and national average.



There is a reduction in children of a healthy weight in reception to those of a healthy weight in Year 6. This is also reflected nationally. However, the rates for County Durham are significantly worse than those seen nationally.

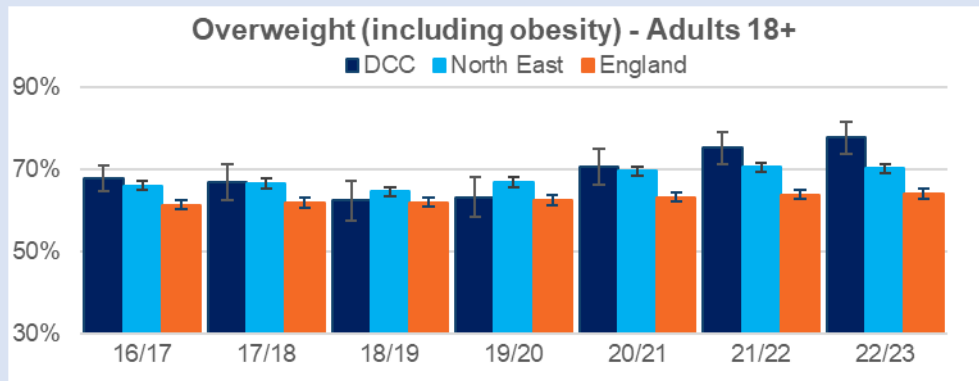
In County Durham almost 4 in 10 children in Year 6 are overweight or obese. Similar to the North East and statistically significantly worse than England.

Public Health – Healthy weight (children)

- 61 Healthy weight in children is very important as it provides them with a healthy base from their early years. County Durham, on average, has around 3,630 (72.7%) classified as being of a healthy weight (2023/24) which is statistically significantly worse than England (77.5%). The percentage of children aged 4-5 years old of a healthy weight in County Durham has deteriorated since the pandemic and the gap with England has worsened.
- 62 Nationally, one in five children are overweight or very overweight when they start school, rising to one in three children when they leave primary school. Not only does this increase the risk of becoming overweight in adulthood, but it increases the risk of ill-health and dying early in adult life.
- 63 On average, in reception there are approximately 1,330 children (26.7% or one in four children) who are living with overweight or obesity in County Durham (2023/24). This rate is significantly worse than both the regional and national average. Prior to the pandemic County Durham rates were similar to England, however, latest data now shows a four-percentage point difference.
- 64 Data shows the clear reduction in children of a healthy weight in reception (72.7%) to those of a healthy weight in Year 6 (60.9%) in County Durham. The reduction is demonstrated nationally with latest data showing 76.8% of reception children are of a healthy weight compared to 62.5% at Year 6. The rates for County Durham are significantly worse than those seen nationally.
- 65 On average, in Year 6, there are around 2,105 children in County Durham living with overweight and obesity. The level of children living with overweight or obesity in Year 6 in County Durham (37.9%) is similar to the North East (38.6%) and statistically significantly worse than England (35.8%).
- 66 School food is one of the most important elements in achieving good nutrition for a large majority of our children and young people. Taking a whole school food approach means that a coherent healthy food education and provision would be standard practice in every school. Local partners are working together to improve these approaches in County Durham schools.
- 67 Public health has produced evidence from wider research and local insights, which has been presented to the council's school food team. A school food task group, whose key objective is to improve the school food offer, has been established and public health has been invited to contribute to this work.
- 68 Northumbria University recently held a healthy eating / food workshop at North Durham Academy that was attended by children and young people, council representatives (including public health), and a range of stakeholders/partners. Findings from this work will be considered by Public Health to inform wider approaches to healthy food choices for children and young people.

Public Health Focus – Healthy Weight (Adults)

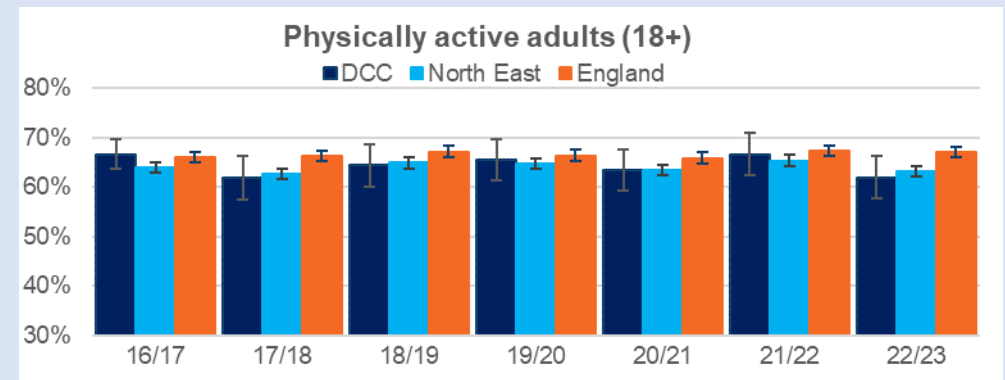
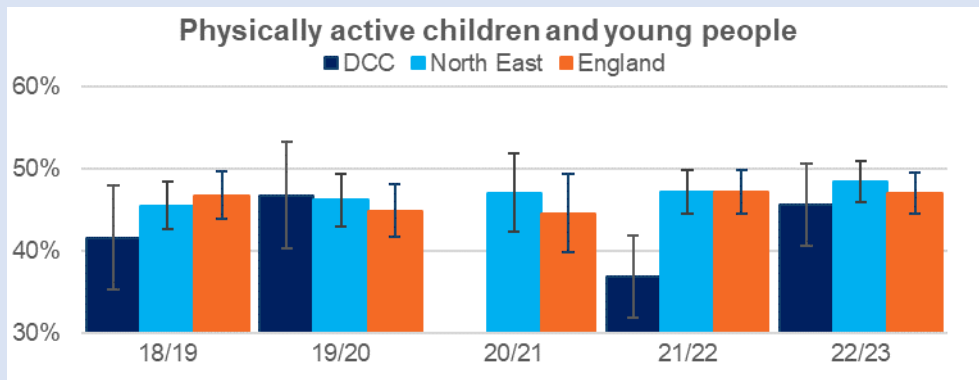
(annual data as at 31 March 2023)



Almost 3 in 4 adults (aged 18+) in County Durham are classified as overweight or obese, statistically significantly worse than both the regional and national position.

Public Health Focus – Physical Activity

(annual data as at 31 March 2023)



Children and young people who are physically active in County Durham has increased. We are now statistically similar to the years prior to the pandemic and to both regional and national position.

Latest data shows a reduction in the physically activity of adults (aged 18+) in County Durham, statistically worse than the national result.

Public Health – Healthy Weight (adults)

- 69 Latest data (2022/23) shows that the percentage of adults (aged 18+) classified as overweight or obese (77.7%) in County Durham is statistically significantly worse than both the regional (70.2%) and national (64.0%) position.
- 70 In accordance with the Healthy Weight Action Plan, work is now underway to further develop a whole systems approach to healthy weight in County Durham. This includes:
- A Healthy Weight Health Professionals task group has been convened to support wider primary care colleagues to facilitate healthy weight conversations with patients and increase knowledge of weight management referral pathways in County Durham. Over the past 12-months this group has produced a suite of resources that will support health care professionals in this respect.
 - The North East Good Food framework and benchmarking programme (led by the Association of Directors of Public Health North East) has been agreed and developed by North East Local Authorities (including DCC) and food partnerships across the region. The aim is to develop and implement a regional public health approach to good food, informed by our community's needs.
 - Since the approval and publication of the 'Moving Together in County Durham' physical activity strategy, work to develop and strengthen partnerships and influence positive change has gathered both pace and momentum. In September 2024, a 'round table' event was held, with key physical activity stakeholders working together to coproduce delivery plans that will achieve our physical activity strategy actions and objectives.
 - Agreement has now been obtained for the council to become a signatory to the Local Authority Declaration on Healthy Weight. This signifies the council's leadership commitment to increasing healthy weight levels and will be the foundation for countywide collaboration to reduce population level overweight and obesity.
 - A proposed amendment to the National Planning Policy Framework will include specific guidance on promoting healthy and safe communities to support healthy lifestyles, particularly to address identified local health and wellbeing needs. From a healthy weight perspective, this includes access to green infrastructure, sports facilities, healthier food, allotments and layouts that support walking and cycling. These reforms are currently out for consultation.
 - The Wellbeing for Life Service is developing its healthy weight programme, which will be open for referrals from (or on behalf of) those who want to achieve a healthier lifestyle.

Healthy Weight challenges

- 71 Information provided in this report makes clear the challenges that lie ahead. Implementation of the current Healthy Weight Action Plan marks a refreshed, system-wide approach to this enduring public health issue. Monitored by the County Durham Healthy Weight Alliance, the County Durham Healthy Weight Declaration will bring together multiple streams of work to ensure co-ordinated approaches in our communities, schools, workplaces and health and social care providers to achieve healthy population-level weight. This will be reported annually to the County Durham Health and Wellbeing Board.

Physical Activity

- 72 Physical activity supports people to maintain a healthy weight. Latest data shows that the percentage of children and young people who are physically active in County Durham has increased since the previous year. County Durham is now statistically similar to the years prior to the pandemic. The percentage of physically active children and young people in County Durham (45.6%) is statistically similar to both the regional (48.4%) and national (47.0%) position.
- 73 Latest data shows a reduction in the percentage of physically active adults (aged 18+) in County Durham (from 66.7% in 2021/22 to 62.0% 2022/23). Over the years the percentage of physically active adults in Durham has been similar to both the regional and national data. Latest data shows that County Durham is now statistically worse than the national result.

Physical Activity challenges

- 74 Whilst physical activity data relating to children and young people is encouraging, challenges remain to ensure that our adult population moves more. The Moving Together in County Durham physical activity strategy (and its action plan) heralds a concerted, system wide collaboration of communities and physical activity stakeholders, whose key aim is to reduce barriers that some people may face in moving more in their daily lives. Actions will be monitored by the County Durham Physical Activity Strategy Committee and reported to the County Durham Health and Wellbeing Board.

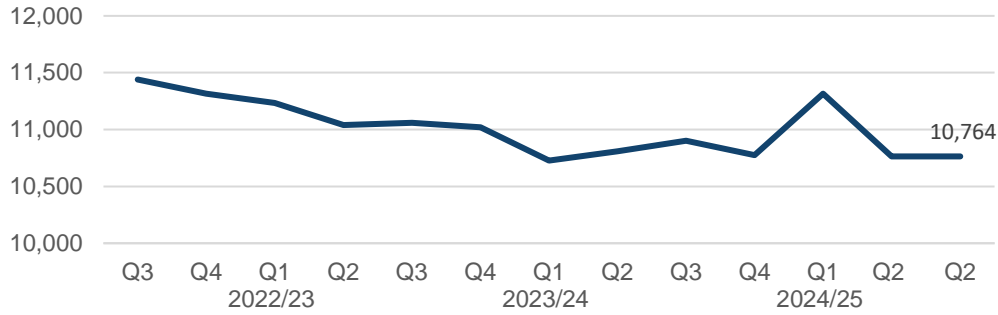
Feedback from service users



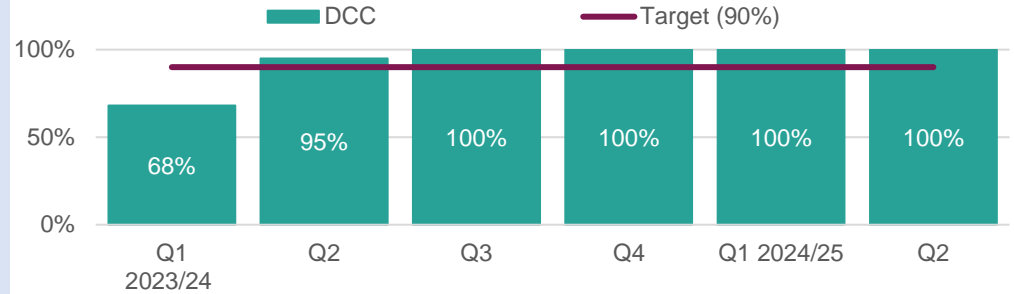
Housing Vulnerable People Dashboard – Care Connect, Disabled Facilities Grants

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

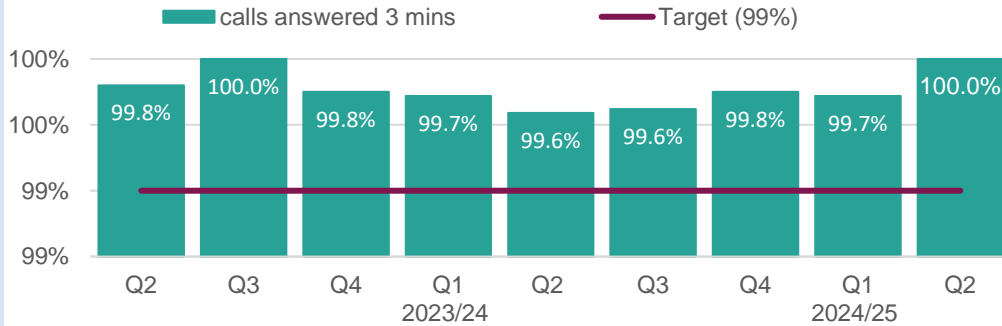
Care Connect Customers



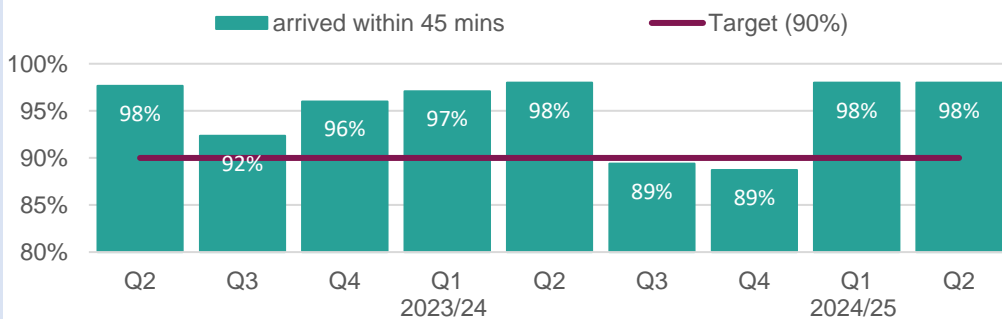
Initial referrals for a Disabled Facilities Grant within three weeks



Care Connect - calls answered within 3 minutes



Care Connect - arriving at property within 45 minutes



Care Connect user's feedback:



Care Connect

- 75 Fewer customers used the Care Connect service during quarter two (July to September) compared to both the previous quarter (April to June) and the same period last year (July to September 2023).

July to September 2023	April June 2024	July to September 2024
10,809	11,315	10,764

- 76 The decrease is due to data cleansing of the current care connect system to ensure smooth transition to the new platform in November 2024.

- 77 We responded to 6,347 emergency calls between July and September, 98% within 45 minutes. This is the same as both the previous quarter and the same period last year.

July to September 2023	April to June 2024	July to September 2024
98%	98%	98%

- 78 During quarter two (July to September), 27 calls were responded to after 60 minutes. This was due to the distance to and location of the properties.

Disabled Facilities Grants

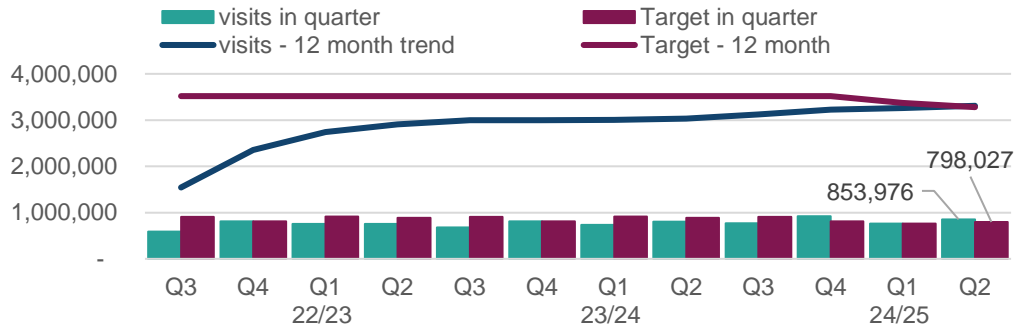
- 79 During quarter two (July to September), 100% of clients were contacted within three weeks of receiving a referral for a Disabled Facilities Grant. This is better than target (90%), and the same as quarter one (April to June).

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

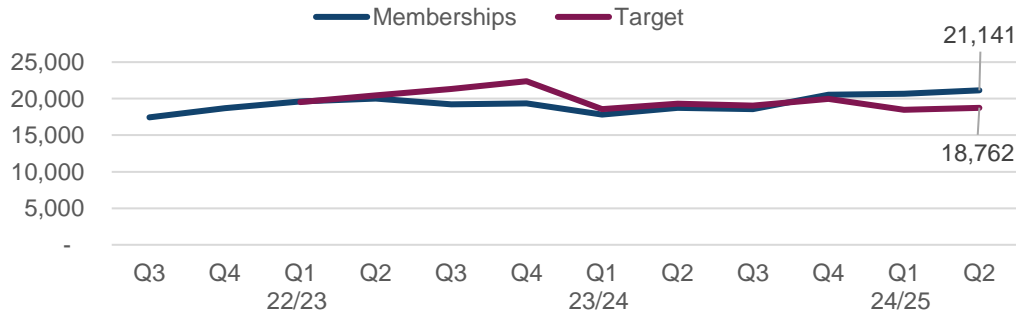
Physical Activity Dashboard

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

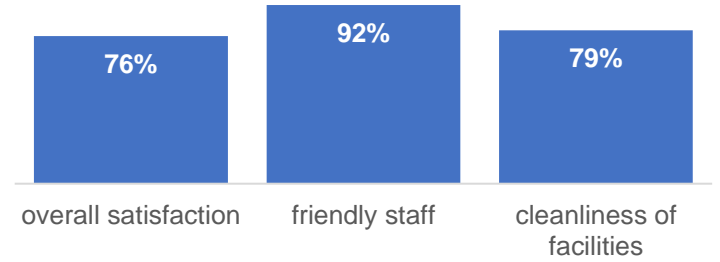
Visits to leisure centres



Thrive memberships



customer satisfaction - wellbeing sport and leisure



Leisure Centre Visits

- 81 During quarter two (July to September), we recorded almost 854,000 visits to our leisure centres, better than both the target (798,027) and the same period last year (802,459).
- 82 Events such as athletics at Shildon, BRASS programme at Newton Aycliffe and our Holiday Activities and Food (HAF) programme contributed to improved performance this quarter.
- 83 The HAF programme during the summer school holidays offered a range of free sessions at participating leisure centres including water safety camps and sports camps.
- 84 For National Fitness Day in September, activities and promotions were held across leisure centres, including a seven-day free pass to encourage new members.
- 85 Our substantial leisure transformation programme continues across some of our sites. Works at both Teesdale leisure centre and the swimming pool at Spennymoor are to be finished and reopened during quarter three.

Thrive (Leisure) Memberships

- 86 Thrive (leisure) memberships continues to improve and latest performance is better than target.

	September 2023	June 2024	September 2024
Memberships	18,748	20,678	21,141
Target			18,762

- 87 Our new membership scheme, pricing structure, website, app and digital enquiry system continue to have a large influence on sales and retention of members. We have received more than 23,000 enquiries since the system launched (September 2023), 1.3 million website views (since January 2024) and 15,780 app downloads (since April 2024).

Data Tables

D	T	C	G	Performance Indicator	Period	Performance	Target	12 months earlier	Benchmark period	DCC	National average	NE average	updated
				Household waste re-used, recycled or composted	Oct 22-Sep 23	36.5%	Tracker	37.7%	Apr 21-Mar 22	38.1%	42.5%	33.5%	Yes

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

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

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

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

Our Environment: summary data tables

Sustainable Transport and Active Travel KPIs

	D	T	C	G	Performance Indicator	Period	Performance	Target	12 months earlier	Benchmark period	DCC	National average	NE average	updated
					Cycling and walking levels – Any purpose <i>(confidence intervals +/-6pp)</i>	2023	64.1%	Tracker	65.6%	2023	64.1%	70.9%	68.1%	Yes
					Satisfaction with cycle routes & facilities <i>(confidence intervals +/-4pp)</i>	2023	50%	Tracker	52%	2023	50%	50%		No

Our People: summary data tables

Adult Social Care KPIs

	D	T	C	G	Performance Indicator	Period	Performance	Target	12 months earlier	Benchmark period	DCC	National average	NE average	updated
					Referrals into adult social care	Jul-Sep 24	5,859	Tracker	6,029					Yes
					Care Act assessments completed	Jul-Sep 24	617	Tracker	748					Yes
					Service users receiving an assessment or review within the last 12 months ³	Jul-Sep 24	76.9%	Tracker	64.6%					Yes
					Satisfaction of people who use services with their care and support <i>Confidence intervals +/-4.4pp</i>	2023/24	67.9%	Tracker	66.8%	2023/24	67.9%	65.4%	66.0%	Yes
					Satisfaction of carers with the support and services they receive <i>Confidence intervals +/-5.1pp</i>	2023/24	49.6%	Tracker	40.8%	2023/24	49.6%	36.8%	44.9%	No
					Adults aged 65+ per 100,000 population admitted on a permanent basis to residential or nursing care	Oct 23-Sep 24	697.1	739.7	683.6	Apr 22-Mar 23	697.1 (latest)	560.8	762.8	Yes
					Service users receiving Direct Payments ³	Jul-Sep 24	12.7%	Tracker	12.7%	2022/23	12.9%	26.2%	21.4%	Yes
					Service users receiving home care	Jul-Sep 24	3,119	Tracker	3,179					Yes
					Service users receiving Telecare care	Jul-Sep 24	2,118	Tracker	2,069					Yes
					Service users receiving day care	Jul-Sep 24	1,052	Tracker	995					Yes

³ Methodology for this indicator has changed from Q1 2024-25

	D	T	C	G	Performance Indicator	Period	Performance	Target	12 months earlier	Benchmark period	DCC	National average	NE average	updated
Page 72					Residential adult social care providers rated good or outstanding by CQC	Jul-Sep 24	88.0%	Tracker	90.4%	Jul-Sep 24	88.0%	76.8%	85.0%	Yes
					Requests resulting in a service – adult social care	2023/24	753	Tracker	774	2023/24	753	1,777		Yes
					Workforce turnover rate – adult social care	2023/24	26.7%	Tracker	29.6%	2023/24	26.7%	24.8%	24.3%	Yes
					People in adult social care – quality of life	2022/23	0.393	Tracker	0.414	2022/23	0.393	0.411	0.415	No
					Carer quality of life – adult social care	2023/24	7.7	Tracker	8.2	2023/24	7.7	7.3	7.7	No
					Short term service provision – adult social care	2023/24	74.6%	Tracker	70.9%	2023/24	74.6%	79.4%	85.3%	Yes
					People using services who found it easy to find information – adult social care	2023/24	73.1%	Tracker	71.6%	2023/24	73.1%	67.9%	71.1%	Yes
					Carers who found it easy to find information about services	2023/24	72.0%	Tracker	67.8%	2023/24	72.0%	59.0%	67.9%	No

Housing Vulnerable People KPIs

	D	T	C	G	Performance Indicator	Period	Performance	Target	12 months earlier	Benchmark period	DCC	National average	NE average	updated
					Care Connect customers	Jul-Sep 24	10,764	Tracker	10,809					Yes
					Care Connect calls answered in 3 minutes	Jul-Sep 24	100%	99%	99.54%					Yes
					Care Connect calls arriving at the property within 45 minutes	Jul-Sep 24	98.00%	90%	97.86%					Yes
					Potential clients contacted within 3 weeks of initial referral for a Disabled Facilities Grant (DFG)	Jul-Sep 24	100%	90%	95%					Yes
					Households prevented from homelessness and helped to stay in their home	Jul-Sep 24	9%	Tracker	3.4%	Jan-Mar 24	5.1%	19%	6%	Yes
					Households prevented from homelessness and helped to move to alternative accommodation	Jul-Sep 24	22%	Tracker	16%	Jan-Mar 24	15.6%	32.3%	34.7%	Yes
					Approvals on new housing sites of 10+ units, minimum of 66% of the total number of dwellings meet accessible and adaptable standards (building Regulations requirements M4(2)).	2023/24	58%	66%	71%					Yes
					Approvals on new housing sites of 10 units or more, a minimum of 10% of the total number of dwellings meet a design and type for older persons	2023/24	9%	10%	16%					Yes

Public Health KPIs

	D	T	C	G	Performance Indicator	Period	Performance	Target	12 months earlier	Benchmark period	DCC	National average	NE average	updated
					Children aged 4-5 who are a healthy weight <i>Confidence intervals +/-1.2pp</i>	2023/24	72.7%	100%	73.2%	2023/24	72.7%	76.8%	74.5%	Yes
					Children aged 10-11 who are a healthy weight <i>Confidence intervals +/-1.2pp</i>	2023/24	60.9%	100%	59.1%	2023/24	60.9%	62.5%	60.1%	Yes
					Gap in breastfeeding at 6-8 weeks between County Durham and national average	2023/24	21.6pp	Tracker	19.0pp					Yes
					Mothers smoking at time of delivery	2023/24	12.0	0%	14.2%	2023/24	12.0%	7.4%	9.5%	No
					Smoking prevalence in adults (18+)	2023	11.7%	5.0%	15.4%	2023	11.7%	11.6%	11.0%	Yes
					People reporting a low happiness score <i>Confidence intervals +/-2.4pp</i>	2022/23	9.9%	Tracker	11.0%	2022/23	9.9%	8.9%	9.4%	No
					Suicide rate per 100,000 population	2021-23	16.4	Tracker	16.8	2021-23	16.4	10.7	13.8	Yes
					Healthy life expectancy at birth: female	2018-20	59.9 years	Tracker	58.3 years	2018-20	59.9 years	63.9	59.7	No
					Healthy life expectancy at 65: female	2018-20	10.2 years	Tracker	9.0 years	2018-20	10.2 years	11.3	9.8	No
					Gap in female healthy life expectancy at birth: County Durham and England	2018-20	4.0 years	Tracker	5.6 years					No
					Gap in female healthy life expectancy at 65: County Durham and England	2018-20	1.1 years	Tracker	2.3 years					No
					Healthy life expectancy at birth: male	2018-20	58.8 years	Tracker	59.6 years	2018-20	58.8 years	63.1	59.1	No
					Healthy life expectancy at 65: male	2018-20	7.7 years	Tracker	8.3 years	2018-20	7.7 years	10.5	9.2	No
					Gap in male healthy life expectancy at birth: County Durham and England	2018-20	4.3 years	Tracker	3.6 years					No
					Gap in male healthy life expectancy at 65: County Durham and England	2018-20	2.8 years	Tracker	2.3 years					No
					Successful completions of those in alcohol treatment	Mar 23-Feb 24	37.5%	Tracker	34.2%	Mar 23-Feb 24	37.5%	34.5%		Yes
					Successful completions of those in drug treatment: opiates	Mar 23-Feb 24	5.6%	Tracker	5.5%	Mar 23-Feb 24	5.6%	5.2%		Yes
					Successful completions of those in drug treatment: non-opiates	Mar 23-Feb 24	35.3%	Tracker	32.5%	Mar 23-Feb 24	35.3%	29.4%		Yes

Physical Activity KPIs

Page 74	T	C	G	Performance Indicator	Period	Performance	Target	12 months earlier	Benchmark period	DCC	National average	NE average	updated
				Visits to Leisure Centres	Jul-Sep 24	853,976	798,027	802,450					Yes
				Leisure memberships	Jul-Sep 24	21,141	18,762	18,748					Yes

Glossary

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

Term	Definition
CS&T	Culture, Sport and Tourism
CTR	Council Tax Reduction reduces council tax bills for those on low incomes
DCC	Durham County Council
DEFRA	Department for the Environment, Food and Rural Affairs A ministerial department, supported by 34 agencies and public bodies responsible for improving and protecting the environment. It aims to grow a green economy and sustain thriving rural communities. It also supports our world-leading food, farming and fishing industries (link)
DHP	Discretionary Housing Payments Short term payments which can be made to tenants in receipt of the housing benefit element of Universal Credit, to help sort out housing and money problems in the longer term.
DHSC	Department of Health and Social Care Supports the government in leading the nation's health and care system.
DLE	Daily Living Expenses Available for those whose circumstances have changed unexpectedly. Payments can be made for up to seven days to help with food, travel and some clothing (restrictions apply).
DoLS	Deprivation of Liberty Safeguards Set of checks that are part of the Mental Capacity Act 2005, which applies in England and Wales. The DoLS procedure protects a person receiving care whose liberty has been limited by checking that this is appropriate and is in their best interests.
EAP	Employee Assistance Programme Confidential employee benefit designed to help staff deal with personal and professional problems that could be affecting their home or work life, health, and general wellbeing.
EET	Employment, Education or Training Most often used in relation to young people aged 16 to 17, it measures the number employed, in education or in training.
EHCP	Education, Health Care Plan Legal document which describes a child or young person's (aged up to 25) special educational needs, the support they need, and the outcomes they would like to achieve.
ERDF	European Regional Development Fund Funding that helps to create economic development and growth; it supports businesses, encourages new ideas and supports regeneration. Although the UK has now left the EU, under the terms of the Withdrawal Agreement, EU programmes will continue to operate in the UK until their closure in 2023-24.
EHE	Elective Home Education A choice by parents to provide education for their children at home or in some other way they desire, instead of sending them to school full-time.
ETA	Extension of Time Agreement An agreement between the council and the customer submitting a planning application to extend the usual deadline beyond 13 weeks due to the complex nature of the application.
FPN	Fixed Penalty Notice Conditional offer to an alleged offender for them to have the matter dealt with in a set way without resorting to going to court.
FTE	Full Time Equivalent Total number of full-time employees working across the organisation. It is a way of adding up the hours of full-time, part-time and various other types of employees and converting into measurable 'full-time' units.
GVA	Gross Value Added Measure of value of goods and services produced in an area, industry or sector of an economy.

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

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