Adults, Wellbeing and Health Overview and Scrutiny Committee

Date	**Tuesday 19 March 2024**
Time	**9.30 am**
Venue	**Council Chamber, County Hall, Durham**

Business

Part A

Items which are open to the Press and Public
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 15 January 2024 and of the special meeting held on 8 February 2024 (Pages 3 - 28)
4. Declarations of Interest, if any
5. Any Items from Co-opted Members or Interested Parties
6. Adult Social Care Assessment Framework - Self Assessment - Report of the Corporate Director of Adult and Health Services (Pages 29 - 82)
7. Winter Preparedness 2023/24 - Presentation by Sue Jacques, Chief Executive of County Durham and Darlington NHS Foundation Trust and Michael Laing, Director of Integrated Community Services (Pages 83 - 94)
8. County Durham and Darlington NHS Foundation Trust Sepsis Update - Presentation by Lisa Ward and Kirsty McGee (Pages 95 - 108)

9. Breast Cancer Screening Update - Report and Presentation by Sarah Burns, Joint Head of Integrated Strategic Commissioning, County Durham Care Partnership, Durham County Council and North East and North Cumbria Integrated Care Board (Pages 109 - 126)
10. Quarter Three 2023-24 Revenue and Capital Outturn Reports - Report of the Corporate Director of Resources and presentation by Joanne Watson, Principal Accountant (Resources) (Pages 127 - 144)
11. Quarter 3 2023-24 Performance Management Report - Report of John Hewitt, Chief Executive (Pages 145 - 190)
12. Such other business as, in the opinion of the Chair of the meeting, is of sufficient urgency to warrant consideration

Helen Bradley
Head of Legal and Democratic Services

County Hall
Durham
11 March 2024

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

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

Councillors J Blakey, R Crute, K Earley, D Haney, K Hawley, J Higgins, L A Holmes, L Hovvels, J Howey, P Jopling, C Kay, C Lines, M McKeon, 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 15 January 2024 at 9.30 am**

Present

Councillor V Andrews (Chair)

Members of the Committee
Councillors M Johnson, J Blakey, K Earley, D Haney, J Higgins, L A Holmes, L Hovvels, P Jopling, C Lines, S Quinn and T Stubbs

Co-opted Members
Mrs R Gott

Also Present
Councillor C Hood

Apologies
Apologies for absence were received from Councillors J Howey, C Kay, K Robson, A Savory, M Simmons and Ms A Stobbart

1 Apologies

Apologies for absence were received from Councillors J Howey, C Kay, K Robson, A Savory and Ms A Stobbart.

2 Substitute Members

There were no substitutes.

3 Minutes

The minutes of the meeting held on 20 November 2023 were confirmed as a correct record and signed by the Chair.

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 Adult Social Care Update on the Introduction of Local Authority Assessment by the Care Quality Commission under the Health and Care Act 2022

The Committee received a report of the Corporate Director of Adult and Health Services that provided an update following the report presented in July 2023, on the Care Quality Commission (CQC's) timeline to commence the assessment of the way local authorities discharged their Adult Social Care duties under Part one of The Care Act (2014); including information relating to pilot assessments and Assurance Peer Challenges (for copy see file of Minutes).

L Alexander, Head of Adult Care provided a further update following the initial report that was presented to the committee in July 2023. There was to be an assessment of the Local Authority on social care and how they discharged their duties under part one of The Care Act 2014. The Care Quality Commission (CQC) was a single assessment framework that looked at all services with a health and care setting. The processes had not changed apart from the quality statement. Guidance had been issued to reinforce best practice with reviews carried out on published evidence and data from all 153 Local Authorities to establish a baseline. The baseline review focussed on themes on care provision, integration, continuity and assessing needs. Workforce capacity was a real challenge and it had been reported nationally within Local Authorities that there was an under provision of specialist care, domiciliary care and day care. The self-assessment for Durham County Council was almost complete which had been prepared alongside an independent assessment by an ADASS associate with external peer reviews as a learning process. He agreed once completed the self-assessment would be brought to the Committee's meeting scheduled in March.

Councillor K Earley asked if it was thought there were any major risk areas that were cause for concern.

The Head of Adult Care responded that he did not think there were any major risk areas to be concerned about as Durham was in a strong position. CQC were looking into waiting lists. He confirmed that Durham County Council had no waiting lists for domiciliary care but there was a small waiting list for people to have assessment of needs carried out but that was not down to Durham County Council and not a significant factor. There was a waiting list for Deprivation of Liberty Safeguards (DoLS) but this was tolerated due to emergency cases. The annual review was not as good as it used to be therefore countywide review teams were introduced to improve completion times. Direct payments were focussed on. Although Durham County Council provided direct payments it was of a low prevalence compared to other local authorities who promoted them.

Councillor K Earley queried if direct payment issues were comparative to similar authorities outlying or if they were linked to community areas with levels of deprivation or multifaceted reasons.

The Head of Adult Care stated that this was not the case as direct payment were not classed as benefits and was used for people to employ personal assistants to help them to live independently irrespective of where they lived. There were other models people used of pre-existing domiciliary care facilities if they did not want to employ a personal assistant.

Councillor S Quinn felt that the way forward was through intermediate care that enabled rehabilitation following a hospital visit prior to going home. Care assessments promoted their wellbeing for life so they could take charge of their own destiny.

The Head of Adult Care confirmed that Durham County Council offered intermediate care but it needed to be reviewed to identify gaps in the market to expand the offer.

Councillor S Quinn thought people gained a good quality of life even if they did present again as it was different to a nursing home.

Councillor D Haney queried if direct payment were paid in advance to use domiciliary care which could potentially build up in an account if visits for care were cancelled.

The Head of Adult Care stated that direct payment for care was a further way in which service users could have control of their care needs.

Councillor D Haney felt that people did not want to manage direct payments to try to sort out spreadsheets and pay bills.

Councillor P Jopling endorsed Councillor S Quinn’s comments as intermediate care was important to release patients from hospital beds. She stated as people grew older they could be taken over by services but most people wanted to stay in their own homes to make own decisions and look after their own wellbeing and health. This service was very important to take the strain off the NHS. She trusted Councillor S Quinn’s judgement as she worked in this field.

The Head of Adult Care commented that there was a legal framework to adhere to with intermediate care that had strengths.

Councillor S Quinn gave an example of people not being able to get out of bed when they came into her setting and left being able get up and sit in a chair. She felt that little things led to people becoming victims but they needed to accept they were old, their way of life and take responsible for their own body to give themselves the dignity they deserved.

Councillor J Higgins stated that he was a former social services employee and knew that some people did not want to be responsible for accounts and were concerned about employing someone. This added a barrier for people to explore this option but the list for DCC to provide carers was once very high.

The Head of Adult Services confirmed that historically there were delays with OT assessments that delayed care provision. However there had been intensive work carried out on the service and currently there were not significant waiting lists.

Councillor J Higgins acknowledged that there were review teams established to carry out assessments but with redundancies this fell to social work assistant to do their own assessment. He queried if this issue had been evaluated.

The Head of Adult Services confirmed that there was a wide review team in place 10 years ago that had been disbanded that was linked to the Medium Term Financial Plan pressures at that time and that work had been absorbed into locality teams. This had increased the amount of pressure on adult care staff and performance had suffered. The service was now different as investment had been made in staff to re-establish the review teams.

Councillor L Hovvels referred to page 20 in the report that care plan assessments took too long to complete and queried what had been done to improve the service. The Head of Adult Care agreed to provide with response.

Mrs R Gott questioned how the recent legislation fit in if assessments were unable to be completed. The Head of Adult Care replied that CQC focused to engage to co-produce a strategy plan based on peer review comments on good areas. There was a need for more work on co-production that was challenging and taking longer to do now. He stated that Durham was the only authority that did not advertise about direct payments.

Mrs R Gott asked how the needs of clients with dual diagnoses were met both physically and mentally. The Head of Adult Care responded that the social care assessment provided a holistic multi-faceted care plan for that catered to people's needs. This incorporate work with colleagues across agencies that were adept working in mental health expertise.

Councillor V Andrews felt that this was the way forward with reviews that needed to remain current.

Resolved

i) That the report be noted.

ii) That the finalised self-assessment be presented to Adults, Wellbeing and Health Overview and Scrutiny Committee on 18 March 2024.

7 Director of Public Health County Durham Annual Report 2023

The Committee received a joint report of the Corporate Director of Resources and Director of Public Health on the 2023 Annual Report of the Director of Public Health for County Durham (Appendix 2) (for copy see file of Minutes).

A Healy, Director of Public Health gave a detailed presentation on the Public Health County Durham Annual Report 2023 that highlighted 10 years of Public Health being part of the Local Authority that had been ideally placed to embed and enhance action to improve the populations health through a collaboration with partners and inform Public Health. She highlighted the current priorities of the Health and Wellbeing Board and what had been achieved over the last 10 years with a range of initiatives and programmes of work in County Durham to promote positive, interdependent relationships between Health and Wellbeing. She emphasised the good work that had be achieved with the reduction in the number of people smoking and stressed the areas of challenge with unhealthy weight, mental health issues and the harm caused by alcohol.

Councillor S Quinn thought the presentation was very informative on the work that had been done and continued to be done. There was still a long way to go as trends changed but was confident that working with partners would continue to bridge the gap.

Councillor K Earley asked if the Council followed the Marmot principle like Coventry Council who were name a Marmot authority.

The Director of Public Health responded that the Council used the Marmot principle as they worked well to describe problems but they were not a marmot authority. There were talks to investigate the implementation of Marmot further but there were elements of marmot that were challenging on what to do locally when issues were on a nation level.

Councillor J Higgins noted from the report that there had been a reduction in the number of people smoking. He was concerned about the number of young people vaping and queried whether vaping would lead to smoking.

The Director of Public Health explained that both the Adults, Wellbeing and Health Overview and Scrutiny meeting and the Children and Young Peoples Overview and Scrutiny meeting had considered vaping as they did not want young people vaping. They were used by adult smokers as an aid to stop smoking as there was evidence that legal vapes were less harmful than cigarettes. The Government were working to stop people smoking by increasing the age of sale and reduce the promotion of cigarettes.

Councillor P Jopling was concerned with figures relating to obesity. She understood that it was difficult to lose weight but unless doctors bought into obesity to coax people to lose weight at appointments any initiative would fail. She acknowledged that it was a difficult topic to broach in schools and what happens at home.

The Director of Public Health identified that healthy weight was a number one priority and noted that the Healthy Weight plan had just been refreshed with key elements. Work had been undertaken to look at how this uncomfortable topic could be talked with the NHS producing modules on how to talk about difficult things. She acknowledged it was a difficult topic as there was food all around the environment in adverts.

Councillor P Jopling thought this needed to be flagged up with doctors.

The Director of Public Health agreed to take this away.

Councillor L Hovvels thought that the work carried out by public health was very important and should influence policy. She had experience from the other end of the spectrum with homelessness in her community and malnutrition with people starving and relying on foodbanks. This had a huge impact on people's mental health with the threat of suicide. The cost of living crisis was challenging and should be addressed.

Councillor T Stubbs asked if this generation of teenagers were experimenting more with vaping instead of underage drinking that was linked to teenage pregnancies that had decreased.

The Director of Public Health did see young people experimenting with vapes which is a gateway to smoking. She could not say conclusively if vaping had replaced young people drinking alcohol. There were adverts and sponsorships with alcohol that was in the public arena that young people would see along with accessible and affordable alcohol on the market but she was not sure if there was a difference in the culture with young people turning to vaping over alcohol. She agreed to take this away.

Councillor D Haney felt that gambling especially in young men was becoming a huge issue and queried if this was being investigated.

The Director of Public Health commented that work on both alcohol and tobacco was carried out closely with 7 authorities that had seen the campaign of alcohol is toxic campaign. Work was to be undertaken on gambling as this was an issue as people had easier access to it with phones and shops. This would create opportunities to look at the housing agenda going forward if people lost their homes through gambling but this would be challenging.

Councillor D Haney was concerned young people would get into gambling with the amount of online special offers.

Councillor P Jopling was concerned that alcohol companies were producing more flavours of gins and ciders making them taste more like pop creating the danger of people getting drunk not realising how much they had drunk. The Director of Public Health had seen the increase in people drinking more alcohol with hard low cost ciders. Councillor P Jopling stated these flavoured ciders were also calorie laden that would in turn impact on obesity rates.

Councillor S Quinn was concerned about the different trends within different generations that came about. She noted that when she was young the thing to do was glue sniffing. She was worried about people drinking energy drinks. The Director of Public Health stated that would did reflect on trends and focused on things that were important. Work was ongoing around energy drinks.

Councillor V Andrews questioned if there was a link between child obesity and social environment groups.

The Director of Public Health confirmed that there was a link that showed unhealthy weight being greater in area of deprivation as unhealthier foods tended to be cheaper. She noted that targeted intervention was carried out in these area within County Durham.

Councillor C Lines asked if the trend of snus tobacco was on the public health radar as to whether it was harmful given that it seemed to be promoted by professional footballers.

The Director of Public Health was aware as Fresh kept them up to date.

Resolved

That the report be noted.

8 Durham Safeguarding Adults Partnership Annual Report 2022/23

The Committee received a report of the Durham Safeguarding Adults Partnership Independent Chair that presented the Annual Report for 2022/2023 of the Durham Safeguarding Adults Partnership (DSAP), which provided assurance of the safeguarding adults activity across County Durham (for copy see file of Minutes).

H Gibson, Durham Safeguarding Adults Partnership Business Manager advised members that the annual report had been published on the Durham Safeguarding Adults Partnership website that was also available in an easy to watch video. She stated that it had been a statutory requirement to provide this service since 2014 and this was the 8th annual report.

The report included the Chair's foreword and introduction, the local picture, the vision and partners, safeguarding adult reviews, the strategic plan and priorities, the governance review and audit, safeguarding issues, professional and community engagement, quality assurance and the safeguarding Adults collection return, looking ahead and Partners action reports. The refreshed plan for 2023-2026 had agreed three priorities: Reflect upon the learning from Covid-19 and inform new ways of working; Seek assurance from agencies and use that information to strengthen safeguarding and; Share key messages with our community, our networks and work co-productively with adults.

Councillor K Earley queried if there were ways to identify issues before things became too serious to prevent reoccurrence of similar instances to Whorlton Hall.

The Durham Safeguarding Adults Partnership Business Manager explained that that type of expose could still occur, and that locally there was regular monitoring of provider reports into the local authority with proactive work by Adult and Health Services practice improvement when required. The partnership also received regular updates through its data reporting, and of any themes that emerged. The business manager shared that the partnership had also received reports on multi-agency reflective exercises related to provider concerns, and a proposed annual model of reflection by the Head of Adult of Care had been agreed. The business manager shared that whilst the partnership held the ring for the learning from the recent Whorlton Hall Safeguarding Adults Review, the findings required wider support of agencies due to the learning of a national footing.

Councillor V Andrews felt that these were great services that provided a safety net in relation to concerns where people had somewhere to call someone to get a level of help.

Councillor L Hovvels requested it be noted in the minutes that everyone had a responsibility for Safeguarding and a duty of care and it did not just sit with local authority.

Resolved

i) That the report was noted

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

9 Q2 2023-24 Revenue and Capital Outturn Reports

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 2023 (for copy see file of Minutes).

J Watson, Principal Accountant gave a presentation that explained the 2023/24 Quarter 2 revenue forecast outturn and variance and the 2023/24 Quarter 2 capital position. She explained that the Adult Health Service's budget position for 2023/24 had projected an under budget of £0.316 million which equated to 0.2% of the budget as there was a net under budget for employee costs due to staff turnover levels and net over budget on supplies, services, transports, other costs and over recovery of income. The revenue budget had a projected over budget of £29,000 due to increased central recharge costs and a projected under budget of £55,000 in respect of the management of vacancies and contract management within commissioning. The revenue for Public Health was projected on target with £1.992 million forecast to be made available for future investment in Public Health projects from uncommitted budgets, savings from vacant posts and underspends against some contracts.

Councillor K Earley asked when the money would run out.

The Principal Accountant advised that in balancing the budget for 2024/25 she did not foresee any issues and Adult Health Services continued to be a well-run service.

Councillor L Hovvels felt it was good to keep any eye on the budget and appreciated that the budgets came to committee for scrutiny as it was a big budget and the breakdown was beneficial to create a clear picture of the spend. She was concerned regarding the potential vacancies within the service.

Councillor P Jopling queried if the staff underspend was caused by people leaving and whether this had an affect on the service. She asked if this was an issue to worry about especially in health services as it would affect the public in providing what they needed.

The Principal Accountant could not respond as she did not work in the service direct nor manage staffing for the service. She confirmed that she met with the budget holders regularly for the service area and they had not raised any concerns with regards to vacancies and assumed they would recruit to as and when needed.

Councillor L Hovvels felt it was a helpful report that gave the Members the opportunity to raise any issues that required to be scrutinised. She noted that HR issues should be picked up in another committee.

S Gwillym, Principal Overview and Scrutiny Officer agreed to pass concerns on to the service.

Councillor K Earley questioned what proportion of the Council's budget was allocated to Adult Health Services.

Councillor T Stubbs thought that the budget for Adults Services and Childrens Services were combined and made up approximately 37% of the budget. He acknowledged that capital spend tended to be over budget but this would not show until the last quarter. He enquired if there was enough forecasted spend for the budget.

The Principal Accountant noted that the Capital team reported on their budgets separately and she just met with the scheme managers. She did know that some expenditure would move over to the next financial year to keep it in the budget if it was not spent in time.

The Principal Accountant responded to Councillor T Stubbs that it appeared that Hawthorn was finished but this was only the maximum liability from Adult Services contribution and not the larger capital investment for the project with funding from North East England.

Resolved

That the report and the financial position included be noted.

10 Q2 2023-24 Performance Management Report

The Committee received a report of the Chief Executive that provided an overview of progress towards delivery of the key priorities within the Council Plan 2023-27 in line with the council's corporate performance framework. It covered performance in and to the end of quarter two, 2023/24, July to September 2023 (for copy see file of Minutes).

Resolved

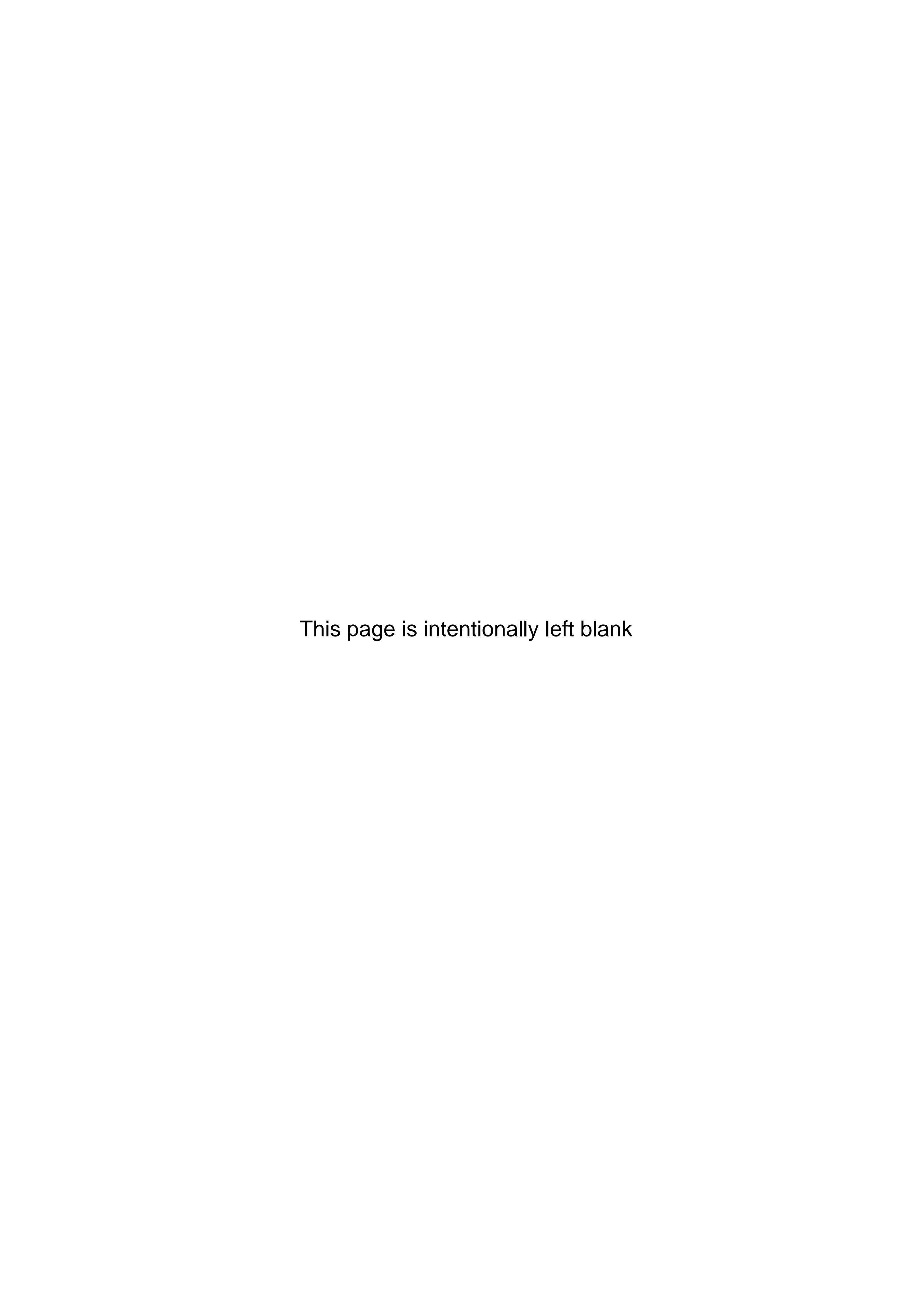
That the report and actions to address areas of challenge be noted.

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

Councillor D Haney referred to the minutes of the previous meeting and asked if the data around sepsis had been supplied by the County Durham and Darlington NHS Foundation Trust.

S Gwillym, Principal Overview and Scrutiny Officer acknowledged that no information had been received and he would chase it up.

The Principal Overview and Scrutiny Officer reminded Members that there was to be a Special Adults Wellbeing and Health Overview and Scrutiny meeting held on Thursday 8 February 2024 that would provide an update on the Tees, Esk and Wear Valleys NHS Foundation Trust CQC assessment, NEAS on Quality account and performance data, NHS dentistry and Shotley Bridge hospital.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DURHAM COUNTY COUNCIL

At a special meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Committee Room 2, County Hall, Durham on **Thursday 8 February 2024 at 9.30 am**

Present

Councillor V Andrews (Chair)

Members of the Committee
Councillors M Johnson, J Blakey, R Crute, K Earley, D Haney, J Higgins, L Hovvels, P Jopling, C Lines, K Rooney (substitute for D Stoker), A Savory, T Stubbs, A Watson and A Shield

Co-opted Members
Mrs R Gott and Ms A Stobbart

Co-opted Employees/Officers
Ms G McGee, Healthwatch County Durham

Other Members
Councillors A Shield and A Watson

1 Apologies for Absence

Apologies for absence were received from Councillors J Howey, C Kay, S Quinn, M Simmons and D Stoker.

2 Substitute Members

Councillor K Rooney substituted for Councillor D Stoker.

3 Declarations of Interest

Councillor Earley declared an interest in Agenda Item 9 - Shotley Bridge Hospital Update as Secretary of Shotley Bridge Hospital Support Group.

4 Any Items from Co-opted Members or Interested Parties

The Principal Overview and Scrutiny Officer advised Members that in the absence of the minutes of the last meeting given that this is a special meeting of the

Committee, Members would recall that Councillor Haney raised some issues around the availability of sepsis data from County Durham and Darlington NHS Foundation Trust. He advised Members that Gillian Curry from the NHS Foundation Trust was in attendance today and could provide Members with an update in terms of when the information would be brought to the Committee.

Gillian Curry advised Members that they were currently completing some work around the data that would be audited and the results of that data would be the most useful data to bring back to Committee. The Audit was expected to be complete next week, and it was proposed to bring this data back to Committee at the appropriate time. She also advised Members that the Trust were happy to welcome Members to the Trust if they wished to go through the data outside of the meeting.

5 Tees, Esk and Wear Valleys NHS Foundation Trust CQC Inspection and Improvement Action Plan

The Committee received a presentation from Tees, Esk and Wear Valleys NHS Foundation Trust on the CQC Inspection and Improvement Action Plan. A copy of the full CQC Inspection Report had been circulated with the agenda (for copy see file of minutes).

Brent Kilmurray, Chief Executive, Tees, Esk and Wear Valleys NHS Foundation Trust and Beverley Murphy, Chief Nurse, Tees, Esk and Wear Valleys NHS Foundation Trust were in attendance to deliver the presentation.

The presentation provided details of the CQC Core Service and Well-led Inspection 2023; CQC Core Services Inspected 2023; CQC Ratings Comparison; Must and Should Do Actions; Positives and Learning Themes; CQC Improvement Plan Reporting Framework; Improvement Plan Governance; Delivering the Trust's CGQ Improvement Plan and Improvement Action Delivery.

Councillor Early indicated that it looked like everything was moving in the right direction and asked how confident the Trust were that it would continue to move that way as it was a big complex operation.

The Chief Executive responded that they have structured appropriately to ensure they had good lines of sight and senior and clinical leadership across the geography. He was confident they had done the foundation work to ensure the improvement plan would be delivered and had already seen some progress. He recognised that there was a lot of work to do and was happy to come back to the Committee in six months' time to provide assurance to the Committee that they were on track.

The Chief Nurse responded that they had a culture that was open and transparent and if they found any risks associated with quality of service in any of their

locations, they needed to be open and respond and had a number of mechanisms in place. They had mechanisms for checking the quality and indicated that she would never give her board a 100% assurance that everything was fine but what she could assure was that she had good people and strong mechanisms for checking and testing and had a culture where people were not afraid to speak out and seek improvements and change where necessary.

Councillor Crute indicated that he was concerned about staff training and asked what measures they had in place to ensure that the mandatory training was carried out.

The Chief Nurse responded that the mandatory and statutory training was put together by a subject matter expert. She continued that they have a live data system so every time training was completed the system would be updated and every manager could track training updates on the system. They have an operational structure where they know who is on duty and where there were gaps. They have a trajectory to improve their compliance with training and as part of this they had taken the opportunity to be more flexible with their training passport and were porting training across that was more effective and efficient.

Councillor Crute asked if there was any evidence that the training was underpinned by a culture of lifelong learning and personal development.

The Chief Nurse responded that the report commented on the culture of the organisation and one of the things that CGC looked at was the annual staff survey that was anonymous. The staff survey showed that staff felt safe at work and were able to raise concerns and felt supported and had no intention of leaving. The results of the survey were reported nationally and were measured against other organisations and last year they were the most improved Mental Health Trust.

The Chief Executive stated that they saw this as a strong proxy for staff satisfaction and advised Members that this year they would be launching their learning and leadership academy.

Councillor Haney stated that it was great so see improvements and asked about the ligature and blind spots on wards and seclusion facilities.

The Chief Nurse responded that they had a very clear approach to environmental safety and stated that the CQC In November 2023 issued some new standards on managing the risks of ligatures in mental health and learning disability environments. The Trust were mapping their approach the CQC set out and they feel that they had attended to the environmental risk issues, and they needed to also continue to focus on the therapeutic relationship as this was ultimately what was going to keep people safe.

In explaining the Trust's approach to assessing risk they understood where the risks were and were addressing them on a proportionate and priority basis. The CQC identified that there were some blind spots in one of their older persons units and they had talked to the CQC regarding this and the use of blind spot mirrors which could be seen to compromise privacy and dignity of people in that setting. She then advised members that they had closed a seclusion room in their secure services as they recognised the location of the room was impacting on people's privacy and dignity when they had that level of restriction in their care and stated that they had a clear approach.

The Chief Executive indicated that the Trust had invested £20m over the last 5 years to replace bathrooms, doors and implementing assisted technology in a number of their settings in attempt to mitigate risk.

The Chief Nurse advised Members that they had looked to see where they sat in comparison to other organisations and all 54 Mental Health Trusts across the county, 23 had similar issues with ligature risks in their in-patient units. They were confident in their investment and approach, they had to identify, mitigate, manage and remove those risks from their environment.

Councillor Haney asked if the ligature risks had been removed.

The Chief Nurse responded that they had replaced all the sanitaryware in their in-patient units. There was an issue with bedroom doors being an anchor point, but they would not remove bedroom doors as this would reduce patients' safety, privacy and dignity and this was where therapeutic relationship was key in understanding and managing that risk.

Ms McGee stated that they had seen an increase in negative feedback from the public whilst acknowledging that a lot of positive work was going on. She continued that there was a disparity between the strategic level and what was happening on the ground and asked for reassurances that the strategic level learning would be disseminated to community teams.

The Chief Executive indicated that Members would be hearing from Jo Murray this morning in respect of the Trust's Community Services Transformation plan and would come back to the question if anything was missed following her presentation.

The Chief Nurse responded in terms of the experience of people receiving the service on a day-to-day basis, the report showed that the CQC Inspectors spoke to a number of people who received community services who were positive about the services they received. The CQC supported that things had improved.

The Chair referred to the issues around physical examinations and asked if they were looking to address this.

The Chief Nurse responded that Dr Helen Day had led a piece of work internally to look at the skills, experience and approach they take to physical health care and they had looked at this at their Quality Assurance Committee that fed into the Board. This had also been discussed at a recent partnership day and the Trust were now working with partners to ensure that anyone in the community with mental health issues can access the appropriate health care at the right point.

The Chair then asked if they had looked at a physical assessment module within the mental health programme in universities and adult nurses.

The Chief Nurse responded that they work with universities and have committed funding for two physical health clinical skills trainers within the organisation. When people first register to be nurses that first year of their practice was supported and part of that was looking at their confidence around physical health care.

Councillor Hovvels commented that some of the issues that they needed to get right were at a basic level.

Resolved: That the contents of the CQC Inspection report and presentation be noted and a further update on the Inspection Improvement Plan be brought back to the Committee as part of the 2024/25 Work Programme.

6 Tees, Esk and Wear Valleys NHS Foundation Trust Community Services Transformation Programme

The Committee received a presentation from Tees, Esk and Wear Valleys NHS Foundation Trust Community Services Transformation Programme on Evaluating the Community Mental Health Transformation in County Durham (for copy of slides, see file of minutes).

Jo Murray, Associate Director of Mental Health and Learning Disabilities Partnerships and Strategy for County Durham, Tees, Esk and Wear Valleys NHS Foundation Trust was in attendance to deliver the presentation that provided details of what they were trying to achieve; how they used transformation resources; what's in place now; headline activity and performance changes; system feedback to Healthwatch on progress to date; achievements, challenges and risks and patient stories.

Councillor Jopling referred to the first point of call that was your GP and indicated that this can be difficult as some areas were good for obtaining a GP appointment but other areas it was difficult, and the statistics only showed the people who could obtain an appointment which was worrying.

The Associate Director responded that they were introducing a system where you did not have to go through your GP. She commented that some people would

prefer to be referred via their GP, so they were making it as easy as possible for GPs to signpost those people into the right areas of support. She stated that they had an alternative that was first contact practitioners who could triage to a specialist mental health practitioner in that practise for the first appointment instead of going through a GP. They also had additional staff that could provide an in-depth appointment, ideally, they would like a self-present themselves to access services. She advised Members that they would start to see business cards and posters appearing in practices and were hoping to extend this campaign in conjunction with Public Health to make it more accessible such as community centres.

Councillor Jopling commented that it was not easy for patients to get through to their GPs and if they could access the service direct this would be a better outcome for the patient.

Councillor Early stated that this was a big piece of work and asked where they had services provided by third sector delivery were these providers able to access the training offered.

The Associate Director responded that they could access the training and they had focused on Derwentside which was the pilot area, but they were going to roll this out across the County. The training was free to access online and had been well received. Take up of the training offer was being promoted by word-of-mouth from those third sector organisations who had already taken advantage of this training and realised the associated benefits.

In response to a question from Councillor Hovvels on change, the Associate Director advised that the joint work with Healthwatch had been important to ascertain if they had getting it right.

Mrs Stobbart referred to housing associations and asked how they could access the training.

The Associate Director indicated that they worked with housing associations at a local level and commented that they were a key component.

Ms McGee referred to the work still to be done on embedding a single pathway in each local area to replace multiple access points and asked what additional training would be given to staff.

The Associate Director responded that this was something that they were still exploring as there was a wealth of training available and they needed to produce an offer that was tailored to their system. She stated that this was work in progress and was identified as a priority for the next six months.

Resolved: That the contents of the presentation be noted.

7 North East Ambulance Service NHS Foundation Trust Quality Account 2023/24 Priorities and Performance Update

The Committee received a presentation from North East Ambulance Service NHS Foundation Trust on the 2023/24 Quality Account priorities and performance update (for copy of slides, see file of minutes).

Tracy Gilchrist, Deputy Director of Quality and Safety, North East Ambulance Service NHS Foundation Trust was in attendance to deliver the presentation that focused on the overview of Quality Report requirements; current position and performance and update on 2023/24 priorities.

Councillor Early referred to data sharing and asked what progress had been made on this.

The Deputy Director of Quality and Safety responded that they now had dashboards in the background and now that they were under the NHS Integrated Care Board (ICB) the data was a lot more open and transparent and they had a dashboard that everyone could access. She commented that the data was only as good as what was been inputted and they would challenge any discrepancies. They have an ICB Lead within the organisation which was about data sharing going forward so if they had two organisations involved in patient care they would work together on that incident. It was now about collaborative working and each of the organisations have a learner response lead and patient safety specialist to ensure those things were happening, identifying problems and if recurring report these to the board.

Resolved: That the contents of the presentation be noted.

8 NHS Dentistry Services

The Committee received a presentation on the NHS Primary Care Dental Services and Dental Access Recovery (for copy of slides, see file of minutes).

Sarah Burns, Joint Head of Integrated Strategic Commissioning, County Durham Care Partnership, Durham County Council and North East and North Cumbria Integrated Care Board was in attendance to deliver the presentation that provided a summary overview of NHS Dentistry; out of hours urgent care services; challenges; NHS contracts; actions; dental access; further actions and next steps; advice for patients; oral health promotion strategy 2023-2028; water fluoridation and supporting background information.

Councillor Jopling indicated that this was down to contracts and asked the Officer if they were in a position to issue contracts or if these had to come from the government.

The Head of Integrated Strategic Commissioning responded that locally they could issue contracts, but it had to be within the context of the national contract. She commented that some of the measures announced earlier this week were designed to address some of those issues.

Councillor Stubbs referred to his knowledge of dentists and his own experience and indicated that he felt that dentists had already decided the future and any plans were a lost cause. He agreed with a number of things such as the promotion of oral hygiene that should be done through the NHS but indicated that the dentistry model had been decided. He commented that his own dental practice was now no longer an NHS dentist and you had to pay £23 a month. He asked for some reassurance that there was a future for dentists as he felt it was going to be a model like opticians where it was accepted that you pay for your appointments and glasses.

The Head of Integrated Strategic Commissioning responded that work was ongoing and had been for a number of years on the national reform of the dental contract that was needed. Locally they could not supersede that, but they could look at some of the measures detailed in the presentation such as commissioning the capacity to ensure it meets the needs, particularly in the underserved areas or people who depend on NHS dental care. They would look to see how they could attract dentists to work in the region and implement all of the sensible measures that they can that will help current NHS dentists remain. She stated as an Integrated Care Board (ICB) their role was to ensure that they had provision to meet the need and the NHS provides dental treatment for the population. She hoped that dentistry was not a lost cause and stated that they would work hard to ensure they do everything they can, and they understand where the gaps and the challenges are and targeting their resources where there were the greater inequalities, and they were looking to maintain services across the county.

In response to a further question from Councillor Stubbs, the Head of Integrated Strategic Commissioning stated that dentists were still committed to work in the NHS and some of the national announcements were moving us into the right direction.

Councillor Crute stated that he shared Councillor Stubbs concerns regarding dental services and that it was part of a wider issue within the NHS. He commented that the dental service needed to be reformed and he feared for the future of dentist and the lack of appointments. He referred to the government intervention and asked if there were any timescales for this and if there was any protection for existing patients.

The Head of Integrated Strategic Commissioning responded that they did not have timescales yet. She advised Members that Pauline Fletcher would be providing an update and summary to scrutiny committees across the region. She stated that there were ways to safeguard against patients being removed from a list.

Councillor Hovvels referred to fluoridisation in water that they did a lot of work on that was picked up by the Secretary of State that would have a massive impact in terms of health and asked about the timescales around this.

The Head of Integrated Strategic Commissioning indicated that they did not have timescales but as soon as they do, this would be shared with Members. She stated that the Northeast was priority for fluoridisation.

Councillor Crute referred to the pressure group who were against fluoridisation in water that had proven health benefits and asked if the pressure group were still active.

The Head of Integrated Strategic Commissioning advised Members that this moved from local responsibility to the Secretary of State and any representations would now go to the Secretary of State.

The Principal Overview and Scrutiny Officer confirmed that the Council had set up a joint Overview and Scrutiny Committee in 2019 on fluoridisation and several organisations attended the session and they did commit to further sessions once the position was clearer around fluoridisation. However the promotion of these schemes had now moved from the Local Authority to the Secretary of State. He anticipated that there would be an update on the oral health strategy at the March meeting that may include an update on fluoridisation.

Councillor Savoury stated that the dental practice in Weardale was full, and transport was an issue and families were disadvantage as they could not access dentists in other areas due to finances and stated that oral health particularly in children deteriorates quickly. She continued that when they do eventually receive treatment a lot of treatment is required and asked where the nearest urgent care centre would be for the Weardale area.

The Head of Integrated Strategic Commissioning advised that the urgent care centre would be Durham or Darlington.

Councillor Savoury asked if they could look at the dental services within the rural communities of Weardale.

The Head of Integrated Strategic Commissioning responded that this was one of the national announcements about improving access in rural communities. She advised Members that they had being looking at the transport offers in Durham and that they had a local volunteer driver service and were looking to see if this could be extended for dental treatment.

Ms McGee asked if the additional capacity would be focusing on urgent treatment and stated without the routine treatment this would increase the urgent

requirement. She then referred to the early detection of mouth cancer that was detected by routine dental treatment. She then referred to other approaches to dental commissioning in other parts of the country such as Ipswich where the ICB have commissioned NHS practices with dentists who are salaried, taken away all the concerns about contracts and asked if they would use this approach.

The Head of Integrated Strategic Commissioning responded that she was not sure if this would work locally but a regional group were looking at how they could secure NHS services. They have salary dental services such as the community dental service, she was not sure if this would work for general dentistry. In terms of the oral cancer risk there has been a campaign locally to highlight the risks and signs of cancer to increase people's awareness.

Resolved: That the contents of the presentation be noted.

9 Shotley Bridge Hospital Update

The Committee received a presentation to update Members on Shotley Bridge Hospital (for copy of slides, see file of minutes).

Mr Richard Morris, Associate Director of Operations, County Durham and Darlington NHS Foundation Trust was in attendance to deliver the presentation.

The presentation focused on the project principles; progress update; proposed site layout; assurance and approval and the next steps.

Councillor Haney asked when the hospital was built how many parking spaces were going to be lost and would parking be free.

The Associate Director of Operations confirmed that parking would be free. With regard to parking spaces, the current site was built for a different purpose. There were national requirements that they had to meet as part of the planning permission that follows the guidelines and advised that there would be fewer parking spaces than the original design for the new building due the site now been smaller. He continued that there would be adequate parking for the number of staff and patients together with electric vehicle parking on site, with the ability to expand this if there was the requirement.

Councillor Haney indicated that there was no possibility for expansion and what they were going to end up with was something significantly inferior to what was originally promised. The lack of future expansion was a serious obstacle and a considerable downgrade on what was originally promised.

The Associate Director of Operations reassured Councillor Haney that the hospital was not a downgrade and stated that the existing building was very tired that required a lot of money to be spent to keep it functioning. The new build would be

the best new build they could do at this point. They had to accept that there had been a number of economic factors which had impacted on the original scheme. He stated that it was not an inferior hospital and that the new facility would offer what they said it was going to offer, it was just in a different way.

Councillor Haney did not accept that this was going to better or the same and asked if the money was available and when would the build commence.

The Associate Director of Operations stated that the site could not expand as it was a ringfenced piece of land but there were minor parts on the site that could expand. He commented that it was not the big expansion capacity that may have been in the future. They could have looked at it in a different way and stated that a lot of health care was now being delivered in people’s homes or community centres or other areas that were not hospital based. He was confident that what they had planned fits the needs of the community hospital.

Councillor Early stated that this had to be the future and try to keep Shotley Bridge Hospital afloat on a decaying building after so many years wasn’t going to happen. He commented that he was Chairman on the Hospital Trust 20 years ago and he was part of the plan that produced the community hospital as it currently sat in Shotley Bridge. He suggested that the existing site is not fit for purpose and the clinical case for expansion at Shotley Bridge was not evident, thus leading to the proposed project before members. The key issue for local members and the community was how long it would take to deliver the new facility.

The Associate Director of Operations responded that the contract review process was currently ongoing and would let Paul Davies from the National Hospitals Programme expand on this.

Jackie McDonald and Jane Curry were in attendance and briefed Members on the redesign of clinical services for the new hospital, in particular, bringing some services together to enable the sharing of facilities and moving a ward to the ground floor with its own entrance.

Councillor Shield, Local Ward Member for Leadgate and Medomsley stated that he had being involved with the proposed new hospital since 2017, but they still had not had a written commitment and asked if they could have the guarantee that the new hospital would go ahead.

Mr Paul Davies, Project Lead, International Hospital Programme was in attendance and provided Members with an overview of where they were in the new hospital process. Members were advised that the scheme would be submitted to New Hospital Programme Investment Committee next week and hopefully would then move to JIG and if approved at this Committee then funding would be allocated for the programme. There was also the issue of the land to secure for the new hospital.

Councillor Early asked about the timeframe around delivering in terms of value for money if the process takes beyond the set contractors within the framework as the price would only go one way and the process would start again.

The Project Lead responded that the tender was fixed at this point in time and stated that there was inflationary industry index to apply to that.

Councillor Early referred to the land acquisition issue and asked if the window to move into the acquisition earlier than the due figure was possible.

The Project Lead responded that it was two elements of a process once they get the schemed financial allocation confirmed then they could look to pursue the land purchase. He stated in the past if there was a challenge with the land this could be one of the risks on the scheme, but they do not envisage the land being an issue with this scheme.

Mr Nick Davey, Portfolio Lead for the New Hospitals Programme stated that a year ago they were provided with a pot of money that they believed they would be able to deliver the scheme for. They had experienced some challenging factors around inflation over the last few years. They had revised the programme business case that had been submitted to the Treasury to look at opportunities to increase the budget. He continued that contingencies are managed in a number of ways, a contingency applied to the Trusts ability to manage within the budget, contingencies held at higher level up in the programme and by the responsible for the organisation. In terms of affordability and the challenges this scheme has not met the expectations of the Treasury of the bottom-line costs and as a whole team they need to get a solution that meets the community's needs. The unaffordability continues at this stage so what was going forward to the Integrated Care Board (ICB) was still a proposal that was over and above the money that the Treasury had allotted. They had undertaken a lot of work to get the scheme as close as possible and his recommendation was to approve the scheme. At a programme level the issue was every pound that was spent on one Trust over and above what the Treasury has allocated has to be taken from another Trust. They needed to try and manipulate the available budget across the whole national programme to serve everyone's needs at that time. The need for this scheme was now and the recommendation was that the scheme needed an amount of money to move forward. He would expect to see the scheme at the end of the business process by the end of 2025 early 2026 then on site straight after.

Councillor Haney referred to the inflation and presumed that this was included in the original scheme with built in contingencies but what they could not count on was Trust money budget. He continued that this was the cheapest hospital in the programme and the government could choose not to give the extra cash for the programme that should never had been in the programme to begin with.

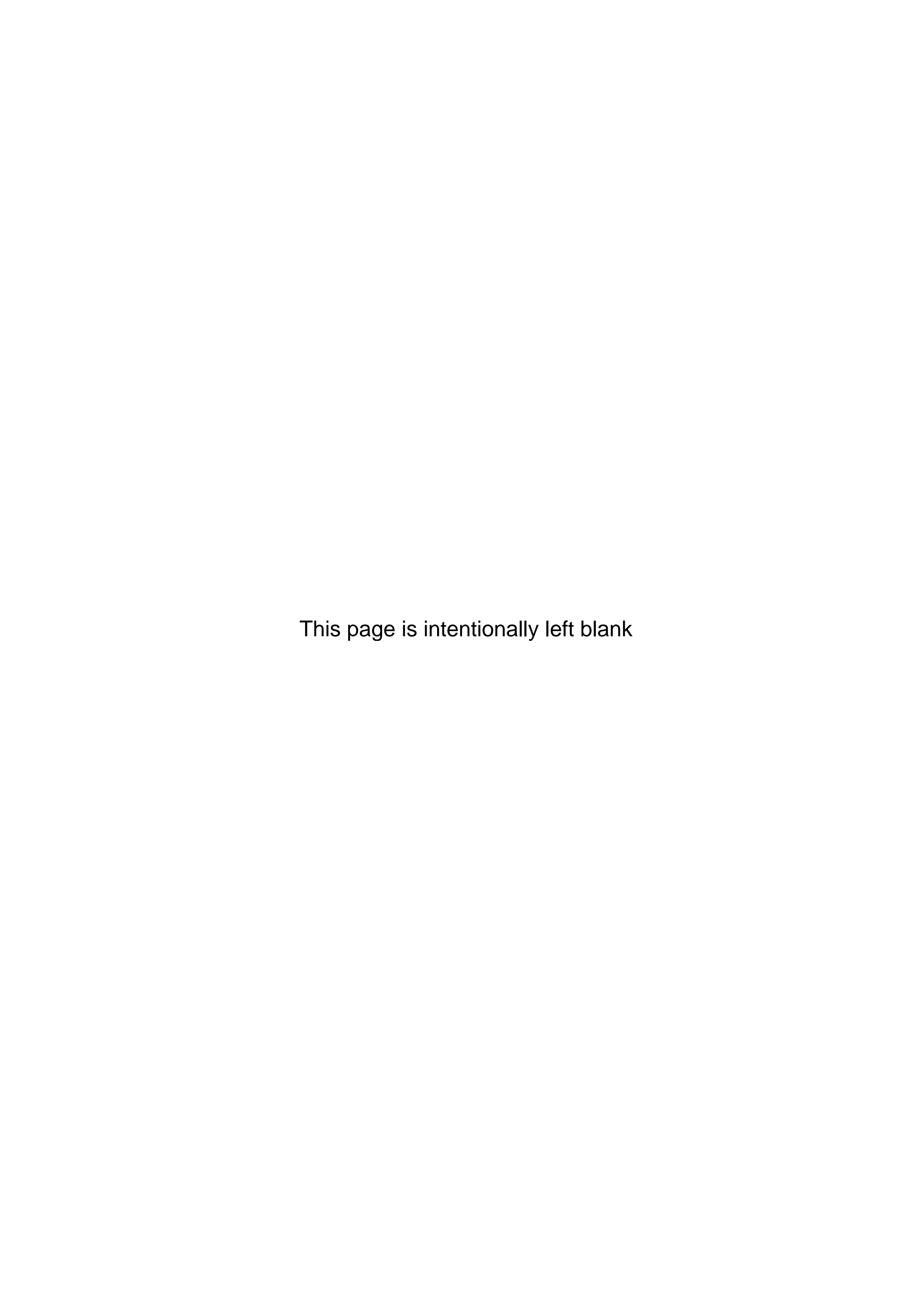
The Portfolio Lead responded that he was unable to give a guarantee and stated that it was moving forward to the Investment committee meeting.

In response to a further question from Councillor Haney, Members were provided with an estimated cost of the scheme.

Councillor Hovvels stated that they should not underestimate the amount of work put into where they are today, and that certain obstacles were out of their control. They had fought hard to ensure that some of the services stayed within the area as these services were not just important to the locality but also the wider county. She continued that she would like to see an end date but knew that it was not possible until the funding was secured and hoped that they did get a new hospital and understood the complexities, the end result will be marvellous and was a flagship for the area and hoped they did succeed.

The Chair indicated that the project was too good to lose, and they would timetable a further update in the Committee's 2024/25 work programme.

Resolved: That the contents of the presentation be noted.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Adults Wellbeing and Health Overview and Scrutiny

19 March 2024

Adult Social Care Assessment Framework – Self Assessment

Ordinary Decision

Report of Corporate Management Team

Jane Robinson, Corporate Director of Adult & Health Services

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

Electoral division(s) affected:

None

Purpose of the Report

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

Executive summary

2 In December 2021, the government released the white paper 'People at the Heart of Care', which announced plans for a reintroduction of external assessment by an independent, external, regulatory body, such as CQC. In April 2022, the Health and Care Act 2022 came into force and on 1 April 2023, CQC's regulatory powers came into effect.

3 Guidance released by the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) reinforced the best practice methodology to produce a self-assessment document. The Council has followed this best practice as local authorities are expected to produce a self-assessment.

4 The work that has been undertaken to develop the self-assessment document was presented to Cabinet in the report 'Adult Social Care update on the introduction of local authority assessment by the Care Quality Commission under the Health and Care Act (2022)' on 13 December 2023.

5 A range of engagement activity was undertaken to help inform the quality statements and the self-assessment document using a comprehensive collaborative process, with content editorial oversight by the Principal Social Worker. All referenced evidence is linked within the self-assessment library, which is quality checked by senior leads.

6 A formalised process for sign off for the self-assessment and refresh process has been approved by the Corporate Director, Adult and Health Services.

7 The key headlines from the self-assessment document include a focus on; the collaborative approach to understand the market position, joint management arrangements across health and social care, transitions from child to adulthood, the relationship with Public Health objectives, the strong relationship with the voluntary and community sector, the importance of workforce development, support, and staff engagement.

8 The overview and summary of the finalised self-assessment document is available in Appendix 2.

9 The self-assessment document is available at Appendix 3.

Recommendation(s)

10 Adults Wellbeing and Health Overview and Scrutiny is recommended to:

(a) note the self-assessment document prepared for the upcoming assessment of Adult Social Care;

(b) note the self-assessment will be refreshed annually, and when called upon to be submitted to CQC.

Background

11 In December 2021, the government released the white paper ‘People at the Heart of Care', which announced plans for a reintroduction of external assessment by an independent, external, regulatory body, such as CQC and in April 2022, the Health and Care Act 2022 came into force.

12 It gave CQC regulatory powers from 1 April 2023 to enable them to assess how local authorities and Integrated Care Systems (ICS) discharge their Adult Social Care duties under Part 1 of The Care Act 2014.

13 The assessment of the local authority made by CQC is based on a single assessment framework, which will be used to assess all types of services across all health and care sectors.

14 Guidance released by the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) reinforced the best practice methodology for the production of a self-assessment document, which Durham County Council (DCC) has followed as local authorities are expected to produce a self-assessment.

15 As previously reported, a variety of engagement work was undertaken to help inform the quality statements and the self-assessment document. This included:

(a) Survey work: this was carried out from February 2023 to June 2023. Surveys were sent out to capture the views and feedback of cabinet members, service users, carers, staff, members, leaders, partners, and stakeholders;

(b) Engagement activity was carried out at a Health Care Engagement forum in March 2023 and with the Health and Wellbeing Board at a development day in June 2023. Officers also attended a Health Care Engagement forum, to gather service users’ views and share with them information about the CQC assurance activity;

(c) Continuous horizon scanning across CQC, Local Government Association (LGA) and Association of Directors of Adult Social Services (ADASS) materials.

16 Work has been undertaken to develop the self-assessment document and more details can be found in the December 2023 Cabinet report “Adult Social Care update on the introduction of local authority

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

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

Section A: An Overview and Summary of Self-Assessment

18 This document shares:

(a) key messages;

(b) sets out the local context;

(c) key strengths (see table below);

(d) areas for improvement (see table below);

(e) track record of delivery.

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

Section B: The Adult Social Care Self-Assessment

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

(a) current performance;

(b) strengths;

(c) risks;

(d) issues and challenges.

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

Section C: Our Self-Assessment process and sign off

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

Self-Assessment Document

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

24 A formalised process for sign off for the self-assessment and refresh process has been approved by the Corporate Director of Adult and Health Services.

25 This includes the minimum requirements of an annual refresh, and when called upon to be submitted to the CQC.

26 The drafting of the self-assessment has been overseen by the Quality Assurance Board and reviewed by an independent ADASS associate. The assessment will undergo a process of review and approval by the Oversight and Assurance Group, Adult Well-Being and Health Overview and Scrutiny Committee, Chief Officers Meeting and County Durham Care Partnership Executive. The assurance process is scheduled to conclude in early 2024.

27 Key Headlines from the Self-Assessment Document includes;

(a) The development of the Quality Statements for Working with People, Providing Support, Ensuring Safety and Leadership provided the context for the Self-Assessment document and has been informed by performance data, and feedback from partners, users of services and their carers; and frontline workforce;

(b) Details on the work given to market intelligence outlining the interface between Integrated Strategic Commissioning, Adult Care, partners, providers and the community;

(c) Commentary on the joint management arrangements across health and social care to enable the reduction and duplication of work, providing the opportunity to deliver care across the whole market and ensure effective use of resources;

(d) Details on the services to meet the social care needs of children (aged 0-18) and to ensure transition into adulthood has no gaps in service provision;

(e) A profile on the close working with Public Health to embody the principles of associated strategic drivers to increase healthy life expectancy and reduce inequalities and inequities between communities, with a focus on commitment to Wellbeing for Life;

(f) Evidence of strong relationships with voluntary and community sector partners linked to the County Durham Together Partnership and work with the Integrated Strategic Commissioning Team Engagement Manager;

(g) Recognition of the importance of the workforce demonstrated through a strong programme of communications and engagement

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

(h) Recognition of the reduction of sickness absence rates and attention to the turnover and vacancy rates;

(i) A focus on the AHS workforce development strategy, review of staff job descriptions, career pathway developments and the recent outcomes from the Local Government Association (LGA) Organisational Health Check, which results in scores within the ‘good range’ for all eight standards including effective working planning and continuous professional development.

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

<table>
<tr><td colspan="2">Leadership</td></tr>
<tr><td>Strengths</td><td>Areas for Improvement</td></tr>
<tr><td>• Strong system leadership
• Robust Workforce strategy
• Communication and engagement with staff
• Strong approach to learning and development
• Quality Assurance Framework</td><td>• Recruitment and retention
• Digital Development and Technology Enabled Care
• Data quality</td></tr>
<tr><td colspan="2">Providing Services</td></tr>
<tr><td>Strengths</td><td>Areas for Improvement</td></tr>
<tr><td>• Integrated system and highly effective partnership working
• Effectively managing capacity and demand for services – including our Supporting the Provider Market Service and Care Academy
• Strong Commissioner and Provider relationships</td><td>• Reablement capacity
• Direct Payments and Personal Assistants
• Further developments in specialist res care homes and support living markets to ensure capacity and Value for Money</td></tr>
<tr><td colspan="2">Working With People</td></tr>
<tr><td>Strengths</td><td>Areas for Improvement</td></tr>
<tr><td>• Very few delayed transfers of care from hospital</td><td>• Waiting lists and backlogs</td></tr>
</table>

• Effective sign-posting / resolution at the front door • Reduction in numbers of permanent admissions to residential care • Multi-disciplinary case-working • Safe and Manageable caseloads • Service user engagement (general)	• Increased number of carers expressing dissatisfaction with the support they receive • Our offer to adults with mental health needs
Ensuring Safety	
Strengths	Areas for Improvement
• Strong partnership working • Strategic Information Sharing • Executive Strategy Meetings process	• Development work in Safeguarding Operations • Service user engagement – specific to safeguarding adults • Advocacy

Conclusion

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

Background papers

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

Other useful documents

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

Author(s)

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Appendix 1: Implications

Legal Implications

N/A

Finance

N/A

Consultation and Engagement

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

Equality and Diversity / Public Sector Equality Duty

The principles of equality and diversity have been considered.

Climate Change

N/A

Human Rights

The principles of human rights have been considered.

Crime and Disorder

N/A

Staffing

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

Accommodation

N/A

Risk

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

Procurement

N/A

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

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

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

ABOUT DURHAM COUNTY COUNCIL

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

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

The Durham County Council Plan 2020-23 sets out our key corporate themes and priorities:

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

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

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

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

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

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

with an annual budget of:

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

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

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

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

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

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

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

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

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

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

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

The work has 3 priority areas which are:

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

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

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

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

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

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

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

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

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

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

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

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

OUR STRATEGY FOR ADULT SOCIAL CARE

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

The aims of the AHS service are to:

- support adults to regain or maintain independence;
- ensure vulnerable adults who are at risk of abuse, harm or neglect are safeguarded;
- improve people's wellbeing and help them achieve their identified outcomes;
- prevent unnecessary admissions into hospital or other forms of 24hr/ long term care;

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

This is achieved by:

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

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

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

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

The partnership's vision is:

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

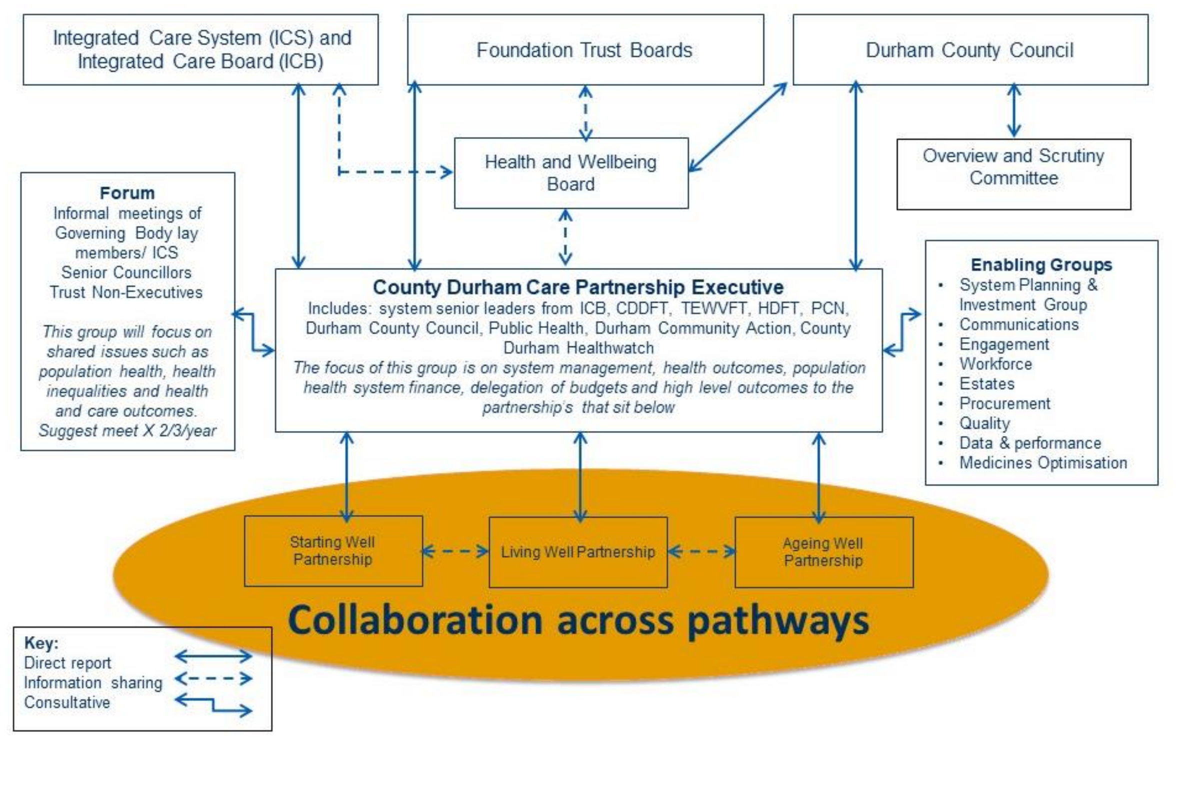
Effective collaboration between health, social care and voluntary organisations across County Durham brings real, positive improvement to people's health, wellbeing, and experience of care, and through our collaboration with Durham University we are planning work to evaluate the effectiveness of our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

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

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

County Durham Care Partnership is the 8th biggest in England	Covers a population of 527,035 (2019 census)	Local heath & social budget = c£1.5billion

We have invested considerable time in building relationships at all levels, from senior management to operational, front-line teams who work together to deliver quality services and solve problems every day. We recognise that much of what we do in health and social care is interrelated and by amalgamating practices and processes, we can help to streamline and join up service delivery to provide better outcomes for the people of County Durham.



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

SUMMARY OF OUR STRENGTHS AND AREAS FOR IMPROVEMENT

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

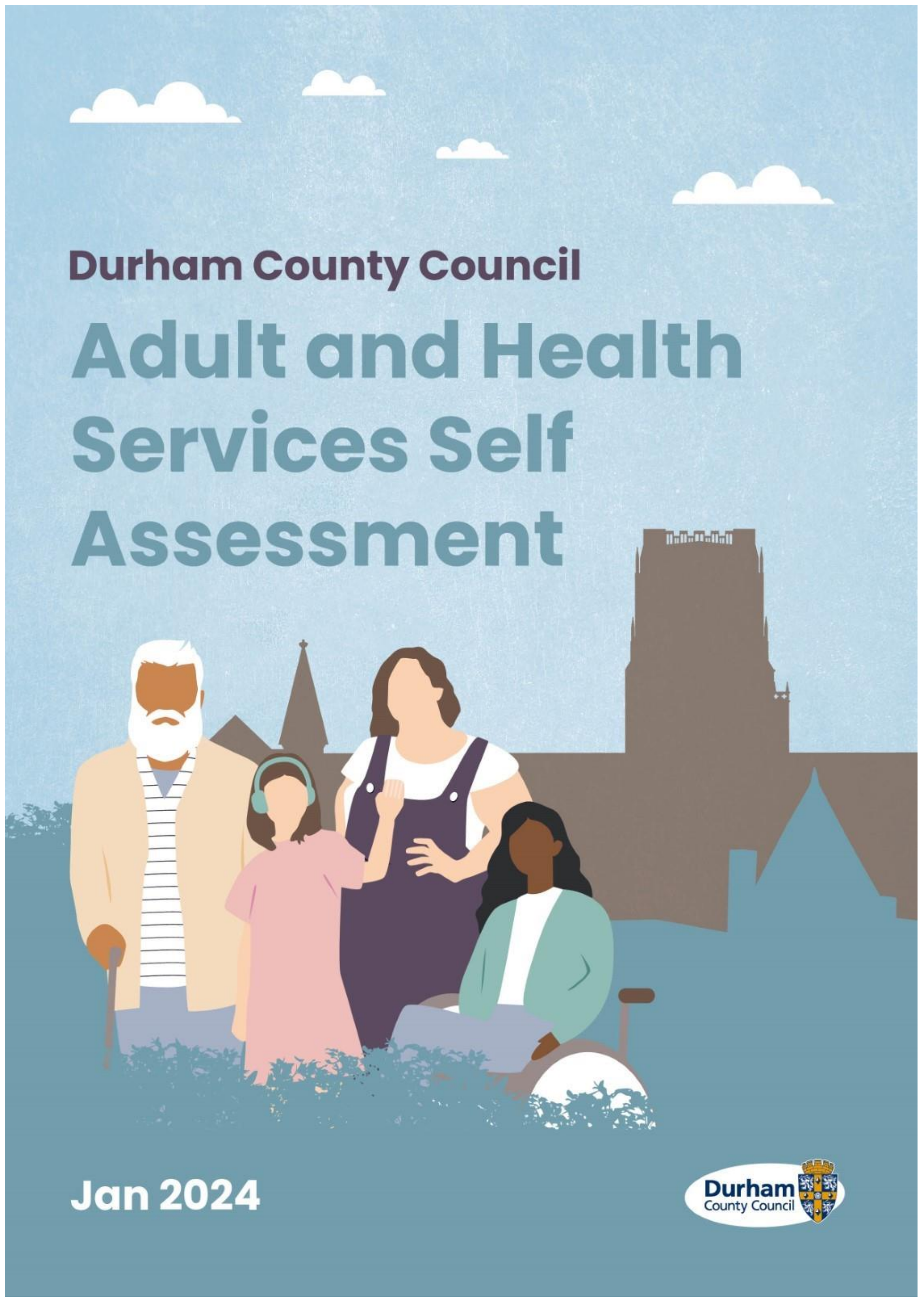
Leadership	
Strengths	Areas for Improvement
• Strong system leadership • Robust Workforce strategy • Communication and engagement with staff • Strong approach to learning and development • Quality Assurance Framework	• Recruitment and retention • Digital Development and Technology Enabled Care • Data quality
Providing Services	
Strengths	Areas for Improvement
• Integrated system and highly effective partnership working • Effectively managing capacity and demand for services – including our Supporting the Provider Market Service and Care Academy • Strong Commissioner and Provider relationships	• Reablement capacity • Direct Payments and Personal Assistants • Further developments in specialist res care homes and support living markets to ensure capacity and Value for Money
Working With People	
Strengths	Areas for Improvement
• Very few delayed transfers of care from hospital • Effective sign-posting / resolution at the front door • Reduction in numbers of permanent admissions to residential care • Multi-disciplinary case-working • Safe and Manageable caseloads • Service user engagement (general)	• Waiting lists and backlogs • Increased number of carers expressing dissatisfaction with the support they receive • Our offer to adults with mental health needs

Ensuring Safety	
Strengths	Areas for Improvement
• Strong partnership working • Strategic Information Sharing • Executive Strategy Meetings process	• Development work in Safeguarding Operations • Service user engagement – specific to safeguarding adults • Advocacy

COMMITMENT TO CONTINUOUS IMPROVEMENT

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

Appendix 3: Proposed Self-Assessment Document



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1. AN INTRODUCTION AND SUMMARY

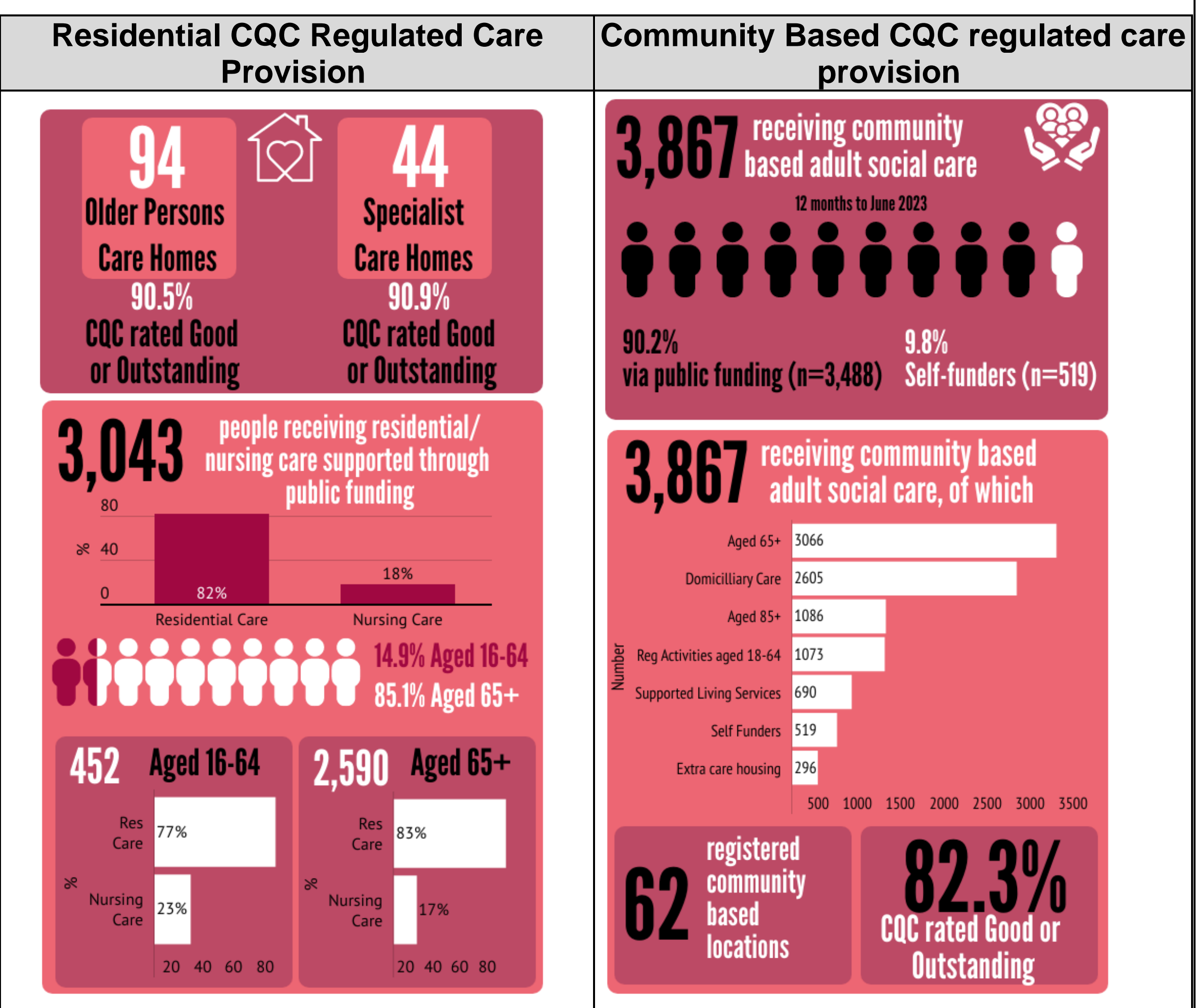
This is our vision for Adult Social Care in Durham which was at the forefront of our preparation of the Quality Statements which summarise our aims and achievements, strengths, and improvement goals across 4 key areas of the service: Leadership, Providing Services, Working with People, and Ensuring Safety.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

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

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

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

Residential CQC Regulated Care Provision	Community Based CQC regulated care provision



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

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

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

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

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

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

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

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

We have strong relationships with our voluntary and community sector partners. Working with key partners, we have developed our County Durham Together Partnership which aims to streamline and strengthen community participation, engagement and involvement.
Within our Integrated Strategic Commissioning Team, our Engagement Manager co-ordinates our approach to inclusion, engagement and involvement, and an Involvement Strategy has been developed to support our co-production aspirations within our County Durham Together Partnership framework.

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

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

Q2 2023/24 workforce data for DCC Adult Care:

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

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

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

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

Mental Wellbeing continues to be the most prevalent reason for absence. Sickness absence rates are improving across Adult Care with a reduction in the rolling year figure at an average of 12.26 days lost per FTE at Q2 2023/24 compared to 12.32 in Q1 2023/24 and 12.69 days at Q4 2022/23. The average had been 17.12 days in the corresponding period Q1 2022/23.
AHS overall has also seen a reduction in sickness absence with an average of 11.9 days lost per FTE in Q2 2023/24.

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

2. QUALITY STATEMENT THEME: LEADERSHIP

CURRENT PERFORMANCE – INCLUDING OUR KEY STRENGTHS

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

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

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

STRONG SYSTEM LEADERSHIP

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

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

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

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

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

ROBUST WORKFORCE STRATEGY

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

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

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

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

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

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

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

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

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

COMMUNICATION & ENGAGEMENT WITH STAFF

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

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

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

STRONG APPROACH TO LEARNING & DEVELOPMENT

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

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

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

QUALITY ASSURANCE FRAMEWORK (QAF)

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

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

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

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

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

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

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

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

Auditor: Service user described overall experience of working with C (Review Officer) as good and said she was friendly, knowledgeable, and able to answer all her questions and queries.
Service user felt she was being listened to and said she is quite happy with everything. She feels safe at home and wishes to remain there, and said she has the care that she needs, happy with the care package and carers that support her "

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

Most commonly observed positive practice in case file audit work	**Most commonly observed observations of practice from case file audits which have prompted improvement work**
Lots of evidence of multi-agency working Good Standard of Recording – clear and concise Evidence of strengths based practice Evidence of person-centred recording Evidence of Care Act principles being adhered to	Inaccurate recording of data regarding advocacy Inaccurate recording of data recording carers' needs/ assessments Multiple examples of copy and paste being used in service user's without editing for context/accuracy
Actions taken as a result	
- Positive practice observations shared with management teams and at Focus on Practice Forum - Briefing notes produced reminding staff about specific recording requirements regarding advocacy & carers - Carers Procedure reviewed and changes communicated to staff - Recording Procedure reviewed and updates communicated to staff	

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

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

The most common reason for complaints in 2022/23 was Finance – Charging Policy, identified as a factor in 32 complaints. It was also the main reason in 2021/22. Examples of learning from complaints cited in the annual report include:

- Updated factsheet on charging for residential care services with staff instructed to ensure this is provided at the earliest opportunity and at the same time as the Council carries out a needs assessment for residential care so that service users are made aware of the potential charges as soon as possible.

- Improvements made to the 'statement of account' template so that service users can clearly identify how the charges for their care and support have been calculated, the payments they have made to date and any outstanding balance.

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

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

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

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

PRIORITIES TO MAINTAIN AND IMPROVE

RECRUITMENT AND RETENTION

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

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

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

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

Examples of actions that we are working on include:

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

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

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

DIGITAL DEVELOPMENT WORK

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

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

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

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

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

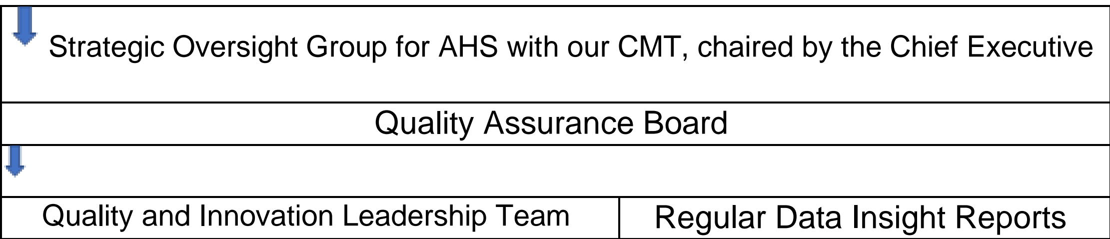
IMPROVING DATA QUALITY

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

Our performance management framework enables our leadership team to focus in on specific areas requiring further interrogation. Impact statement proformas are used to frame the key line of enquiry and to provide a framework to ensure consistency in developing and understanding of issues and in setting and monitoring improvement actions.

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

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



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

3. QUALITY STATEMENT THEME: PROVIDING SUPPORT

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

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

CURRENT PERFORMANCE – INCLUDING OUR KEY STRENGTHS

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

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

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

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

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

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

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

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

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

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

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

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

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

Aims include:

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

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

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

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

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

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

The STPM offer has also included funding technology such as:

- RITA – for Older People Care Homes
- The Happiness Programme - for day care providers and specialist residential care homes

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

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

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

> *"Commissioning have looked at various services and implemented them and they have been very successful, they engaged with providers and ensured the service users are at the for front of the planning and always promote things in a positive manner."*
>
> *"Social workers take note of resident's and carer's needs and wishes when considering placements. Commissioning teams have invited local providers to speak directly with strategic leaders and influence local policy."*
>
> *"Excellent support offered from commissioning they are up to date with current trends and have brought some very positive and proactive solutions."*

STRONG COMMISSIONER AND PROVIDER RELATIONSHIPS

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

Provider views on working with DCC

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

- 91.7% strongly agree or tend to agree that our local authority have assessment teams who are appropriately trained and with experience and knowledge necessary to carry out assessments, including specialist assessments.

- 85.7% strongly agreed or tended to agree that our local authority works with people, partners, and the local community to make available a range of services, facilities, and other measures to promote independence, and to support people to prevent, delay or reduce their needs for care and support.

- 84.6% strongly agreed or tended to agree that our local authority works with local stakeholders to understand the care and support needs of people and communities, including people who fund or arrange their own care, now and in the future.

- 87.2% strongly agree or tend to agree our local authority works collaboratively with partners so that contracting arrangements are person-centred, efficient, and effective.

- 84.6% strong agreed or tended to agree that we work with partners and other local authorities creating efficiencies and achieving better outcomes for people.

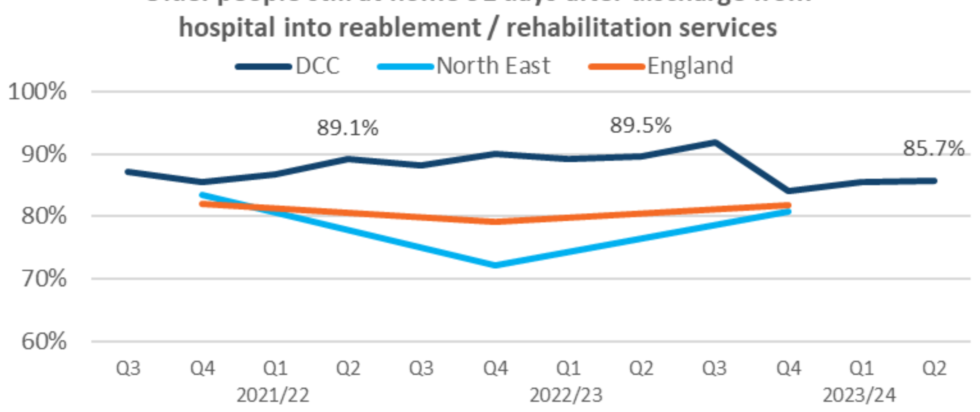
- 89.7 strongly agreed or tended to agree that our local authority understands its current and future workforce needs. It works in partnership with care providers, including personal assistants and other agencies, to develop, support and promote a capable and effective workforce. This facilitates and supports quality improvement and encourages training and development for the care and support workforce.

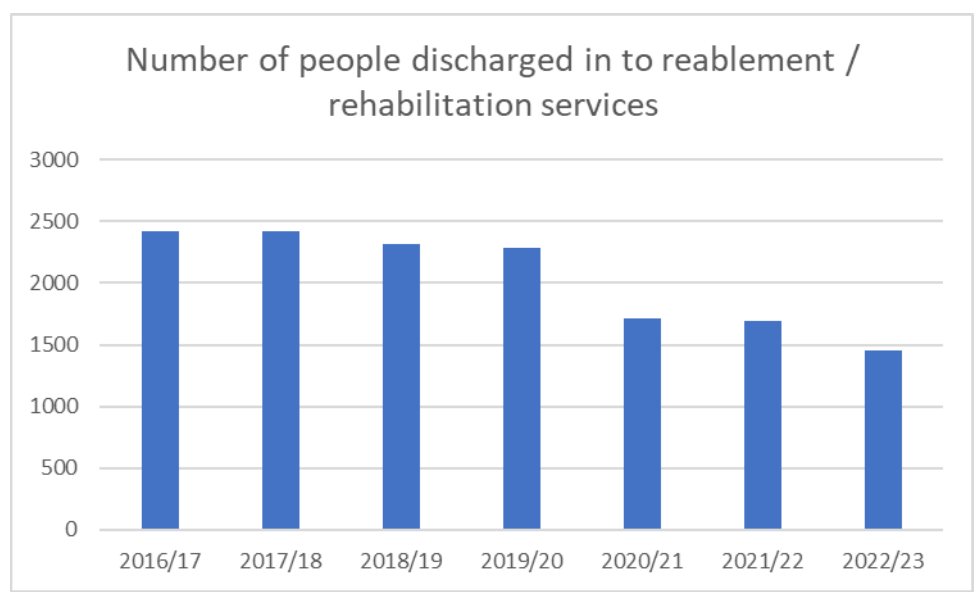
Extracts from the narrative captured within this survey, however, gave us some areas to further improve upon, including in relation to "response times for social crisis situations"; working better together to "look at grass roots issues"; and ensuring transformation projects have robust shared plans.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

PRIORITIES TO MAINTAIN AND IMPROVE

REABLEMENT CAPACITY

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





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

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

DIRECT PAYMENTS (DPs) AND PERSONAL ASSISTANTS

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

and a further 49 adults are in receipt of a Personal Health Budget administered by our DP Team on behalf of our health partners. (Figures correct as of 08.09.23).
After a prolonged period of practice development work and awareness raising, a Position Statement was prepared for Adult Care Management Team in September 2022 to explore our low performance in this area.
Despite bolstering staff learning & development, continuing to promote and support the role of DP Champions in all our operational teams, reviewing DP procedures and processes, and reviewing our external marketing of our DP offer, take up remains low and frontline workforce tend not to push DP as a preferred option for people to use their Personal Budget.

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

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

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

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

FURTHER DEVELOPMENTS IN SPECIALIST RESIDENTIAL CARE HOMES AND SUPPORTED LIVING MARKETS

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

8.25% of LD/MH placements (93 people) outside of County Durham in specialist residential (78 people) or supported living provision (15 people).
For LD placements, 44 of the placements are in bordering LAs. 13 placements are further afield, 10 due to family living further away and 1 due to Service User choice. A small number are placed in specialist / forensic services or long-standing arrangements.

For MH placements, 30 placements are within the region (most in bordering LAs) and only 3 placed further South at families' request.
All out of area placements made in care homes are subject to checks by the Integrated Strategic Commissioning Team, and a joint procedure has been implemented between commissioning and frontline operations officers to ensure

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

4. QUALITY STATEMENT THEME: WORKING WITH PEOPLE

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

CURRENT PERFORMANCE – INCLUDING OUR KEY STRENGTHS

SERVICE USER ENGAGEMENT & CO-PRODUCTION

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

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

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

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

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

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

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

The percentage of older people still at home 91 days after discharge from hospital into reablement / rehabilitation services (85.7% at end Quarter 2 2023/24) remains high. Whilst reducing slightly from the same quarter last year (2022/23) it is in line with the average seen over the last 5 years. Latest performance remains above our target of 84% and regional and national benchmarking.
Over 90% of County Durham patients are 'discharged to normal place of residence' and this has been consistent over the last 12 months (source: BCF 2023-25 Quarterly report, Future NHS).
Our Hospital Social Work service was a finalist in 2023 for the category of 'team of the year' in our annual internal Staff Recognition Awards programme.

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

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

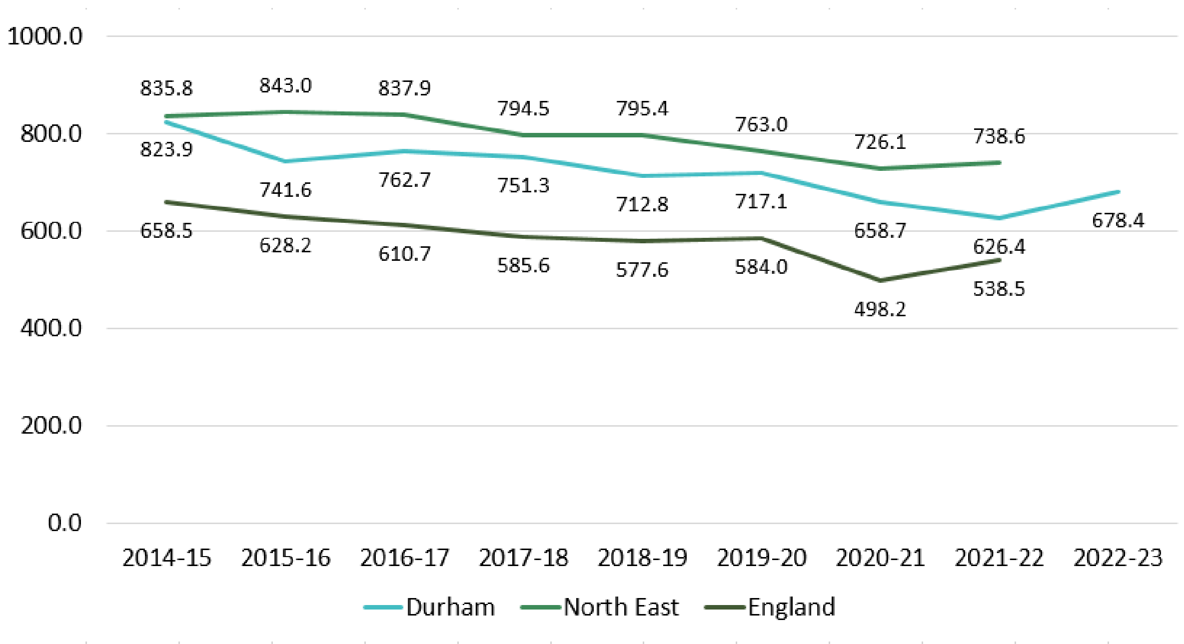
Commissioning Officers also liaise directly with TEWV colleagues to share Transforming Care data. (Transforming Care programme pertains to reducing inappropriate hospitalisation for adults with learning disabilities and/ or autism who have challenging behaviours, and includes people detained in hospital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

EFFECTIVE SIGN-POSTING / RESOLUTION AT THE FRONT DOOR
Led by our corporate director who chairs our wider community prevention framework County Durham Together Partnership, we have a strong approach to prevention, and delaying the need for statutory social care services by providing robust information and advice, and sign-posting. Our front of house function, Social Care Direct (SCD) has a key role in discharging this Care Act duty.
In 2022-23, SCD received 62,378 telephone calls (an average of 5,199 per month). 64.2% of all telephone contacts with SCD result in a formal referral into frontline social care teams (correct as at May 2023). For the other 35.8% of telephone contacts, they provide advice, guidance and information about universal services or

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

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

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



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

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

MULTI-DISCIPLINARY CASE-WORKING

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

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

SAFE AND MANAGEABLE CASELOADS

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

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

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

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

PRIORITIES TO MAINTAIN AND IMPROVE

WAITING LISTS / BACKLOGS

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

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

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

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

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

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

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

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

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

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

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

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

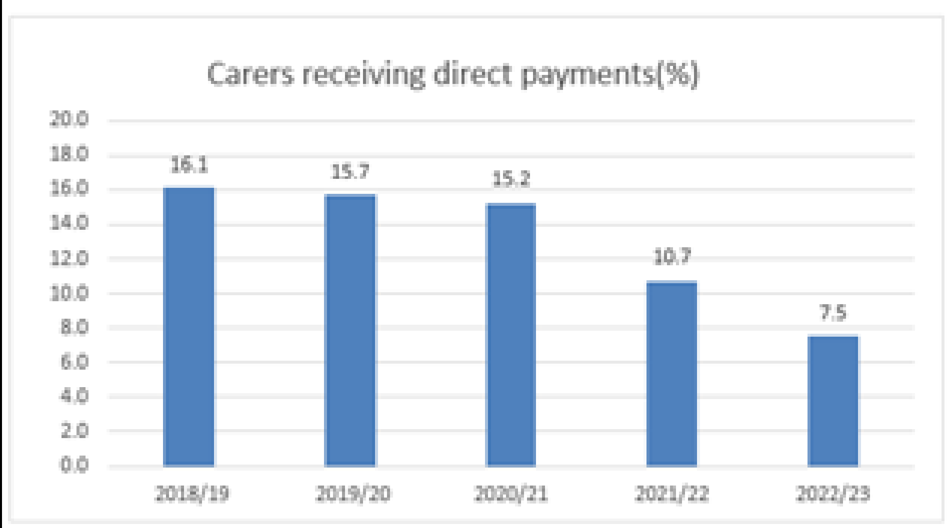
Occupational Therapy Assessments
As of 20/11/2023, 22 people were awaiting an OT assessment. Operational Management Team have agreed the implementation of a risk-rating tool to support decision-making by assistant managers when referrals are 'stacked' and contact is made with each individual or their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

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

We have 22,000 carers in County Durham who are either engaged with ourselves or Durham County Carers Support (DCCS) service. DCCS assess their needs, provide signposting to services through their Core Carer Service, provide a carer card, and administer NHS carer breaks.
We provide carers emergency support through our Short-Term Assistance Service and are also currently piloting a 'Mobilise' platform, to reach more carers in our communities using digital tools.

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

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



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

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

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

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

MENTAL HEALTH SERVICES

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

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

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

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

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

5. QUALITY STATEMENT THEME: ENSURING SAFETY

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

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

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

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

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

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

CURRENT PERFORMANCE – INCLUDING OUR KEY STRENGTHS

STRONG PARTNERSHIP WORKING IN SAFEGUARDING

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

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

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

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

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

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

STRATEGIC INFORMATION SHARING MEETINGS

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

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

Results from our survey with a range of key stakeholders on the theme of Ensuring Safety (April 2023) show:
74% positive feeling about our approach to Ensuring Safety, with the following themes cited in the narrative: 'information sharing and partnership working', 'communication', and 'access to safeguarding information'. Findings from the survey

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

EXECUTIVE STRATGEY MANAGEMENT PROCESS

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

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

PRIORITIES TO MAINTAIN AND IMPROVE

CURRENT PROGRAMME OF DEVELOPMENT WORK UNDERWAY FOR SAFEGUARDING SERVICE

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

As part of this review, we identified:

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

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

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

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

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

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

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

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

6. OVERALL CONCLUSION

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

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

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

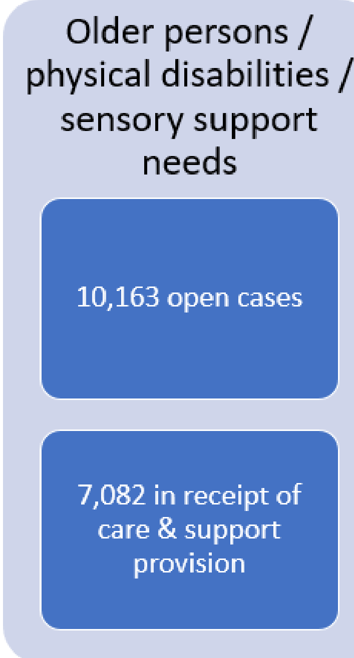
We celebrate and acknowledge our achievements, and we have a good, informed understanding of our areas for improvement and development. Indeed, we embrace opportunities to do so, and to engage with our key partners to align our direction of travel at each stage of our service improvement activity.

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

APPENDIX 1

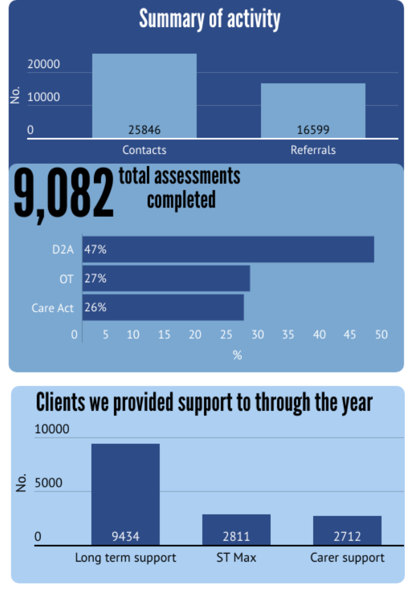
GENERAL ACTIVITY DATA

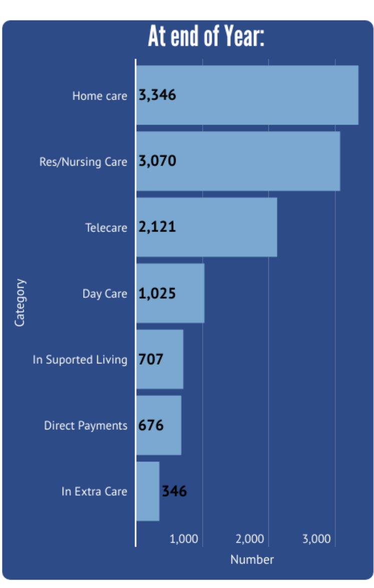
Currently supporting over 22,500 adults in County Durham:

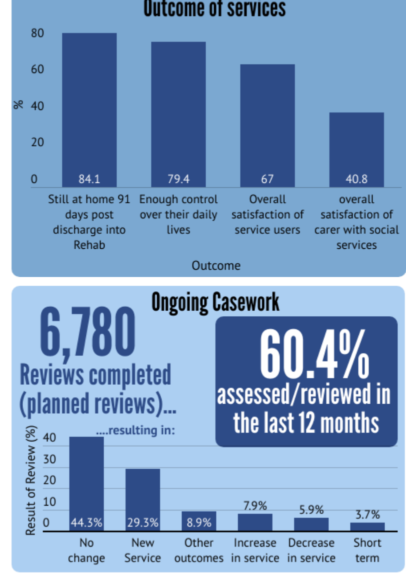


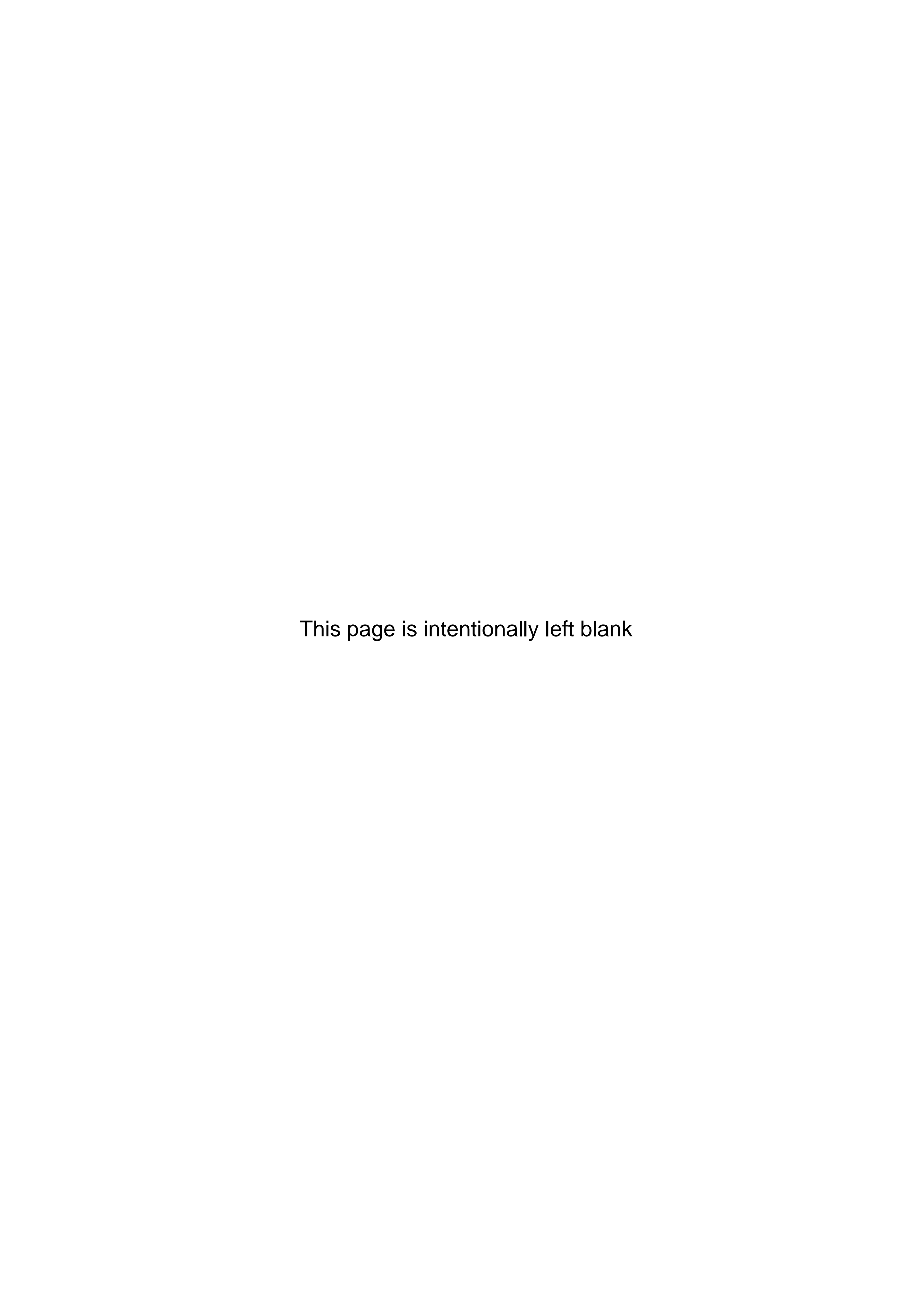
SUMMARY OF ACTIVITY 2022-23

Summary of Activity 2022-23





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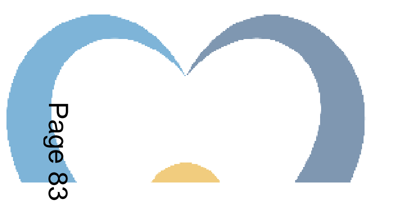
County Durham Care Partnership

Adults Wellbeing and Health OSC

19 March 2024

Winter Preparedness

Sue Jacques Chief Executive County Durham and Darlington NHS Foundation Trust
Michael Laing Director of Integrated Community Services County Durham Care Partnership



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Format

- Update from 20 November 2024
- Priority areas 2023/24
- Funding 2023/24
- Managing winter pressures together
- Our plans
- Reflections
- Thank you and questions

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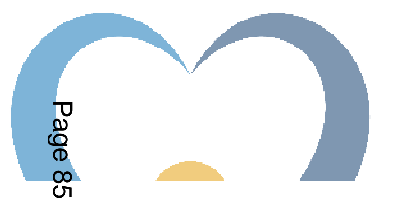
Update from 20 November 2024

- Attended OSC 20 November 2024 to present plans for Winter 2023/24
- Plans submitted to the ICB and NHSE for consideration
- Took a whole system approach
- Partners managed winter pressures via the well established LADB with positive relationships
- Recognised challenges linked to ageing and growing population
- Some different issues such as Industrial Action



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Priority areas 2023/24

- Priorities set by Government in letters from Ministers, NHSE and the ICB to all partners
- Priorities for 2023/24
  - Ambulance handovers
  - Waiting times in Emergency Departments
  - Sustaining the elective recovery programme
  - Hospital Discharge
  - Urgent Community Response
  - Admissions avoidance
  - Supporting the social care market
  - Additional data requirements for all partners

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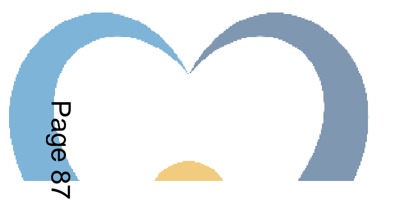
Funding 2023/24

- From the Government with requirements to spend on specific areas and reporting arrangements
- Discharge Fund - £7.5m – only to be spent on additional discharge initiatives – given to Council and ICB as part of the Better Care Fund
- Market Sustainability and Improvement Fund (MSIF) -£4.5m – only to be spent on the social care workforce and providers – given to the Council
- Some Acute Respiratory Infection (ARI) Hub funding
- No additional funding for extra beds in hospitals



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Managing winter pressures together in 2023/24

- System leadership via the LADB chaired by CDDFT Chief Executive
- LADB informal catch up every Monday 8am and formal meetings monthly
- Using data to inform decisions
- Bed meetings in CDDFT 3 times per day
- Transfer of Care Hub meets daily – and more often if needed - to manage discharges
- Council Winter Planning Group met weekly led by Public Health from October to March
- Oversight by and support from the ICB and the regional Urgent and Emergency Care Network

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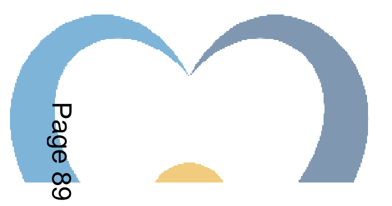
Our plans 1

- Plans submitted to ICB and NHSE
- We invested the Discharge Fund in
  - Additional 8 staff in Hospital Social Work Team
  - Expanded Discharge Management Team
  - Trusted assessment by Therapists in Community Hospitals
  - Extra GP capacity in the GP Hubs working with Emergency Departments
  - Supported housing for people discharged from acute hospitals
  - NEAS additional ambulances
  - Expanded Urgent Community Response
  - Supporting the voluntary sector
  - Continuous improvement on wards focusing on hospital discharge



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Our plans 2

- We invested the MSIF in
  - Extra Intermediate Care capacity
  - Financial support for the social care workforce
  - Home care capacity
  - Extra social work capacity
  - Training care home staff via The Care Academy
- Council continued Welcome Places, money advice and support to the voluntary sector
- Promotion of vaccination for residents and staff
- Mutual support available if a partner was under pressure e.g. nursing oversight for care homes

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Winter 2023/24

- Increased demand from late November with peaks in early and mid December and post Christmas – very challenging for all partners
- Plans reviewed and changes made to mitigate demand across the health and care system
- Additional bed capacity opened in acute and community hospitals and changed capacity protocols
- Additional primary care capacity in urgent care
- Measures in place to "decompress" Emergency Departments, improve ambulance handover and support workforce
- Additional capacity in care homes
- Additional Hospital Social Work capacity including 7 day working
- Joint work on discharges from mental health beds and crisis response
- Looking after our workforce through enhanced wellbeing initiatives, enhanced payments, vaccination

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Reflections so far

- Still in Winter but more settled position in last few weeks
- Overall very challenging across health and social care
- Demand still high across health and care
- Capacity available in social care
- Some very complex patients in acute beds needing high levels of support to discharge
- Support from ICB and partners to meet the Emergency Department 4 hour target
- Strong and positive working relationships across health and care
- Able to respond quickly together to challenges
- Continued focus on quality of care and wellbeing of the workforce

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Thank you

- Any questions?

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County Durham
Care Partnership

Trust Sepsis Update

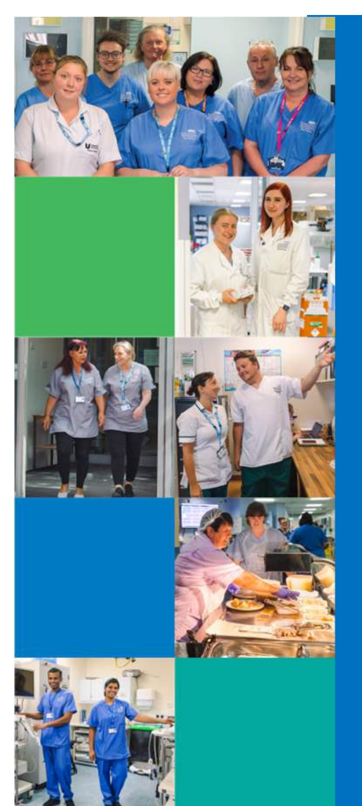
February 2024

Lisa Ward, ADN (Patient Safety) & CNIO
Kirsty McGee, AI & AKI Matron & Sepsis Lead

Agenda Item 8

safe • compassionate • joined-up care

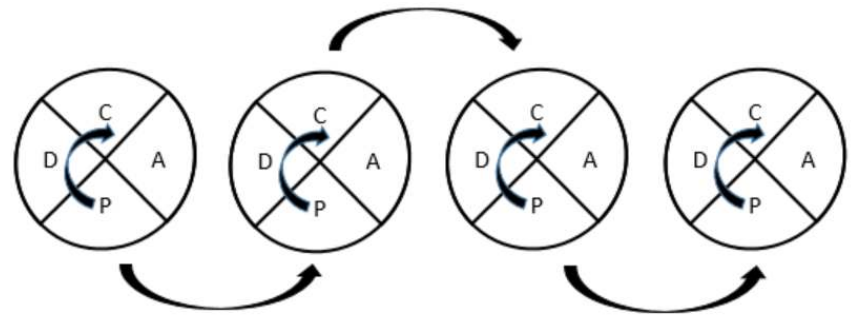
www.cddft.nhs.uk



- EPR Audits demonstrating sustained drop in screening and time to antibiotics
- Learning relating to sepsis emerging in SI and Mortality reviews
- Negative Sepsis VLAD alerts
- Digital Health Team identified high number of sepsis alerts in 'lights on'

Immediate Actions Taken

- EPR Modifications
- Clinical Education
- Establish Full Baseline Data
- Manual Sepsis Audits



EPR Modifications

Current flow

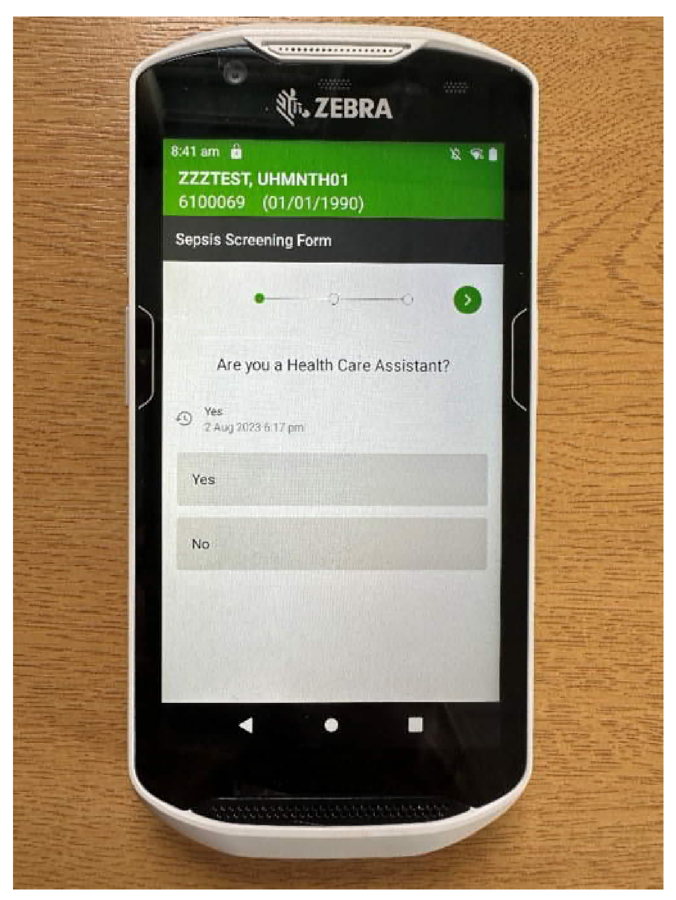
New flow

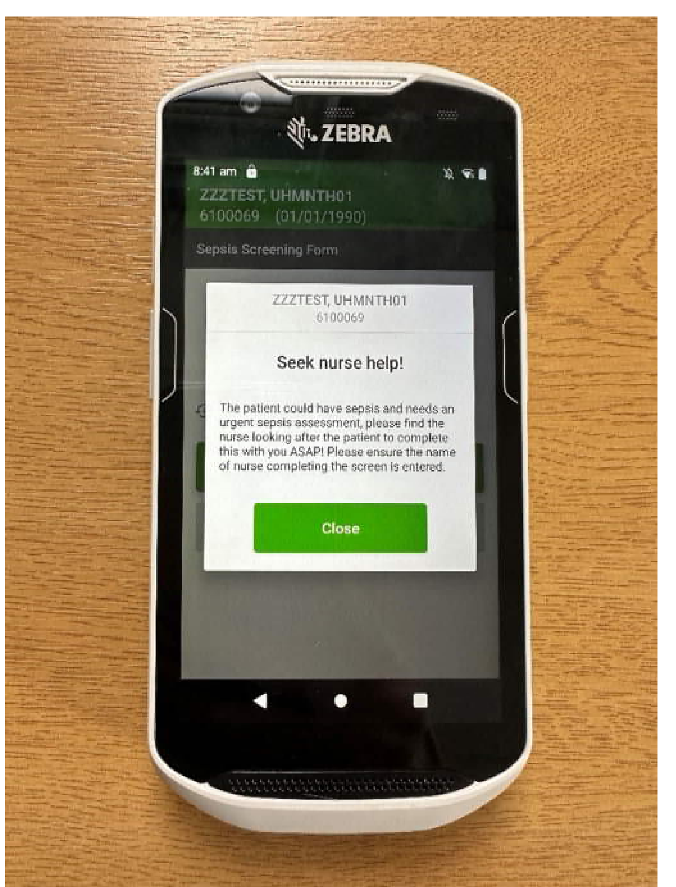
Ankka-144, Aa-144
1144 (12/24/01)
Escalation target role
None
Nurse in Charge
Junior Doctor
All
HON Co Ordinator
Palliative Care Team
Save

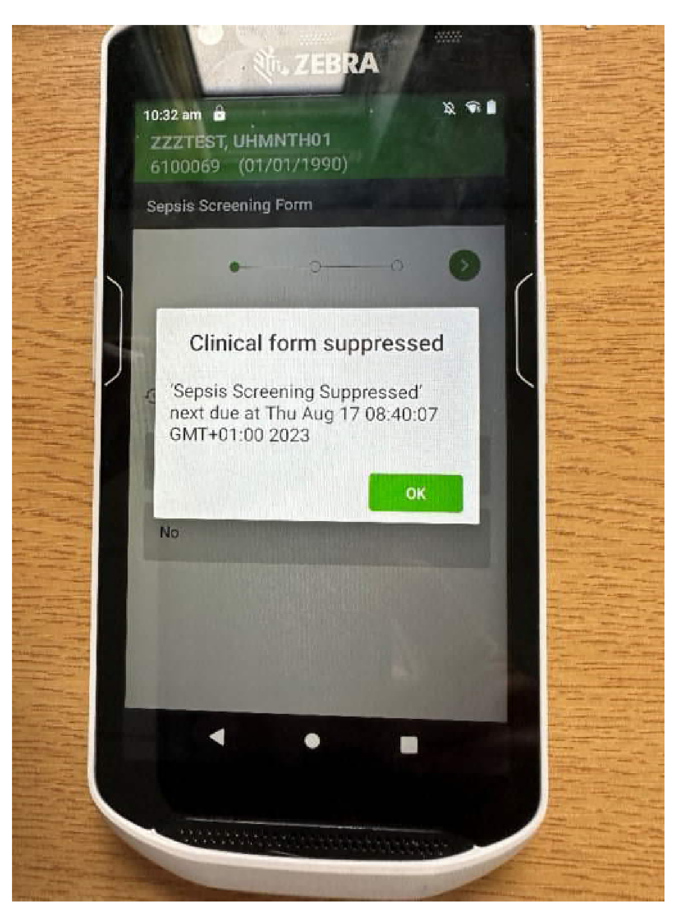
Assessments
Sepsis Screening Form
Start (1 selected)

Sepsis Screening Form
Do you suspect infection?
Yes
No
Known Sepsis Treatment Ongoing

EPR Modifications







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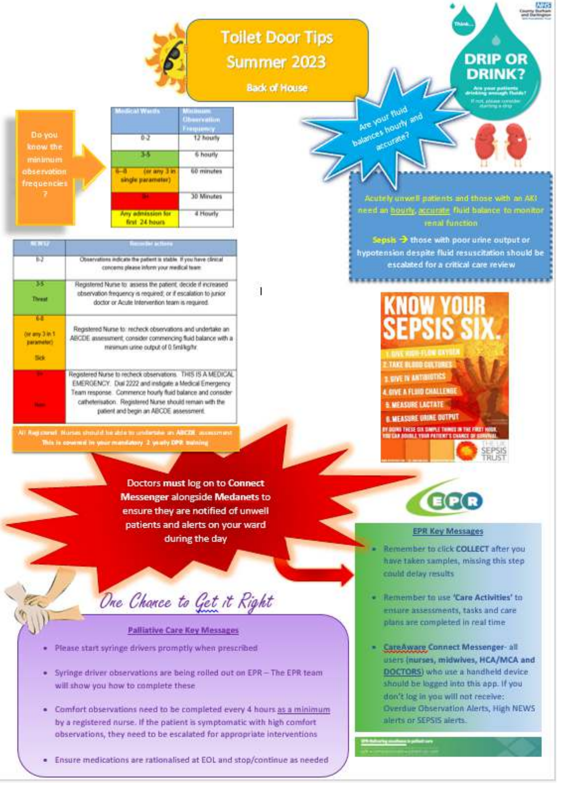
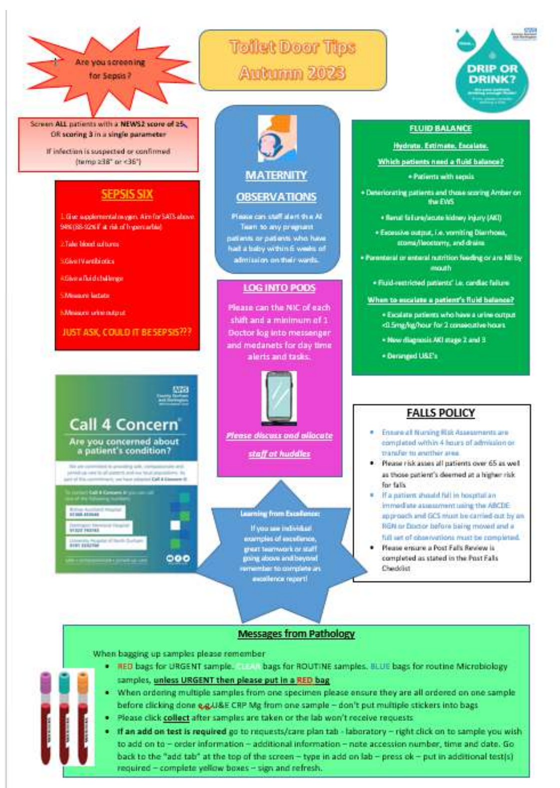
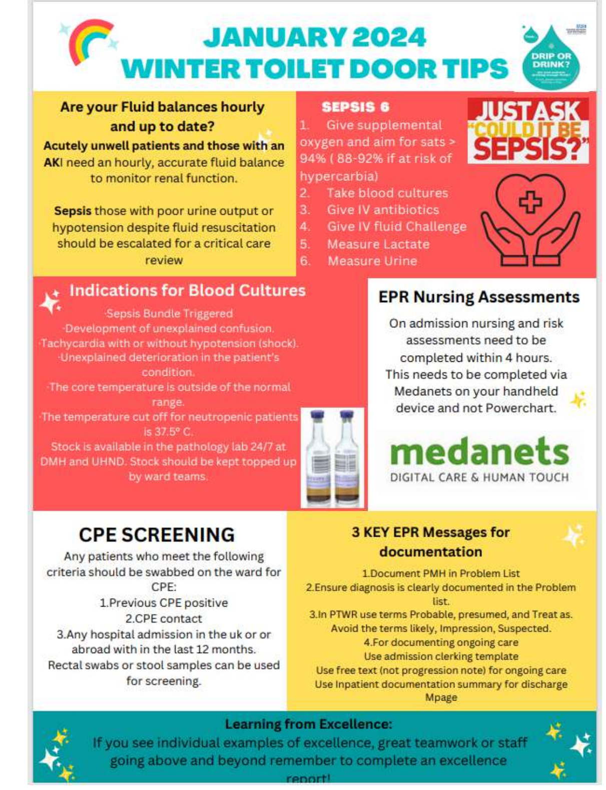
Clinical Education







More Education…..

How often must I complete vital signs?

Medical Wards	Minimum Observation Frequency
0-2	12 hourly
3-5	6 hourly
6--8 (or any 3 in single parameter)	60 minutes
9+	30 Minutes
Any admission for first 24 hours	4 Hourly

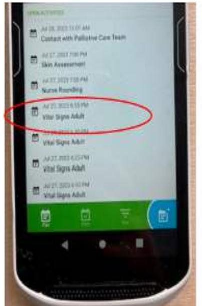
How do I complete a set of vital signs?

Select your patient, go into care activities and select the vital signs for the correct time due. Press perform

How do I escalate vital signs I am concerned about?

During 9-5pm Mon – Fri escalations are automated to the Nurse in Charge and Junior Dr. You can add or deselect accordingly by pressing on the green selected option. You should also speak to the clinical team as soon as possible. Out of hours escalations are routed to the H@N Co-ordinator

How do I know when vital signs are due?



How do I know if vital signs are overdue?

A clock face will show on the dashboard on top of the most recent NEWS score (grey colour) You should not wait for this clock to appear – if a clock appears its late!

As a Nurse in Charge or Doctor how do I receive escalations about patients?

*You **must** log into Care Aware Connect Messenger and select your role at the start of your shift.*

NHS County Durham and Darlington NHS Foundation Trust

07:54

#TeamCDDFT
Lisa Ward · 5 Aug ·

Polite reminder....It is essential that staff use the Medanets application to enter physiological observations in all in-patient areas and ED's rather than entering these directly into powerchart. Using the handheld devices means that this can be completed at the patient's bedside, enables the user to see key messages and guidance if there is something wrong and ensures that escalations can occur when required. You must never write observations on paper and transcribe this later.

We have developed some guides which may offer assistance. Thanks for your help and support in keeping our patients safe.

Write a comment...

Appropriate Indications for Taking Blood Cultures

NHS County Durham and Darlington NHS Foundation Trust

- Chills or rigors
- Unexplained deterioration in the patient's condition
- Development of unexplained confusion
- There are focal signs of infection
- Tachycardia with or without hypotension (shock)
- Sepsis Bundle Triggered.
- The temperature cut off for neutropenic patients is 37.5° C
- A very high or very low white blood cell count
- If treatment with broad spectrum IV antibiotics is being initiated
- The core temperature is outside of the normal range.

Stock is available in the pathology lab 24/7 at DMH and UHND. Stock should be kept topped up by ward teams.

THE SEPSIS SIX

1. Give 02 to keep SATS above 94%
2. Take blood cultures
3. Give IV antibiotics
4. Give a fluid challenge
5. Measure lactate
6. Measure urine output

JUST ASK
COULD IT BE SEPSIS?

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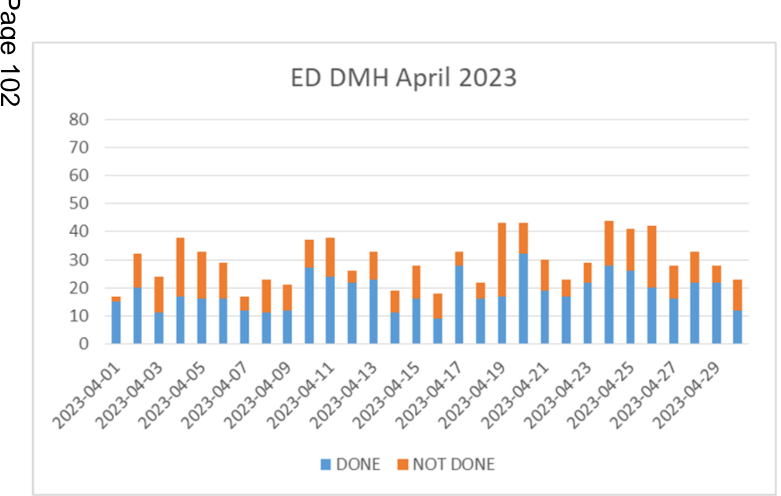
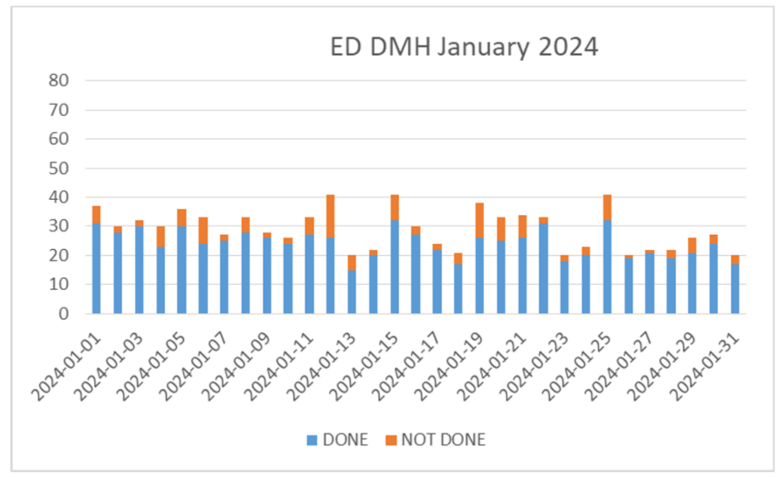
Sepsis Screening via Medanets

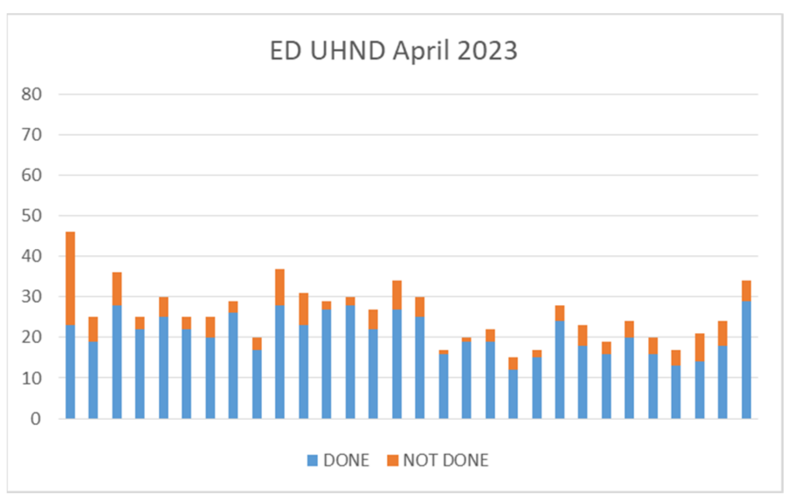




ORDER DT	DONE	NOT DONE	DMH ED %
2023-04-01	15	2	88%
2023-04-02	20	12	63%
2023-04-03	11	13	46%
2023-04-04	17	21	45%
2023-04-05	16	17	48%
2023-04-06	16	13	55%
2023-04-07	12	5	71%
2023-04-08	11	12	48%
2023-04-09	12	9	57%
2023-04-10	27	10	73%
2023-04-11	24	14	63%
2023-04-12	22	4	85%
2023-04-13	23	10	70%
2023-04-14	11	8	58%
2023-04-15	16	12	57%
2023-04-16	9	9	50%
2023-04-17	28	5	85%
2023-04-18	16	6	73%
2023-04-19	17	26	40%
2023-04-20	32	11	75%
2023-04-21	19	11	63%
2023-04-22	17	6	74%
2023-04-23	22	7	76%
2023-04-24	28	16	64%
2023-04-25	26	15	63%
2023-04-26	20	22	48%
2023-04-27	16	12	57%
2023-04-28	22	11	67%
2023-04-29	22	6	79%
2023-04-30	12	11	36%
Grand Total	559	336	62%

ORDER DT	DONE	NOT DONE	DMH ED %
2024-01-01	31	6	84%
2024-01-02	28	2	93%
2024-01-03	30	2	94%
2024-01-04	23	7	77%
2024-01-05	30	6	83%
2024-01-06	24	9	73%
2024-01-07	25	2	93%
2024-01-08	28	5	85%
2024-01-09	26	2	93%
2024-01-10	24	2	92%
2024-01-11	27	6	82%
2024-01-12	26	15	63%
2024-01-13	15	5	75%
2024-01-14	20	2	91%
2024-01-15	32	9	78%
2024-01-16	27	3	90%
2024-01-17	22	2	92%
2024-01-18	17	4	81%
2024-01-19	26	12	65%
2024-01-20	25	8	76%
2024-01-21	26	8	76%
2024-01-22	31	2	94%
2024-01-23	18	2	90%
2024-01-24	20	3	87%
2024-01-25	32	9	78%
2024-01-26	19	1	95%
2024-01-27	21	1	95%
2024-01-28	19	3	86%
2024-01-29	21	5	81%
2024-01-30	24	3	89%
2024-01-31	17	3	85%
Grand Tota	754	149	84%

Sepsis Screening via Medanets



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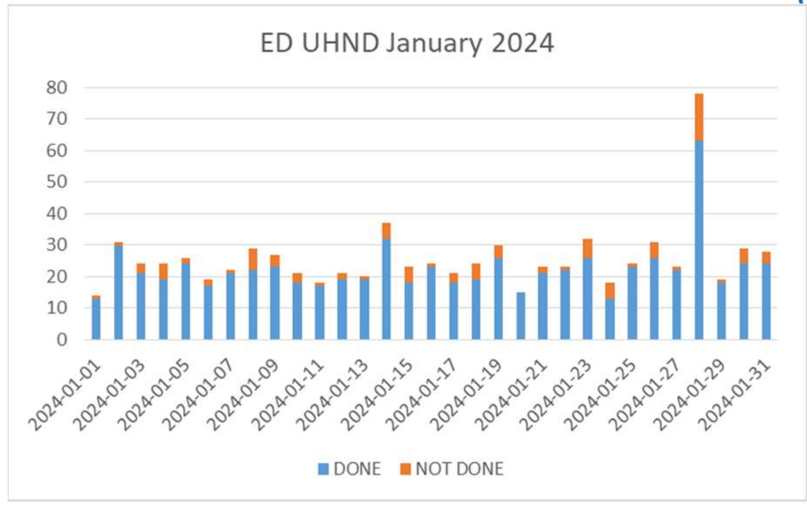
2023-04-03	28	8	78%
2023-04-04	22	3	88%
2023-04-05	25	5	83%
2023-04-06	22	3	88%
2023-04-07	20	5	80%
2023-04-08	26	3	90%
2023-04-09	17	3	85%
2023-04-10	28	9	76%
2023-04-11	23	8	77%
2023-04-12	27	2	93%
2023-04-13	28	2	93%
2023-04-14	22	5	81%
2023-04-15	27	7	79%
2023-04-16	25	5	83%
2023-04-17	16	1	94%
2023-04-18	19	1	95%
2023-04-19	19	3	86%
2023-04-20	12	3	80%
2023-04-21	15	2	88%
2023-04-22	24	4	86%
2023-04-23	18	5	78%
2023-04-24	16	3	84%
2023-04-25	20	4	83%
2023-04-26	16	4	80%
2023-04-27	13	4	76%
2023-04-28	14	7	67%
2023-04-29	18	6	75%
2023-04-30	29	5	85%
Grand Tota	631	149	81%



ORDER DT	DONE	NOT DONE	UHND ED %
2024-01-01	13	1	93%
2024-01-02	30	1	97%
2024-01-03	21	3	86%
2024-01-04	19	5	79%
2024-01-05	24	2	92%
2024-01-06	17	2	89%
2024-01-07	21	1	95%
2024-01-08	22	7	76%
2024-01-09	23	4	85%
2024-01-10	18	3	86%
2024-01-11	17	1	94%
2024-01-12	19	2	90%
2024-01-13	19	1	95%
2024-01-14	32	5	86%
2024-01-15	18	5	78%
2024-01-16	23	1	96%
2024-01-17	18	3	86%
2024-01-18	19	5	79%
2024-01-19	26	4	87%
2024-01-20	15		100%
2024-01-21	21	2	91%
2024-01-22	22	1	96%
2024-01-23	26	6	81%
2024-01-24	13	5	72%
2024-01-25	23	1	96%
2024-01-26	26	5	84%
2024-01-27	22	1	96%
2024-01-28	63	15	81%
2024-01-29	18	1	95%
2024-01-30	24	5	83%
2024-01-31	24	4	86%
Grand Tota	696	102	87%

Sepsis Audit January 24 – EPR Vs Manual

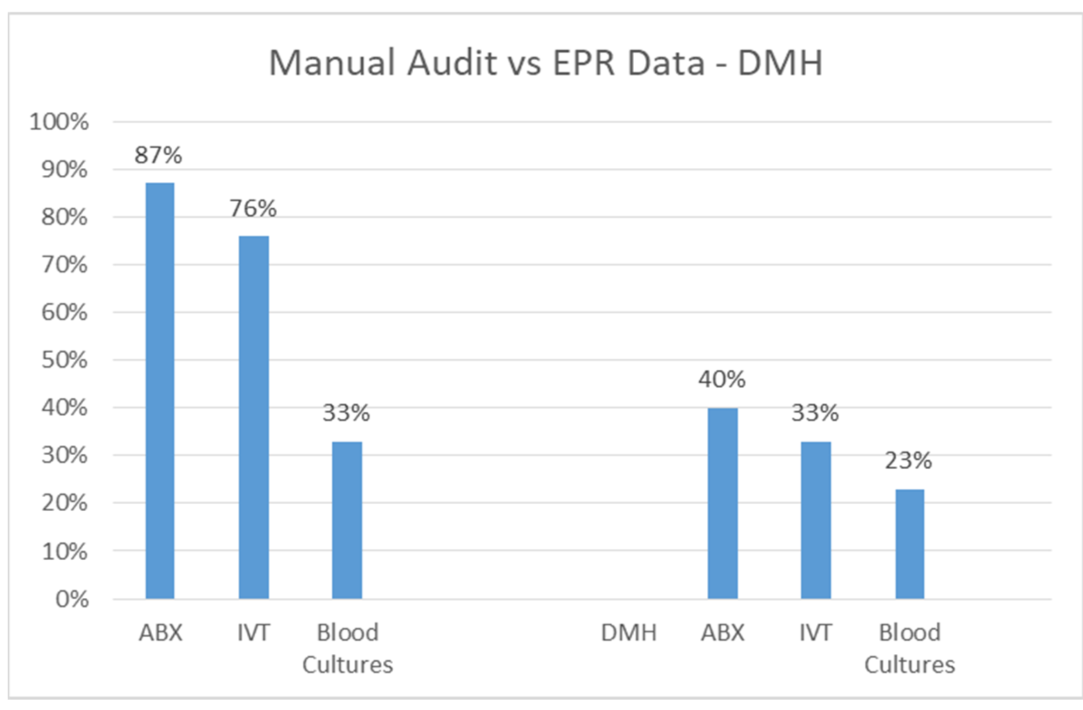
EPR Extraction ANTIBIOTICS COMPLIANCE	EPR Extraction IV FLUIDS	EPR Extraction BLOOD CULTURES	Manual Review	Manual Abx compliance	Manual IV Fluid compliance	Manual Blood Culture Compliance	02 Administered	Sepsis Diagnosis added to the problem list
NO	NO	YES	? Stroke, CT head NAD, treat as sepsis	No	No	NO	YES	yes
YES	NO	NO	Consultant advise not to treat with abx, CT head NAD, LP NAD, treated as	Not applicable	Not applicable	Not applicable	Not clinically indicated	No
NO	NO	NO	Met criteria for sepsis in ED, not screened properly, patient not septic, NOF	Not applicable	Not applicable	Not applicable	Not clinically indicated	No
NO	No	NO	Met criteria for Sepsis in ED, patient treated for frailty, ? Undiagnosed COPD	Not applicable	Not applicable	Not applicable	Not clinically indicated	No
NO	No	NO	Screen on 1.1.24, abx already commenced on 30.12.23	YES	No	No	Not indicated at first screen	No
NO	NO	No	Not sepsis, patient GI bleed	Not applicable	Not applicable	Not applicable	Not clinically indicated	No
No	No	No	Not sepsis, GI bleed	Not applicable	Not applicable	Not applicable	Not clinically indicated	Yes
No	No	No	Patient had chemo, triggered sepsis, screened correctly, abx & IVT given	Yes	Yes	No	Not clinically indicated	No
Yes	Yes	NO	Screened correctly, patient met criteria	Yes	Yes	No	Not clinically indicated	No
Yes	Yes	No	Fainting episode, not sepsis, received tx within timeframe	Yes	Yes	No	Not clinically indicated	No

Sepsis 6 compliance within 1 hour

EPR Data Vs Manual Audit

DMH	ABX	IVT	Blood Cultures
EPR Data	40%	33%	23%

DMH	ABX	IVT	Blood Cultures
Manual Audit	87%	76%	33%



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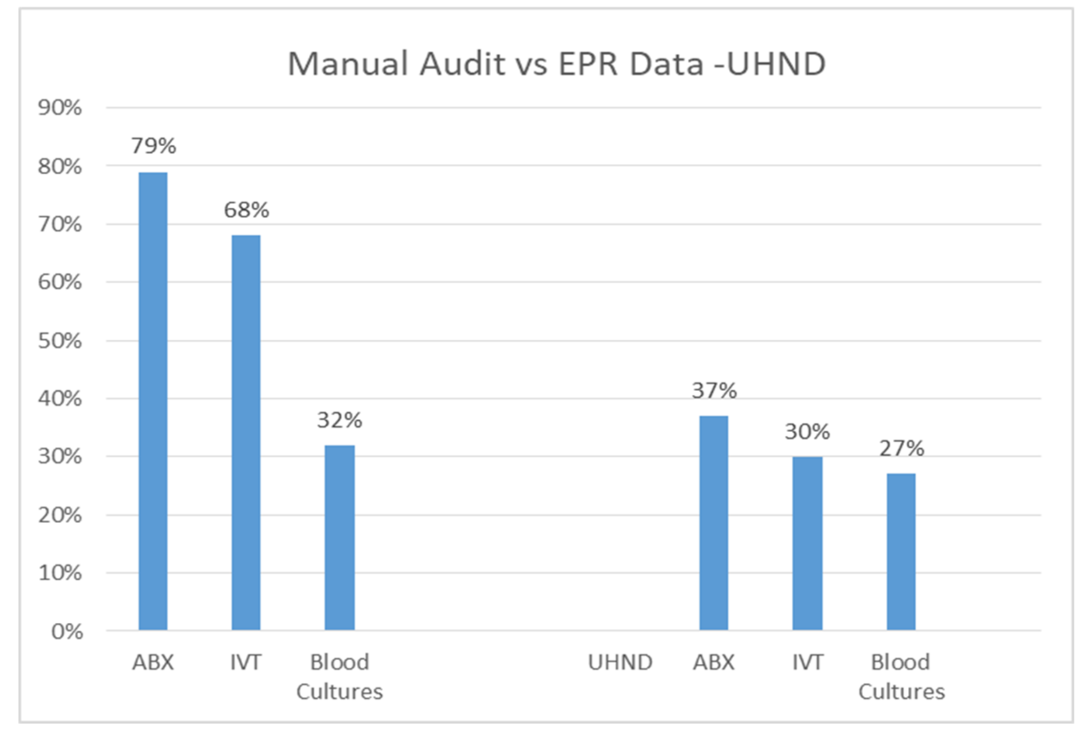
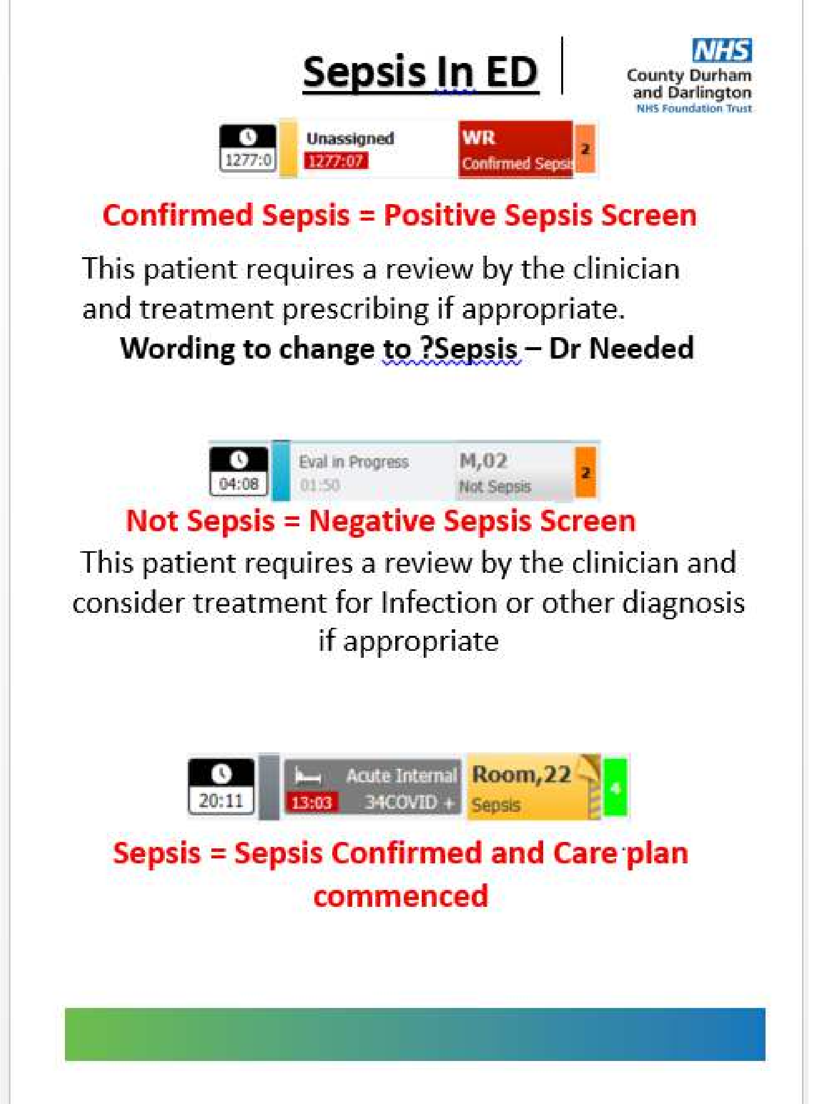
EPR Data Vs Manual Audit

UHND	ABX	IVT	Blood Cultures
EPR Data	37%	30%	27%

UHND	ABX	IVT	Blood Cultures
Manual Audit	79%	68%	32%

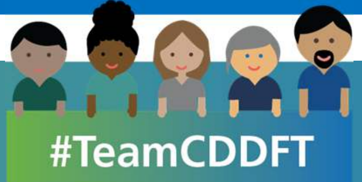


In Progress



Next Steps

- Monthly Sepsis meetings
- Continue with targeted improvement work with all staff
- Blood Culture Task & Finish Group
- Continue Manual Auditing
- Trial sepsis box on one ward at UHND to measure sepsis compliance back of house
- Patient Story and Public Sepsis Engagement Event



Adults and Health Overview and Scrutiny Committee

March 2024

Breast Screening

Ordinary Decision

Report of Adult and Health Services

Jane Robinson, Corporate Director of Adult and Health Services

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

Electoral division(s) affected:

Countywide

Purpose of the Report

1 To provide an update on breast screening rates across County Durham

Executive summary

2 Breast cancer is the most common cancer affecting women in County Durham.

3 Breast screening is vital to the early detection of breast cancer as it can improve survival rates.

4 Breast screening programmes were paused during the Covid 19 pandemic.

5 This report provides an update on screening rates and actions being taken to improve both screening uptake and women receiving screening.

Recommendation(s)

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

(a) Receive the presentation on breast screening services across County Durham;

(b) Note the attached briefing from the NHS England Public Health Programmes Team.

Background

7 The breast screening programme is commissioned and overseen by NHS England. The programme was paused during the Covid 19 pandemic.

8 Breast screening services are delivered by three NHS foundation Trusts from a variety of locations across the County.

9 There is an ongoing programme of work to increase breast screening rates with a particular focus on reducing inequalities in access to screening services.

10 A Breast Screening Health Equity Audit for the North East and Yorkshire by the Office for Health Improvement and Disparities. This document sets out a range of key actions to improve screening uptake.

11 A briefing can be found at Appendix 2 which sets out the key issues for breast screening services in County Durham.

Conclusion

12 Partners will continue to work together to improve access to screening services and uptake of screening focussing on the factors that most affect the County Durham population.

Background papers

None

Other useful documents

None

Author(s)

Sarah Burns Tel: 0191 371 3217

Appendix 1: Implications

Legal Implications

None.

Finance

None.

Consultation and Engagement

Breast screening providers are required to undertake regular engagement with people to understand how services can be improved.

Equality and Diversity / Public Sector Equality Duty

None.

Climate Change

None.

Human Rights

None.

Crime and Disorder

None.

Staffing

None.

Accommodation

None.

Risk

None.

Procurement

None.

Appendix 2: Brief explanation of breast screening round length, uptake, coverage and impact of pandemic in Co Durham

NHS England Public Health Programmes Team Feb 2024

Breast screening coverage is measured using a combination of both timely invitation (round length) and invitation uptake as a percentage.

- BS1 – uptake (women who attend screening in response to an invitation)

- BS2 – round length – the % of women who are screened within 3 years of their previous screen. We use this indicator to monitor that the breast screening programme is operating within the standard of screening women every 3 years. This indicator was impacted by the Covid pandemic due to the pause in screening between March 2020 and June 2020. Routine screening for the total eligible population commenced across services in June/July 2020, resulting in backlogs of women waiting to be invited.

In regard to the COVID pandemic, breast screening coverage has been affected nationwide as services have been working to recover the backlog caused by the Covid pandemic. As a result of the 3-month delay, where routine screening was ceased, it did result in some screening programmes not fully recovering the backlog until summer 2023 meaning the majority of women were not screened within the 36-month time period. They were however offered screening, but later than what is normally expected for this measure. As the screening was delayed due to the backlog, some publicly available data does not reflect accurately in the 21/22 figures. All providers covering County Durham women have reassured us that all women have been offered an appointment and nobody has been missed.

It is also important to note, that as breast screening is based on a 3-year cycle, called 'round length' meaning that non static mobile units are placed in communities for a limited period of time. This is to ensure that uptake is maximised and communities across the County have access to breast screening with the aim of decreasing travel time and increasing accessibility.

Breast screening uptake is multifactorial and although the Covid pandemic had an impact there are many other factors which impact it. Immediately post covid, 'Open invitations' were recommended rather than timed invitations in September 2020 to maximum utilisation of screening slots. Whilst open invitations may have led to lowered overall uptake in comparison to timed, there was a greater likelihood of attendance where a person has responded to an invitation to make an appointment

than when they receive one with a fixed time, so maximising the likelihood of use of the limited capacity.

All of the breast screening programmes in the North East and North Cumbria have moved back to timed appointments.

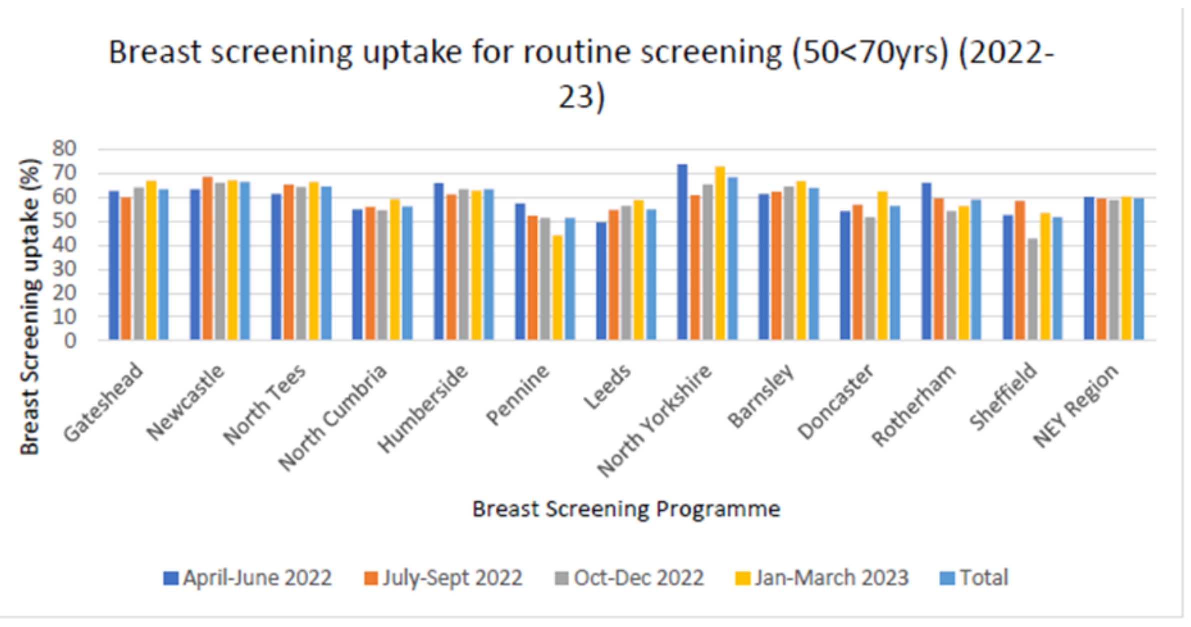
As you can see from the data, screening rates have showed variation in increases and decreases by practice but generally have remained similar. Providers are working hard to achieve the national targets of 70% uptake (acceptable) and working towards 80% (achievable target) . Some of the biggest challenges / inequalities within Breast Screening currently are:

- A disparity in breast screening attendance between the deprivation quintiles
- Lack of granular data limits the evidence of the definitive inequalities within the programme
- Lack of uptake (and outcome) data by ethnicity
- Loss of screening history for transgender people as they're provided with new NHS number

In some Breast Screening Services, they are inviting women sooner than they are due, in order to maximise capacity and improve the round length.

Healthy Equity Audit

A Breast Screening Healthy Equity audit was published in late 2023 which contains has a wealth of data and information that you may find useful on the performance of the programme both by provider and geography. To help implement some of these recommendations, a provider forum for the 12 Breast Screening Programme Mangers is being set up to local at establishing a work group to share good practice. This will focus on taking forward actions and standardise focus across the North East and North Cumbria as well as Yorkshire and Humber. Progress will be monitored through a HEA Steering Group and regular updates will be shared with all localities. Below some of the information contained in the report.



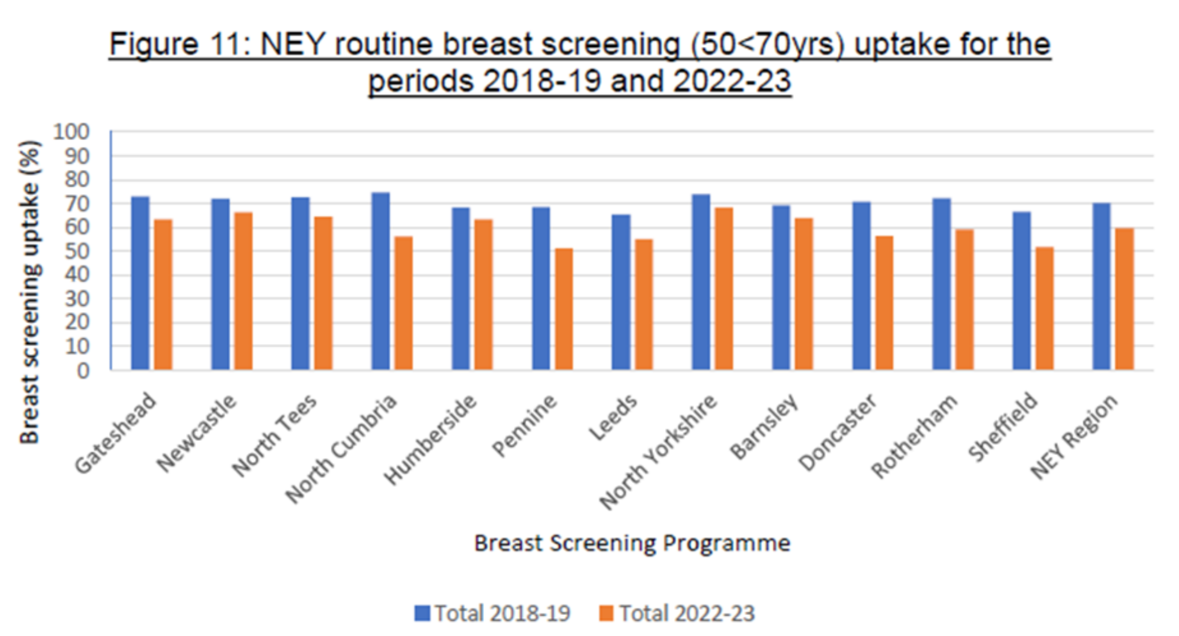


Figure 11: NEY routine breast screening (50<70yrs) uptake for the periods 2018-19 and 2022-23

Location of mobile units

Locations of the mobile units are spread across County Durham. They are placed to be in a location where uptake is likely to be maximised and targeting the communities with the poorest health and lowest uptake. However, it appears that many factors such as cost increases, such spaces in facilities are impacting where mobile units can be placed to support communities. This is a theme nationally, also.

One of the recommendations within the HEA was for Breast Screening Programmes that operate mobile sites should consider working with their local authority public health teams to review mobile van locations and work with them and other stakeholders to undertake public consultation on the suitability of locations of mobile

screening units. This is an action to take forward to support the local communities and evidenced groups of inequality.

Breast Screening Update

March 2024

Breast Screening

Why should you check your breasts/self-exam?
A breast self-exam that you do for breast awareness helps you understand the normal look and feel of your breasts. If you notice a change in your breasts that seems abnormal or if you notice one breast is different when compared with the other, you can report it to your doctor

What is Breast Screening?
Breast screening uses a test called mammography which involves taking x-rays of the breasts

Why is it important?
Screening can help to find breast cancers early when they are too small to see or feel. These cancers are usually easier to treat than larger ones

Who is Invited?
All women aged 50 up to their 71st birthday are invited for breast screening every 3 years. Invitations to screening some time between 50th and 53rd birthdays. People aged 71 or over are still at risk of breast cancer

Who is responsible for breast screening?
NHS England Public Health Projects Team

Who Delivers Breast Screening
Screening hubs run by Gateshead, Newcastle and North Tees Foundation Trusts

How is it Delivered?
Via Mobile Screening Units

Impact of Breast Cancer - County Durham

Diagnosis

- Breast cancer is the most common cancer in women
- An average of 401 cases of female breast cancer are diagnosed in County Durham each year
- Less than five cases of male breast cancer cases in County Durham were diagnosed each year
- Rates of breast cancer incidence in women are significantly lower than England in County Durham
- Breast cancer incidence is rising nationally, there has been little change for County Durham

Mortality

- An average of 54 women per year in County Durham die prematurely as a result of breast cancer
- The number of male premature deaths from breast cancer in County Durham is suppressed due to disclosure control (the numbers are less than 5 per year)
- Rates of breast cancer premature mortality in County Durham are statistically similar in women and are significantly lower in County Durham
- Rates of premature mortality from breast cancer have decreased in all areas over time, including England
- There is a link between cancer mortality and deprivation - local analysis shows a weak correlation for breast cancer mortality and deprivation in County Durham

Source: Durham Insights

Cancer in County Durham Factsheet (durhaminsight.info)

County Durham
Care Partnership

Impact of Covid on Screening

BS1 (standard code BSP-S03a) shows the proportion(%) of eligible women who have a technically adequate screen ≤6 months of date of first offered appointment

2020/2021

		Providers which cover CD residents	*Acceptable threshold*	*Achievable threshold*	2019/20 Q1	2019/20 Q2	2019/20 Q3	2019/20 Q4	2020/21	2021/22 Q1	2021/22 Q2	2021/22 Q3	2021/22 Q4	2022/23 Q1	2022/23 Q2	2022/23 Q3	2022/23 Q4	2023/24 Q1
BS1	Breast screening - uptake	Gateshead	*70*	*80*	72.6	74.1	73.2	60.4	0	65.4	56.5	52.7	54.2	62.7	59.9	64.1	67	69.3
		Newcastle	*70*	*80*	71.3	68.6	66.6	50.6	0	66.2	62.8	57.4	53.5	63.5	68.6	66.1	67.1	65.8
		North Tees	*70*	*80*	67.2	70.7	66.8	56.7	0	59.2	58.3	57.8	64.1	61.5	65.5	64.2	66.3	73.1

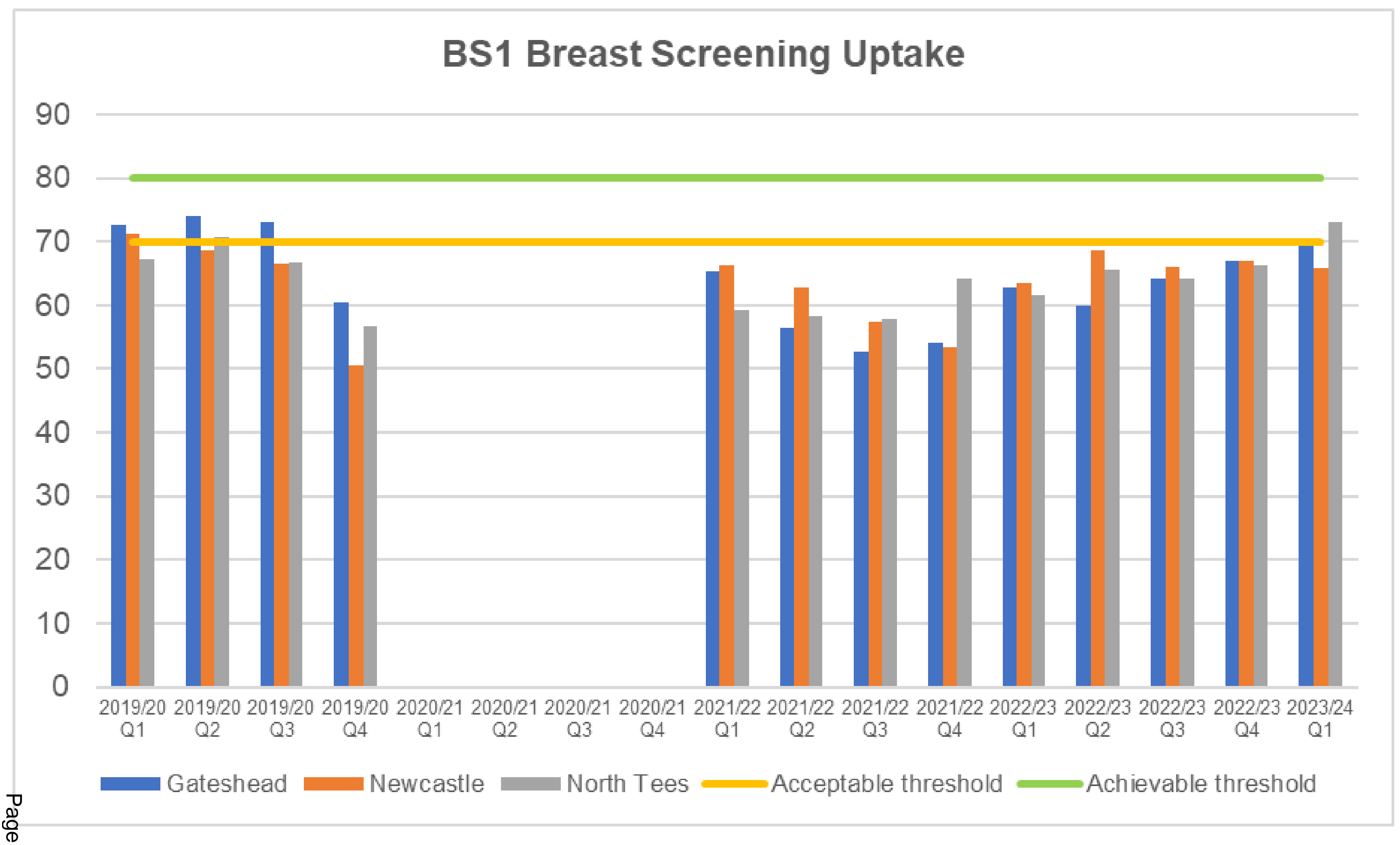
BS2 (standard code BSP-S04a) shows the proportion (%) of eligible women whose date of first offered appointment is ≤36 months of their previous episode (routine programme).

		Providers which cover CD residents	*Acceptable threshold*	*Achievable threshold*	2019/20 Q1	2019/20 Q2	2019/20 Q3	2019/20 Q4	2020/21	2021/22 Q1	2021/22 Q2	2021/22 Q3	2021/22 Q4	2022/23 Q1	2022/23 Q2	2022/23 Q3	2022/23 Q4	2023/24 Q1
BS2	Breast screening - round length uptake	Gateshead	*90*	*99*	96.4	97.7	95.6	97.2	0	1.1	6.2	21.5	80.6	95.7	96.6	97.2	98.4	98.8
		Newcastle	*90*	*99*	75	79.9	66.5	69.5	0	7.3	11.5	10.2	16	9.2	4.2	5.6	3.4	33.8
		North Tees	*90*	*99*	99.2	99.2	98	93.9	0	3.1	8.9	13.8	71	92.6	95.8	96.5	95.7	99.6

Source: Quarterly NHS screening programmes KPIs
Taken from LA Assurance Dashboard 01/04/2024 on 11/04/2024

Newcastle hub covers – Derwentside area
Gateshead hub covers – Durham, Chester le Street, North Easington
North Tees hub covers – Dales, Sedgefield, South Easington

Impact of Covid on Screening



County Durham Care Partnership

Impact of Covid on Screening

BS1 Breast Screening Round Length Uptake

Impact of Covid on Screening

Provider	Mobile sites in County Durham	Pre March 2020 Screening Date	Post March 2020 Screening Date	Uptake at site Pre March 2020	Uptake at site Post March 2020
North Tees and Hartlepool NHS Foundation Trust	Barnard Castle DL12 8HT	17/7/18-29/11/18	27/9/21-30/11/21	77%	76%
	Bishop Auckland DL14 6AD	5/2/19-31/12/19	23/2/22-17/12/22	74%	74%
	Crook	7/3/18-31/8/18	11/8/21-17/12/21	70%	66%
	Newton Aycliffe DL5 4SE	27/3/17-24/8/17	5/3/20-17/3/21	76%	62%
	Peterlee SR8 5UQ	1/11/17-24/8/18	8/2/21-15/10/21	72%	63%
	Spennymoor DL16 6ED	20/12/18-30/9/19	14/12/21-29/7/22	76%	70%
Gateshead Health NHS Foundation Trust	UHND	Sited permanently until January 2024		77%	67%
	Chester Le Street Community Hospital	18.07.19 to 02.10.19	27.06.22 to 31.08.22	79%	70%
Newcastle upon Tyne H	Consett : Tesco Extra, Genedid Way, Consett, DH8 5XP	2017-201805/02/2021-10/2021	24/01/2024-31/07/2024	2017-2018 76% 2021- 71%	Mobile unit planned to return 24/01/2024
	Stanley :Scott Street Car Park Stanley Town Centre DN9 8AD	04/2018-11/2018	2021-2022	77%	66%

NB figures don't add up to hub totals as the hubs deliver services across other parts of the region

Working to Improve

Gateshead Hub

- Contacted ladies asking why they DNA
- Pilot project with Belmont, Sherburn and Bowburn in Durham and would dedicate someone in their practice to contact patient

-Health & Equalities - Pre covid asked to complete Health Equity audit (local level). Plan to commence January 2024.

- New posters and leaflets have been created and have been shared to Primary care, cancer alliance and PCN leads.

Working to Improve

Newcastle Hub

- Regular engagement with local foodbanks and community groups depending on current and future van locations.
- Commenced engagement with Consett as will be moving there on 24th January 2024.
- Recently conducted annual client feedback survey and currently getting the results back for analysis

Making the Biggest Difference

- Screening rates continue to show variation (both increases and decreases) by area, age demographics and social economic groups
The Breast Screening Health Equity Audit has highlighted that breast screening uptake and coverage (%) is lower in some population groups - breast screening is less likely to be accessed by those invited to attend for their first screen, or by those in more deprived populations and more ethnically diverse communities across the North East and Yorkshire
- HEA highlights factors that might impact on breast screening uptake, including transport, language, physical and learning disabilities and geography
- The HEA highlights inequalities across the North East and Yorkshire region and provides 39 recommendations to address these or suggested further work
- NHSE public health commissioners and screening and immunisation teams (SIT) working with the national team and other system partners will work to improve uptake and reduce inequalities at a local level - working with system partners to develop initiatives to engage with identified population groups to develop and deliver local uptake improvement plans

Adults Wellbeing and Health Overview and Scrutiny Committee

19 March 2024

Quarter 3: Forecast of Revenue and Capital Outturn 2023/24

Report of Corporate Directors

Paul Darby, Corporate Director of Resources

Jane Robinson, Corporate Director of Adult and Health Services

Electoral division(s) affected:
Countywide

Purpose of the Report

1. To provide the Committee with details of the forecast outturn budget position for the Adult and Health Services (AHS) service grouping, highlighting major variances in comparison with the budget for the year, based on the position to the end of December 2023.

Executive Summary

2. This report provides an overview of the forecast of outturn, based on the position to 31 December 2023. It provides an analysis of the forecast budget outturn for the service areas falling under the remit of the Overview and Scrutiny Committee and complements reports considered by Cabinet on a quarterly basis.

3. The forecast indicates that AHS will have a cash limit underspend of £0.464 million at the year-end against a revenue budget of £158.090 million, which represents a 0.3% underspend.

4. Based on the forecasts, the Cash Limit balance for AHS as at 31 March 2024 will be £3.631 million.

5. Details of the reasons for under and overspending against relevant budget heads is disclosed in the report.

6. The AHS capital budget for 2023/24 comprises three schemes within Adult Care totalling £2.246 million. As at 31 December 2023 capital expenditure of £1.586 million has been incurred.

Recommendation

7 AHS Management Team is requested to note the detail within the report, a summary of which is included in the CMT / Cabinet Quarter 3 reports.

Background

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

- *AHS Revenue Budget - £158.090 million (original £156.296 million)*
- *AHS Capital Programme – £2.246 million (original £2.045 million)*

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

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

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

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

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

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

Revenue Outturn

12 The updated forecasts show that the AHS service is reporting a cash limit underspend of £0.464 million against a budget of *£158.090 million* which represents a 0.3% underspend. This compares with the forecast cash limit underspend at September of £0.316 million.

13 The tables below show the revised annual budget, actual expenditure to 31 December 2023 and the updated forecast of outturn to the year end, including the variance forecast at year end. The first table is analysed by Subjective Analysis (i.e. type of expense) and the second is by Head of Service.

Subjective Analysis (Type of Expenditure)

	Revised Annual Budget £000	YTD Actual £000	Forecast Outturn £000	Items Outside Cash Limit £000	Cash Limit Variance QTR3 £000	Memo- Forecast Position at QTR2 £000
Employees	42,267	30,633	41,121	77	(1,069)	(358)
Premises	1,305	574	1,362	35	92	37
Transport	2,642	1,415	2,465	0	(177)	(187)
Supplies & Services	4,608	4,086	5,354	0	746	573
Third Party Payments	359,361	259,099	367,126	0	7,765	6,057
Transfer Payments	12,208	8,318	12,140	0	(68)	235
Central Support & Capital	36,296	23,272	33,378	318	(2,600)	(2,730)
Income	(300,597)	(214,618)	(305,750)	0	(5,153)	(3,943)
Total	**158,090**	**112,779**	**157,196**	**430**	**(464)**	**(316)**

Analysis by Head of Service Area

	Revised Annual Budget £000	YTD Actual £000	Forecast Outturn £000	Items Outside Cash Limit £000	Cash Limit Variance QTR3 £000	Memo- Forecast Position at QTR2 £000
Excluded Services	132	(840)	169	(37)	0	0
Central/Other	10,847	353	10,880	8	41	29
Commissioning	336	2,290	1,533	(1,251)	(54)	(55)
Head of Adults	145,523	108,815	144,680	392	(451)	(290)
Public Health	1,252	2,161	(66)	1,318	0	0
Total	**158,090**	**112,779**	**157,196**	**430**	**(464)**	**(316)**

14 The table below provides a brief commentary of the forecast cash limit variances against the revised budget, analysed by Head of Service. The table identifies variances in the core budget only and excludes items

outside of the cash limit (e.g. central repairs and maintenance) and technical accounting adjustments (e.g. central admin recharges and capital charges):

Service Area	Description	Cash limit Variance £000
Head of Adults		
Ops Manager LD /MH / Substance Misuse	£561,000 under budget on employees due to staff turnover above budget. £20,000 over budget on premises. £30,000 over budget on transport. £49,000 over budget on supplies and services. £2,369,000 net over budget on direct care related activity.	1,907
Safeguarding Adults and Practice Development	£167,000 under budget on employees due to staff turnover above budget. £8,000 under budget on transport. £370,000 net over budget on supplies and services principally due to an authorised overspend on DOLS £303,000. £12,000 over recovery of income.	183
Ops Manager OP/PDSI Services	£599,000 under budget on employees due to staff turnover above budget. £151,000 under budget on transport. £57,000 over budget on supplies and services. £1,597,000 net under budget on direct care-related activity.	(2,290)
Ops Manager Provider Services	£385,000 under budget on employees due to staff turnover above budget. £154,000 net over budget on other areas.	(231)
Operational Support	£20,000 under budget on employees due to staff turnover above vacancies.	(20)
		(451)
Central/Other		
Central/ Other	£41,000 net over budget across the service.	41
		41
Commissioning		
Commissioning	£26,000 under budget on employees due to staff turnover less than budget. £28,000 under budget on supplies and services.	(54)
		(54)
Public Health		

Service Area	Description	Cash limit Variance £000
County Durham Together	Plans not yet in place for budget.	(62)
Protecting Health	Under budget on additional budget as plans not in place yet £70,000. Offset by over budget due to reserve not being drawn for Infection Control contract £67,000 plus Agenda for Change linked to Infection Control £7,000 and over budget linked to Vaccine Inequalities funding held in Grant Reduction Reserve £15,000.	19
General Prevention Activities	Underbudget linked to pharmacy contract for flu immunisation.	(10)
Healthy Communities Strategy and Assurance	Under budget on water fluoridation £67,000 and £10,000 additional income from the ICB linked to Joining the Dots. Offset by £19,000 over budget not drawn from reserves.	(58)
Living and Ageing Well	Under budget on Health Checks contract £40,000. IPD grant used to fund £16,000. Under budget on prescription charges £77,000. Over budget of £141,000 to cover reserve expenditure and a £38,000 general over budget mainly in respect of DARS.	46
Public Health Grant and Reserves	Amount to balance the cash limit variance (£1,868,000) to Grant Reduction Reserve. Unallocated budget of £1,581,000.	287
Public Health Team	£327,000 under budget on staffing – vacant posts within the Public Health Team and associated costs.	(327)
Starting Well and Social Determinants	Under budget on sexual health contract £124,000. Underbudget on children's contracts £130,000. Underbudget on remain safe contribution £30,000. Over budget on projects linked to reserve expenditure £398,000 including GUM Out of area invoices, MapMe additional funding, HDFT Safeguarding Nurse, Glasses in Classes, Breastfeeding Insights work, projects linked to Domestic Abuse. General under budget £9,000.	105
		0
AHS Total		**(464)**

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

Capital Programme

16 The AHS capital programme comprises three schemes, the upgrade of Hawthorn House respite centre, the development of complex needs provision at Harelaw and development of Positive Journeys at Chester le Street.

17 Further reports will be taken to MOWG during the year where revisions to the AHS capital programme are required. The capital budget currently totals £2.246 million.

18 Summary financial performance to 31 December 2023 is shown below.

Scheme	Actual Expenditure 31/12/2023 £000	Current 2023-24 Budget £000	(Under) / Over Spending £000
Hawthorn House Development	374	1,025	(651)
Whitebeam Gardens (formerly Harelaw)	523	523	0
Positive Journeys Chester le Street	689	698	(9)
	1,586	**2,246**	**(660)**

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

Background Papers

20 Cabinet Report 12 March 2024 – Forecast Revenue and Capital Outturn 2023/24 – Period December 2023.

Contact: Andrew Gilmore – Finance Manager Tel: 03000 263 497

Appendix 1: Implications

Legal Implications

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

Finance

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

Consultation

Not applicable.

Equality and Diversity / Public Sector Equality Duty

Not applicable.

Human Rights

Not applicable.

Crime and Disorder

Not applicable.

Staffing

Not applicable.

Accommodation

Not applicable.

Risk

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

Procurement

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

Overview and Scrutiny Committee

Adults Wellbeing & Health – 19 March 2024

AHS Revenue and Capital – Forecast of Outturn 2023/24 Quarter 3

Peter Dowkes – Principal Accountant

OVERVIEW

- 2023/24 Quarter 3 Revenue Forecast Outturn and Variance Explanations
- 2023/24 Quarter 3 Capital Position

AHS Q3 2023/24 Forecast Outturn

By Expenditure Type

	Revised Annual Budget £000	YTD Actual £000	Forecast Outturn £000	Items Outside Cash Limit £000	Cash Limit Variance Qtr 3 £000	Memo – Forecast Position at Qtr 2 £000
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Transfer Payments	12,208	8,318	12,140	0	(68)	235
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Income	(300,597)	(214,618)	(305,750)	0	(5,153)	(3,943)
Total	**158,090**	**112,779**	**157,196**	**430**	**(464)**	**(316)**

AHS Q3 2023/24 Forecast Outturn

By Service Area

	Revised Annual Budget £000	YTD Actual £000	Forecast Outturn £000	Items Outside Cash Limit £000	Cash Limit Variance Qtr 3 £000	Memo – Forecast Position at Qtr 2 £000
Excluded Services	132	(840)	169	(37)	0	0
Central/Other	10,847	353	10,880	8	41	29
Commissioning	336	2,290	1,533	(1,251)	(54)	(55)
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Public Health	1,252	2,161	(66)	1,318	0	0
Total	**158,090**	**112,779**	**157,196**	**430**	**(464)**	**(316)**

AHS Revenue Budget 2023/24

AHS budget position for 2023/24 is a projected under budget of £0.464 million, which equates to 0.3% of net budget

Key reasons for budget variances:

Head of Adult Care (projected under budget of £0.451 million)

- Net under budget on employee related costs of circa £1.732 million mainly through the level of staff turnover being above budget.
- Net over budget on supplies and services, transport and other costs and over recovery of income circa £509,000.
- Net over budget on care related activity of circa £0.772 million.

AHS Revenue Budget 2023/24

Key reasons for budget variances:

Central Costs / Other (projected over budget £41,000)

- Slightly over budget due to an increase in central recharge costs.

Commissioning (projected under budget £54,000)

- Under budget in respect of management of vacancies and contract management.

AHS Revenue Budget 2023/24

Public Health (projected on target)

- This budget is funded mainly by Public Health Grant for 2023/24, and therefore shows nil net expenditure on the report.

- However, £1.868 million is forecast to be made available for future investment in Public Health projects from uncommitted budgets, savings from vacant posts and underspends against some contracts.

AHS – Q3 2023/24 CAPITAL

Scheme	Actual Expenditure 31/12/2023 £000	Current 2023/24 Budget £000	(Under) / Over Spending £000
Hawthorn House Development	374	1,025	(651)
Complex Needs in the Community – Whitebeam Gardens	523	523	0
Positive Journeys Chester-le-Street	689	698	(9)
	1,586	**2,246**	**(660)**

ANY QUESTIONS?

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Adults, Wellbeing and Health Overview and Scrutiny Committee

19 March 2024

Quarter Three, 2023/24 Performance Management Report

Report of John Hewitt, Chief Executive

Electoral division(s) affected:

Countywide.

Purpose of the Report

1 To present an overview of progress towards delivery of the key priorities within the Council Plan 2023-27 in line with the council's corporate performance framework.

2 The report covers performance in and to the end of quarter three, 2023/24, October to December 2023.

Executive Summary

3 The County Council is a key partner within the County Durham Together Partnership. Collectively partners work towards delivering a shared plan - the County Durham Vision 2035. The vision document was developed with partner organisations and the public. It sets out what we would like the county to be like over the next decade and beyond. The vision is for:

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

4 We have set out how the council will effectively deliver its services and its contribution to achieving this vision in our Council Plan. The Council Plan is structured around five thematic areas: our economy, our environment, our people, our communities, and our council. We monitor our success through a suite of Key Performance Indicators (our corporate performance framework), which forms the basis of this report.

5 The Council Plan has undergone its annual refresh and the plan for 2024-28 was considered by Council on 28 February 2024. Following Council approval, it will continue to be structured around five thematic areas which, along with the objectives they contain, will remain unchanged. Our priorities, key programmes of work and associated performance management arrangements for the forthcoming four years are set out within the refreshed plan and our performance framework is now being adjusted accordingly. The new

framework will form the structure of this performance report from quarter one, 2024/25.

6 We are a well-functioning council in relation to performance, and continue to set our performance against characteristics of well-functioning councils as set out by the Department for Levelling Up, Housing and Communities (DLUHC)[1] Best Value Standards and Intervention Draft Guidance. We will continue to develop the following through our performance management processes and the wider Corporate Business Intelligence Review:

(a) An organisational-wide approach to continuous improvement, with frequent monitoring, performance reporting and updating of the corporate and improvement plans.

(b) A corporate plan which is evidence based, current, realistic and enables the whole organisation's performance to be measured and held to account.

(c) Clear and effective mechanisms for scrutinising performance across all service areas. Performance is regularly reported to the public to ensure that citizens are informed of the quality of services being delivered.

7 In July 2023, the Office for Local Government (Oflog) was established as a new performance body for local government. Its purpose is to provide authoritative and accessible data and analysis about the performance of local government, and support its improvement.

8 Oflog's initial focus is to bring together existing data in an informative way through the Local Authority Data Explorer. The first tranche of metrics, uploaded to the Data Explorer in July 2023 and incorporated within this performance report, is being expanded to cover a wider range of local government responsibilities. A second tranche of metrics is now being released and a third tranche will follow in the spring of 2024. These metrics will be incorporated into future reports as and when appropriate.

Context

9 The council is a large organisation providing a broad range of services, and our operating environment can at times be challenging.

10 From an adult social care perspective, Care Acts assessment timeliness for adult social care clients is improving and remains an area of strong focus for us.

Recommendation

11 Cabinet is recommended to:

(a) note the overall position and direction of travel in relation to quarter three performance, and the actions being taken to address areas of challenge.

[1] Best Value standards and intervention

Background papers

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

Other useful documents

- Council Plan 2023 to 2027 (current plan)
  https://www.durham.gov.uk/media/34954/Durham-County-Council-Plan-2023-2027/pdf/CouncilPlan2023-2027.pdf?m=638221688616370000
- Quarter Two, 2023/24 Performance Management Report https://democracy.durham.gov.uk/documents/s183015/Q2%202023-24%20Corporate%20Performance%20Report.pdf
- Quarter One, 2023/24 Performance Management Report
  https://democracy.durham.gov.uk/documents/s178933/Q1%202023-24%20Corporate%20Performance%20Report%20-%20Cabinet%2013.09.23.pdf
- Quarter Four, 2022/23 Performance Management Report
  https://democracy.durham.gov.uk/documents/s174900/Item%204%20Q4%202022-23%202%201.pdf
- Quarter Three, 2022/23 Performance Management Report
  https://democracy.durham.gov.uk/documents/s166398/Corporate%20Performance%20Report%20Q2%202022-23%20v2.1.pdf

Author

Steve Evans Contact: steve.evans@durham.gov.uk

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.

Appendix 2

Corporate Performance Report

Quarter Three, 2023/24

Contents (blue text links to sections of the report)

	➢ Executive Summary	
Our People	➢ Our People Performance Report	
	Performance Dashboards	➢ Early help and referrals
		➢ Assessments, protection plans, in need, social worker vacancies
		➢ Children in care, unaccompanied asylum seeking children
		➢ Education
		➢ SEND
		➢ Adult social care: referrals and assessments
		➢ Adult social care: reablement and rehabilitation services
		➢ Adult social care: admissions to permanent care
		➢ Adult social care: services received and outcomes
		➢ Adult social care: Oflog measures
		➢ Public health focus: healthy weight and physical activity
		➢ Public health focus: healthy weight (children)
		➢ Public health focus: healthy weight (adults)
		➢ Public health focus: physical activity
		➢ Housing vulnerable people: Care Connect, disabled facilities grant
		➢ Physical activity
	➢ Data Tables	
	➢ Glossary	

Executive Summary

1 This performance report covers the third quarter of the 2023/24 financial year (October to December 2023). It sets out our progress towards delivering the key priorities set out within our Council Plan 2023-27.

2 Performance is reported 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.

Our people

3 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

4 Timeliness of completion of Care Act assessments has increased by more than 10 percentage points since quarter two, from 54.2% to 65.2% and is the highest for over two years. This remains a key area of focus for the service.

5 In the latest quarter, more than two thirds of adult care service users received an annual assessment or review in the previous year. This has been a key area of improvement for the service and this quarter's result is the highest recorded performance for over two years and demonstrates the impact of the new review teams established early in 2023. This remains a key area of focus.

Issues we are addressing

6 Percentage of children of a healthy weight in County Durham has reduced since the pandemic and the gap with England has widened. The percentage of adults who are overweight or obese has also increased over the same period. 'Enabling a healthy weight for all' is a priority of the County Durham Joint Local Health and Wellbeing Strategy 2023-28 and a new physical activity strategy 'Moving Together in County Durham´ will be launched in spring 2024.

7 The number of people discharged into reablement demonstrates little change over the last three years and is low when compared historically. A review of reablement services has been undertaken to help to understand change in demand to the service as well as staff turnover and local market capacity. Outcomes for older people that do receive reablement/rehabilitation services remain strong and better than target.

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 June and September 2023.

Our People

Priority Aims:

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

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

National, Regional and Local Picture

Adult Social Care

9 The Care Quality Commission (CQC) is progressing with new local authority assessments which will give independent assurance to people of the quality of care in their area. Five pilot local authority assessments, which test their assessment framework, methods and processes, have been completed.

10 These pilots assess how well CQC is carrying out the assessments, provide assurance that the methods are effective and providing the evidence needed to make a judgement on how well councils are discharging their adult social care duties against the Care Act, and identify early indications of outcomes.

11 Implementing a new national inspection framework is a complex task. Feedback from the pilots indicated some parts of the process were intensive and time consuming, and more guidance would have been beneficial (particularly to better understand how judgements were made and how those related to the final scoring model). However, on the whole, the councils involved felt the process helped re-affirm their existing areas of improvement.

12 Following the pilots, the CQC assessment framework is now in place with all 153 councils to be assessed once during a two-year period. Councils will receive an overall rating on the same four-point scale Ofsted uses for children's services and the CQC uses for care providers: 'outstanding', 'good', 'requires improvement' and 'inadequate'. Ratings will be based on a more detailed framework score of 1 to 4 for each of nine quality statements: assessing needs; supporting people to live healthier lives; equity in experiences and outcomes; care provision, integration and continuity; partnerships and communities; safe systems, pathways and transitions; safeguarding;

governance, management, and sustainability; and learning, improvement and innovation.

13 Evidence sources will include feedback from people who receive care and support (including self-funders), carers, voluntary and community groups, and staff (including the principal social worker, director of adult social services and social workers). Other sources include analysis of performance data, surveys of staff, carers and people accessing care and support, and case studies.

14 Following the pilot assessments, on 30.01.24 Durham County Council received notification that we are going to be one of the first councils to be considered under the full local authority assessment.

15 As part of the assessment, an information return is to be provided to the CQC three weeks from notification and the service is currently working to collate this. The return makes available to the CQC key documents, information and data prior to the onsite visit which could take place six months after the original notification letter. Following submission of the return and prior to the onsite visit the CQC will be undertaking analysis of the return. We will receive a period of 6-8 weeks' notice of the site visit.

16 Following the site visit the CQC will draft a report including scores for all the quality statements and an overall rating. As the CQC is undertaking an internal bench-marking exercise, to review and calibrate the scores and ratings for those local authorities assessed in the early round of the full formal assessments, it is likely that there may be a short delay before we receive the final report.

17 Nationally, official statistics from the new Client Level Dataset (CLD) has been delayed for a year. Indicators from the 2023/24 CLD submission will be badged as experimental statistics, and used to quality assess data and indicators against previous returns. The sourcing of the new Adult Social Care Outcomes Framework (ASCOF) indicators from CLD has also therefore been delayed until 2024/25.

18 The current ASCOF (2023/24) indicators will continue to use the national short and long-term data return for Adult Social Care. Measures which were initially proposed for removal have, as a consequence, been brought back for one final year, such as self-directed support and rehabilitation services indicators. Discussions are ongoing within the Adult Care service to consider the production of the 2023/24 Short and Long Term (SALT) data return for County Durham, and to ensure quality checking against the new CLD data that will be used from next year.

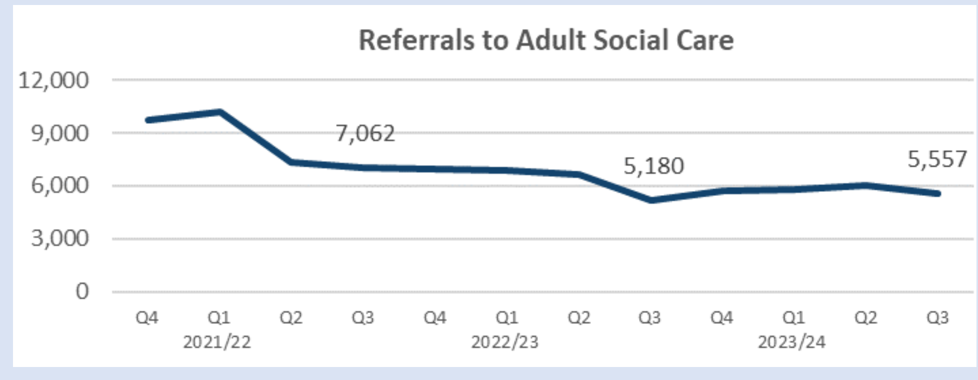
19 National benchmarking for some adult social care indicators, for example, referrals and timeliness of assessments, is unavailable as there are no national data submissions that contain comparable data. Once CLD has been implemented comparative data may be available for these indicators if access is made available by the Department of Health and Social Care.

Adult Social Care Dashboard – Referrals and Assessments

(discrete quarterly data)

Referrals to Adult Social Care

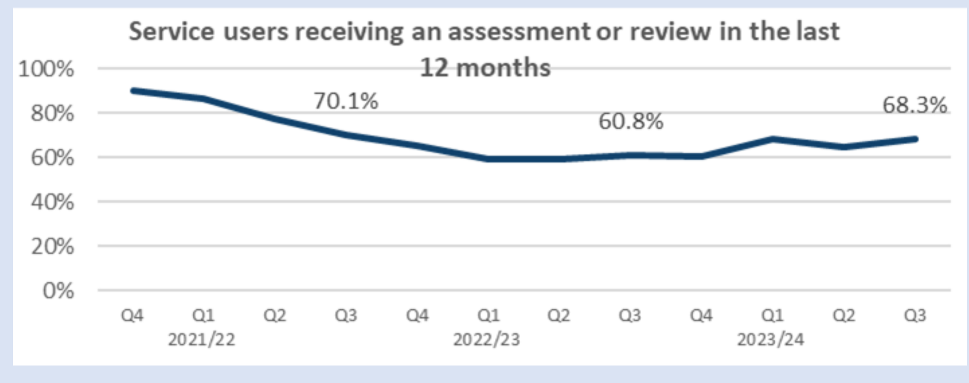
We are continuing to examine contacts and referrals into Adult Social Care to increase our understanding of client requirements within the system. This will also support work aiming to understand the reduction in referrals since 2021/22.



Service users receiving an assessment or review in last 12 months

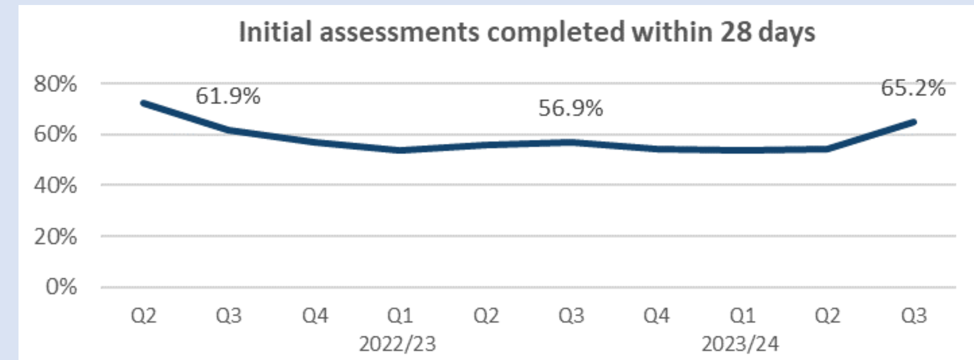
Improved performance followed the establishment of specific review teams in Spring 2023.

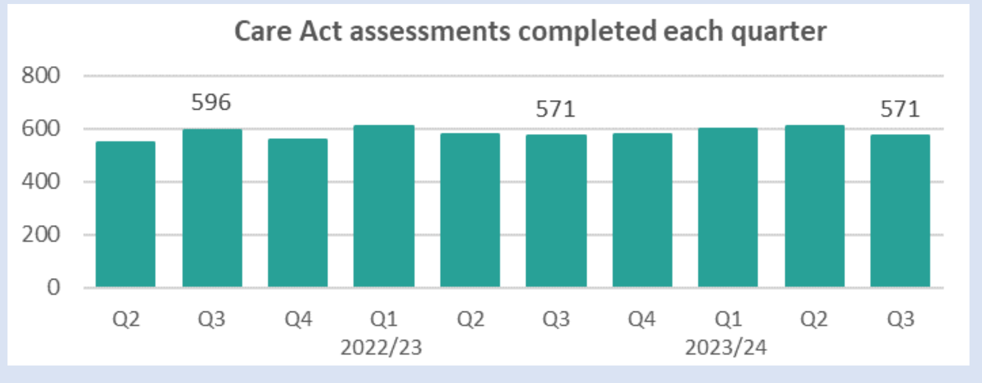
A working group has been created to consider recent performance and to investigate different ways of undertaking reviews across adult social care.



Care Act assessments completed and timeliness

An impact assessment is considering reasons for the reduction in timeliness over the last two years and latest data suggests that a clear focus on improving timeliness is working. The introduction of mobile technology to social workers over the next two years is likely to drive further improvement.





Benchmarking data for these indicators is not available as this is local data that is not reported nationally. The implementation of the national Client Level Data set should produce viable benchmarking within 12-18 months.

Referrals to Adult Social Care

20 Referrals into Adult Social Care have been stable over the last year, an average of 5,768 per quarter. Whilst referrals in quarter three are lower than quarter two, the reduced number is comparable with the same period last year.

21 Work is ongoing to understand the longer-term reduction in referrals over the last two to three years. This work is reviewing internal and external contacts and referrals, as well as those between services to recognise changing demand for adult social care.

22 As referral data is not reported nationally, benchmarking for this data is unavailable. The new national Client Level Data set will start recording referrals / requests for services from 2024/25 and could provide viable quarterly benchmarking once fully implemented if data is made available by the Department of Health and Social Care.

Care Act assessment timeliness

23 Timeliness of completion of Care Act assessments has increased from 54.2% in quarter two to 65.2% in quarter three, the highest for more than two years. However, this is lower than the timeliness at the start of 2021/22 (72.3%).

24 The service continues to focus on improving timeliness, and an ongoing impact statement is reviewing causes of and potential options to support the prompt completion of these assessments. New technology to support staff to complete assessments in a timely manner is being introduced via a phased approach in service teams over a period of two years. It is expected that timeliness rates will further improve once the new technology is embedded in the service.

25 The indicator is being reviewed to ensure that all initial assessments are included in this performance metric. The definition of an initial assessment is being reworked and is likely to lead to further indicators which will provide comprehensive performance management of both assessments and reviews.

26 Currently, both the number and timeliness of Care Act assessments are not reported nationally. Further development at the national level will be required to enable the reporting of timeliness through the national CLD return, we will continue to monitor developments.

Annual Reviews of Service

27 Latest data shows 68.3% of service users received an annual assessment or review in the last 12 months. This is the highest recorded performance for more than two years and demonstrates the impact of the new review teams established in early 2023. Performance remains lower than that seen three years ago, however, recent initiatives are closing the performance gap.

28 A working group meets regularly to oversee the first year operation of the new teams whilst performance is reported monthly to the service management teams. A report is to be provided to Adult Care Management Team at year-end outlining progress made.

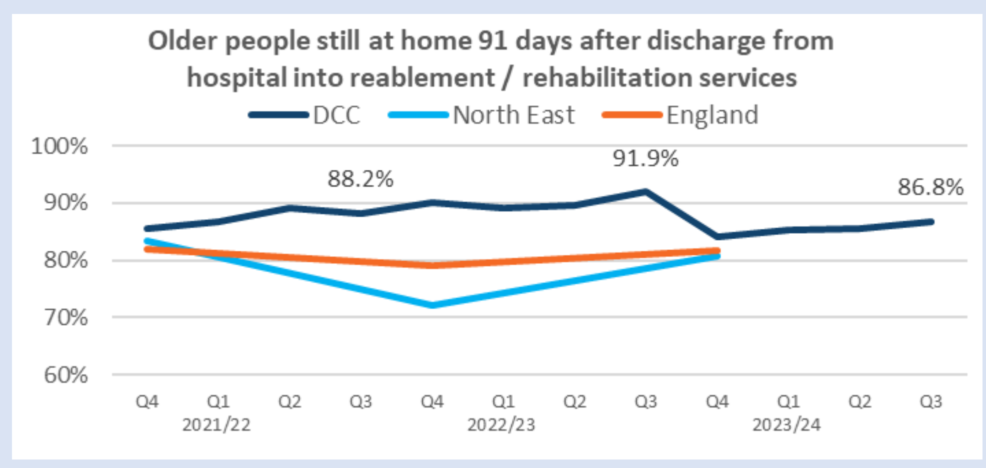
29 Whilst some data is available nationally on reviews of long-term care packages through the SALT return, production of the return data is not in line with our locally reported measure, so benchmarking is not available.

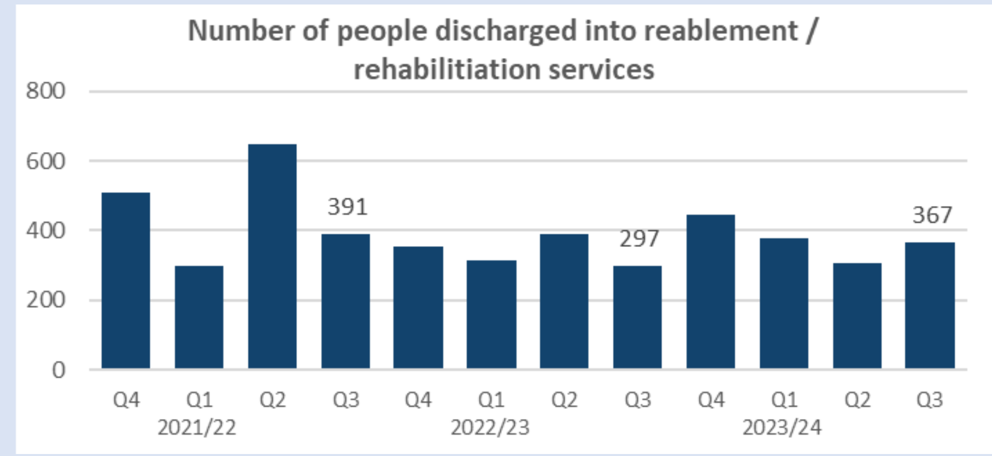
Adult Social Care Dashboard – Reablement and rehabilitation services

(discrete quarterly data)

Discharges into reablement / rehabilitation services

- Although the number has largely been stable over the last three years (average of 392 people per quarter) this is fewer than the pre-pandemic (average of 590 people per quarter was typically seen for the period 2017/18 to 2019/20).
- We have completed a service review to understand changing demand for the reablement service. Findings are to be considered prior to any changes being implemented.





Discharge into Reablement and Rehabilitation Services

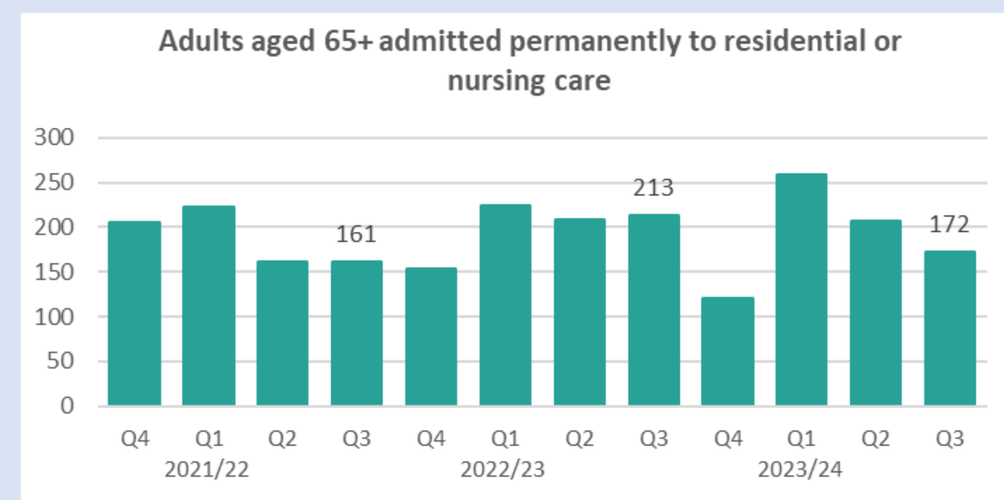
30 The percentage of older people still at home 91 days after discharge from hospital into reablement / rehabilitation services (86.8% in the latest quarter) is the highest since the same period last year (91.9%) and within one percentage point of the three-year average. Latest performance is better than our Better Care Fund target of 84%, and regional and national benchmarking.

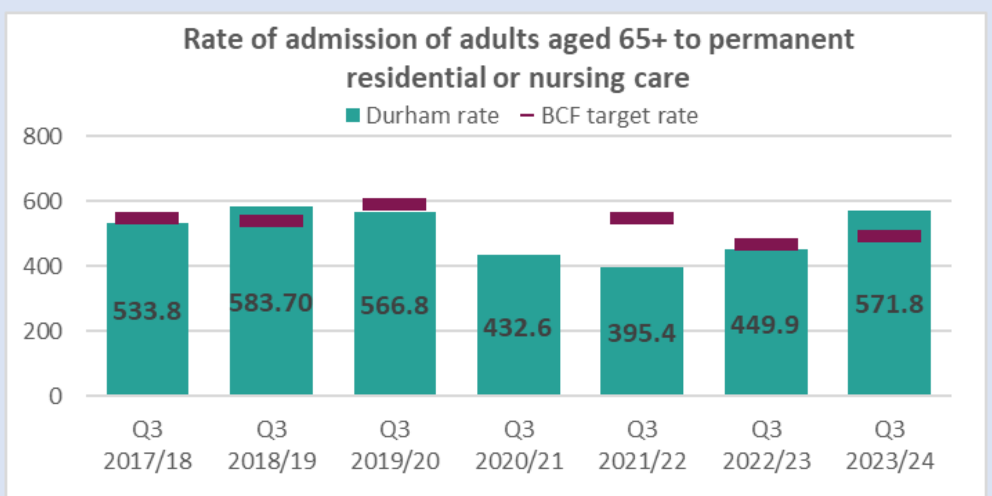
31 The number of people discharged into reablement demonstrates little change over the last three years, however, when compared to more historical data, a reduction is clear. In the latest three-year period, an average of 392 people were discharged each quarter. This is much lower than the three-year period covering 2017/18 to 2019/20, when an average of 590 people each quarter were discharged into reablement or rehabilitative services.

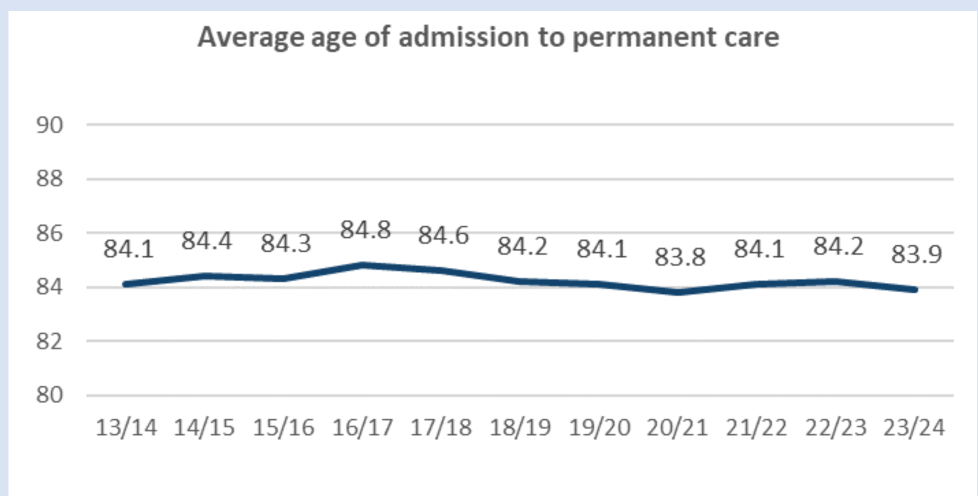
32 A review of reablement services has been undertaken to understand changing demand to the service as well as staff turnover and capacity of the service. The final report is to be considered by Adult and Health Services Management Team and will feed into the re-procurement of the service.

Adult Social Care Dashboard – Admissions to permanent care

(discrete quarterly data)







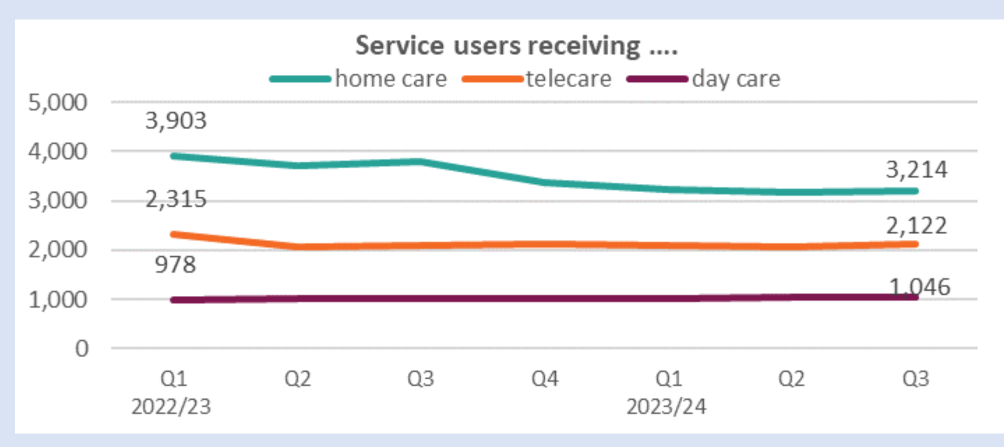
Admissions to Care

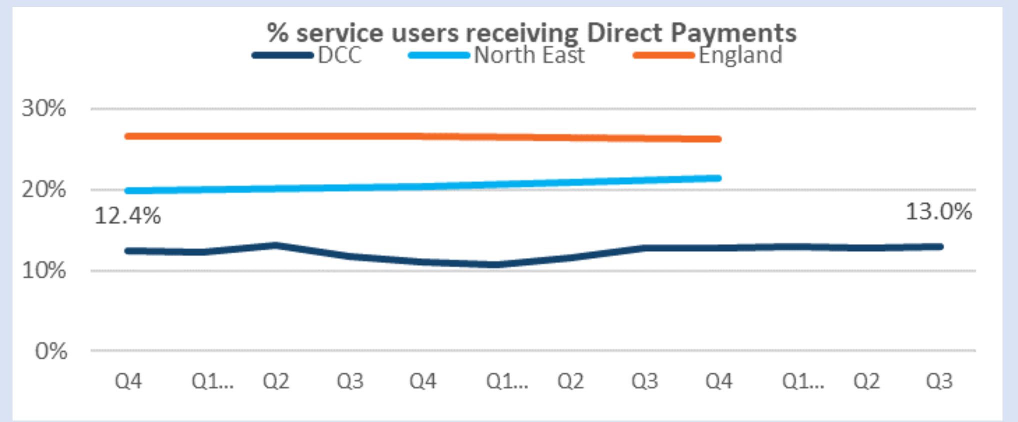
33 The rate of adults aged 65+ per 100,000 population admitted on a permanent basis to residential or nursing care has risen over the last three years, from the lowest rate during the pandemic to a rate that is now comparable with that seen pre-pandemic. We are performing worse than our Better Care Fund target and have been for two consecutive quarters. Whilst admissions fluctuate on a quarterly basis, we are monitoring this as projections suggest we will also be worse than target at year end.

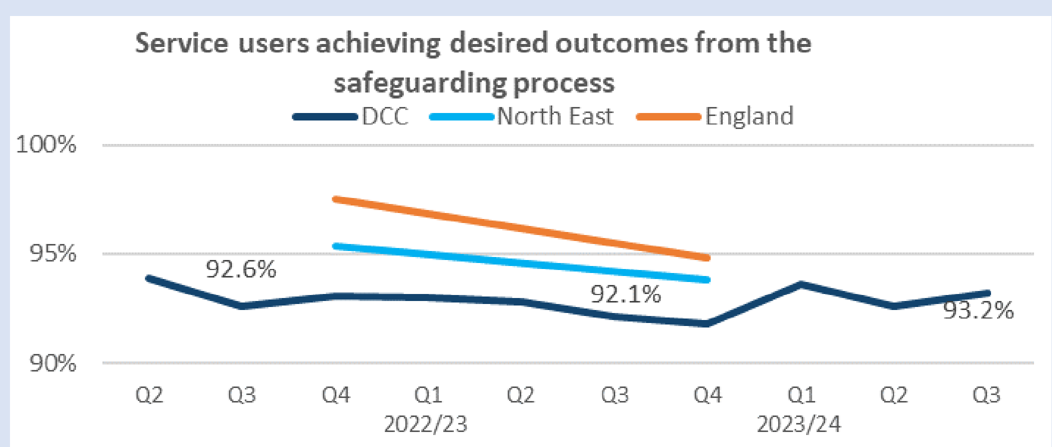
34 The average age of those entering permanent care has remained static over the last ten years (average age - 84.2 years).

Adult Social Care Dashboard – services received and outcomes

(discrete quarterly data)







The methodology has been reviewed and from quarter three has been aligned to the methodology used for the national Safeguarding Adults Collection Return.

Services Received

35 The number of service users receiving home care remains high, with more than 3,000 people receiving the service. Whilst numbers have largely been stable over the last 12 months, they have reduced since the pandemic; this was a result of care homes being closed to new admissions and a consequent increase in home care usage. The recent reduction in home care usage was an expected change as care homes opened up to admissions and our care delivery model returned to being able to give the right kind of care at the right time.

36 Service user numbers receiving telecare continues to be largely stable with approximately 2,000 people using the service. The Commissioning Service has developed a plan of increasing the use of technology to support service users which could result in an increase in the number of people receiving telecare equipment.

37 The number of people receiving day care service has remained static over the last 12 months (approximately 1,000 people).

38 Over the last two years the number of people using Direct Payments to pay for at least part of their care has increased very slightly. Latest data show 684 people used a Direct Payment in quarter three, up from 677 in quarter two. Percentage of people using Direct Payments has also largely remained static over the last two years and take-up remains lower than both regional and national averages. A previous impact statement found no difference between our Direct Payment policy and that of other councils. The service continues to explore opportunities to develop Direct Payment take-up in the county.

Safeguarding – desired outcomes

39 The percentage of individuals achieving their desired outcomes during the safeguarding process has increased to 93.2% during quarter three and we are now comparable to performance in the North East (93.8%). We continue to be worse than the England position (94.8%).

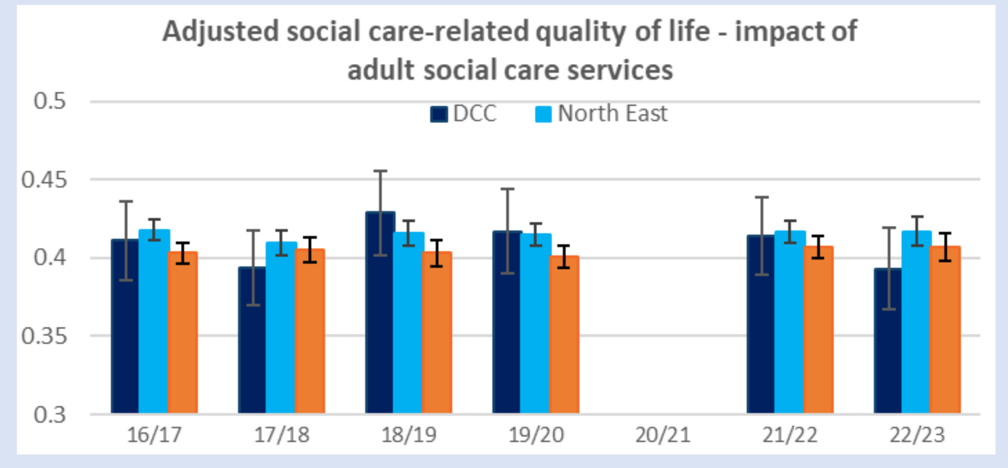
40 The methodology for this indicator was reviewed and, from quarter three, we align with the methodology for the national Safeguarding Adults Collection Return.

Adult Social Care Dashboard – Oflog Measures

(annual data as at 31 March 2023)

Quality of life – impact of adult social care services

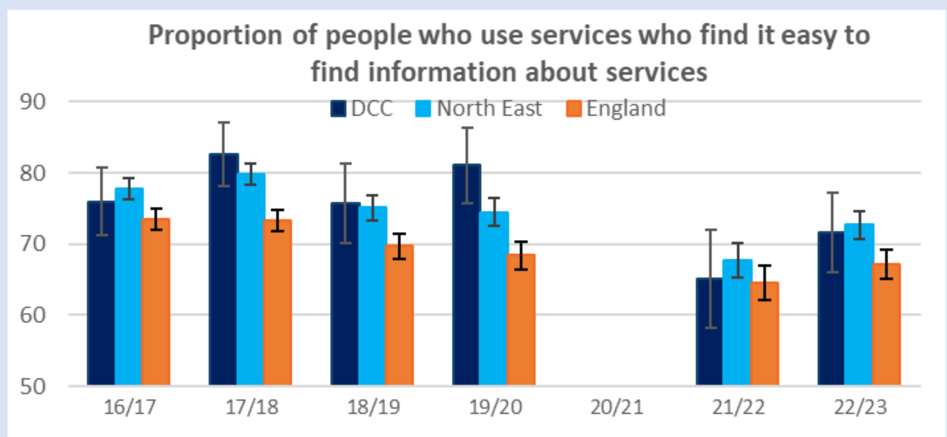
There remains no statistically significant difference between performance in Durham and comparators.



The Oflog measures for Adult Social Care were reported in the quarter two Corporate Performance Report and are updated annually. The following indicators have been updated with benchmarking data for the North East and England performance (previously unavailable).

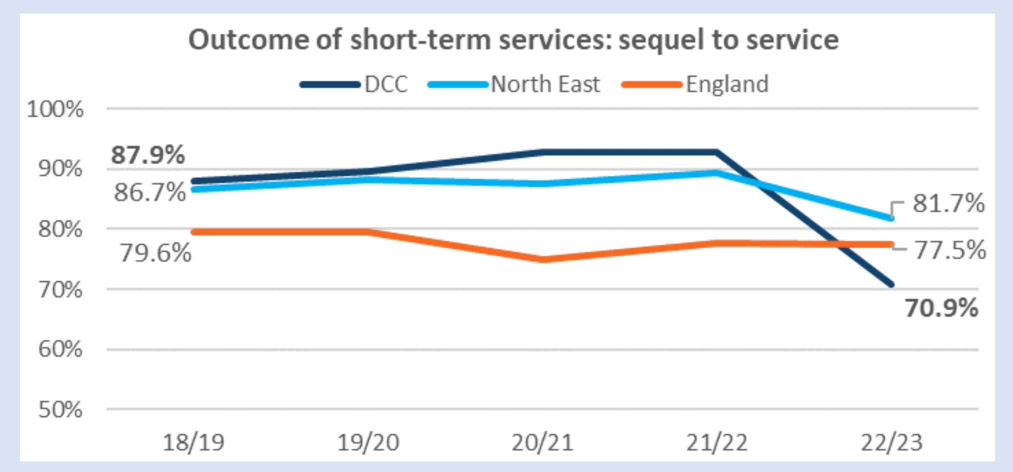
Easy to find information about services

Nationally over the last five years, it has become increasingly difficult to find information about services and this is reflected in answers provided by adult social care service users in Durham. Whilst reductions have been experienced Durham performs in line or above regional and national comparators.



Outcome of short-term services

Latest data for services in Durham (2022/23) demonstrates a clear reduction in people not requiring a longer term service following an intensive short term care package. Whilst this has also reduced in the North East, overall Durham is below both regional and national benchmarking.



Adult social care related quality of life – impact of adult social care services

41 The impact of adult social care services on service users' quality of life in County Durham has largely been in line with and above regional and national comparators since it was first reported in 2016/17. Data released for 2022/23, however, demonstrates a reported reduction in social care related quality of life. 2022/23 comparator data was released in December 2023. Whilst the North East and England show little change to the previous data reported (2021/22) there remains no statistically significant difference between performance in County Durham and comparator areas.

Ease of finding information

42 Service users in County Durham have reported increasing difficulty in finding information about services. This is a steady trend over the last five years and is reflected both regionally and nationally. Despite the reported reductions in ease of access, County Durham still performs in line with or above regional and national comparators for both indicators.

Outcome of Short-term Services

43 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. This indicator aims to provide evidence of a good outcome in delaying dependency or supporting recovery - short-term support which results in no further need for long-term services.

44 In 2021/22, the proportion of those that received short-term service, where no further request was made for ongoing long-term support afterwards, or support of a lower level, for County Durham was 92.7%, above both regional and national comparators.

45 Latest data for 2022/23 shows a reduction in performance in County Durham to 70.9%. Whilst this has also reduced in the North East, overall Durham is now below both regional and national benchmarking.

46 Data is taken from the national SALT data return for Adult Social Care which, for the first time in Durham in 2022/23, was entirely composed of data from Azeus, the service case management system. The change in recording practice between different systems will have been an influencing factor in the change in performance reported. The 2023/24 SALT return is the last SALT return to be reported, before it is replaced by the new Client Level Dataset (CLD) for 2024/25. The service is aware of the changes in performance, and a meeting has been scheduled to consider the benefits of re-addressing the way the SALT return is produced for 2023/24. Work is also to commence to assess Durham's performance in new experimental statistics measures derived from the CLD, which are proposed to replace the current measure as official statistics from the 2024/25 reporting year on.

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).
- Higher consumption of fast food, inactivity and levels of obesity-related hospital admissions around 2.5 times higher in the most deprived areas compared to the least deprived.
- The new Joint Local Health and Wellbeing Strategy 2023-28 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 and 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 Durham and the national average. Durham has statistically lower rates than England for healthy weight in children whilst also experiencing higher rates for adults who are overweight / obese.

	Period	Durham	North East	England
Reception prevalence of healthy weight	2022/23	73.2%	74.0%	77.5%
Year 6 prevalence of healthy weight	2022/23	59.1%	58.9%	61.9%
% of adults classified as overweight or obese	2021/22	75.2%	70.5%	63.8%

Physical Activity

- Significantly lower rates of physically active children and young people in Durham compared to benchmarking areas.
- For physically active adults, however, there are similar levels in Durham compared to the national average.

	Period	Durham	North East	England
% of physically active children and young people	2021/22	36.9%	47.2%	47.2%
% of physically active adults	2021/22	66.7%	65.4%	67.3%

Other measures

Indicators can provide an overview as to levels of healthy weight in an area, and the Durham Insight healthy weight dashboard provides an analysis of these. The table summarises some of these and provides a brief comparison between Durham and regional and national benchmarking. Whilst Durham has a higher percentage of people meeting the healthy eating recommendation, obesity levels in Durham are significantly higher than the national average. This is also reflected in the hospital admission rates where obesity is the primary diagnosis.

	Period	Durham	North East	England
% of adults aged 16 meeting the '5-a-day' fruit and vegetable consumption recommendation	2021/22	34.1%	30.6%	32.5%
% of adults (18+) classified as obese	2021/22	34.2%	32.4%	25.2%
Hospital admission episodes with a primary diagnosis of obesity	2019/20	53.0 per 100,000	46.0 per 100,000	19.7 per 100,000

Public Health – Healthy Weight and Physical Activity

47 Obesity is a population health and inequalities challenge which has profound long-term consequences for health and wellbeing. Obesity and inactivity can increase the risk of many potentially serious health conditions including type 2 diabetes, high blood pressure and other cardiovascular diseases. Furthermore, this can affect quality of life and contribute to mental health problems such as depression.

48 Rates of overweight/obesity and physical activity in children and adults are reported through national indicators:

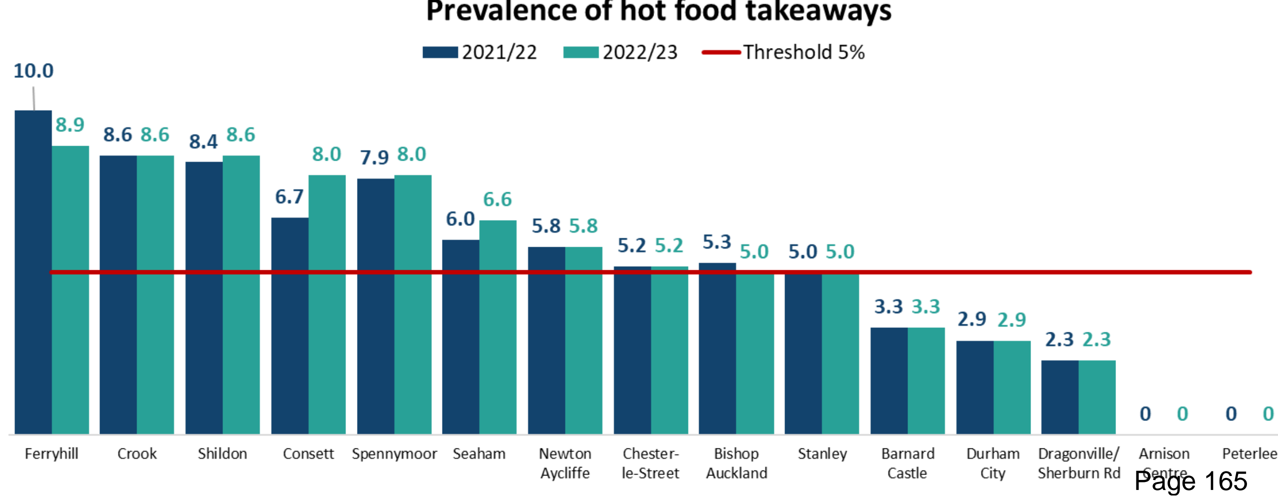
- Reception and Year 6 children – levels of overweight/obesity
- Adult levels of overweight/obesity
- Children and adult rates of physical activity

49 Within County Durham there is a strong history of good partnership working around mental health led by the Mental Health Strategic Partnership (MHSP), which provides the strategic co-ordination and leadership for our Mental Health Strategic Plans. It is also responsible for ensuring the system works effectively to initiate prevention and early intervention approaches and engage, consult and involve mental health service users and carers to support the work of the Health and Wellbeing Board.

50 A priority of the County Durham Joint Local Health and Wellbeing Strategy 2023-28 (JLHWS) is 'Enabling a healthy weight for all'. The Healthy Weight Alliance was refreshed in 2023 to comprise key representation from across the system, including health, academic and voluntary and community sector partners. This maximises stakeholder engagement and collaboration – which is a key outcome of the JLHWS.

51 The JLHWS includes a number of key objectives with performance metrics where appropriate under the priority 'Enabling a healthy weight for all'. As well as improving stakeholder engagement there is a clear focus on increasing both healthy weight and physical activity. The national indicators (above) are used to measure progress in County Durham and are discussed in more detail in the following dashboards.

52 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 2023, 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. It is encouraging to note that in the period 2022/23, rates are either unchanged or have fallen in 11 of the centres compared to 2021/22.



53 During 2023, a review was undertaken that focussed on our approaches to achieving healthy weight in County Durham. This considered progress that has been made in developing a whole systems approach to overweight and obesity and made a set of recommendations that will inform our approaches to achieving healthy weight going forward.

54 In 2023, the County Durham Health and Wellbeing Board signed off a new physical activity strategy for 2023-28 entitled 'Moving Together in County Durham'. This strategy was co-produced with local partners and members of the public. The action plan focusses on four key priority action areas: children and young people, inclusive communities, active environments, and health and social care settings. The strategy will be launched in spring 2024.

Healthy Weight and Physical Activity Dashboards

55 To complement our new physical activity strategy and review of healthy weight approaches in County Durham, two new dashboards have been developed on Durham Insight to enable the Health and Wellbeing Board and other stakeholders (including members of the public) to monitor outcomes for both physical activity and overweight and obesity.

56 Benchmarking against indicators in the healthy weight dashboard shows in:

- 2022/23, 73.2% (n=3,625) of reception age children were of a healthy weight (77.5% national average). This reduces to 59% (n=3,295) by Year 6 (61.9% national average)
- 2022/23, 26.1% (n=1,290) of reception age children were either overweight or obese (21.3% national average). This increases to 39.9% (n=2.225) by Year 6 (36.6% national average)
- 2021/22, 75.2% of adults were either overweight or obese (63.8% national average)
- 2021/22, 34.1% of adults aged 16+ met the 5-a-day fruit and vegetable consumption recommendation (32.5% national average).

57 Similar benchmarking against indicators in the Physical Activity dashboard shows in:

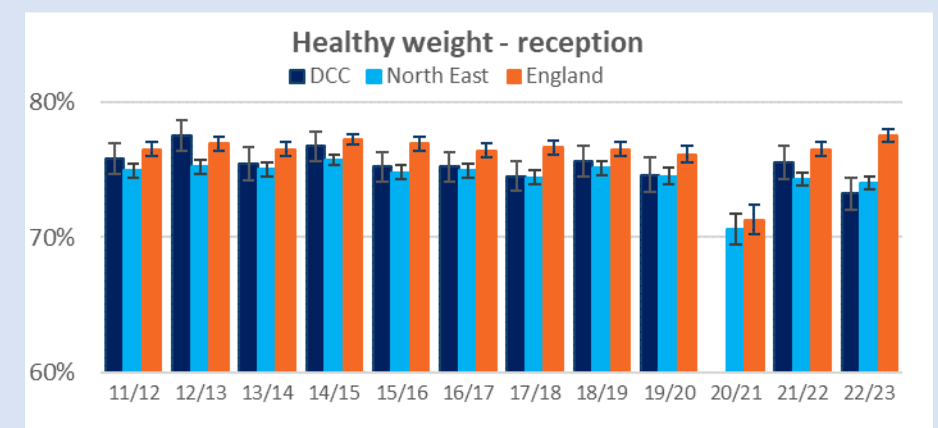
- 2021/22, 36.9% of children were physically active (47.2% national average)
- 2022/23, 66.7% of adults were physically active (67.3% national average).

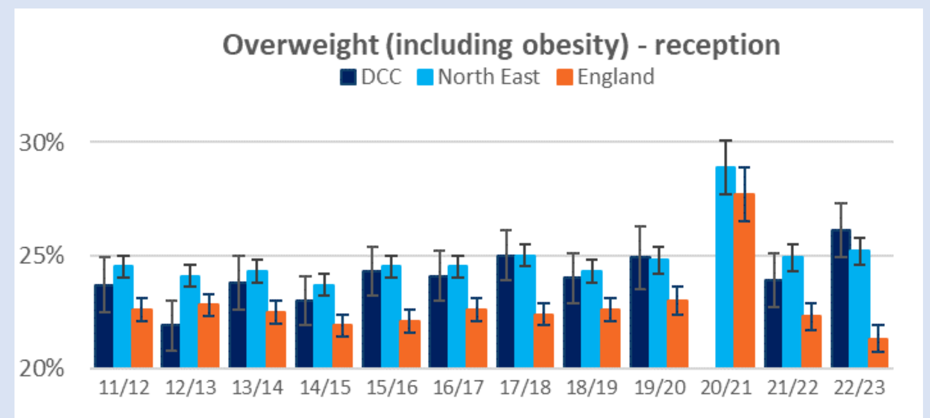
Public Health Focus – Healthy Weight (Children)

(annual data as at 31 March 2023)

Rates of healthy weight / overweight in Reception children (aged 4-5)

Percentage of children aged 4-5 years old of a healthy weight in Durham has deteriorated since the pandemic. Whilst similar to the North East rate, there is a statistically significant gap between Durham and the higher England average.

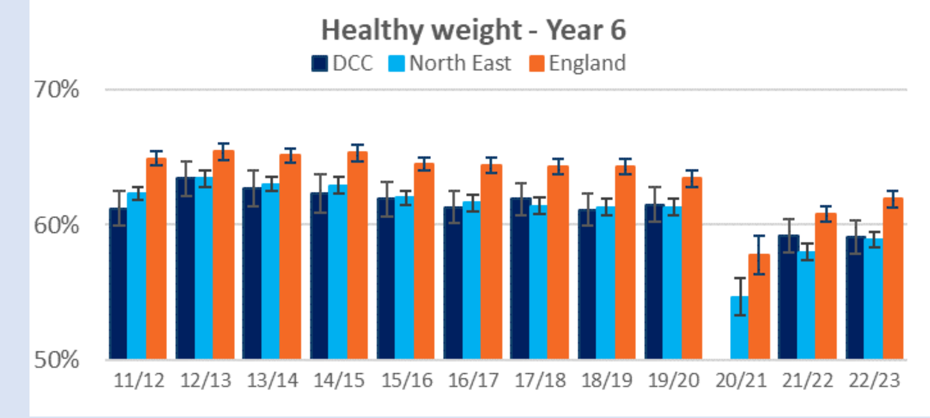


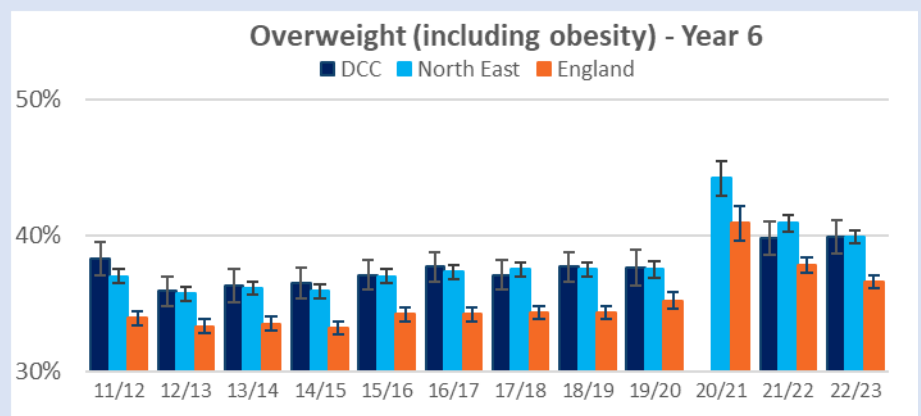


Post-pandemic the percentage of children aged 4-5 years old who are overweight or obese in Durham has increased. Again, the rate is similar to the North East. Pre-pandemic rates in Durham were also similar to those seen in England, however, latest data shows a five percentage point difference between these areas.

Rates of healthy weight / overweight in Year 6 children (aged 10-11)

Percentage of children of a healthy weight is seen at Year 6 is lower compared to those of reception age. This is demonstrated nationally with latest data showing 77.5% of reception children are of a healthy weight compared to 61.9% at Year 6. Levels in Durham, however, are significantly lower than those seen nationally.





Nationally we have seen increasing levels of children who are overweight or obese since the pandemic. Similar to the reduction seen for Year 6 children of a healthy weight compared to reception aged children, more children are overweight at Year 6 compared to their reception. Levels in Durham continue to be higher than the national average.

Public Health – Healthy weight (children)

58 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 3,625 (73.2%) classified as being of a healthy weight (2022/23) which is statistically significantly worse than England (77.5%). The percentage of children aged 4-5 years old of a healthy weight in Durham has also deteriorated since the pandemic and the gap with England has widened.

59 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.

60 The percentage of children aged 4-5 years old who are overweight or obese in Durham has increased post-Covid. On average, in reception there are approximately 1,290 children (26.1% or one in four children) who are living with overweight or obesity in Durham (2022/23). This rate is similar to that seen in the North East, however, is significantly worse than England. Prior to the pandemic Durham rates were similar to England, however, latest data now shows a 5-percentage point difference.

61 Data shows the clear reduction in children of a healthy weight in reception (73.2%) to those of a healthy weight in Year 6 (59.1%) in Durham. The reduction is demonstrated nationally with latest data showing 77.5% of reception children are of a healthy weight compared to 61.9% at Year 6. These rates for Durham are significantly worse than those seen nationally, however, are similar to regional trends.

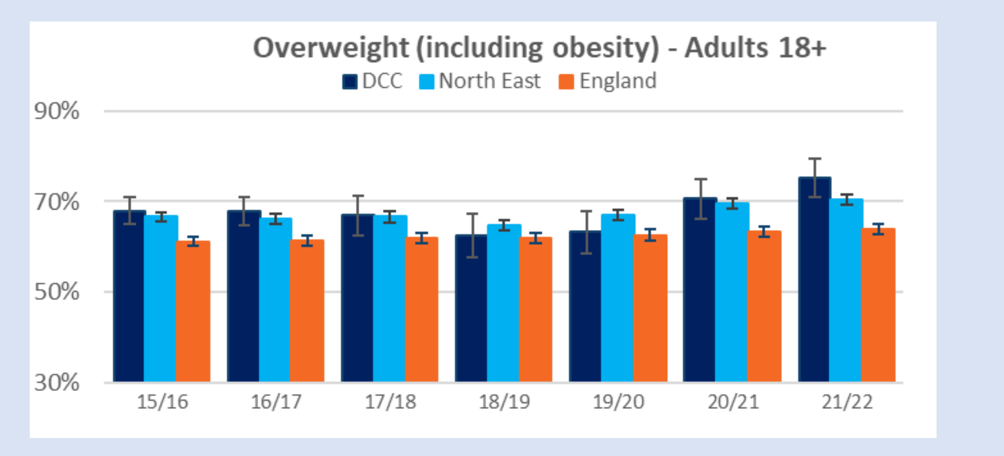
62 Nationally we have seen increasing levels of children who are overweight or obese since the pandemic. On average, in Year 6, there are around 2,225 children in Durham living with overweight and obesity. The level of children living with overweight or obesity in Year 6 in Durham (39.9%) is similar to the North East (also 39.9%) and statistically significantly worse than England (36.6%).

Public Health Focus – Healthy Weight (Adults)

(annual data as at 31 March 2022)

Overweight or obese adults

- Percentage of adults who are overweight or obese has increased following the pandemic.
- Whilst data demonstrates a reducing percentage up to 2019/20 recent data (2021/22) is the highest percentage of overweight adults recorded.
- Previously the level of overweight adults in Durham was similar to both regional and national benchmarking. Whilst just about remaining statistically similar to the North East recent data show that that levels are now significantly higher in Durham compared to the national average.



Public Health – Healthy Weight (adults)

63 Latest data (2021/22) shows that the percentage of adults (aged 18+) classified as overweight or obese (75.2%) in Durham is statistically significantly worse than both the regional (70.5%) and national (63.8%) position.

64 The percentage of adults who are overweight or obese has increased following the pandemic. Whilst data demonstrates a reducing percentage up to 2019/20, recent data (2021/22) is the highest percentage of overweight adults recorded. Previously the level of overweight adults in Durham was similar to both regional and national benchmarking.

Health Weight challenges

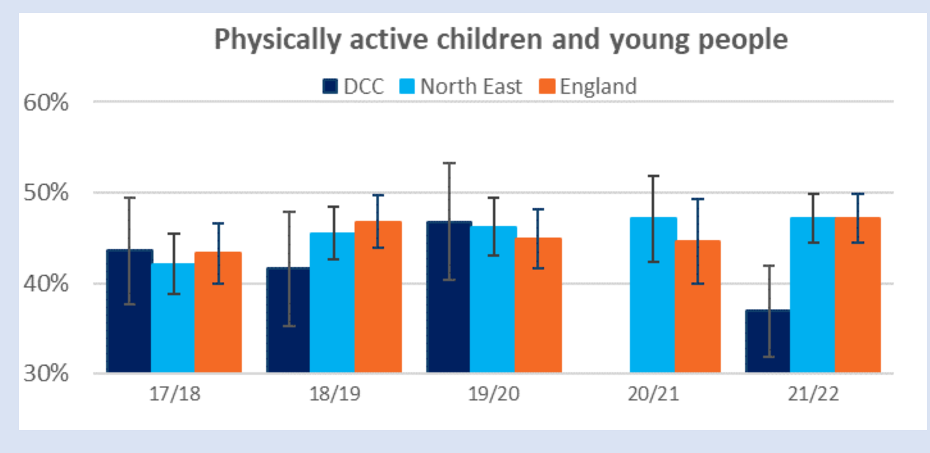
65 Whilst prevalence of overweight and obesity in children at reception age and year 6 is similar to our regional neighbours, it is significantly worse than the national average. Prevalence of overweight and obesity in our adult population is worse than both regional and national averages. To address these issues, a review of approaches to achieving healthy weight in County Durham has been completed. This has yielded a suite of recommendations that will form a multi-agency action plan. Progress will be reported to, and monitored by, the Health and Wellbeing Board.

Public Health Focus – Physical Activity

(annual data as at 31 March 2022)

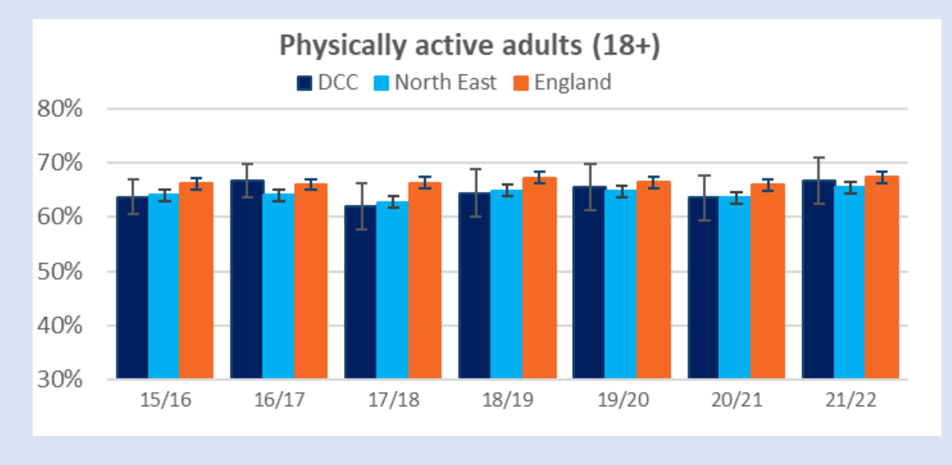
Physically active children and young people

- Latest data for children and young people who are physically active in Durham has deteriorated since the pandemic.
- Percentage of physically active children and young people in Durham (36.9%) is statistically significantly worse than both the regional (47.2%) and national (47.2%) position.



Physically active adults (18+)

- Over the last few years there has been little change in the percentage of physically active adults (aged 18+). The percentage of physically active adults in Durham (66.7%) is similar to both the regional (65.4%) and national (67.3%) data.



Public Health – Physical Activity

66 Physical activity supports people to maintain a healthy weight. Latest data for children and young people who are physically active in Durham has deteriorated since the pandemic. The percentage of physically active children and young people in Durham (36.9%) is statistically significantly worse than both the regional (47.2%) and national (47.2%) position.

67 Over the last few years there has been little change in the percentage of physically active adults (aged 18+). Since 2021/22, however, the percentage of physically active adults in Durham has increased by 3.2 percentage points. Latest data show that the percentage of physically active adults in Durham (66.7%) is similar to both the regional (65.4%) and national (67.3%) data.

Physical Activity challenges

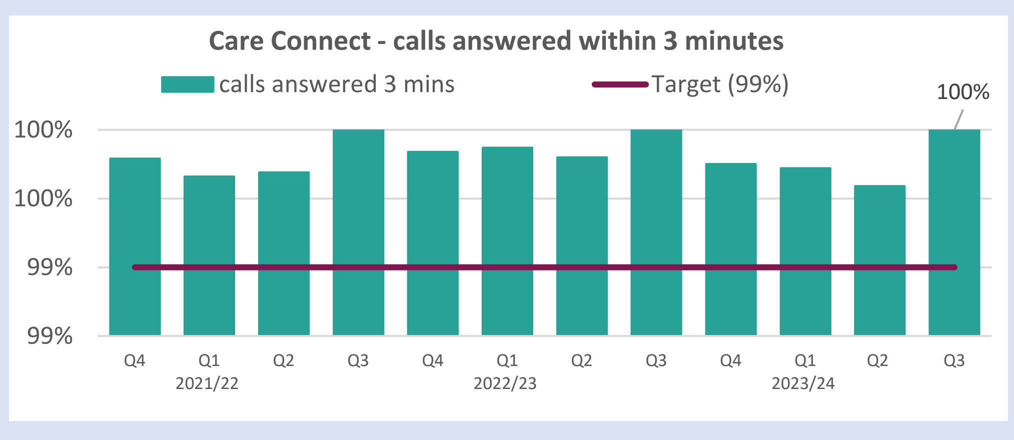
68 Whilst children and young people in County Durham are now less active than they were during the period 2019/20, levels amongst adults have remained relatively static. Spring 2024 will see the launch of 'Moving Together in County Durham', our new, local physical activity strategy that has been produced with County Durham Sport. Increasing movement in our children and young people is a key priority action area of this strategy and Durham County Council is now working in close collaboration with a range of local stakeholders to increase levels of physical activity at home, within educational establishments and in our communities. Progress will be monitored by the Physical Activity Strategy Committee, reporting annually to the Health and Wellbeing Board.

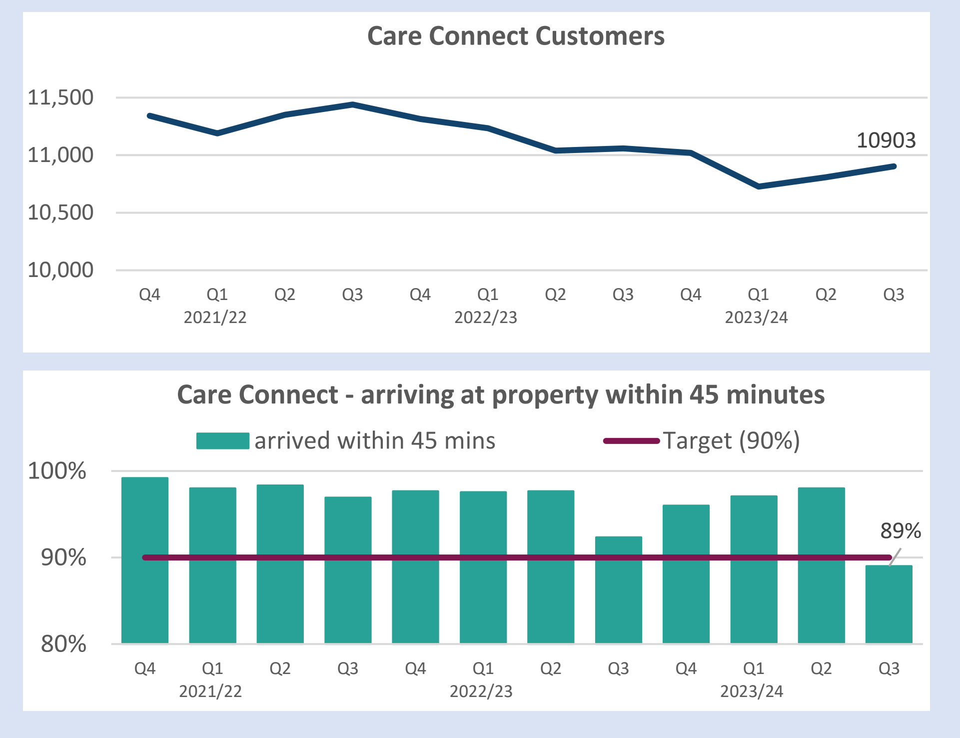
Housing Vulnerable People Dashboard – Care Connect and Disabled Facilities Grants

(quarterly data at 31 December 2023)

Care Connect

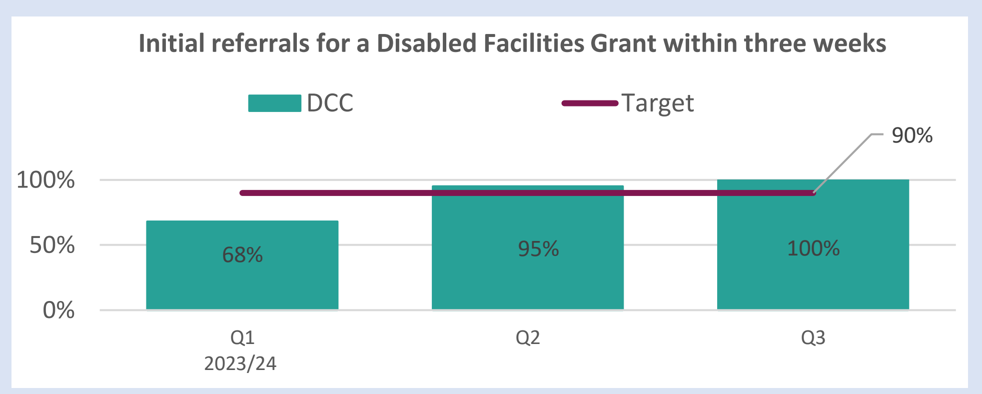
- Winter offer of a free installation fee gained 256 new customers over November and December.
- Staff responded to 7,483 emergency calls this quarter, 7,201 were responded to within 45 mins.
- Annual Survey indicates that 97% of respondents agreed that the services they had received so far left them either 'very satisfied' or 'satisfied'





Disabled Facilities Grants (DFG)

New processes implemented during quarter two, including allocating responsibility to dedicated team members for first contact, continue to increase performance.



Care Connect

69 The December Offer of free installation fee worked well with 256 new customers taking up the Connect service during November and December.

70 Of the 7,483 emergency calls staff responded to this quarter, 89% (7,201) were responded to within 45 minutes, worse than the last quarter (98.9%) and the same period last year (92.3%). This was mainly due to high levels of sickness and staff vacancies. 22 were responded to after 60 minutes due to location of properties.

71 Care Connect has completed their annual survey with the following initial feedback, the full report will be available in early 2024:

- 97% of respondents agree that the services they received so far left them either ‘very satisfied’ or ‘satisfied’.
- 100% would recommend Care Connect to family or friends if they needed it.
- 100% agreed that the service helps to provide reassurance to their family or carers.
- 98% agreed that the service helps them to remain independent at home.
- 97% said that the overall impression of the services Care Connect provided were ‘very good’ or ‘good’.

Disabled Facilities Grants

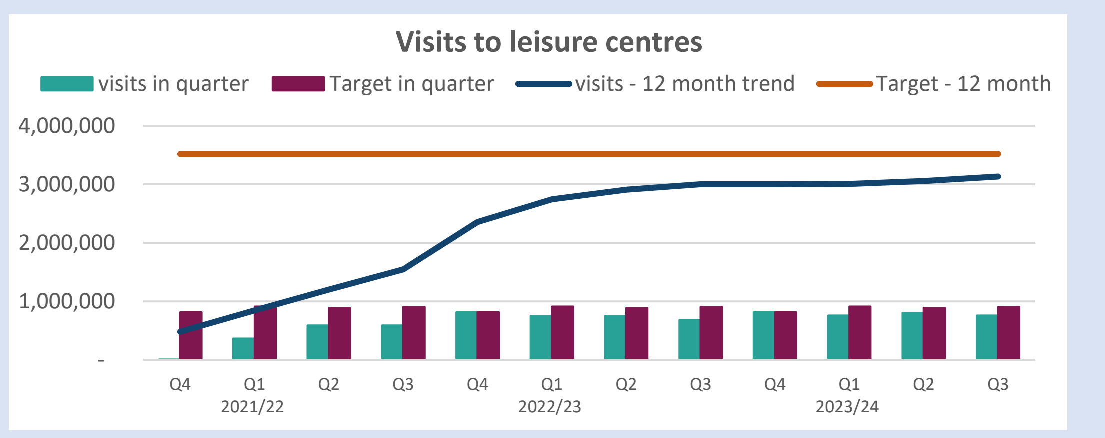
72 During quarter three, 100% of potential clients were contacted within three weeks of their initial referral for a Disabled Facilities Grant, which is 10 percentage points better than target and a five percentage points increase compared to quarter two. New processes implemented during the quarter, including allocating responsibility to dedicated team members for first contact, continues to increase performance.

Physical Activity Dashboard

(quarterly data at 31 December 2023)

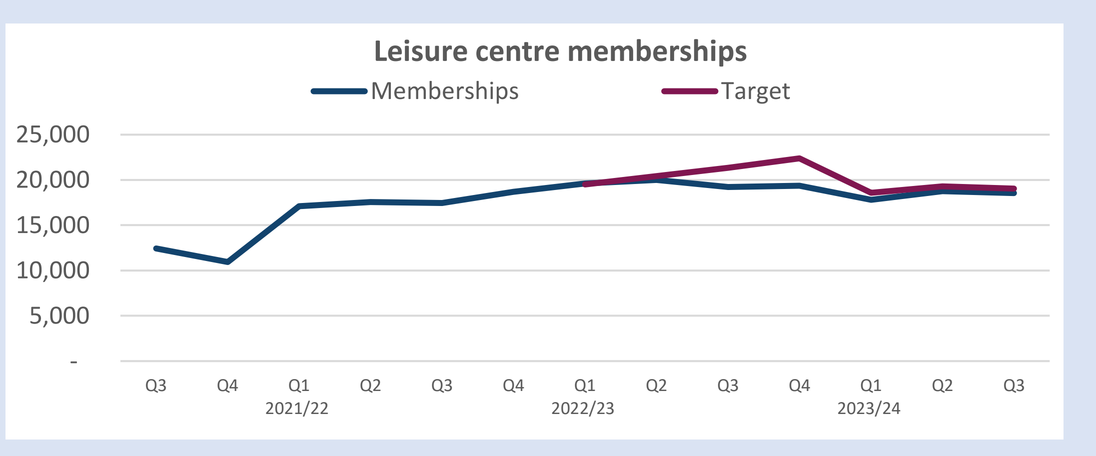
Leisure centre visits

- 758,564 visits this quarter, worse than target by 16% (-146,076).
- Visits continue to be affected by transformation works across several of our facilities and temporary disruptions to service.
- Target to be reviewed in 2024/25 to better reflect the ongoing disruption to some sites and positive impact following our improvement works.



Leisure memberships

- 18,551 members this quarter, worse than target by 2.7% (510).
- Leisure centre closures as part of our leisure transformation programme have impacted sales over the last few quarters.
- We continue to work with the marketing team and partners to promote sales.
- Work continues on the membership cleanse, with 90% of memberships transferred onto the new membership and pricing in November 2023, with the remaining transferred by 1 April this year.



Leisure Centre Visits

73 Our substantial leisure transformation programme continues to deliver upgraded and new facilities; however, this means a temporary drop in visits to our leisure centres, with 758,564 visits this quarter which is 16% (-146,076) worse than target (904,640). Visits are also down on quarter two (-5.5%, 43,895) and down on the same period last year (-11.4%, 77,827).

74 Visits continue to be affected by transformation works across several of our facilities. Despite Peterlee leisure centre re-opening its new service 30 October 2023, the pool is still closed, and this will also impact quarter four.

75 Commencement of transformation works at Louisa leisure centre continues to cause disruption to service.

76 Consett main swimming pool was temporarily closed during the reporting period due to essential repair works.

77 Teesdale works have been confirmed and the site will be closed during quarter four.

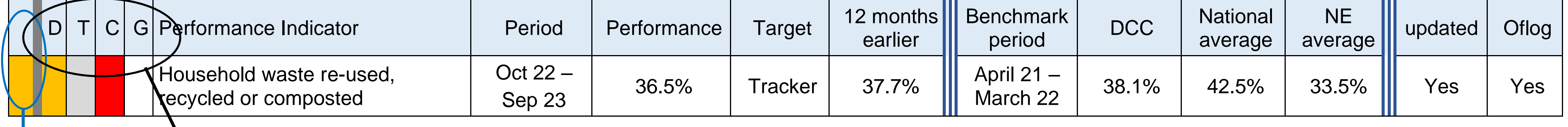
78 As targets are based on a fully operational service this will be reviewed in 2024/25 to better reflect the ongoing disruption at some sites and the positive impact following our improvement works.

Leisure Centre Memberships

79 Overall membership numbers this quarter are worse than target by 2.7% (510), with 18,551 members recorded at the end of December. Leisure centre closures due to our leisure transformation programme have impacted sales over the last few quarters, however, sales have started to increase over the last few months. We continue to work with our marketing team and partners to promote sales.

80 Data cleansing work commenced in quarter one continues, with 90% of memberships transferred onto the new membership and pricing in November 2023, with the remaining to be transferred by 1 April 2024.

Data Tables



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

D = Direction of Travel	T = compared to target	C = compared to England average	G = Gap between our performance and England average
meeting or exceeding the previous year	better than target	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 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.	**Key Tracker Indicator** 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 Economy: summary data tables

Business Support KPIs

D	T	C	G	Performance Indicator	Period	Performance	Target	12 months earlier	Benchmark period	DCC	National average	NE average	updated	Oflog
				Organisations involved in the Better Health at Work Award	Dec 2023	131	Tracker	76					Yes	No

Our Environment: summary data tables

Sustainable Transport and Active Travel KPIs

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

Our People: summary data tables

Adult Social Care KPIs

D	T	C	G	Performance Indicator	Period	Performance	Target	12 months earlier	Benchmark period	DCC	National average	NE average	updated	Oflog
				Referrals into adult social care	Oct-Dec 23	5557	Tracker	5,180					Yes	No
				Initial assessments for Adult Social Care completed within 28 days	Oct-Dec 23	65.2%	Tracker	56.9%					Yes	No

	D	T	C	G	Performance Indicator	Period	Performance	Target	12 months earlier	Benchmark period	DCC	National average	NE average	updated	Oflog
					Care Act assessments completed	Oct-Dec 23	571	Tracker	571					Yes	No
					Service users receiving an assessment or review within the last 12 months	Oct-Dec 23	68.3%	Tracker	60.8%					Yes	No
					Individuals who achieved their desired outcomes from adult safeguarding	Oct-Dec 23	93.2%	Tracker	92.1%	Jan-Mar 23	91.8%	94.8%	93.8%	Yes	No
					Satisfaction of people who use services with their care and support *Confidence intervals +/-4.3pp*	2022/23	66.8%	Tracker	64.5%	2022/23	66.8%	64.4%	66.4%	No	No
					Satisfaction of carers with the support and services they receive *Confidence intervals +/-5.1pp*	2021/22	40.8%	Tracker	51.2%	2021/22	40.8%	36.6%	42%	No	No
					Hospital discharges receiving reablement	Oct-Dec 23	367	Tracker	297					Yes	No
					Older people still at home 91 days after discharge from hospital into reablement / rehabilitation services	Jan-Dec 2023	86.8%	84.0%	91.9%	Apr 22-Mar 23	84.1%	81.8%	80.7%	Yes	No
					Average age people can remain living independently in their own home	2023/24	83.9 years	Tracker	84.6 years					No	No
					Adults aged 65+ per 100,000 population admitted on a permanent basis to residential or nursing care	Oct-Dec 23	571.8	490.1	449.9	Jan-Mar 22	513.3	538.5		Yes	No
					Service users receiving Direct Payments	Oct-Dec 23	13%	Tracker	12.8%	Apr 22-Mar 23	12.7%	26.2%	21.4%	Yes	No
					Service users receiving Direct Payments	Oct-Dec 23	684	Tracker	694					Yes	No
					Service users receiving home care	Oct-Dec 23	3,214	Tracker	3,789					Yes	No
					Service users receiving Telecare care	Oct-Dec 23	2,122	Tracker	2,103					Yes	No

D	T	C	G	Performance Indicator	Period	Performance	Target	12 months earlier	Benchmark period	DCC	National average	NE average	updated	Oflog
				Service users receiving day care	Oct-Dec 23	1,046	Tracker	1,025					Yes	No
				Requests resulting in a service – adult social care	2022/23	774	Tracker	1,229	2022/23	774	1,860	2,743	No	Yes
				Workforce turnover rate – adult social care	2022/23	29.6%	Tracker	25.3%	2022/23	29.6%	28.3%	26.4%	No	Yes
				People in adult social care – quality of life	2022/23	0.393	Tracker	0.414	2022/23	0.393	0.411	0.415	Yes	Yes
				Carer quality of life – adult social care	2021/22	8.2	Tracker		2021/22	8.2	7.3	7.7	No	Yes
				Short term service provision – adult social care	2022/23	70.9%	Tracker	92.7%	2022/23	70.9%	77.5%	81.7%	Yes	Yes
				People using services who found it easy to find information – adult social care	2022/23	71.6%	Tracker	65.1%	2022/23	71.6%	67.2%	62.7%	Yes	Yes
				Carers who found it easy to find information about services	2021/22	67.8%	Tracker	77.3%	2021/22	67.8%	57.7%	64.7%	No	Yes

Housing Vulnerable People KPIs

D	T	C	G	Performance Indicator	Period	Performance	Target	12 months earlier	Benchmark period	DCC	National average	NE average	updated	Oflog
				Care Connect customers	Oct-Dec 23	10,903	Tracker	11,059					Yes	No
				Care Connect calls answered within 3 minutes	Oct-Dec 23	100%	99%	100%					Yes	No
				Care Connect calls arriving at the property within 45 minutes	Oct-Dec 23	89%	90%	92.4%					Yes	No
				Potential clients contacted within 3 weeks of initial referral for a Disabled Facilities Grant (DFG)	Oct-Dec 23	100%	90%	new					Yes	No
				Approvals on new housing sites of 10 units or more, a minimum of 66% of the total number of dwellings meet accessible and adaptable standards (building Regulations requirements M4(2)).	2022/23	71%	66%	new					No	No

	D	T	C	G	Performance Indicator	Period	Performance	Target	12 months earlier	Benchmark period	DCC	National average	NE average	updated	Oflog
					Approvals on new housing sites of 10 units or more, a minimum of 10% of the total number of dwellings meet a design and type for older persons	2022/23	16%	10%	new					No	No

Public Health KPIs

	D	T	C	G	Performance Indicator	Period	Performance	Target	12 months earlier	Benchmark period	DCC	National average	NE average	updated	Oflog
					Children aged 4-5 who are a healthy weight *Confidence intervals +/-1.2pp*	2022/23	73.2%	100%	75.5%	2022/23	73.2%	77.5%	74%	Yes	No
					Children aged 10-11 who are a healthy weight *Confidence intervals +/-1.2pp*	2022/23	59.1%	100%	59.2%	2022/23	59.1%	61.9%	58.9%	Yes	No
					Gap in breastfeeding at 6-8 weeks between County Durham and national average	2022/23	19.0pp	Tracker	18.7pp					Yes	No
					Mothers smoking at time of delivery	Jul-Sep 23	11.9%	0%	13.7%	Jul-Sep 23	11.9%	8.0%	10.5%	Yes	No
					Smoking prevalence in adults (aged 18+)	2022	15.4%	5.0%	16.2%	2022	15.4%	12.7%	13.1%	Yes	No
					People reporting a low happiness score *Confidence intervals +/-2.4pp*	2021/22	11.0%	Tracker	8.8%	2021/22	11.0%	8.4%	9.9%	No	No
					Suicide rate per 100,000 population	2020-22	16.8	Tracker	15.8	2020-22	16.8	10.3	13.5	Yes	No
					Admissions under the Mental Health Act	Oct-Dec 23	207	Tracker	200					Yes	No
					Healthy life expectancy at birth: female	2018-20	59.9 years	Tracker	58.3 years	2018-20	59.9 years	63.9	59.7	No	No
					Healthy life expectancy at 65: female	2018-20	10.2 years	Tracker	9.0 years	2018-20	10.2 years	11.3	9.8	No	No

	D	T	C	G	Performance Indicator	Period	Performance	Target	12 months earlier	Benchmark period	DCC	National average	NE average	updated	Oflog
					Gap in female healthy life expectancy at birth: County Durham and England	2018-20	4.0 years	Tracker	5.6 years					No	No
					Gap in female life expectancy at 65: County Durham and England	2018-20	1.1 years	Tracker	2.3 years					No	No
					Healthy life expectancy at birth: male	2018-20	59.9 years	Tracker	58.3 years	2018-20	59.9 years	63.9	59.7	No	No
					Healthy life expectancy at 65: male	2018-20	8.7 years	Tracker	8.3 years	2018-20	8.7 years	10.5	9.2	No	No
					Gap in male healthy life expectancy at birth: County Durham and England	2018-20	5.1 years	Tracker	3.6 years					No	No
					Gap in male life expectancy at 65: County Durham and England	2018-20	1.8 years	Tracker	2.3 years					No	No
					Successful completions of those in alcohol treatment	Jul 22-Jun 23	34.1%	Tracker	32.7%	Jul 22-Jun 23	34.1%	35.1%	30.1%	Yes	No
					Successful completions of those in drug treatment: opiates	Jul 22-Jun 23	5.9%	Tracker	5.6%	Jul 22-Jun 23	5.9%	5.0%	4.0%	Yes	No
					Successful completions of those in drug treatment: non-opiates	Jul 22-Jun 23	33.2%	Tracker	31.7%	Jul 22-Jun 23	33.2%	31.4%	27.2%	Yes	No

Physical Activity KPIs

	D	T	C	G	Performance Indicator	Period	Performance	Target	12 months earlier	Benchmark period	DCC	National average	NE average	updated	Oflog
					Visits to Leisure Centres	Oct-Dec 23	758,564	904,640	680,737					Yes	No
					Leisure memberships	Oct-Dec 23	18,551	19,061	19,229					No	No

Glossary

Term	Definition
ACD	**Automatic Call Distribution** Telephone calls are received either through our Automatic Call Distribution 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** A 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 the outcomes that matter most to people (link)
BATH	**Bishop Auckland Town Hall** A multi-purpose cultural venue situated in Bishop Auckland market place. 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.
B2B	**Business to Business** B2B refers to selling products and services directly between two businesses as opposed to between businesses and customers.
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** A project team which includes members of our community protection service, planning, neighbourhood wardens and housing teams, who work alongside police and community support officers and 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**

Term	Definition
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.
Changing Places toilet	Toilets meet the needs of people with profound and multiple learning disabilities, as well as people with other physical disabilities such as spinal injuries, muscular dystrophy and multiple sclerosis. These toilets provide the right equipment including a height adjustable adult-sized changing table, a tracking hoist system, adequate space for a disabled person and carer, a peninsular WC with room either side and a safe and clean environment including tear off paper to cover the bench, a large waste bin and a non-slip floor.
CLD	**Client Level Dataset** A national mandatory person-level data collection (to be introduced) that will replace the existing annual Short and Long Term (SALT) Support data collected by councils. CLD will be added to the single data list and will become mandatory for all local authorities.
CNIS	**Child Not In School**
CPN	**Community Protection Notice** Can be issued to anyone over the age of 16 to deal with a wide range of ongoing anti-social behaviour issues or nuisances which have a detrimental effect on the local community. There are three stages: the first stage is a written warning (CPW), the second a notice (CPN) the third is an FPN or further prosecution for failure to comply with the previous stages
CRM	**Customer Relationship Management system**
CS&T	**Culture, Sport and Tourism**
CTR	**Council Tax Reduction** Reduces council tax bills for those on low incomes
DCC	**Durham County Council**
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** The DHSC supports the government in leading the nation’s health and care system.

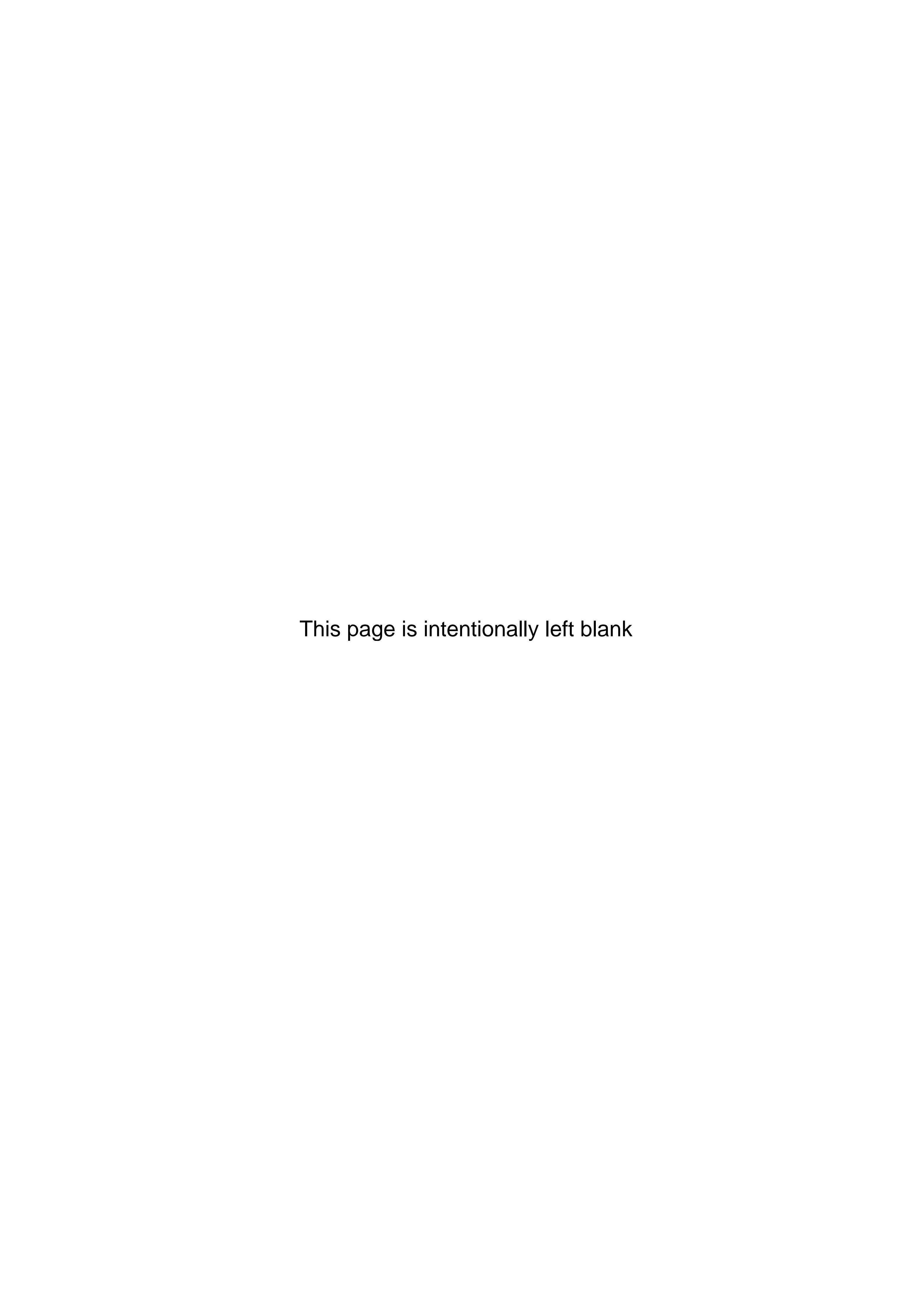
Term	Definition
DLE	**Daily Living Expenses** Available for those whose circumstances have changed unexpectedly. Payments can be made for up to seven days to help with food, travel and some clothing (restrictions apply).
DoLS	**Deprivation of Liberty Safeguards** A set of checks that are part of the 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** A 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 24, it measures the number employed, in education or in training.
EHCP	**Education, Health Care Plan** A 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 gives support to businesses, encourages new ideas and supports regeneration. Although the United Kingdom has now left the European Union, 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 term used to describe 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** Is a 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.

Term	Definition
GVA	**Gross Value Added** *The measure of the value of goods and services produced in an area, industry or* sector of an economy.
HSF	**Household Support Fund** Payments support low income households struggling with energy and food costs, or who need essential household items.
ICO	**Information Commissioner's Office** The UK's independent body's role is to uphold information rights in the public interest (link)
IES	**Inclusive Economic Strategy** Sets a 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** The Strategy (2023-28) supports the vision that County Durham is a healthy place where people live well for longer (link)
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 (link).
L!NKCD	A 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 across England.
MMB	**Managing Money Better** A service offered by the council which involves visiting residents' homes to carry out a free home energy assessment. In addition to providing advice on energy bills, the service can provide financial advice through referrals to benefits advice or help with a benefits appeal and other services for advice on benefit entitlements.

Term	Definition
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** The NVQ is a work-based qualification that recognises the skills and knowledge a person needs to do a job.
Oflog	**Office For Local Government** The vision for Oflog is for it to provide authoritative and accessible data and analysis about the performance of local government, and support its improvement. Oflog is part of the Department for Levelling Up, Housing and Communities .
PDR	**Performance and Development Review** Is an annual process which provides all staff with the valuable opportunity to reflect on their performance, potential and development needs.
PRS	**Private Rented Sector** This classification of housing relates to property owned by a landlord and leased to a tenant. The landlord could be an individual, a property company or an institutional investor. The tenants would either deal directly with an individual landlord, or alternatively with a management company or estate agency caring for the property on behalf of the landlord.
PSPO	**Public Space Protection Order** Are intended to deal with a nuisance or problem in a particular area that is detrimental to the local community.
QoL	**Quality of Life**
RIDDOR	**Reporting of Injuries, Diseases and Dangerous Occurrences Regulations** A RIDDOR report is required for work-related accidents which result in a reportable injury. The definition of a reportable injury can be found here
RQF	**Regulated Qualifications Framework** The RQF helps people understand all the qualifications regulated by the government and how they relate to each other. It covers general and vocational in England, and vocational in Northern Ireland. Link

Term	Definition
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** The 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; ▪ 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, Dudley, Sefton, Sunderland, Wirral, Kirklees 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.

Term	Definition
Yield	Proportion of potential income achieved



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