Adults, Wellbeing and Health Overview and Scrutiny Committee

28 July 2021

Adult Social Care Service Overview and Current Position

Report of Lee Alexander, Head of Adult Care

Electoral division(s) affected:

All

Purpose of the Report

1 To provide the Adults, Wellbeing and Health Overview and Scrutiny committee with an up-to-date summary of activity and developments across Adult Social Care Service in County Durham and to outline the frameworks within which it operates.

Executive summary

2 The Adult Care Service is one of three closely aligned service areas within the Directorate of Adults and Health – alongside Integrated Commissioning and Public Health.

3 Employing over 1,100 staff, the Adults and Health Service operates within a budget envelope of £318M.

4 Adult Care and Integrated Commissioning Services work closely together, covering a broad span of service functions, delivering a statutory service to over 19,800 adults with social care needs across the county.

5 The service operates within a complex legislative framework, undertaking statutory duties and powers within the context therein. These frameworks include:

- The Care Act (2014)

- The Mental Capacity Act (2005)
- The Mental Health Act (1983)
- The Human Rights Act (1998)

6 The aims of the services 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 outcomes
- prevent unnecessary admissions into hospital and other forms of 24hr/ long term care
- prevent, reduce and delay the demand for formal adult social care support by supporting individuals' and communities' resilience.

7 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.

8 The service is made up of:

- Teams of social workers, social work assistants, care co-ordinators, occupational therapists, occupational therapy assistants, rehab workers, customer service officers and support workers delivering a front-facing service to the public. The teams mainly provide assessment of need, risk management – including safeguarding adults; and the commissioning of appropriate services to meet eligible social care needs
- County Durham Care and Support (CDCS) which is an in-house provider arm delivering care directly to adults with social care needs

- An integrated commissioning service – made up of staff across Durham County Council (DCC), the Clinical Commissioning Group (CCG) and North of England Commissioning Support Service (NECS). Staff range from strategic managers to admin and support staff to contracts and commissioning officers who review, plan and specify services to meet the health and care needs of people living in the county. The team is also responsible for the quality and performance of commissioned services

- an operational support function providing workforce development and learning, data and systems support, complaints management, and service improvement.

9 The Adult Care and Integrated Commissioning Service is part of the County Durham Care Partnership which brings together local community health organisations including GP practices, community nursing and therapy services with our social workers supporting older and physically disabled adults. Overseen by the Director of Integrated Community Services, we work closely with colleagues from County Durham and Darlington NHS Foundation Trust, local Primary Care Networks and the Clinical Commissioning Group to ensure that health and social care services in our county are joined up and streamlined wherever possible, and that data and information sharing supports our integrated approach.

10 The service is committed to transformation and service improvement. A programme of Adult Care Transformation is underway, and a bespoke project is also focussing on supporting the care provider market.

11 The service has recently set up a new Quality Assurance Board which includes health partners and Transformation & Strategy colleagues to oversee a new approach to quality assurance within the framework of impending Care Quality Commission inspections of local authority adult social care functions which will commence in 2023.

Recommendation

12 That the Adults, Wellbeing and Health Overview and Scrutiny Committee note the contents of this report.

13 That the committee receive future updates on the work of the newly established Adults, Wellbeing and Health Quality Assurance Board as it progresses.

Background

14 Adults, Wellbeing and Health Overview and Scrutiny Committee in November 2020 were provided with a similar report outlining Adult

Social Care activity to support them to understand the complexity, diversity and challenges of the sector.

15 This report is a refresh of the November 2020 report for existing committee members and an introduction to the service for new members. It will also detail the service's current position regarding reset and recovery work and planned service priorities in relation to national policy changes.

16 The report will cover:

- An overview of Adult Social Care and the frameworks it operates within
- Integrated arrangements
- The range of services and support provided
- The numbers of people supported by the service
- Budgets
- Performance
- Challenges
- Transformation.

General Overview

17 The Government's Department for Health and Social Care (DHSC) supports and advises government ministers to shape and deliver national policy in relation to health and social care. The department carries out its work through non-governmental organisations including NHS England and Public Health England.

18 Nationally, the profile of Social Care has not historically occupied the same status as NHS and Public Health England, however it has been widely recognised as an extension of key over-arching public health and care service delivery which are essential in supporting people to live as independently and safely as possible.

19 Prior to the COVID-19 pandemic, DHSC were working on a plan in relation to the long-term reform of social care and a Health and Care Bill is expected to be published during the current parliamentary session.

20 Local Authorities have statutory responsibilities to deliver social care within national legislative frameworks which are described within this report.

21 In Durham, Adult Social Care is part of the wider directorate of Adults and Health Service which comprises:

- Adult Social Care (975 staff)
- Integrated Commissioning (78 staff)
- Public Health (48 staff).

Strong working arrangements and alignment are in place between the three parts of the directorate and the Adults & Health Service Senior Management Team chaired by the Corporate Director meets regularly.

22 Overseen by the Head of Adult Care and the Head of Integrated Strategic Commissioning, the Adult Care and Integrated Commissioning services work closely together and comprise five discrete Strategic Manager portfolios – outlined in appendix 2.

23 A large proportion of our Adult Social Care workforce are regulated professionals – requiring annual re-registration with professional regulatory bodies including Social Work England and the Health and Care Professionals Council. All regulated professionals are required annually to demonstrate that they have undertaken specific levels of continuing professional development relevant to their role, which demonstrates to the public that they are fit to practise in their specific profession. All regulated professionals in Adult Care in Durham have active registered status.

24 The overarching aim of the service is to:

- support adults to regain or maintain independence
- to support adults to live in their own homes for as long as possible, and according to their personal lifestyle choices
- ensure vulnerable adults who are at risk of abuse, harm or neglect are safeguarded
- improve people's wellbeing and help them achieve outcomes
- prevent, reduce and delay the demand for formal adult social care support

- ensure that for those people who do require ongoing social care provision, this is proportionate to meet their needs and keep them safe and is of a good quality.

25 We do this by:

- providing those with lower level needs the advice, information and support to self-manage and retain independence as long as possible
- providing those with higher level needs short term services with a focus on enabling the person to regain some independence
- only assessing and meeting longer terms need once the person is at the optimal level of functioning and where all other options have been explored
- making enquiries and undertaking investigations in situations where potential abuse is suspected
- achieving a proportionate balance between upholding human rights and – where necessary for their own protection or the protection of others - depriving individuals who lack mental capacity of their liberty under the provisions of the Mental Capacity Act (2005) or the Mental Health Act (1983).

26 The service currently supports over 19,800 adults in the county with social care needs resulting from:

- Age related frailty
- Physical disabilities
- Learning disabilities
- Mental Health
- Substance misuse issues
- Sight or hearing impairment
- Brain injury

We also have a statutory responsibility to ensure that appropriate assessments are undertaken for, and services are provided to meet the eligible needs of:

- Prisoners with social care needs

- Those who have caring responsibilities for other adults with social care needs.

27 The service has responsibility for any adult with eligible social care needs who has the status of 'ordinary resident' in County Durham as defined within social care legislation who may be living a care setting within another county.

28 Of the total number of adults currently known to Adult Care 8,166 are provided with ongoing care services to meet their assessed needs. Of these, 5,125 (63%) are supported to live in their own homes or in supported tenancies in the community, and 3,041 (37%) live in a care home setting.

29 A larger cohort of adults known to the service are in receipt of equipment loans, adaptations to their home, assistive technologies, or receive professional support only.

30 Data from Tees, Esk & Wear Valley NHS Mental Health Trust electronic records indicates a further 5000+ adults with mental illness are supported by our integrated mental health teams and of those 550 are in receipt of ongoing social care provision.

Budget

31 Adult and Health Services has an annual budget of circa £318 million, broken down by division of service in the following table:

Service area:	**Annual Budget £**
Adult Care	221,404,984
Commissioning	14,797,258
Public Health	52,525,072
Central / Other	29,560,511
Total	318,287,825

(Nb. 'Central/Other' includes among other things: joint spend with NHS partners, central support costs, accommodation, pension costs and directors costs.)

32 The service area budgets comprise of a net budget made up of central govt grants and income from local taxation; grants such as the Public Health grant and improved Better Care Fund; income from fees and

charging; contributions from the NHS linked to integration via the Better Care Fund and other sources; and some income from rents and recharges.

33 Adult Care has managed within budget for the last 5 years despite operating within challenging and changing statutory frameworks, a shift in complexity relating to social care needs and general austerity measures. This has been achieved by focussing on transformational service development, streamlining processes and management structures, reducing waste, making use of digital technologies, and robustly applying eligibility criteria.

34 Being robust in our application of eligibility criteria ensures that commissioned services are only provided to those with higher levels of need. For those with lower level social care needs, we provide advice and information on how they can access services independently of the local authority. Our online directory of services - Locate – is designed to enable people to source their own services to meet lower level need and prevent or delay the need for statutory social care provision. A review of Locate is currently underway to further improve functionality and accessibility.

Legislative and Statutory Frameworks

35 Much of the work of the service concerns meeting the local authority's duties, or exercising its powers under these main pieces of legislation:

- The Care Act (2014)
- The Mental Capacity Act (2005)
- The Mental Health Act (1983)
- The Human Rights Act (1998)

36 UK Government's NHS Long Term Plan was published last year which outlined how the national 5-year settlement of £20.5 billion will be targeted at:

- Improving out-of-hospital care
- Ensuring all children get the best start in life (and for adult social care this means that those children with life-long disabilities also get the best support at the point where they transition into adulthood)
- More personalised care for older people to be active citizens in stronger communities

- Mainstreaming digital health services

Our priorities in social care are aligned to these aims. We work collaboratively with our internal partners including Children and Young People's Services and Housing, and external partners such as NHS organisations to join up agendas and services wherever we can to support these priorities.

Integrated Partnership Arrangements

37 The service enjoys strong integrated arrangements with partner organisations.

38 County Durham Care Partnership brings together local community health organisations including GP practices, community nursing and therapy services with our adult social workers supporting older or physically disabled adults. Figure 1 (below) shows the principles of the partnership. Working closely with colleagues from local NHS Foundation Trusts, local Primary Care Networks and the Clinical Commissioning Group, we form multi-disciplinary Teams Around the Patient (TAPs) which aim to:

- provide seamless services to keep people independent and healthy at home
- prevent unnecessary admissions to hospital or long-term care settings.
- support those patients who are most vulnerable and are at risk of deterioration of their health and wellbeing.

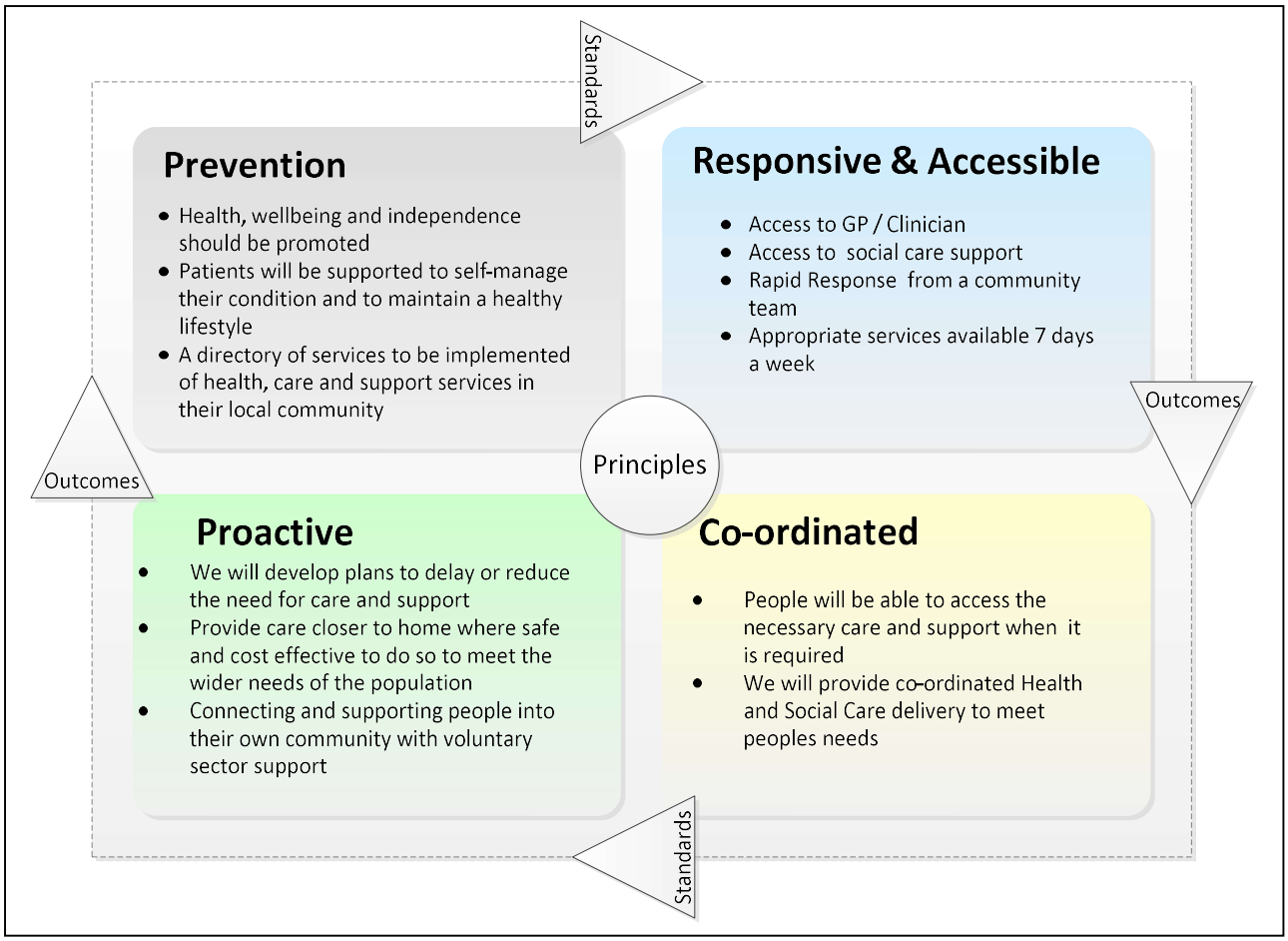

Figure 1

39 Within our partnership with Tees, Esk and Wear Valley NHS Mental Health Trust, we have co-located and integrated multi-disciplinary teams of practitioners and clinicians supporting the needs of adults with Learning Disabilities & Mental Illness. These services provide assessment and therapy functions within specialist clinical care pathways, developing individualised care plans with service users and their carers. The Integrated Mental Health Service also incorporates a team of Approved Mental Health Professionals who have responsibility for overseeing any compulsory detentions into psychiatric hospital care under the Mental Health Act (1983) and overseeing Community Treatment Orders for mental health patients whose needs are manageable within the community.

40 Our Integrated Commissioning Service utilises market intelligence and works closely with Adult Care, partners, providers and the community to understand demand to stimulate and co-design the market to provide services that best meet 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.

41 The Integrated Commissioning Service oversees over 700 individual contracts with social care service providers.150 of those contracts are with care homes – 96 providing care to older people, and the rest providing specialist care to adults with learning disabilities and mental illness. In addition, individual contracts are in place for a range of non-residential care providers including domiciliary care, day centres and direct payments. The table below shows the budgeted spend for key social care related activity:

Service area:	**Annual Budget £million**
Residential Care	115.6
Supported Living	27.2
Domiciliary Care	25.2
Direct payments	11.3
Day Care	8.7

42 The 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 commissioning team to support contract monitoring.

43 The team uses a range of locally and nationally collected data and intelligence to inform them of service performance. In addition to this, partners across health and social care regularly share soft intelligence in relation to provision which is discussed during information sharing meetings. This partnership approach has been strengthened during the Covid-19 pandemic.

44 The integrated arrangements between Health and Social Care in Durham provide an opportunity to share best practice and pool resources when monitoring the quality of care providers.

45 A further role of the Integrated Commissioning Service 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 described below. Commissioning colleagues have responsibility to ensure that there are no gaps in service provision.

46 The 14-25 Young People and Adulthood Social Work Service is also closely aligned with Children and Young Peoples Services (CYPS). This service supports younger people with social care needs (typically those with physical or learning disabilities) to 'transition' from children services into adult services where processes, frameworks, legislation and service provision are very different.

Anticipating and Predicting Demand

47 National data indicates that we are an ageing population. People are living longer due to improvements in health care, and those living with long term conditions can manage these much more effectively, meaning that older adults tend not to need support until they are well into the progression of their condition or ageing process. This has led to increased demand on statutory services by older adults with increasingly complex needs.

48 A national increase in the prevalence of mental ill health has also had a significant impact upon adult social care services. 1 in every 4 adults experiences mental health issues at some point.

49 Loneliness and social isolation are also much more prevalent amongst adults with social care needs. National evidence indicates that adults who are socially isolated are at increased risk of heart disease, stroke and dementia, and are also at a higher risk of substance misuse, sleep problems, suicide or early mortality.

50 Durham Insight provides local context and prevalence of a range of health and social care issues which we use together with our Joint Strategic Needs Assessment - which covers 4 themes: Starting Well; Living Well; Ageing Well; Community Assets – to build a general overview of the current needs of our population. This helps commissioners in strategic decision making about where to prioritise limited resources, and it also informs the Market Position Statement which is used to support social care providers in the county to understand the needs of our population in order to develop sufficient effective and good quality services for the future.

51 At an operational level, we also use Operational Pressures Escalation Levels (OPEL – a joined up tool to consider demand and pressures across the health and social care sector including our provider market)

and performance dashboards to understand activity, trends and current demand.

52 Predictive modelling, although useful, can never be an exact science, however we work with partners to share available data which can be used to examine age, dependency and complexity indicators in the context of pressures on the system including policy and practice changes, workforce issues, budget positions and forecasts, occupancy levels and admissions into hospitals and long-term care establishments.

53 By utilising these collective methods of anticipating demand based on the rich sources of data already known to us and shared between our partner agencies, and predictions based on trends and patterns, we have appropriate levels of assurance in meeting demand and need within our local communities.

Performance Monitoring and Benchmarking

54 The Adult Social Care Outcomes Framework (ASCOF) measures how well care and support services achieve the outcomes that matter most to people. The measures are grouped into four domains which are typically reviewed in terms of movement over time. These domains are:

- enhancing quality of life for people with care and support needs
- delaying and reducing the need for care and support
- ensuring that people have a positive experience of care and support
- safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm.

55 The ASCOF aims to give an indication of the strengths and weaknesses of social care in delivering better outcomes for people who use services. it is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability. The report is of interest to:

- central government - for policy development and monitoring, and for parliamentary questions and Prime Minister's Questions
- Councils with Adult Social Services Responsibilities (CASSRs) - for measuring local performance and for benchmarking against other CASSRs
- charities
- academics
- the general public.

56 In 2023, inspections of Adult Social Care delivery by local authorities will be re-introduced and the Care Quality Commission will undertake this inspection function.

57 Preliminary work had already commenced to start reviewing our current quality assurance strategy in Adults and Health Service and therefore a new AHS Quality Assurance Board has been created to shape this work, and ensure it aligns with activity of the ADASS Assurance Task & Finish Group. Membership of the AWH Quality Assurance Board includes key health partners.

58 The AHS Quality Assurance Board has developed terms of reference and governance structures. The board will meet monthly with the aim of moving the service towards being 'inspection-ready'.

Range of Services and Support

59 Our model of adult social care in Durham is very much focussed on promoting independence and wellbeing at every stage of our intervention, putting the person (service user) at the centre of the assessment and care planning process to ensure we deliver proportionate and personalised adult social care. See appendix 3.

60 Our model is underpinned by a number of national drivers including:

- DHSC's Hospital Discharge Service: Policy and Operating Model which provides for free reablement and rehabilitation services for anyone leaving hospital with increased levels of need to try to support them to return to their previous level of functioning. There is a strong emphasis on 'discharge to assess' and that assessment of longer-term needs should only be made once a person has reached their optimal level of recovery and once they are outside of the clinical setting.

- the NHS Transforming Care programme for adults with learning disabilities focussing on improving health and care services so that more people can live in the community, with the right support, and close to home.

- the Prevention Concordat for Better Mental Health which is a Public Health England initiative to promote evidence-based planning and commissioning to tackle health inequalities in the field of mental health and wellbeing. It has a focus on prevention and also acknowledges the role played by people with lived experience of mental health problems, individually and through user-led organisations.

61 Durham is in a strong position in terms of how we perform against these drivers. Our operating model is built around the same sound principles:

- that the service user is the expert in their own disabilities and how they affect them as an individual;
- that everyone should have opportunities to be supported to regain independence where appropriate;
- that everyone should have as much choice and control over their care and support as they would like;
- that everyone should be supported to be an active member of their local community;
- that nothing is done to a person without involving the person – regardless of their disabilities, health or cognition;
- health and social care should – wherever possible – be provided in a person's own home or as close to their home as possible.

Front of House Services – resolution; signposting and onward referral

62 Social Care Direct is Adult Care's robust 'front door' providing advice, information and signposting by contact centre staff, which includes qualified social workers and occupational therapy staff.

63 Social Care Direct is co-located with the Integrated Community Services' Care Co-ordination Centre which is the single point of access in the county for referrals into community nursing and therapy services, as well as hospital discharge referrals.

64 Social Care Direct also work closely with the Learning Disabilities Intake Team – an integrated team of practitioners and clinicians who screen for learning disabilities and provide support and advice or an initial assessment prior to transfer for ongoing care co-ordination in the longer-term integrated teams where required.

65 Similarly, access into integrated mental health services is via a central screening hub where practitioners and clinicians can resolve; refer on; provide a short-term intervention; or allocate into longer term community mental health teams for ongoing care co-ordination.

Short term intervention – maximising independence

66 Our Hospital Social Work Teams provide interim assessments of need as soon as someone with social care needs has been deemed medically fit for discharge by hospital clinicians. Wherever possible,

they will support the person to return home with a level of care to support their ongoing recuperation which is then reviewed once the person has sufficiently recovered from their medical episode, regained some confidence and re-established their independent living routines. Durham has historically had a low rate of delayed transfers of care from hospital –compared with the national average (although national benchmarking of this data was temporarily suspended in February 2020).

67 Support at home on discharge from hospital is usually provided by our Reablement Service (which is commissioned from an independent care provider). This free service works with people for up to six weeks to support them to regain as much independence as possible or relearn new routines to better manage their condition/ disability. Latest performance figures (end of year 2020-21) show that:

- 84.1% of older people in County Durham who are discharged from hospital with a period of reablement or rehabilitation are still living at home 91 days after discharge. The national benchmark for this performance indicator is 82.0% (2019-20);

- 90.6% of people completing reablement require either no ongoing care, or a reduced care package within the 6-week period;

- 73.6% have no ongoing care needs following completion of a reablement programme.

68 Where home is not an option immediately on discharge from hospital, intermediate care or 'time to think' beds are utilised within local independent care homes or community hospitals giving people further opportunity for rehab and recuperation and to allow for full assessment of longer term needs.

69 For older or physically disabled people at home in the community experiencing a deterioration in their long-term condition or a new medical episode which does not warrant hospital admission, crisis response assessments are undertaken by our trusted assessors from the community nursing services within the TAPs. These nursing colleagues have access to our Short-Term Assistance Service where they can commission urgent home care packages for up to 72 hours to support the person until a social worker or social work assistant can visit to discuss longer term care arrangements. This is also accessible out of office hours.

70 For all other referrals into our locality older people/ physical disabilities teams relating to people who may need support to continue living independently in the community, a reablement period is provided as per

point 67 above. This is completed as part of the assessment process so that we can be sure that people receive the correct level of care to meet their needs having had the opportunity to regain some independence or establish different daily routines to accommodate their changing needs.

71 Support and Recovery is a short-term goal orientated intervention provided to adults with mental ill health, substance misuse issues or who self-neglect, with the aim of supporting people to regain or retain independence wherever possible. Interventions are usually 1:1 with a support worker, targeted to achieve outcomes identified by the service user, holistic and time limited. One of the aims of the service is to work with people to strengthen their existing support networks and link them into their local community to reduce social isolation; reduce dependency on statutory services; and avoid hospital admissions/ re-admissions.

72 County Durham Drug and Alcohol Recovery Services are provided in partnership with Humankind – a charity who oversees our joint recovery-focussed approach to working with adults affected by substance misuse. The recovery centres offer psychosocial interventions; substitute prescribing; practical help and advice with housing and benefits; as well as structured recovery programmes.

73 Most of our short-term interventions are provided free of charge.

Longer term support – maintaining independence & protecting quality of life

74 Only when someone has been supported to achieve their maximum potential for independence will we work with them to plan how their longer-term needs will be met.

75 We do this by assessing their care and support needs and determining their eligibility for ongoing support services using the national eligibility framework within the Care Act (2014). See Figure 2 below. Eligibility is not determined by how ill or disabled a person is, how chronic their condition is or how old they are. Everyone is affected differently by their health or social care needs and therefore eligibility focusses on how their ability to achieve basic outcomes related to independent living is affected and to what extent this impacts upon their individual wellbeing.

76 Robustly applying eligibility criteria not only ensures we do not create unnecessary dependency, but ensures a high degree of consistency in the effective management of our finite resources which we can target at meeting eligible needs which cannot otherwise be met from within the individual's existing support networks. Every individual's personal circumstances are different according to their personal resilience levels or their lifestyle choices, therefore in figure 2 (below), not all of the listed outcomes we use to determine eligibility for services will be applicable

to everyone. Our assessments of need focus on *desired* outcomes *relevant* to the person's individual circumstances.

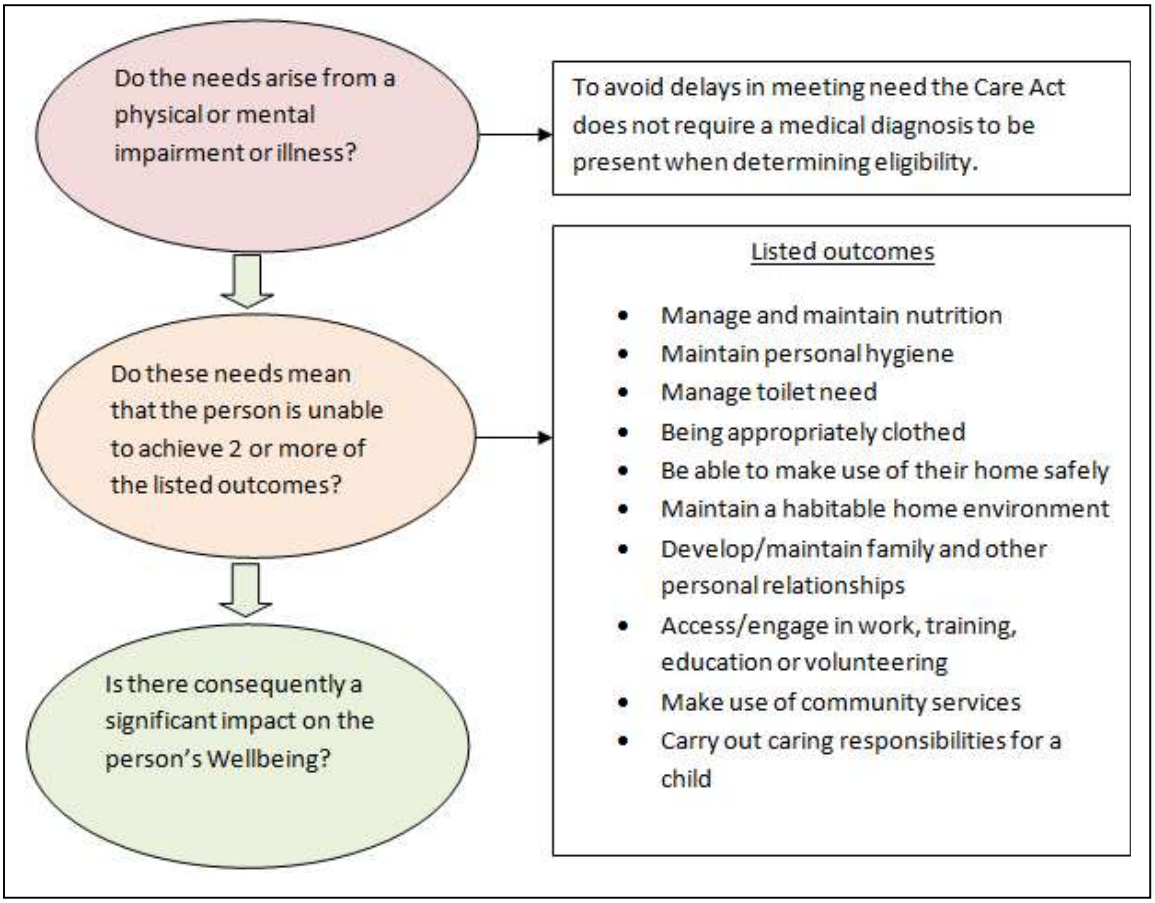

Figure 2

77 The most flexible way to receive longer term care and support services at home is via Direct Payments. This is where the council makes money available to the service user to be spent on services to meet their care and support needs. It allows the service user to have more choice and control over their care provision, and some people choose to employ their own support worker directly.

78 For people who prefer the council to arrange care and support services on their behalf, or for those who need permanent residential care our Integrated Commissioning Service procure a range of local domiciliary care providers, day centres, care homes, supported living, Shared Lives and extra care housing schemes, assistive technologies, as well as other bespoke services. These providers are contracted to deliver services on behalf of the council. Quality assurance and contractual compliance is very carefully managed by commissioning colleagues. We also have a dedicated team of Practice Improvement Officers.

Working closely with Adult Protection Lead Officers, their role includes working directly into care homes and other care provision establishments to drive up standards, share good practice, and offer advice on how to improve the quality of care practices – particularly where there have been concerns raised within safeguarding adults processes.

79 A small number of day opportunities, outreach services, extra care schemes and respite placements are provided directly by our in-house provider County Durham Care & Support.

80 Longer-term care provision at home or in a care home is chargeable, and charges are means-tested against a person's income with their assets being taken into account only if they need to move into a care home permanently.

81 Permanent admission into a care home is a last resort option, and one of our service aims is to keep as many people as possible supported within their own homes and own communities.

82 Health care in the UK is, of course, free at the point of delivery and it is therefore very important that we work closely with our health colleagues to ensure that any care which is provided to meet health needs – as opposed to social care needs – is considered jointly to ensure that people are not charged for elements of their care which should be free. We do this by working within the DHSC's National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care.

83 Individuals' care needs change as their condition progresses, or as they develop new ways to manage their needs, and we aim to engage service users in receipt of longer-term care provision in a review of their care and support plan at least annually. 89.9% of service users have had a review of their care plan in the last 12 months.

Adult Care Transformation

84 We have a positive culture of service transformation in Adult Care, responding to national and local drivers which we share with our partners, and also to the changing financial picture in adult social care.

85 We commenced our current programme of Adult Care Transformation in 2019. We recognised that a number of societal, cultural and statutory and legislative changes had occurred over recent years but that we had

made no major changes to practice or processes since the implementation of the Care Act in 2014.

86 Senior managers and leaders within the service recognised that:

- There was an increased demand upon the service due to

  a) people living well for longer

  b) our front-of-house service offering robust advice and support to prevent or delay the need for statutory services, and our robust application of national eligibility criteria meant that adults only came to us when their needs were at a comparatively higher level than previously

  c) more cases being referred to the Court of Protection due to the emergence of changing caselaw within the Mental Capacity Act (2005).

- Austerity had impacted so much on the service that reduced staffing levels were struggling to cope with the increased demand as described above. Staff wellbeing was becoming an issue as a result.

- Our assessments of people's needs were deficit-based, focussing on 'fixing' perceived problems, rather than working with people to use their existing strengths and assets to create opportunities for them to have autonomous choice and control in the management of their condition and how it impacts upon their quality of life in their local community.

- There was more we could do to make sure that people's wellbeing – as well as their physical and mental health – was supported by our interventions.

- More positive outcomes could be achieved for our service users by maximising our multi-agency integrated working.

87 We set out with the following objectives – which mirrored those of the corporate transformation programme:

Ensure that resources are focused on the frontline and processes are efficient, maximising the use of technology

Redesign and integrate services where appropriate to improve outcomes for people, maximising use of resources and reducing the need for statutory service

Develop an agile, committed and empowered workforce

Deliver optimum efficiency across the health and social care system

Help communities become more self-reliant and resilient

Move our partnership working from good to great

Drive cultural change through the organisation

88 Our service transformation programme is centred around 5 key themes of work:

89 Our aim is to reshape our frontline social care practice to become a more modern, stream-lined service achieving improved outcomes for our service users, maximising choice, control and independence; embracing digital technologies where there is a benefit to our staff and service users; and achieving improved efficiencies and cost effectiveness.

90 On 23rd June 2021, we launched our new case management system AzeusCare which replaced a 20+ year old database. The system has several hundred users and has been the product of a 2-year implementation project involving a range of our partners and stakeholders. This will inevitably take time to 'bed in', but will ultimately lead to efficiencies in relation to time spent on data input, streamlining payment systems to our providers, and will ultimately provide us with a self-service portal where service users can access their own care plans and other documents.

91 Our Integrated Commissioning Service is also committed to supporting the provider market. A programme of work is underway to enhance, maintain and support workforce training, recruitment, retention and development in a number of adult service sectors across provider markets, such as domiciliary/ community-based care, residential /nursing care, day services and the voluntary sector.

92 Funded through the Improved Better Care Fund (a government grant aimed at improving outcomes in adult social care) this initiative is designed to be transformative, with an emphasis on new ways of working including utilising new technology to support improvement. Achievements to date include:

- Development of the Care Academy – a workforce development resource which includes free training to people already working in the social care sector, or those hoping to develop a career in the care industry – guaranteeing interviews with providers after 'graduating' from the Care Academy. So far, the Care Academy has supported over 70 people into social care jobs, providing over 400 learning opportunities since September 2020. A fast-track recruitment process has been developed to respond to the workforce needs of the sector during the pandemic;

- Roll out of Health Call's Digital Care Home across our care home community for older adults. This has enabled greater use of digital technologies to facilitate communication between social care providers and local health care professionals to ensure that appropriate advice and treatment is received in a timely manner – particularly important during the pandemic when face-to-face visits were reduced.

Challenges

93 Moving out of pandemic response and into recovery and restoration work, the service has implemented further transformation plans. This includes:

- extending the scope of our digital offer including making use of technology enabled care in a way that is meaningful to users of our services
- maximising the benefits of remote working
- a more robust workforce development strategy including agile working across roles and clearly defined career pathways
- maximising our use of shared data with our partners to improve monitoring of performance and outcomes
- developing a robust strategy around quality assurance ahead of 2023 when all local authority Adult Social Care providers will become subject to inspection by the Care Quality Commission
- increased staff engagement in transformation work
- service user engagement.

94 A current challenge for the service is to review local hospital discharge arrangements in line with DHSC's Hospital Discharge Service: Policy and Operating Model. Increasing pressures on acute hospitals to improve patient flow, reduce length of stay and discharge to assess invariably impact upon social care. Current weekly referrals numbers for hospital discharge social work teams are well above the 2019/20 average. The service has begun to work with health partners to look at reviewing existing resources to address not only the annual winter pressures across the integrated health and care system, but also permanent implementation of 'discharge-to-assess' processes.

95 The increase in prevalence of mental ill health has already begun to impact operationally upon the service. Our integrated partnership arrangements with TEWV are well established and the service is currently undergoing a structural review to better shape response to need and service delivery around the anticipated needs of this client group. Work is also underway focussing on mental health prevention and improving wellbeing. The key to managing the mental health needs of the population in the future needs to be as much about prevention and self-resilience as crisis response. This requires a cross sector approach including working with voluntary and community groups.

96 Like other local authorities across the region, Adult Care in Durham has experienced increased complexity in the needs of the client group it serves. There has also been an exponential increase in legal requirements impacting upon professional practice within the sector and social care provision.

97 One such example of changing legal requirements impacting upon the service is the implementation of Liberty Protection Safeguards which will replace existing Deprivation of Liberty Safeguards once amendments to the Mental Capacity Act (2005) come into force in March 2022. These safeguards provide for legal authorisation when a mentally incapacitated person's liberty must be restricted for their own protection. This will require adjustment to and reconfiguration of social work resources, a robust training programme and a review of the relevant practice procedures for front line staff. A workstream including partners from Legal Services, Children and Young People Services, Development and Learning, County Durham and Darlington Foundation Trust and Integrated Commissioning Service have already begun scope out a change programme.

98 Partnership working over a sustained period in the context of austerity presents a number of challenges, including different organisational cultures and leadership models; real understanding of each other's business; and professional trust where responsibilities, duties and risks are shared. However, partnership arrangements also present us with opportunity to transform our services together – achieving increased efficiencies and value for money from the public purse, pooling resources, knowledge and expertise to improve outcomes for users of our services.

99 The Department of Health and Social Care published a white paper in February 2021: 'Integration and Innovation: Working together to improve health and social care for all', which sets out the Government's legislative proposals for a Health and Care Bill.

100 This proposed legislation will support and enable existing NHS and local government partners to build on their partnership arrangements to join up care and support and address the wider determinants of health with the expectation that integrated care systems (ICSs) will delegate functions to place-level partnerships.

101 Integrated Care Systems (ICSs) will be established as statutory bodies. The ICS NHS Body will be responsible for the day to day running of the ICS, while the ICS Health and Care Partnership will develop a plan to address the system's health, public health and social care needs.

102 All proposed ICS bodies will be given the flexibility to develop decision-making processes and structures that work most effectively for them. Place-based arrangements between local authorities, the NHS and between providers of health and care services will be left to local organisations to arrange.

103 Functions and membership of the ICS Health and Care Partnership are to be left to the discretion of ICSs, however membership of the partnership could include representatives of Health and Wellbeing Boards, local Healthwatch organisations, the voluntary and community sector, social care providers, housing providers and other partners involved in health and wellbeing.

104 The white paper very much focuses on the following key themes which will become our service priorities in our partnership working as we work together to refine our local systems in County Durham aligned to the proposed new legislation:

- Primacy of place-based partnerships
- Greater collaboration
- Reducing bureaucracy
- Enhancing public confidence and accountability
- Delivering for patients, citizens and local populations – supporting implementation and innovation.

Conclusion

105 The Adult Care Service provides a range of statutory functions and support offers to adults in County Durham with a range of social needs. Supporting over 19,800 individual service users and carers the service is committed to improving outcomes for those adults who use our services.

106 This is achieved by working closely with Commissioning and Public Health colleagues making up the Adults and Health Service, and by maximising collaboration and use of resources within our partnership arrangements with health colleagues, Housing Solutions and Children and Young Peoples Services.

107 Consistently the service has demonstrated the effective use and management of resources whilst delivering positive outcomes for local people.

108 The service is also committed to continuous improvement programmes, and in the development of a robust, skilled and resilient workforce. Strategies are in place for further development required to meet anticipated future need.

109 Partnership working is fundamental to the delivery of support, by doing so the service is in a strong position to adapt to challenges likely to impact upon service delivery and performance. The forthcoming Health and Care Bill will further embed our existing positive partnership arrangements.

Background papers

- None

Other useful documents

- None

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Appendix 1: Implications

Legal Implications

The service works within the main legislative frameworks of The Care Act (2014), The Mental Capacity Act (2005), The Mental Health Act (1983), The Human Rights Act (1998).

Finance

AHS has a total budget of £318M, has come within budget for the last five years, and continues to review and shape it's services in response to austerity and budget pressures.

Consultation

None

Equality and Diversity / Public Sector Equality Duty

Registered social workers and occupational therapists work within professional ethical frameworks including anti-oppressive practice and equality.

Human Rights

The Human Rights Act (1998) underpins social care and the wider legislative framework it operates within.

Crime and Disorder

The service works closely with police and other criminal justice agencies in respect of safeguarding vulnerable adults from abuse, tackling anti-social behaviour which arises as a result of learning disabilities, mental illness or brain injury, and forensic interventions.

Staffing

AHS employ over 1100 staff.

Accommodation

The service is currently working closely with transformation and partnership colleagues to work towards corporate accommodation strategies.

Risk

The service contributes to the corporate risk register which is reviewed regularly. Appropriate Business Continuity plans are regularly reviewed. An annual audit schedule is signed off by senior managers who receive regular feedback on levels of assurance.

Procurement

None

Appendix 2: Service Make up

SERVICE MAKE UP

Older Persons/ Physical Disabilities/ In-house Provider Service	Learning Disabilities/ Mental Health/ Substance Misuse	Safeguarding, Access, Practice Development & Direct Payments	Operational Support	Commissioning
5 x Locality Social Work Teams for Older People/ Physical Disabilities	3 x Integrated Learning Disabilities Team 1 x LD Intake Team 1 x 14-25 Young People and Adulthood Service	Adult Protection Service	Development and Learning Service	Adults Care Commissioning Adults Health Commissioning Supporting the Provider Market
Countywide Occupational Therapy Service (covering North, South and East)	3 x Mental Health Psychosis Teams 5 x Mental Health Affective Disorders Teams Countywide MH Crisis Service	Practice Development Service	Data and Systems Team	Children & Young People Commissioning MH/LD Commissioning (with

	1 x Countywide Approved Mental Health Professionals Team 1 x county wide crisis 1 x county wide access 2 x Early Intervention Psychosis Teams			the MHLD Partnership) Public Health Commissioning
3 x Hospital Discharge Social Work Teams (North, South and East)	1 x countywide Substance Misuse Social Work Service	Practice Improvement Service	Complaints management	Provider Performance & Quality
Countywide Sensory Support Social Work and Rehabilitation Team		Deprivation of Liberty Safeguards Best Interest Assessors Team	Service Improvement	Engagement
		Social Care Direct (front of house single point of access)		
In-house Provider Service:		Direct Payments		

7 x Extra Care Housing Schemes for 280 x over 55s with care needs 5 x Pathways Hubs (providing day opportunities to adults with higher dependency/ therapeutic needs) + 1 outreach service for adults with autism who have behaviours which challenge. 1 x Shared Lives Service (supports adults with Learning Disabilities by providing permanent or respite placements with families/ individuals in the family's own home)				

1 x Support and Recovery Service (supports adults mainly with complex Mental Health needs to regain/ maintain their independence in the community) 1 x residential respite unit for higher dependency adults with Learning Disabilities				

Appendix 3: Service delivery model