

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

**3rd February 2023**

**Adult Social Care Update Report**

**Ordinary Decision**



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**Report of Corporate Management Team**

**Jane Robinson, Corporate Director Adult and Health Services**

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

**Electoral division(s) affected:**

Countywide

**Purpose of the Report**

- 1 To update Adults, Wellbeing and Health Overview and Scrutiny Committee on current issues impacting on the Adult Social Care service in County Durham.

**Executive summary**

- 2 The profile of the Adult Social Care workforce and the demands upon and the delivery of services have significantly changed compared with pre Covid-19 pandemic.
- 3 There are a number of significant changes ahead for the service including some key legislative/ policy changes.
- 4 These changes include:
  - Social Care Charging Reforms
  - Introduction of a national quality assurance framework for local authority Adult Care services by The Care Quality Commission (CQC)

- Amendments to the Mental Capacity Act (2005) which will replace Deprivation of Liberty Safeguards with Liberty Protection Safeguards
  - A refreshed national Adult Social Care Outcomes Framework.
- 5 As well as managing changing demand on the service (including increased complexity in need and a changed demographic), implementation plans are currently in place in relation to each of these key drivers, as well as responding to other changes in demand across adult care.

### **Recommendation(s)**

- 6 Adults, Wellbeing and Health Overview and Scrutiny Committee is recommended to:
- (a) note the contents of this report and to receive a further update report in 6 months.

## Background and Context

- 7 **General service level data.** Adult Social Care services in County Durham currently support 22,539 people who need and are eligible for support (*correct as at 17 January 2023*).

People who access our services
<p><b>22,539</b> individuals</p> <p><b>10,273</b> open cases in older persons/ physical disabilities/ sensory support services (7,423 with care &amp; support provisions)</p> <p><b>2,404</b> open cases in integrated learning disabilities services (1,740 with care &amp; support provisions)</p> <p><b>8,504</b> open cases in integrated mental health services (482 with care &amp; support provisions)</p>
Workforce
<p><b>1030</b> total staff in Adult Care workforce</p> <p><b>278</b> in older persons/ physical disabilities/ sensory support service</p> <p><b>128</b> in integrated learning disabilities service</p> <p><b>103</b> in integrated mental health service</p> <p><b>119</b> in safeguarding, access &amp; practice development service</p> <p><b>31</b> in operational support</p> <p><b>370</b> in County Durham Care and Support (in-house provider)</p>
Budget
<p><b>£391M</b> AHS gross expenditure</p> <p><b>£254M</b> AHS gross income</p> <p><b>£137M</b> AHS net expenditure</p> <p>Of the above, <b>£187M</b> is spent on independent sector care provision</p>

- 8 The aims of the service are to:
- a) support adults to regain or maintain independence.
  - b) ensure vulnerable adults who are at risk of abuse, harm or neglect are safeguarded.
  - c) improve people's wellbeing and help them achieve outcomes.
  - d) prevent unnecessary admissions into hospital or other forms of 24hr/ long term care.
  - e) prevent, reduce, and delay the demand for formal adult social care support.
- 9 This is achieved by:
- a) providing individuals with lower level needs the advice, information, and support to self-manage and retain independence for as long as possible.
  - b) providing individuals with higher level needs short term services with a focus on enabling the person to regain some independence.
  - c) assessing and meeting longer term needs once the person is at their optimal level of functioning and where all other options have been explored.
  - d) making enquiries and undertaking investigations in situations where potential abuse is suspected.
- 10 The service benefits from strong regional relationships with other Local Authorities via the North East Association of Directors of Adult Social Services Network (ADASS) and North East Adult Principal Social Workers Network. Within these networks, collaboration is underway to further develop a number of key areas of focus including workforce, support to carers, technology enabled care, equality and diversity issues and quality assurance.
- 11 Adult Social Care operates within a complex legislative framework, and there are a number of key national policy drivers due for implementation in 2023:
- a) The Health and Care Bill 2022 will bring about 2 significant changes:
    - (i) amendment to the Care Act (2014) to implement Adult Social Care Charging Reforms.

(ii) introduction of a new assurance framework which will include an independent assessment of local authorities' delivery of adult care functions by the Care Quality Commission.

b) Amendments to the Mental Capacity Act (2005) which will replace existing Deprivation of Liberty Safeguards with new Liberty Protection Safeguards.

12 Despite the Department for Health and Social Care offering local authorities the option of applying Care Act easements during the pandemic where they would struggle to deliver on some of their key functions, Durham County Council Adult Social Care Service continued to operate a full care management and care co-ordination service throughout the pandemic.

13 The service presents regular assurance reports to Durham Safeguarding Adults Partnership (including throughout the pandemic period) regarding quality and availability of the Adult Care service to the public and users of our services.

14 Reflecting a national trend, recruitment and retention are significant issues for the service at present, and the workforce currently has high turnover and absences compared with the averages over the last 4 years.

<b>Rolling year workforce data</b>			
<b>Quarter 3</b>	<b>Sickness % Time Lost</b>	<b>Average Working Days Lost</b>	<b>Turnover %</b>
2022/23	5.65%	14.13	10.38%
2021/22	5.20%	13.11	10.36%
2020/21	5.51%	14.00	8.88%
2019/20	4.85%	12.28	5.50%

15 Significant staff turnover has been experienced as the service comes through the pandemic period. This has resulted in losses of experienced workforce. Experienced staff and managers have left the service, and those replacing them include high levels of newly qualified and inexperienced staff. This trend is not unique to County Durham and is an illustration of the pressure faced across the adult social care sector.

16 Currently, 51.30% of Durham's Adult Care workforce are over 50 years of age and 13.63% are over the age of 60. This is an influencing factor

as more staff have chosen to retire from their roles early as we have emerged from the pandemic.

- 17 Such turnover impacts on service quality and continuity. Consequently, the service has recently undertaken audit work to understand this further and to inform its current and planned service development activity.
- 18 Competitive salaries, hybrid working models that afford greater flexibility, and rationalising the amount of work-related travel due to cost-of-living pressures are factors that have resulted in greater numbers of staff moving between jobs across the region.
- 19 Many of the service's quality assurance processes were temporarily scaled back during the pandemic response period. As health and social care work through a recovery period, a revised quality assurance strategy has been implemented which includes:
  - a) enhanced quality assurance activity to triangulate data and evidence already known, with feedback from frontline practitioners and managers, peer review activity, and feedback from service users and carers.
  - b) a more robust approach to recording and acting upon lessons learned from case reviews, and monitoring impact on direct social work practice.
  - c) making use of real-time data in Business Intelligence dashboards to highlight performance issues at an earlier stage, undertaking detailed analysis where required and developing actions to improve performance. This work directly feeds into a Service Improvement Plan. Adult Care are currently working with corporate ICT colleagues to pilot the use of new (intelligent-i) software to support this work.
- 20 The Covid-19 pandemic and Adult Services' response to the challenges it brought have also changed social care professional practice with adults in several ways, including the acceleration of 'digital practice' models, and a refreshed acknowledgement of the need for trauma informed approaches – not only in relation to work practices with adults, but also how staff care responsibilities are approached.
- 21 Tools to better measure complexity in adult care caseloads are currently being developed. Due to the multi-faceted nature of the core business these are likely to be beneficial as a guide only. Professional feedback from frontline operational teams suggests that the service has seen an increase in complexity and level of need in users of our services. Certainly, operational teams are experiencing sustained levels of

pressure. This is also supported by national commentary, including through regular surveys undertaken by ADASS.

- 22 Increasing demands on social care are result of several factors, including;
- a) The legacy of the pandemic, where the standing down of elective surgery has resulted in a progression of health/care needs.
  - b) The cost-of-living crisis which is impacting on mental and physical health and contributing to a range of growing complex social challenges. Similarly, there has been a significant increase in mental health presentations and a higher prevalence of hospital discharge referrals and of elderly patients leaving hospital with pre-existing social care needs.

23 In response to how strongly they agreed with the following statement in the latest national Local Government Association (LGA) annual Social Work Health check survey – “I have experienced an increase in severity of need in people being referred to me and/or my team” – Durham Adult Care staff scored this 86 out of 100 (i.e., a significant proportion of staff who responded to the survey agreed or strongly agreed with the statement). This experience is mirrored regionally and nationally within LGA Health check narrative feedback which includes:

- “workloads are undoubtedly increasing and feel more complex due to the issues on the ground we are facing currently”
- “workload is often dependent on the amount of workflow and staffing which means it’s not always possible to have a manageable workload”.

A number of factors are contributing to this, including higher staff turnover; people delaying in asking for help during the pandemic; increased prevalence of mental health; increased social isolation and loneliness; increased pressure and demand on NHS provisions. This complexity is extremely challenging to manage, the workforce is under considerable and sustained strain, it is showing signs of fatigue, and resources are increasingly stretched.

24 In the most recent national Social Work Health Check survey undertaken in Dec 2021/January 2022, 115 DCC adult social care staff responded to the survey, this equates to c.20% of the eligible staff cohort. The outcome of which rated their employer as **good** against all 8 national standards for employers of social workers for the second year running.

25 The 8 standards are:

- a strong and clear social work framework
- effective workforce planning systems
- safe workload and case allocation
- wellbeing
- supervision
- continuous professional development
- professional registration
- strategic partnerships.

26 Despite the obvious pressures, this is a sign of a positive working culture.

27 In response to the changing profile of the workforce, and the complexity in casework, the service is rolling-out a programme of service improvement which will continue into the Spring of 2023. This started in October 2022 with a 'Practice Reset', refreshing baseline standards, and ensuring all staff and managers are aware of these. To support this work, a casework toolkit has been launched for frontline adult care practitioners covering specific practice areas outside of their everyday interventions. This is to be complimented by delivery of a robust series of events around the theme of managing risk where practitioners will be invited to improve or consolidate their existing knowledge and skills in relation to risk analysis and risk management, including positive risk taking and its impact of people's wellbeing and personal autonomy.

28 The vision for Adult Care has recently been refreshed to reflect the national vision for adult social care, and in conjunction with the new AHS service plan. The Adult Care Vision is to:

**Ensure adults with care and support needs and their carers receive the care and support they need, when they need it, to support them to live the lives they want.**

In order to achieve this, there is a focus on our three key themes of **prevention, choice and control**, and **quality assurance**.

29 Over the next 12-24 months, the service will be required to respond to the implementation of at least two key national policies (as well as some other changes in adult social care):

- Care Quality Commission Assurance Framework.



- Mental Capacity Act amendments which will implement new Liberty Protection Safeguards.

These are significant changes, and each requires its own robust implementation programme, significant resources, robust communications plan, and appropriate learning and development for the officers involved.

- 30 Until the autumn statement announcement on 17<sup>th</sup> November, the service was working toward the implementation of the Social Care Charging reforms. The government has now pushed this back until October 2025 at the earliest.
- 31 The autumn statement has also resulted in government taking funding from care reforms and fair cost of care implementation and transferring to a Social Care Grant which can be utilised for adult and children social care. Nationally this equates to:
- £1.3 billion in 2023/24 and a further £600 million in 2024/25 bringing total to £1.9 million.
  - Extra £640 million nationally for local govt in 23/24 and a further £440 million in 2024/25 bringing total to £1.08 billion to support early discharge from hospital. Funding via BCF and a new specific grant for adult social care.
  - Ability to increase council tax by 2% for an adult social care precept in 23/24 and 24/25.
- 32 Implications of the remaining key strategic drivers, and updates on other strategic priorities are set out below.

### **CQC - Assurance Framework for Local Authorities delivery of Adult Social Care**

- 33 From April 2023 onwards, the Care Quality Commission (CQC) will re-introduce an assurance framework for local authority Adult Social Care services. It is anticipated that this will take the form of inspection.
- 34 The national assurance framework is based around the 5 Key Lines of Enquiry currently used by CQC for social care provider services and NHS services i.e. It will seek assurance on whether our services are:
- Safe

- Effective
  - Well led
  - Caring
  - Responsive to people's needs
- 35 CQC will look at evidence including data collection; narrative in a self-assessment document where it will gauge the service's understanding of its own strengths and weaknesses (including what plans it has in place to address its weaknesses); perceptions of leaders, managers, and staff; perceptions of our partners; perceptions of users of our services.
- 36 The CQC will collate evidence and focus its interrogative enquiries around 4 key themes:
- **Working with people** – assessing needs, supporting people to live healthier lives, prevention, wellbeing, information, and advice.
  - **Providing support** – markets (including commissioning activity), integration and partnership working.
  - **Ensuring safety** – safeguarding, safe systems, continuity of care.
  - **Leadership** – governance, learning, improvement, innovation.
- 37 As part of our approach to quality and assurance within Adult and Health Services a corporate Oversight and Assurance group chaired by the Chief Executive and involving the Corporate Management Team, and a service-based Quality Assurance Board chaired by the Corporate Director, Adult and Health Services have been established. Part of their remit is to oversee Quality and Innovation Leadership Team Meetings, a Self-Assessment Writing Group, and Inspection Preparation Group.
- 38 Our Quality Assurance Strategy is currently being refreshed. The service is working closely with its partners who are already subject to regular inspection including Tees, Esk and Wear Valley NHS Trust, County Durham and Darlington Foundation Trust, Children and Young Peoples Services, and also our own in-house provider to enhance our understanding of how they co-ordinate their response to inspection.
- 39 A programme of service improvement activity is in progress for the rest of the current financial year including staff and manager sessions with the senior leadership team (see point 26).

- 40 The Performance Management Framework has been reviewed and the senior leadership team uses this 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 the understanding of issues and in setting improvement actions, then monitoring those actions.
- 41 To ensure the service's public-facing information remains accessible and complies with the requirements of the Care Act, work is being undertaken with corporate communications and ICT colleagues to update and refresh the Adult Care pages on the council's website.
- 42 Work has started to remodel the approach to service user and carer engagement to ensure that the voices of users of our services are integral to our service improvement work. Using the principles within the corporate co-production toolkit, an Integrated Involvement Strategy has been developed (led by our Integrated Commissioning Service).
- 43 An annual Self-Assessment document has been prepared. This document, read together with an extensive evidence-base gives some narrative context to the services performance data across the 4 key CQC themes referenced at point 34. It highlights what we do well, where our areas for development are and what our improvement plans aim to achieve over the next 12 months. It also gives a summary of what the leadership team understands about the successes/ areas for improvement in each of the key areas as well as the perceptions of the frontline workforce, and our service users and carers.
- 44 As a member of the regional ADASS group focussing on assurance-readiness, Durham County Council agreed to be the first to submit its Self-Assessment as part of an annual conversation with an ex-Director of Adult Social Services. This took the form of a peer-led review and in September 2022, the senior leadership team spent a half day engaged in this activity.
- 45 Rigorous professional challenge was applied across various areas of the overall evidence submitted and a findings report was shared with the group.
- 46 The table below summarises the high-level findings.

Good Practice	Areas for Development
<b>Theme 1: Working with People</b>	
<ul style="list-style-type: none"> <li>• Comprehensive co-production framework</li> <li>• Effective reablement offer</li> <li>• ‘Proud track record of effective partnership working’</li> <li>• Relative high satisfaction from survey findings.</li> <li>• Some good audit results</li> <li>• hospital discharge assessments prioritised</li> <li>• Strong integrated health and social care foundations</li> </ul>	<ul style="list-style-type: none"> <li>• A programme of engagement/ co production/ user survey activity</li> <li>• A risk assessment matrix/ algorithm to improve assurance over casework backlogs</li> <li>• Caseload data</li> <li>• Refreshed audit schedule and methodology</li> <li>• The demonstration of how integration is making a difference</li> <li>• Improve info to public offer, including Locate, website</li> <li>• Strength based practice</li> </ul>
<b>Theme 2: Providing Support</b>	
<ul style="list-style-type: none"> <li>• The investment in Supported Living and Extra Care</li> <li>• Levels of engagement concerning Fair Cost of Care</li> <li>• Work with providers during the pandemic</li> <li>• In house CQC ratings and recognition of benefits of retaining some provision.</li> </ul>	<ul style="list-style-type: none"> <li>• The model/ prevalence of reablement provision</li> <li>• The domiciliary care and direct payment offer</li> <li>• Further development of outcome-based commissioning methodologies (residential and domiciliary care)</li> <li>• Signposting to the Voluntary &amp; Community Sector</li> <li>• Relationship development with care sector</li> </ul>

### Theme 3: Ensuring Safety

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| <ul style="list-style-type: none"><li>• Support for individuals lacking capacity during safeguarding episodes</li><li>• Recognition of where investigative work to improve practice is needed</li><li>• Clear signposting on the Safeguarding Adults Board (SAB) website</li><li>• Community reference group and expert by experience input at SAB</li><li>• The outcomes from LGA SW health check- 'good' across all 8 standards</li></ul> | <ul style="list-style-type: none"><li>• The low concern to enquiry ratio from the police</li><li>• Clarity on pathways across safeguarding interventions</li><li>• The potential quality differential across areas of adult protection</li><li>• The completion of tasks within the system</li><li>• Some gaps in data</li></ul> |
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### Theme 4: Leadership

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| <ul style="list-style-type: none"><li>• Level of NHS investment</li><li>• Level of operational integration</li><li>• Influential system leadership &amp; jointly appointed senior posts</li><li>• Our relative Integrated Care System journey</li><li>• 'Effective partnership working with strong foundations'</li><li>• AHS Workforce Development Strategy and its associated successes</li><li>• Prominence of staff Mental Health, wellbeing, and resilience throughout the service</li><li>• The Care Academy successes</li><li>• Staff engagement</li></ul> | <ul style="list-style-type: none"><li>• 'Adult social care as a corporate priority'</li><li>• The read across from corporate docs/ priorities to AHS delivery</li><li>• Clear set of objectives with the VCS (an outcome framework) and visibility of effectiveness</li><li>• Improving data quality to support informed decision making</li><li>• Quarterly reporting, including reasons why staff leave the service</li><li>• Supervision rates in Mental Health services</li><li>• Improve reported evidence of the difference integrated care delivery makes</li></ul> |
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| <ul style="list-style-type: none"><li>• Comprehensive Data Insight Reports about performance</li></ul> |  |
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47 The next steps will be to shape a service improvement plan based around these findings, and to continue with the service's practice improvement programme. This includes the implementation of a refreshed quality assurance strategy, and the commencement of CQC assurance preparation work with staff in advance of direct case file evaluations and interviews with inspectors.

### **Implementation of Mental Capacity Act amendments including Liberty Protection Safeguards**

- 48 Deprivation of Liberty Safeguards are a key part of the Mental Capacity Act (2005), and provide a robust process for ensuring that any adult who is unable to make their own significant decisions regarding where they should live or how their care and support needs should be met are - where it is necessary for their own safety and protection – appropriately deprived of their liberty in order to have their care and support needs met, either within a care home or acute hospital setting, or within their own home or other community supported living arrangement. Specialist assessments must be carried out by qualified Best Interest Assessors to ensure that all other least restrictive options have been explored and that the person has access to adequate representation.
- 49 Currently, the Local Authority acts as the authorising body for any deprivation of liberty in care homes or acute hospital settings (unless the decision to deprive the person of their liberty is contested), whilst any authorisations of deprivations of liberty in community settings, as well as any contested cases must be via a court order from a judge in the Court of Protection.
- 50 Most of the deprivation of liberty referrals relate to adults in care homes and the process for authorisation is fairly streamlined. However, for contested decisions and all community cases, additional work is required by social work staff who must prepare witness statements and other supporting evidence for court hearings.
- 51 Changes to be implemented in 2023 - when, as part of Mental Capacity Act (2005) amendments, Liberty Protection Safeguards will replace the current Deprivation of Liberty Safeguards - will see more responsibilities for “necessary and proportionate” assessments becoming part of mainstream social work assessments, and the introduction of Approved

Mental Capacity Professionals to undertake more complex assessments.

- 52 Although the changes should ultimately lead to reduced numbers of referrals into the court of protection, there will be significant retraining requirement for social work staff, a minimum 'awareness' training for the rest of the workforce and redesign work in the current case recording system.
- 53 As of 17 January 2023, there were 1,432 adults within eligible social care needs in Durham who are subject to Deprivation of Liberty Safeguards (DoLS). The DoLS service in Durham have a number of outstanding applications (like many other local authorities since a benchmark case in 2014 – known as the Cheshire West Judgement - established a low threshold for what constitutes a deprivation of liberty and substantially changed practice in this area of adult social work). After this change in 2014 there was a 10-fold increase in referrals into our DoLS Team without a significant increase in the staffing of the service.
- 54 There were 837 outstanding DoLS applications in Durham at the end of December 2022, of which 44% are currently progressing through the assessment process.
- 55 Since 2014, work has taken place with Legal Services colleagues to risk-assess the managed backlog and a robust screening system is in place in the team. The risks have been deemed as low, as these adults are typically in a place of safety in residential or nursing care, not challenging placement decisions or actively asking to or trying to leave. Higher risk or complex cases are prioritised for assessment.
- 56 Due to the significant changes in the Mental Capacity Act amendments expected to be implemented in 2023, Local Authorities are refocussing their efforts on reducing backlogs to minimise risk of additional work when the changeover in frameworks for managing these cases occurs.
- 57 A Project Board, chaired by the Head of Adult Care was established in January 2022 to oversee the management of the backlog. Data and Systems and Performance colleagues have overseen significant improvement in breaking down the performance and associated issues.
- 58 £550K additional resource has been made available (£150K in 2021/22 and £400K for 2022/23) to manage the volume of work required to address the backlog. Extensive use of independent Best Interest Assessors (BIAs) is being made and 3 additional temporary BIAs have recently been appointed to the in-house team. Other local authorities will also be trying to address their backlogs ahead of the Mental Capacity Act amendments expected to be implemented next year, and

there is limited availability of potential candidates with the specialist skills and qualification.

- 59 We continue to do everything we can to reduce the backlog as far as possible prior to the implementation of new legislation – including training more existing staff in this specialist area of practice and pursuing further temporary recruitment episodes.

### **Other issues affecting the service currently**

- 60 **Recruitment and retention** remain a significant challenge in the service, with current turnover and vacancy rates further impacting on capacity and performance (see point 15). This mirrors the national picture affecting the social work workforce.
- 61 The new [AHS Workforce Strategy](#) and specific action plans for each part of the service outline the intentions to further strengthen career pathways for existing staff, and the services focus on succession planning.
- 62 The service works very closely with Payroll and Employee Services and corporate People and Talent Management colleagues to regularly monitor the recruitment issues and have recently created a new temporary post to focus specifically on the immediate recruitment needs of the service. Corporate Human Resources continue to support with work already ongoing.
- 63 Recruitment and retention issues in the social care sector are not specific to adult services. Where practicable the service therefore works closely with Children and Young People's Services to consider joined-up approaches. This includes sharing approaches to workforce development strategies, digital learning, and development platforms, and working together to consider opportunities to raise the profile of social work in Durham by using events such as the annual World Social Work Day (in March) to showcase good practice, continuing professional development and career pathways offers to social work staff.
- 64 **Self-neglect and hoarding cases.** The service has seen an increase in, self-neglect and hoarding possibly due to the increased prevalence in mental illness. Self-neglect became a formal category of abuse with the introduction of The Care Act (2005) and requires a structured and co-ordinated response from skilled professionals using a multi-agency approach, trauma-informed approach.
- 65 Self-neglect and hoarding are recurring themes in national Safeguarding Adults Reviews.



- 66 7% of all safeguarding adult concerns in County Durham feature self-neglect and it is now the joint third most prevalent category of abuse (after physical abuse and neglect/acts of omission).
- 67 Much self-neglect/ hoarding behaviour stems from past trauma, adverse childhood experiences, Post Traumatic Stress Disorder, bereavement, illness, or addiction. Effective social work with adults who self-neglect requires a specific skill set and a longer term more in-depth approach to build trusting relationships, using trauma-informed approaches.
- 68 This is a growing area of work the service is responding to, requiring a robust new training programme to embed trauma informed practice. Additional resource was secured to bolster the County Durham Care and Support, Support & Recovery Service to provide an effective intensive response where it is needed, and it's new Breakthrough service launched on 16<sup>th</sup> January 2023.
- 69 **Health and Social Care Integration.** The Health and Care Act 2022 received Royal Assent on 28 April 2022. The Act includes provisions to strengthen health and care integration which the Government set out in more detail in the Integration White Paper (February 2022).
- 70 Cabinet agreed on 14<sup>th</sup> September 2022 that health and care partners should work towards a Joint Committee which will be co-produced with the Integrated Care Board; operate in 'shadow form' from October 2022; and be fully operational from April 2023.

The Council has a strong track record in integrating health and care services over many years. In 2018, the Council and Partners formed the County Durham Care Partnership (CDCP) which brought people and organisations together to organise and deliver care closer to home through new paradigms which improve service delivery and provide better care. The Partnership's shared vision is "To bring together health and social care and voluntary organisations to achieve improved health and well-being for the people of County Durham".

- 71 To date the Partnership has:
- integrated Adult Care and NHS Community Services and formed stronger working relationships with primary care.
  - sustained integrated teams in Mental Health and Learning Disabilities services.
  - progressed integration through an Integration Programme.

- made joint appointments with health partners in Commissioning and Adult Social Care and Community Services
- revised the CDCP structures in April 2021 in anticipation of changes in the Health and Care Act 2022.

The Adult Care service is part of an Integration Programme working across 12 operational areas to:

- Streamline services to make access easier for service users.
- Share resources especially the skills of our workforce and the finance available.
- Prevent needs becoming more acute through early intervention.

Of note has been the work undertaken with the NHS on improving Occupational Therapy, working collaboratively on hospital discharge, and setting up an Urgent Community Response Service.

- 72 The local authority's longstanding partnership with Tees, Esk and Wear Valley (TEWV) NHS Trust supports our multi-disciplinary approach to supporting the needs of adults with learning disabilities or mental illness. The trust has recently undergone an organisation wide restructure including in the senior leadership team, and new strategic relationships are developing. It is recognised by both organisations that there are significant operational challenges – both having launched new case management systems within the last 18 months, growing pressure on psychiatric wards, a rising numbers of mental health presentations, appropriate and proportionate community provision and managing crisis response.
- 73 The local authority and TEWV's integrated leadership team are committed working in partnership to develop service delivery and general practice to support integrated teams, managers, and practitioners to work effectively; in a co-ordinated way to achieve improved outcomes for service users.
- 74 A new role – integrated with TEWV - has been created and it is anticipated that this officer will work with the Director of Integrated Community Services and the Head of Adult Care to further progress the integration programme within mental health and learning disabilities services.
- 75 **A refresh of the national Adult Social Care Outcomes Framework (ASCOF)** is to be implemented soon and this will directly impact on the services performance monitoring and reporting systems.

76 ASCOF is a national data reporting set which measures how well care and support services achieve the outcomes that matter most to people. The ASCOF is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability. The Department for Health and Social Care is leading on a refresh of the framework.

77 It is anticipated that the refreshed framework will:

- Better measure what people value in their lives in terms of independence and wellbeing.
- Measure the impact of local authorities' adult social care functions in meeting those policy objectives of the Care Act currently omitted from ASCOF, for example: the effectiveness of commissioning in driving a high quality, sustainable care market, and how well a local authority prevents the need for adult social care, the escalation of people's needs (demand management) and wellbeing.
- Include a more balanced set of health and social care indicators including what happens to people before/ after they leave hospital.
- Better measure efficiency and effectiveness of the use of resources by local authority adult social care functions.

## **Conclusion**

78 Nearly three years on from the onset of the Covid-19 pandemic, the service finds itself in a position where:

- the workforce has changed significantly (including levels of skill and experience across the staff and managers).
- social work practice itself has changed significantly with increased use of digital communications and proportionate face-to-face interactions.
- remote working has altered opportunities to learn directly from peers and inductions into the service and student placements are different to previous experiences and therefore consistency and quality may have been impacted in some areas.

79 The service is operating at full capacity with 'business as usual' levels of referrals but service users experiencing increasing levels of complex needs. Over a decade of austerity has significantly contributed to case work becoming increasingly complex as community infrastructure has

retracted. Rising numbers of hospital discharge and safeguarding referrals and work requiring trauma informed responses contribute to a system under considerable pressure.

- 80 The resilience and dedication of staff is to be commended. They continue to make such a difference in their support to some of our most vulnerable and disadvantaged adults; by ensuring their rights are upheld and their social care needs are addressed.
- 81 General customer satisfaction rates remain good - 64.5% of service users report being extremely or very satisfied with the care and support services they receive. This is comparable to the NE figure of 65.3% and the national figure of 63.9%. Numbers of complaints into the service remain relatively low (79 in the year 2021-22, with 32% of them not upheld).
- 82 The adult social care landscape continues to change due to demographic and societal changes, and in response to national policy drivers.
- 83 The service is as prepared as it can be for the introduction of a number of major national changes in adult social care delivery and monitoring, despite these posing major strategic and operational challenges and requiring significant resource to implement.
- 84 We continue to prioritise the visibility and accessibility of our supportive leadership team and maintain a strong focus on staff wellbeing and resilience and workforce development.
- 85 [Feedback from recent Head of Service staff engagement sessions](#) and Adults and Health Service Roadshows indicates that staff feel engaged and supported by the senior leadership team.
- 86 Our in-house CQC regulated care providers consistently achieve positive outcomes from their annual inspections. Of our three regulated adult social care provisions, 2 are rated as 'outstanding' and 1 as 'good'.
- 87 Initial findings from the recent annual conversation have supported the service's focus on learning from performance data and feedback from staff, managers, and service users, as well as consolidating understanding of what works well in Adult Care in Durham.
- 88 Despite the challenges that lie ahead, the service is in a good position to reset social care practice following the impacts of the pandemic and establish new baselines and quality assurance models moving towards annual inspection, social care reform and other key pieces of national policy/ legislative change over the next couple of years.

**Background papers**

- None

**Other useful documents**

- None

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## **Appendix 1: Implications**

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### **Legal Implications**

The service must ensure it is compliant with all legislative frameworks, and responsive to change as these are amended. All staff must be supported with legal literacy relevant to their social care roles. Without this, the authority is at risk of reputational damage and litigation.

### **Finance**

Additional resources have been secured to support the anticipated changes and further scoping work is underway in relation to Social Care charging reform and LPS implementation.

### **Consultation**

Consultation Advisory Group will be engaged in any public consultation if required in relation to the impending changes.

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

N/A – all service user groups affected. Equality Impact Statements undertaken.

### **Climate Change**

N/A

### **Human Rights**

Human Rights are upheld by the application of existing legal frameworks – The Care Act (2014), The Mental Capacity Act (2005) and the Mental Health Act (1983).

### **Crime and Disorder**

N/A

### **Staffing**

Further resource secured to support planning & modelling stages and eventual implementation of the changes detailed within this report. No existing contracts will be affected.

### **Accommodation**

N/A

### **Risk**

Risk of reputational damage and litigation if the service is not redeveloped appropriately to meet the policy and legal changes planned. This is managed within the corporate risk register.

**Procurement**

N/A