



Adult care checklist findings summary

August 2023

Adult care checklist findings summary (August 2023)

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- Example commentary

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- Potential positive areas identified within this theme
- Survey questions with highest confidence rating for each cohort
- Potential areas for attention identified within this theme
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- Example commentary

Leadership

- Potential positive areas identified within this theme
- Survey questions with highest confidence rating for each cohort
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- Example commentary

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Background and summary

Why have we carried out this activity?

To enable us to see ourselves through the eyes of others to inform and confirm our self-assessment judgements using the LGA/ADASS best practice checklists across the four CQC themes (Working with people; Providing support; Ensuring safety; Leadership).

How did we carry out this activity?

Via a series of custom-made surveys delivered to specified cohorts and an independently commissioned service user survey based on the CQC scope and themes for local authorities:

- Theme 1: Working with people
 - Assessing needs
 - Supporting people to live healthier lives
 - Equity in experience and outcomes
- Theme 2: Providing support
 - Care provision, integration and continuity
 - Partnerships and communities
- Theme 3: Ensuring safety
 - Safe systems, pathways and transitions
 - Safeguarding
- Theme 4: Leadership
 - Governance, management and sustainability
 - Learning, improvement and innovation

When did we carry out this activity?

Between February and June 2023

Who did we engage with?

Cabinet members and members; Carers; EMT; Health Care Engagement Forum; Housing colleagues; health and Wellbeing Board; Partner organisations, including health; providers of services; Service users; AHS staff; TEWV leadership group; voluntary community sector organisations.

How have we collated the results?

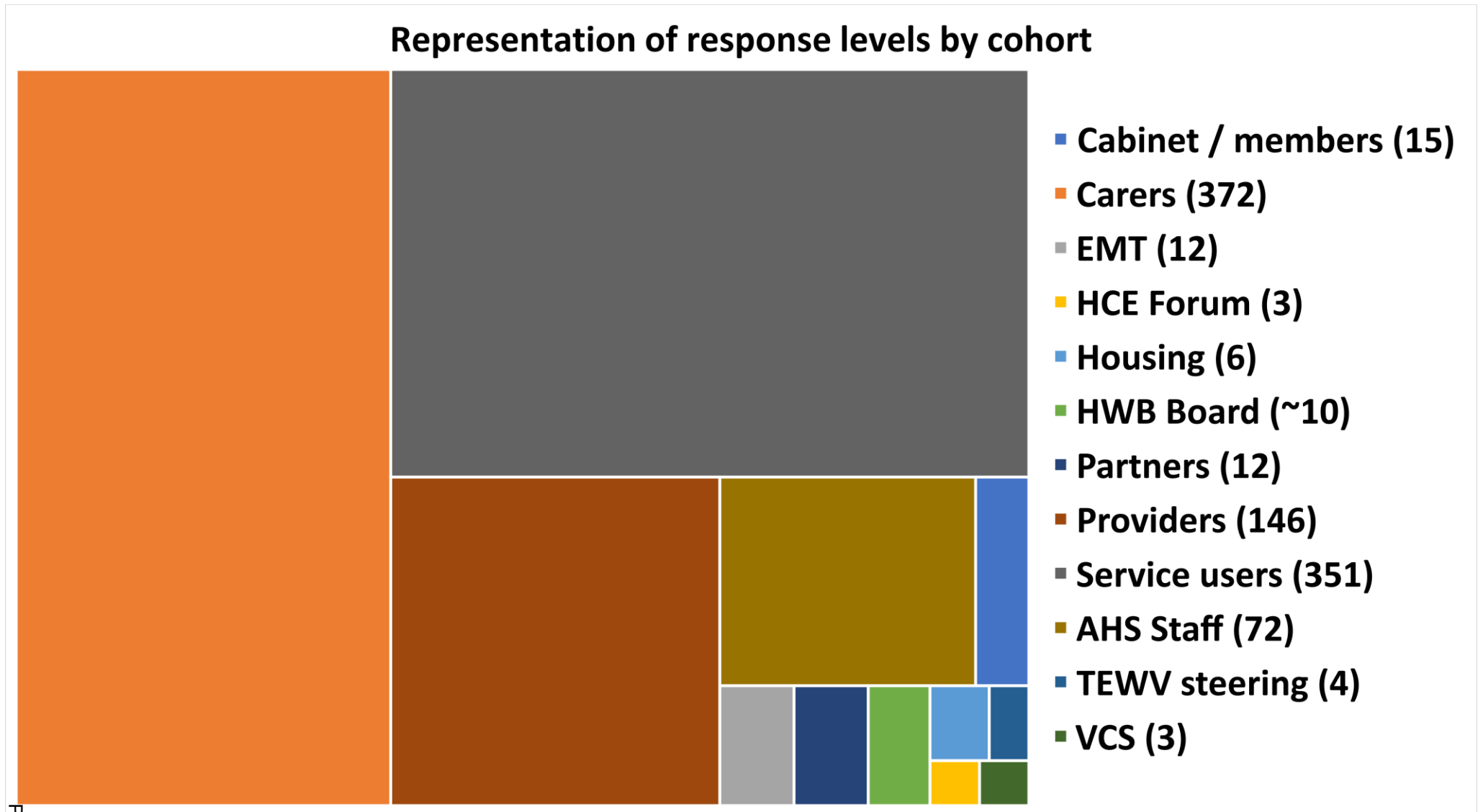
An overall summary based on a set of reports has been created. Reports were created by cohort and by theme, and a service user report was independently commissioned.

What are the next steps?

To consider the way the service can best use the intelligence gathered and determine any future requirement for and shape of self-assessment related survey activity.

Representation of response levels by cohort

➤ More than 1000 responses across 12 cohorts

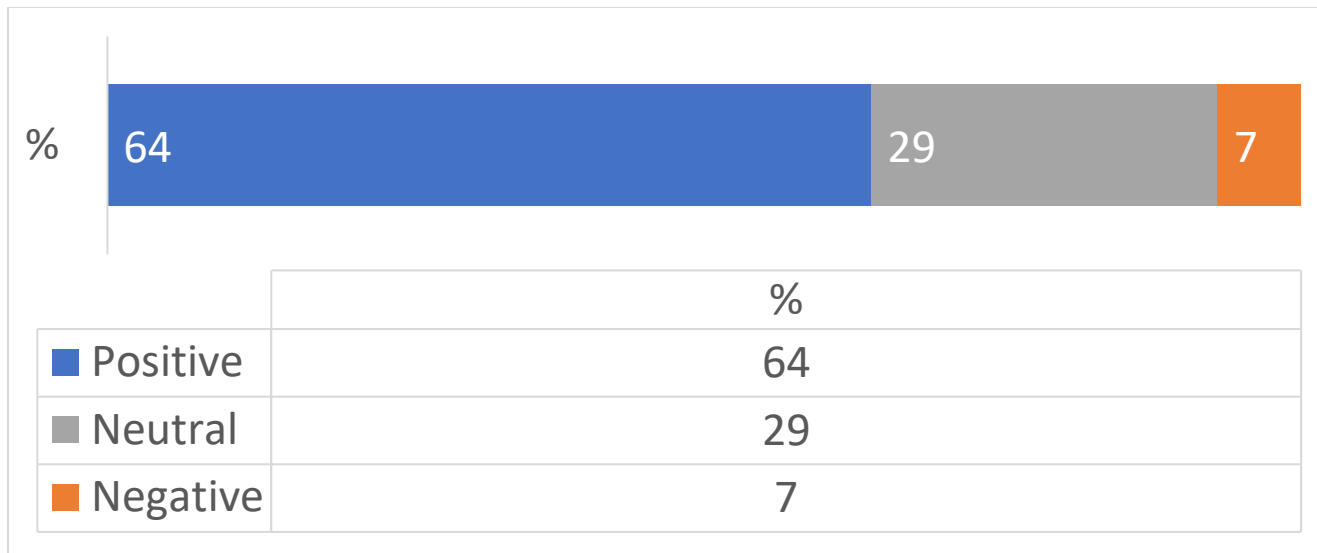


Approach to analysis

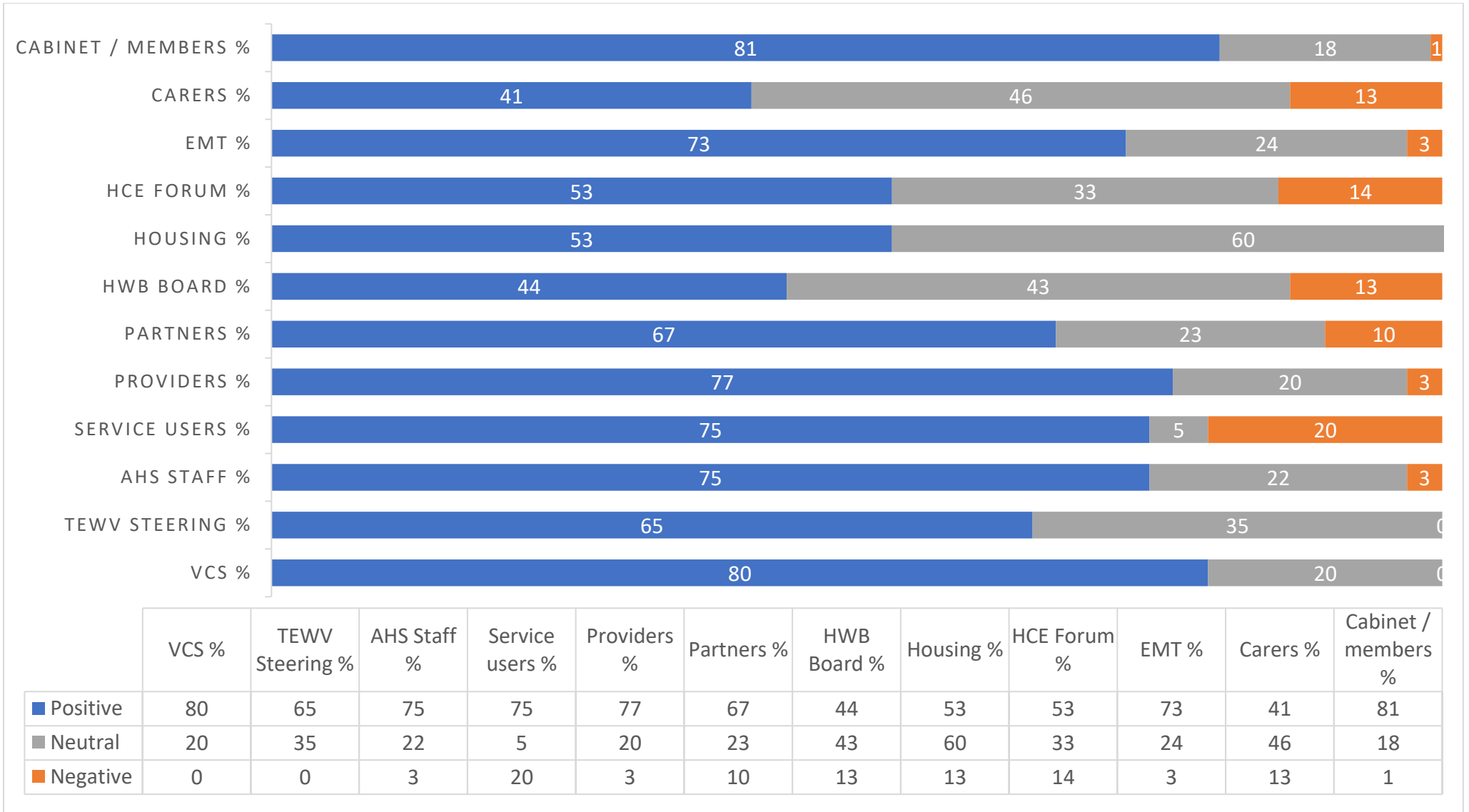
To analyse the intelligence gathered during the checklist engagement / survey exercise within each cohort and within each theme, the following approach was taken:

- Percentages were calculated for each checklist item within each theme by each cohort according to the six response options:
 - Strongly agree.
 - Tend to agree.
 - Neither agree nor disagree.
 - Tend to disagree.
 - Strongly disagree.
- Where appropriate, these percentages were then used to identify high confidence and low confidence checklist items within each cohort for each theme. Where there were low return levels within a cohort, no checklist items were identified (see page 16 onwards for detail).
- Throughout the report:
 - The positive mood was derived by combining “Strongly agree” and “Tend to agree” responses.
 - The neutral mood was derived by combining “Neither agree nor disagree” and “Don’t know” responses.
 - The negative mood was derived by combining “Strongly disagree” and “Tend to disagree” responses.
- The overall mood for the cohort was derived by combining all responses within that cohort.
- The overall mood for the theme was derived by combining all responses within that theme.
- The overall mood for adult social care was derived by combining all the responses from all cohort groups.

Adult social care – overall mood

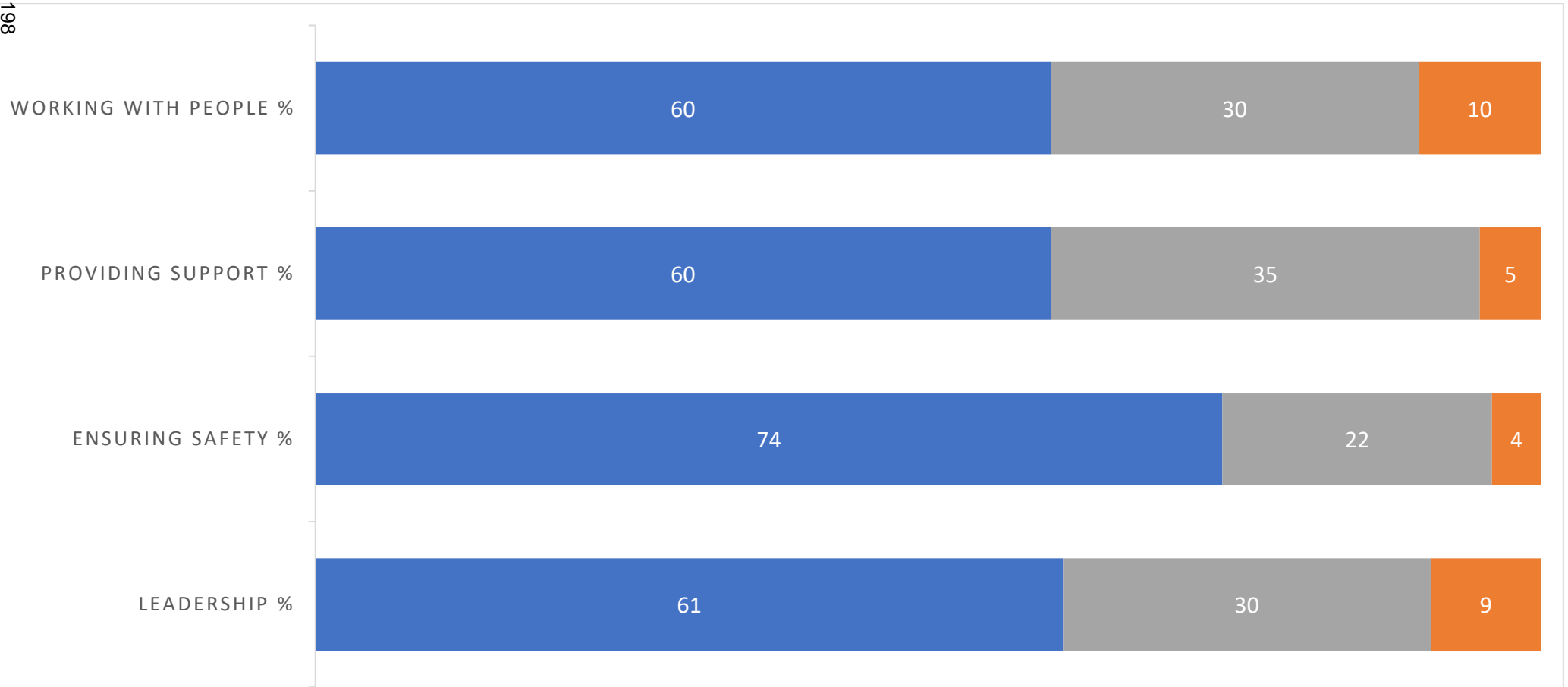


Adult social care – overall mood by cohort



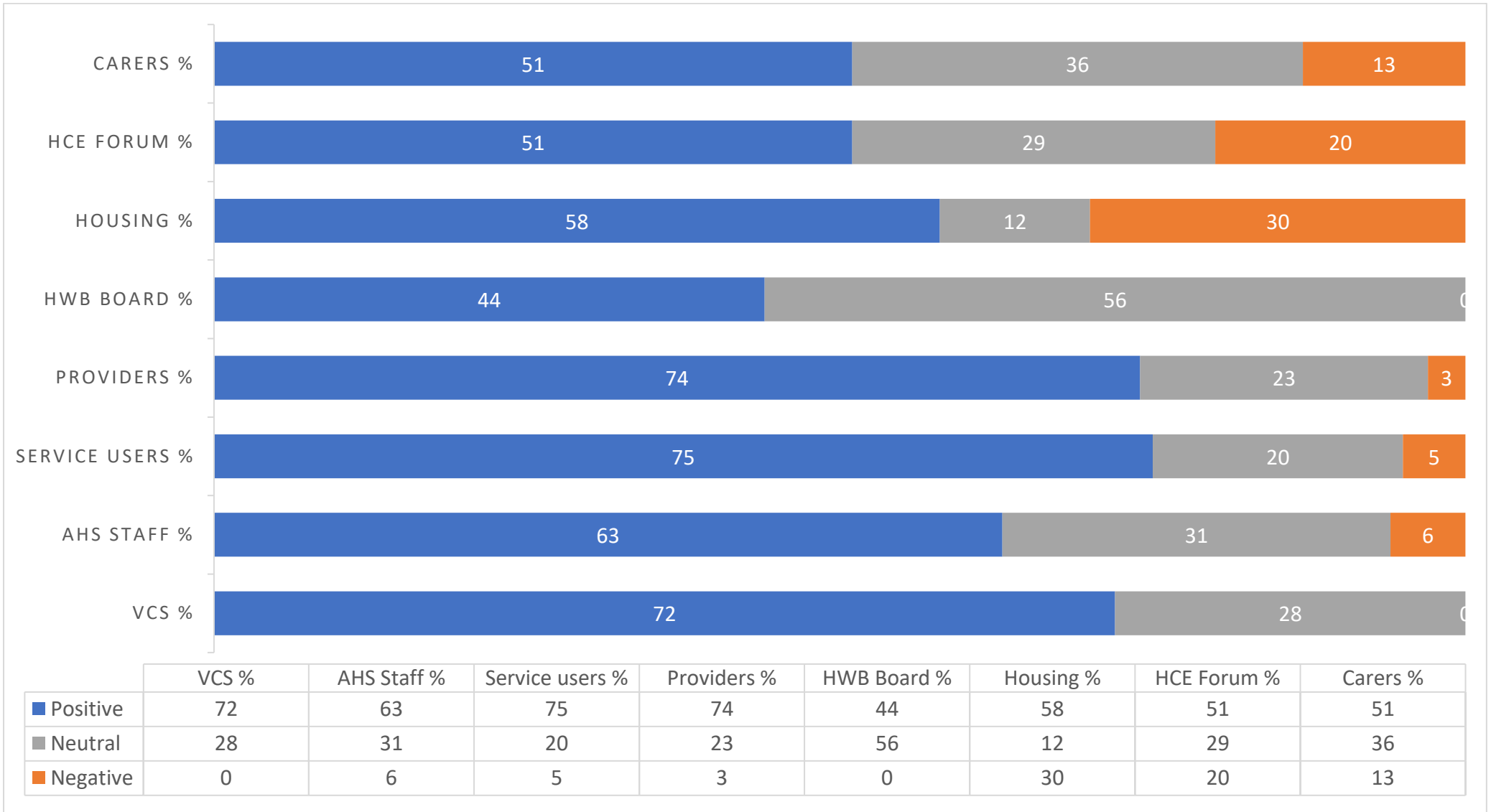
Adult social care – overall mood by theme

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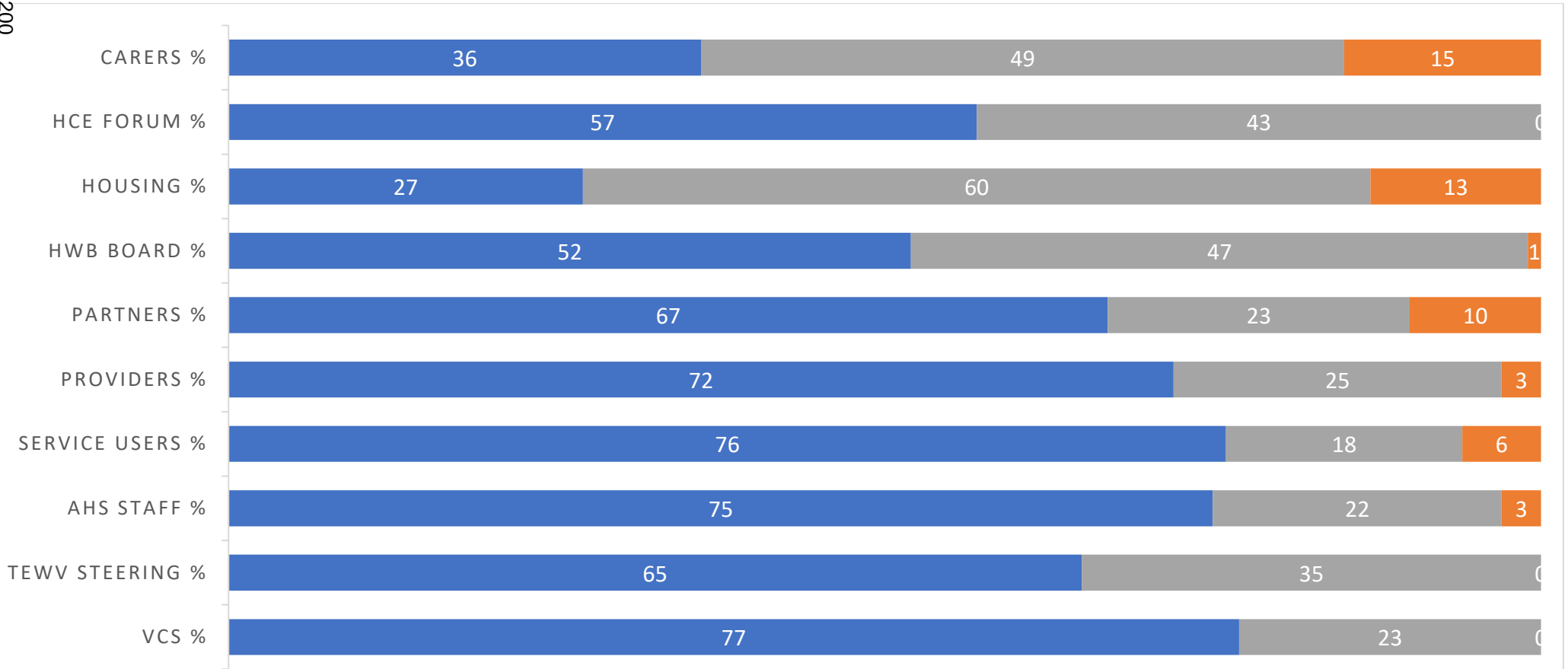


	Leadership %	Ensuring safety %	Providing support %	Working with people %
■ Positive	61	74	60	60
■ Neutral	30	22	35	30
■ Negative	9	4	5	10

Working with people – mood by cohort

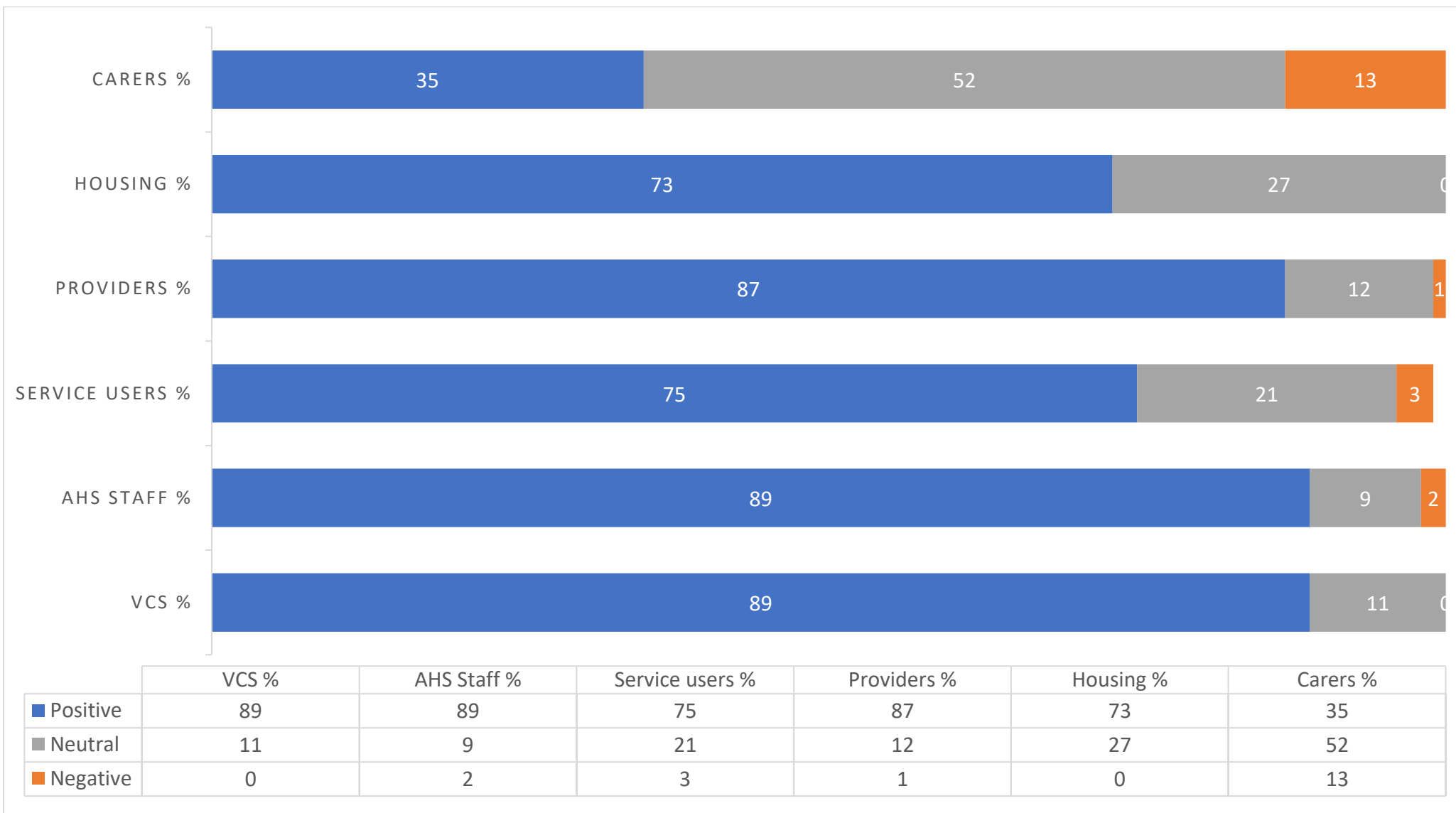


Providing support – mood by cohort



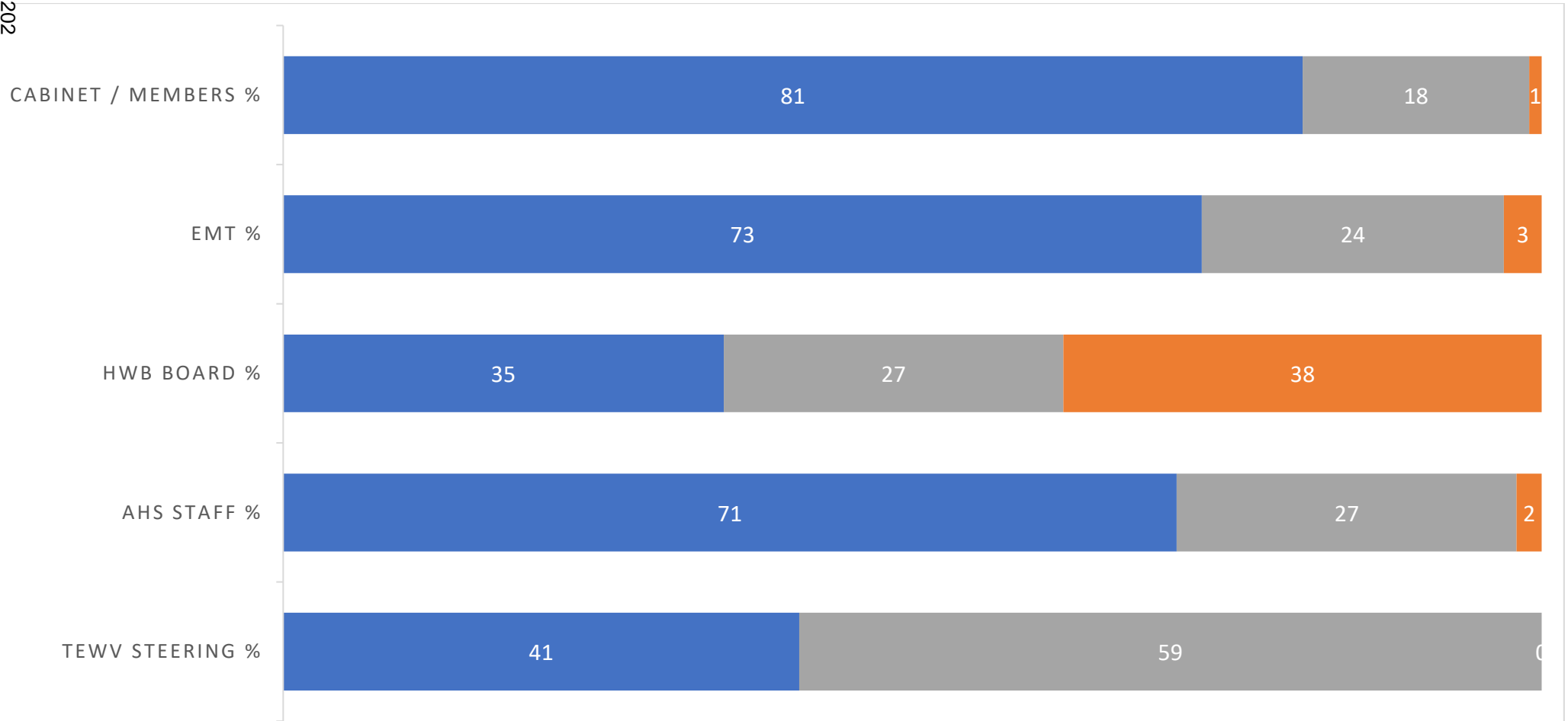
	VCS %	TEWV Steering %	AHS Staff %	Service users %	Providers %	Partners %	HWB Board %	Housing %	HCE Forum %	Carers %
■ Positive	77	65	75	76	72	67	52	27	57	36
■ Neutral	23	35	22	18	25	23	47	60	43	49
■ Negative	0	0	3	6	3	10	1	13	0	15

Ensuring safety – mood by cohort



Leadership – mood by cohort

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	TEWV Steering %	AHS Staff %	HWB Board %	EMT %	Cabinet / members %
■ Positive	41	71	35	73	81
■ Neutral	59	27	27	24	18
■ Negative	0	2	38	3	1

Areas raised by theme:

To identify higher and lower confidence checklist items within each cohort and within each theme, the following approach was taken:

- Percentages were calculated for each checklist item within each theme by each cohort according to the six response options:
 - Strongly agree.
 - Tend to agree.
 - Neither agree nor disagree.
 - Tend to disagree.
 - Strongly disagree.
- Higher confidence items were identified by combining “Strongly agree” and “Tend to agree” responses.
- Lower confidence items were identified by combining “Strongly disagree” and “Tend to disagree” responses.
- Where appropriate, these percentages were then used to identify high confidence and low confidence checklist items within each cohort for each theme.
- Where there were low return levels within a cohort, no checklist items were identified (see page 16 onwards for detail).

Higher confidence checklist items:

Potential positive areas by theme	
Working with people <ul style="list-style-type: none"> • Access to information (generally) • NB please refer to exception below relating to range of formats. • Access to services • Training and support available • Experienced, trained, knowledgeable assessment teams • Involvement • Supporting independence and right to choose • Wellbeing principle 	Providing support <ul style="list-style-type: none"> • Integration • Collaboration and working together • Agreements • Alignments • Understand client needs • High quality, safe, effective service delivery
Ensuring safety <ul style="list-style-type: none"> • Safety is a priority for everyone • Supported to make choices that balance risks • Information available • Lack of discrimination • Safeguarding enquiries 	Leadership <ul style="list-style-type: none"> • Processes, governance, effective oversight, accountability and management • Well-informed leaders • Equality, diversity and human rights • Stable leadership • Clear strategic ambition • Seeks guidance • Uses information • A learning service • Innovation and new ways of working

Lower confidence checklist items:

Potential areas for attention by theme	
<p>Working with people</p> <ul style="list-style-type: none"> • Access to information in a range of formats • Decline in health • Specialist support • Partnership working • Access to equipment and adaptations • Engaging with people • Unpaid carers • Direct payments • Charging • Strategies • Inequalities 	<p>Providing support</p> <ul style="list-style-type: none"> • Short breaks from providing care • Information sharing • Coproduction • Integrating care and support services • Collaboration • Contracting arrangements • Partnership working • Outside local authority arrangements • Funding • Voluntary Community Sector
<p>Ensuring safety</p> <ul style="list-style-type: none"> • Contact and raising concerns • Risks associated with continuity, transition, and change • Transparency around mistakes • Understanding of responsibilities 	<p>Leadership</p> <ul style="list-style-type: none"> • Improvement, innovation, research, and learning / evaluation and share • Co-production • Self-challenge / peer challenge • Perceptions relating to risk • Unpaid carers

Next steps

Confirming that we have fulfilled the brief:

- seeing ourselves through the eyes of others to inform and confirm our self-assessment judgements
- don't do your self-assessment in an ivory tower confined to the views of senior leaders. It should reflect the experiences of people with lived experience, professionals working in adult social care and the organisations who work with it

Concluding this phase of activity:

- Share results with service leaders
- Share results with participant colleagues

Maximising the use of this information:

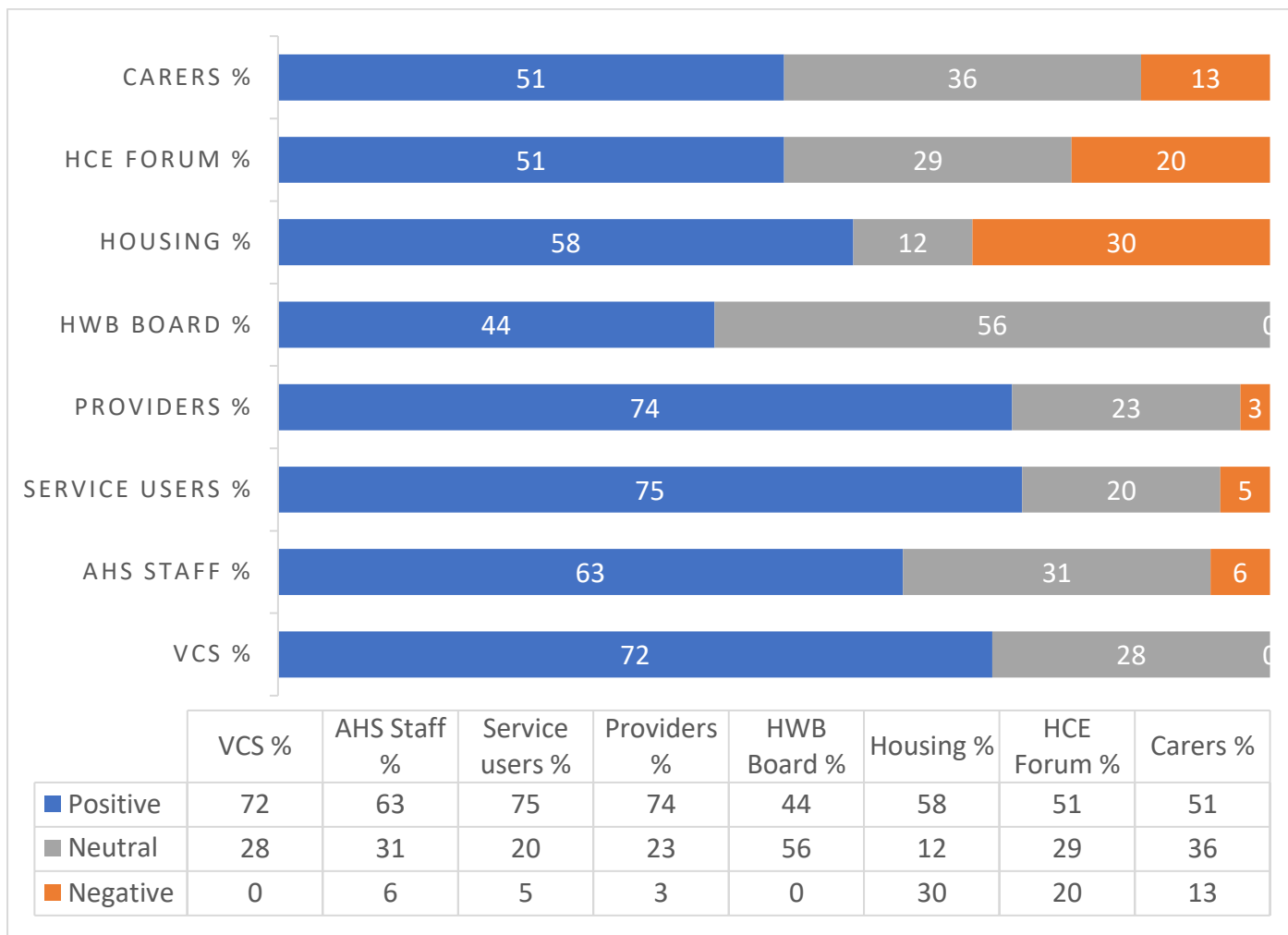
- Handover to service to examine exceptions and highlights for their themes
- Handover to service to determine items for further exploration / inclusion in service improvement agenda
- Service to do some more detailed analysis of highlights, exceptions and commentary, where there is a significant response level

Thinking about the future:

- Survey exercise lessons learned activity

Thematic analysis

Working with people – mood



Working with people	
Potential positive areas by theme	Potential areas for attention by theme
<ul style="list-style-type: none"> • Access to information (generally) • NB please refer to exception below relating to range of formats. • Access to services • Training and support available • Experienced, trained, knowledgeable assessment teams • Involvement • Supporting independence and right to choose • Wellbeing principle 	<ul style="list-style-type: none"> • Access to information in a range of formats • Decline in health • Specialist support • Partnership working • Access to equipment and adaptations • Engaging with people • Unpaid carers • Direct payments • Charging • Strategies • Inequalities

Potential positive areas identified within this theme:

- Access to information (generally) *NB please refer to exception below relating to range of formats.*
- Access to services
- Training and support available
- Experienced, trained, knowledgeable assessment teams
- Involvement
- Supporting independence and right to choose

Checklist items

- Checklist item: “The wellbeing principle is embedded throughout the local authority care and support system and is clearly promoted when carrying out all care and support functions.”
 - Within the provider cohort, 97% felt that the wellbeing principle is embedded throughout the local authority care and support system and is clearly promoted when carrying out all care and support functions.
 - Within the staff cohort, 87% felt that the wellbeing principle is embedded throughout the local authority care and support system and is clearly promoted when carrying out all care and support functions.
- Checklist item: “The local authority works with people, partners and the local community to make available a range of services, facilities and other measures to promote independence, and to support people to prevent, delay or reduce their needs for care and support.”
 - Within the provider cohort, 86% felt that the local authority works with people, partners and the local community to make available a range of services, facilities and other measures to promote independence, and to support people to prevent, delay or reduce their needs for care and support.
 - Within the staff cohort, 84% felt that the local authority works with people, partners and the local community to make available a range of services, facilities and other measures to promote independence, and to support people to prevent, delay or reduce their needs for care and support.

Survey questions with highest confidence rating for each cohort:

Carers

61% felt that they could **access information** regarding support to care needs, mental health and wellbeing for themselves or the person they care for from Durham County Council adult care services.

70% were aware they can access **training and support** either through Durham County Council or Durham County Carers Support.

Health Care Engagement Forum

No clear areas of highlight emerged due to low response rate.

Health and Wellbeing Board

100% **tended to agree** that the local authority is proactive in engaging with people more likely to have poor care, seldom heard groups and communities to understand the specific barriers to care and support experienced by them; working with those groups to co-produce actions to remove barriers and reduce inequalities. ***NB This was not a strong positive. Please refer to exception below relating to barriers and inequalities.***

Housing

No clear areas of highlight emerged due to low response rate.

Providers

97% felt that the **wellbeing principle** is embedded throughout the local authority care and support system and is clearly promoted when carrying out all care and support functions.

91% felt that the local authority has **assessment teams** who are appropriately trained and with the experience and knowledge necessary to carry out assessments, including specialist assessments.

86% felt that the local authority works with people, partners and the local community to make available a range of services, facilities and other measures to **promote independence**, and to support people to prevent, delay or reduce their needs for care and support.

Service users

92% felt **involved in decision making** when arranging their care and support.

79% agreed that care providers appointed by Adult Social Care Services to **support their independence**, are responsive and work to a high standard.

Staff

87% felt that the **wellbeing principle** is embedded throughout the local authority care and support system and is clearly promoted when carrying out all care and support functions.

87% felt that people's care and support reflect their **right to choose**, builds on strengths and assets, reflects what they want to achieve and how they wish to live their lives.

81% felt that the local authority has arrangements to tell people **how to access services** and facilities for help with non-eligible care and support needs and for referring to other agencies/departments.

84% felt that the local authority works with people, partners and the local community to make available a range of services, facilities and other measures to **promote independence**, and to support people to prevent, delay or reduce their needs for care and support.

84% felt that the local authority works with partners to deliver high-quality, responsive intermediate care and reablement services to enable people to return to their **optimal independence**.

VCS

No clear areas of highlight emerged due to low response rate.

Potential areas for attention identified within this theme:

- Access to information **in a range of formats**
- Decline in health
- Specialist support
- Partnership working
- Access to equipment and adaptations
- Engaging with people
- Unpaid carers
- Direct payments
- Charging
- Strategies
- Inequalities

Checklist items:

- Checklist item:
 - Within the carers cohort, 37% felt that the person they care for has been able to access support and financial guidance by Adult Social Care Services to assist with adaptations.
 - Within the provider cohort, 57% felt that people in the area have access to equipment and minor home adaptations required to maintain their independence and continue living in their own homes. They have information on accessing a Disabled Facilities Grant.

- Checklist item:
 - Within the provider cohort, 53% felt that the local authority is proactive in engaging with people more likely to have poor care, seldom heard groups and communities to understand the specific barriers to care and support experienced by them.
 - Within the staff cohort, 48% felt that the local authority has clear priorities and objectives regarding improving experiences and outcomes for people who are more likely to have poor care, with a coherent and adequately resourced delivery plan.

Survey questions with lowest confidence rating for each cohort:

Carers

38% felt that the person they care for can **access information** surrounding their care in a range of formats suitable to their needs.

33.5% felt that if they or the person they care for suffers a **decline in health**, wellbeing or abilities, Adult Social Care Services act swiftly to support them, regardless of this being a short- or longer-term need.

37% felt that the person they care for has been able to access support and financial guidance by Adult Social Care Services to assist with **adaptations**.

39% felt that, where applicable, Adult Social Care Services responded well when the person they care for has requested **specialist support**.

Health Care Engagement Forum

No clear areas of exception emerged due to low response rate.

Health and Wellbeing Board

33% felt that the local authority **works with people, partners, and the local community** to make available a range of services, facilities, and other measures to promote independence, and to support people to prevent, delay or reduce their needs for care and support.

Housing

No clear areas of exception emerged due to low response rate.

Providers

57% felt that people in the area have **access to equipment and minor home adaptations** required to maintain their independence and continue living in their own homes. They have information on accessing a Disabled Facilities Grant.

53% felt that the local authority is proactive in **engaging with people** more likely to have poor care, seldom heard groups and communities to understand the specific barriers to care and support experienced by them. *(Report writer note: ie difficult to reach groups / inequality)*

Service users

58% felt that where they are supported by someone who is an **unpaid carer**, the unpaid carers are aware they can access training and support in their role as a carer.

54% felt that where they are supported by someone who is an **unpaid carer**, the unpaid carer and I can access independent advocacy services to support with planning my care needs.

Staff

19% felt that people have timely access to **direct payments**; processes are easy to use and enable people to maximise their choice and control about how to meet their support needs.

39% felt that the local authority has a clear, **co-produced strategy to prevent, delay or reduce** care and support needs and a coherent and adequately resourced delivery plan.

39% felt that the local authority has arrangements to monitor and evaluate the impact of its **prevention strategy** and the outcomes for individuals and the community.

35% felt that **charging arrangements** for preventative services do not lead to **inequality** of access for people living in the area.

26% felt that the local authority has undertaken **equality impact assessments** of its care and support policies and processes. It has acted on any recommendations arising from them.

48% felt that the local authority has clear priorities and objectives regarding **improving experiences** and outcomes for people who are **more likely to have poor care**, with a coherent and adequately resourced delivery plan. *(Report writer note: ie difficult to reach groups / inequality)*

VCS

No clear areas of exception emerged due to low response rate.

Working with people - example commentary

Staff

I believe advocacy in Durham is struggling to match demand. Also it is not always requested when appropriate. People rarely ask for this support themselves so it should be offered / promoted by others who are involved in their care and support.

Providers

Care plan assessments are taking too long to complete, there is little to no communication as to who is the responsible care coordinator for each client and no contact phone numbers or emails are readily shared to service providers.

Clear risk management at the assessment process is laid out in terms of what risks are identified and where service users wish to take these risks that they are aware of the possible outcomes and how they can review this if they change their mind.

Carers

When my mam was receiving home based care we receive a copy of the assessment to review, sign and return. However when she moved into residential care on a temporary basis, and when she was assessed for suitability for permanent residency, we did not receive a copy of the outcomes of these assessments.

Voluntary community sector

People in the area have access to equipment and minor home adaptations required to maintain their independence and continue living in their own homes.

Staff

Referrals are screened by the manager and a waiting list letter goes out if it is thought suitable to wait but I feel people with cancer should not just be put on the waiting list. Sometimes I feel embarrassed when I get to do an assessment for someone who has a life limiting illness who has been waiting for a visit. This is also the case for service users waiting for adaptations. A life limiting illness does not mean they get any priority which is morally wrong.

Carers

The Durham County Carers have always been very understanding and helpful in many areas. I know if I need any sort of help the agency would be my first port of call.

Health Care Engagement Forum

Due to current waiting lists for some services, people are not always being supported to prevent or delay the need for care and support, and are in fact deteriorating whilst waiting, so care and support needs are increased.

Housing

From what we have seen the majority of the time this is what the LA works to achieve (ie prevent, delay, reduce need for care and support) however more work could be done with local voluntary services to see what more could be done.

Service users

I was asked lots of questions and felt involved in my original assessment.

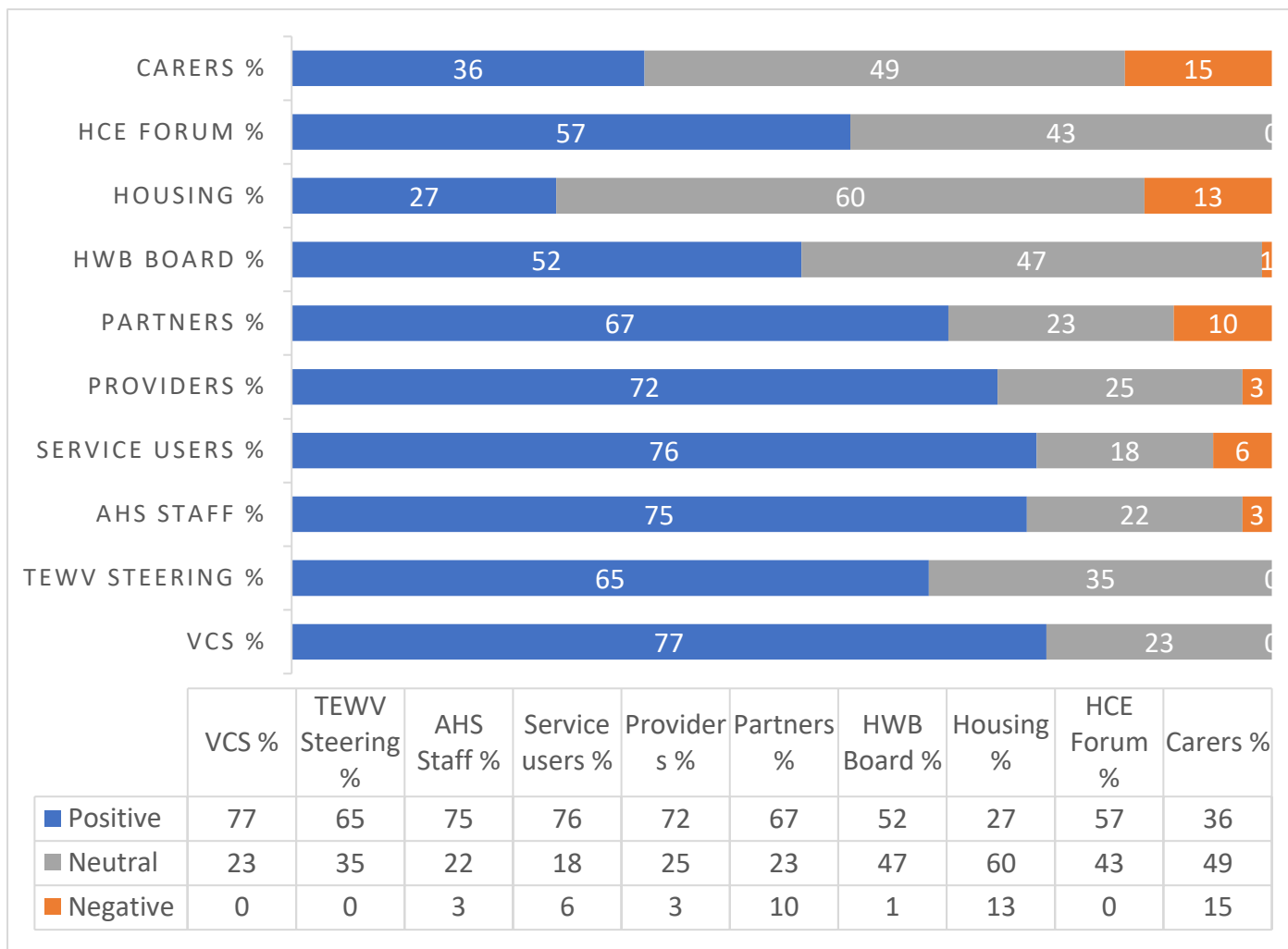
The person carrying out the assessment was very professional, kind, and knowledgeable. They treated me as an individual and I felt the questions they were asking enabled them to fully understand my needs.

Health and Wellbeing Board

We have prevention services, but do people know about them... how do they find out what is available... can be phone, or online, not everyone has access... also, some people wouldn't know what to ask to find out... paper/publications... but need to get the information out there in a format for everyone.

Equity and Access... there needs to be access into services, Social Care Direct, locality teams... in different part of the county there are different services... need similar experience across the County... also need to work with Dom Care in rural areas... number of carers... need to look at working times and care packages... need a sustainable market with a range of services.

Providing support - mood



Providing support	
Potential positive areas by theme	Potential areas for attention by theme
<ul style="list-style-type: none"> • Integration • Collaboration and working together • Agreements • Alignments • Understand client needs • High quality, safe, effective service delivery 	<ul style="list-style-type: none"> • Short breaks from providing care • Information sharing • Coproduction • Integrating care and support services • Collaboration • Contracting arrangements • Partnership working • Outside local authority arrangements • Funding • Voluntary Community Sector

Potential positive areas identified within this theme:

- Integration
- Collaboration and working together
- Agreements
- Alignments
- Understand client needs
- High quality, safe, effective service delivery

Checklist items:

- Checklist items:
 - Please note the items below which show high confidence ratings for collaboration and working together across a variety of areas

Survey questions with highest confidence rating for each cohort:

Carers

No clear areas of highlight emerged from two questions asked in this theme. *NB Please refer to the two lower confidence rated items below.*

Health Care Engagement Forum

No clear areas of highlight emerged due to low response rate.

Health and Wellbeing Board

100% tended to agree that the local authority has agreed roles, responsibilities and accountabilities with partner agencies for delivering shared priorities. *NB This was not a strong positive.*

100% tended to agree that there are enabling mechanisms such as pooled budgets, information sharing arrangements, governance protocols, co-location and integration of staff teams from partner organisations. *NB This was not a strong positive.*

Housing

No clear areas of highlight emerged due to low response rate.

Partners

75% felt that the local authority **works with local stakeholders** to understand the care and support needs of people and communities, including people who fund or arrange their own care, now and in the future. They use this to shape and develop the market so that people have access to a diverse range of local support options to meet their care and support needs that are safe, effective, affordable and high-quality.

83% felt that commissioning strategies are **co-produced** with stakeholders and people in the local community. Local authority strategies are aligned with the strategic objectives of partner agencies.

75% felt that the local authority works **collaboratively** with partners so that it commissions models of care and support that are in line with recognised best practice.

75% felt that the local authority has **agreed roles, responsibilities and accountabilities** with partner agencies for delivering shared priorities, for example Better Care Fund, Continuing Health Care, Hospital Discharge, Delayed Transfers of Care, and Transforming Care. There are enabling mechanisms such as pooled budgets, information sharing arrangements, governance protocols, co-location and integration of staff teams from partner organisations.

75% felt that the local authority prioritises **integration** of services in areas such as reablement, intermediate care and end of life care services where evidence shows this improves people's wellbeing. This takes account of the key national and local priorities and objectives.

Providers

85% felt that the local authority **works with local stakeholders** to understand the care and support needs of people and communities, including people who fund or arrange their own care, now and in the future.

87% felt that the local authority works **collaboratively** with partners so that contracting arrangements are person-centred, efficient and effective.

85% felt that **working with partners** and other authorities creates efficiencies and achieves better outcomes for people.

90% felt that the local authority understands its **current and future workforce needs**. It works in partnership with care providers, including personal assistants and other agencies, to develop, support and promote a capable and effective workforce. This facilitates and supports quality improvement and encourages training and development for the care and support workforce.

Service users

91% agreed Adult Social Care Services work well with others to **understand what clients need**.

94% felt that Adult Social Care Services work well with others to **deliver safe and effective services**.

97% felt that the care and support they receive from Adult Social Care Services is **good and delivered to a high standard**.

Staff

95% felt that the local authority **works with local stakeholders** to understand the care and support needs of people and communities, including people who fund or arrange their own care, now and in the future.

88% felt that they then use this to shape and develop the market so that people have access to a diverse range of local support options to meet their care and support needs that are safe, effective, affordable and high-quality.

88% felt that local authority **strategies are aligned** with the strategic objectives of partner agencies (for example, health, housing, public health).

88% felt that the local authority works **collaboratively** with local partners to agree and align priorities and responsibilities and this enables the local authority to identify, understand and address the needs of the whole community, including inequalities.

88% felt that services **work together** to provide better outcomes and enhance the wellbeing of people who need care and support and unpaid carers.

TEWV Steering Group

No clear areas of highlight emerged due to low response rate.

VCS

No clear areas of highlight emerged due to low response rate.

Potential areas for attention identified within this theme:

- Short breaks from providing care
- Information sharing
- Coproduction
- Integrating care and support services
- Collaboration
- Contracting arrangements
- Partnership working
- Outside local authority arrangements
- Funding
- VCS

Checklist items

- Checklist item: “The local authority monitors and evaluates the impact of its partnership working on the costs of social care and the outcomes for people. This informs ongoing development and continuous improvement.”
 - Within the partners cohort, 58% felt that the local authority monitors and evaluates the impact of its partnership working on the costs of social care and the outcomes for people. This informs ongoing development and continuous improvement.
 - Within the staff cohort, 50% felt that the local authority monitors and evaluates the impact of its partnership working on the costs of social care and the outcomes for people and that this informs ongoing development and continuous improvement.
- Checklist item: “There is minimal need for people to receive services or support from outside of the local authority area.”
 - Within the provider cohort, 59% felt that there is minimal need for people to receive services or support from outside of the local authority area.
 - Within the staff cohort, 44% felt that there is minimal need for people to receive services or support from outside of the local authority area.

Survey questions with lowest confidence rating for each cohort:

Carers

47% understood that Adult Social Care Services can arrange temporary replacement or respite care when they need to take a **short break** from providing care.

26% felt that where several agencies are working with the person they care for, they **share information** well, so they only need to communicate information once.

Health Care Engagement Forum

No clear areas of exception emerged due to low response rate.

Health and Wellbeing Board

54% felt that commissioning strategies are **co-produced** with stakeholders and people in the local community. Local authority strategies are aligned with the strategic objectives of partner agencies.

63% felt that the local authority actively works towards **integrating care and support services** with those provided by the NHS and by other partner agencies, such as housing, employment, transport, and leisure. 100% either did not know or tended to disagree that these services work together to provide better outcomes and enhance the wellbeing of people who need care and support and unpaid carers.

43% felt that the local authority prioritises **integration of services** in areas such as reablement, intermediate care and end of life care services where evidence shows this improves people’s wellbeing.

Housing

No clear areas of exception emerged due to low response rate.

Partners

58% felt that the local authority works **collaboratively** with partners so that **contracting arrangements** are person-centred, efficient, and effective. These support the delivery of high-quality care, experiences, and outcomes for people.

42% felt that the local authority **works with partners and neighbouring authorities** to respond to specialist needs and to jointly commission specialist services when required. This creates efficiencies and achieves better outcomes for people.

58% felt that the local authority **works with providers and stakeholders** to ensure services are sustainable, affordable and provide continuity for people. **Contracting arrangements** support this (e.g. contract duration supports continuity). The local authority collaborates with service providers to ensure that the cost of care is transparent and fair.

58% felt that the local authority **monitors and evaluates the impact of its partnership working** on the costs of social care and the outcomes for people. This informs ongoing development and continuous improvement.

Providers

59% felt that there is minimal need for people to receive services or support from **outside of the local authority area**.

56% felt that the **collaborative working** enables the local authority to identify, understand and address the needs of the whole community, including inequalities.

51% felt that the local authority **works with partners** to deliver high-quality, responsive intermediate care and reablement services to enable people to return to their optimal independence.

Service users

56% felt that where there was **funding** available towards supporting their care needs, they were informed of this.

54% felt that where someone provides unpaid care, they understand that Adult Social Care Services can arrange temporary replacement care should the unpaid carer need to take **a short break** from providing care.

53% felt that Adult Social Care Services recognise the contribution of **voluntary and charity services** in the provision of care and support.

Staff

44% felt that there is minimal need for people to receive services or support from **outside of the local authority area**.

50% felt that commissioning strategies are **co-produced** with stakeholders and people in the local community.

44% felt that **contracting arrangements** support the local authority **working with providers and stakeholders** to ensure services are sustainable, affordable and provide continuity for people.

50% felt that unpaid carers have timely access to high-quality replacement care for **short breaks** and **unplanned situations**.

50% felt that the local authority **monitors and evaluates the impact of its partnership working** on the costs of social care and the outcomes for people and that this informs ongoing development and continuous improvement.

TEWV Steering Group

No clear areas of exception emerged due to low response rate.

VCS

No clear areas of exception emerged due to low response rate.

Providing support - example commentary

Staff

It can be difficult at times to identify accommodation for people in the LD / MH world often requiring commissioning team to vary from the preferred framework providers. In terms of older people care there are a sufficient amount of beds across the County but there is an ongoing issue around recruitment of staff - the same would apply in the domiciliary world.

Providers

When discussing potential transition as adults there seems to be a lack of fully-funded quality residential services for complex individuals with behaviour that challenges. Supported living placements are preferred, which may not suit all individuals and changes to financial arrangements can be concerning for parents.

Carers

No appropriate respite was available when we needed it - my 24 year old grandson was placed in an old people's home alongside older people with dementia

Health Care Engagement Forum

I agree that the LA recognises and values the voluntary and community sector, but don't agree that those organisations are promoted as equal partners.

Housing

Feel very strongly that there is a shortfall in the lack of care for elderly/dementia patients in Care Homes. The level of facilities/care is very sub-standard, not saying that people are neglected in the care home but for self funders who are paying over £4000 for dementia care like my mother in law - Care Home is shabby, meals are okay but not great and not enough trips out, activities or stimulation. But for families no other choice when someone needs 24.7 and you have to work, there are no alternatives? Feel very strongly as have a good understand of the system now and just not good enough. People have contributed to society and now have basic options.

VCS

Structure of boards demonstrates (the contribution VCS can make) however, can reach more voluntary sector organisations as some smaller organisations can't be involved in larger panels and boards within the LA.

Service users

Good networking between disciplines, with knowledgeable staff.

Social services made sure the care company was fully aware of my needs. They also organised for another company to provide me with some support aids.

Our social worker is second to none - an amazing lady who over the last two years has gone beyond her role to support me and my husband.

Partners

Very good response to latest BMA guidance on Eating and Drinking with Acknowledged Risk Policy (EDAR) updates. This has so far included signposting to relevant stakeholders, support to engage with Care Homes and on-going involvement in planning effective education programme to Care Homes.

TEWV Steering Group

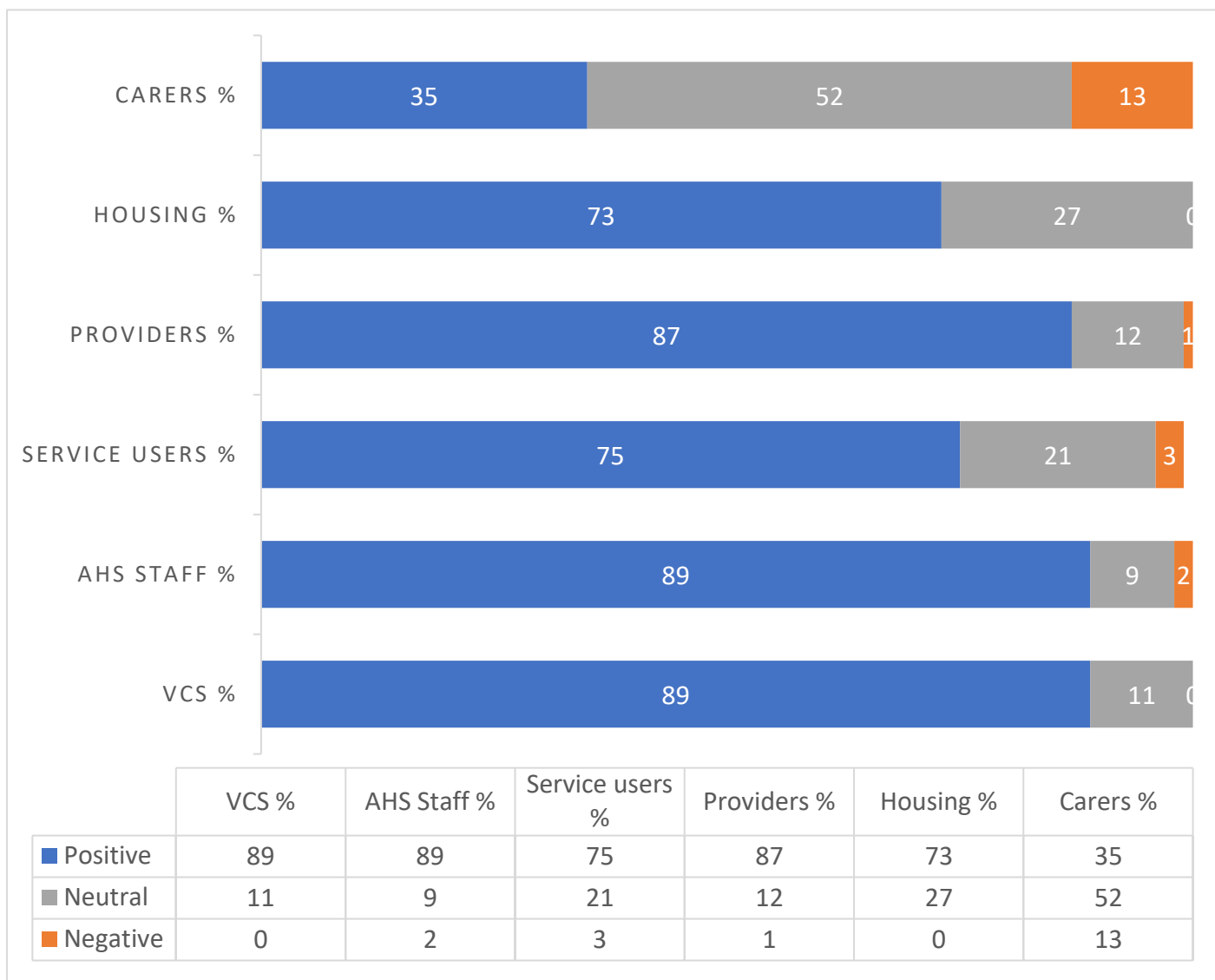
In my position I attend collaborative meetings with the ICB, DCC and other partners looking at commissioning packages of care and new services. where service provision is not suitable or lacking in quality we look at developing new services that meet the needs of our service users. I think our biggest challenge is where we find service users placed in area, by other local authorities with limited or poor information sharing leading to complex issues.

Health and Wellbeing Board

Thinking about care pathways... there need to be clear definitions... in terms of the pathways, the service user does not care who provides – they just need the provision... there needs to be a smooth transition from CCG to ICS

Positive points are the links with NHS and DCC... they are really good... the County Durham Care Partnership is really good... there are strong relationships... the Local Resilience Forum – Local Authority - NHS collaboration is positive.

Ensuring Safety - mood



Ensuring safety	
Potential positive areas by theme	Potential areas for attention by theme
<ul style="list-style-type: none"> • Safety is a priority for everyone • Supported to make choices that balance risks • Information available • Lack of discrimination • Safeguarding enquiries 	<ul style="list-style-type: none"> • Contact and raising concerns • Risks associated with continuity, transition, and change • Transparency around mistakes • Understanding of responsibilities

Potential positive areas identified within this theme:

- Safety is a priority for everyone
- Supported to make choices that balance risks
- Information available
- Lack of discrimination
- Safeguarding enquiries

Checklist items

- Checklist item: "Safety is a priority for everyone."
 - Within the provider cohort, 100% felt that safety is a priority for everyone, and leaders embed a culture of openness and collaboration.
 - Within the service user cohort, 94% agreed Adult Social Care Services treated their safety as a priority.
- Checklist item: "There is clarity on what constitutes a safeguarding concern and concerns arising from the quality of services."
 - Within the provider cohort, 100% felt that there is clarity on what constitutes a safeguarding concern and concerns arising from the quality of services.
 - Within the staff cohort, 100% felt that there is clarity on what constitutes a safeguarding concern and concerns arising from the quality of services.
- Checklist item: "People are supported to make choices that balance risks with positive choice and control in their lives."
 - Within the provider cohort, 100% felt that people are supported to make choices that balance risks with positive choice and control in their lives.
 - Within the staff cohort, 100% felt that people are supported to make choices that balance risks with positive choice and control in their lives.

Survey questions with highest confidence rating for each cohort:

Carers

No clear areas of highlight emerged from four questions asked in this theme. *NB Please refer to the four lower confidence rated items below.*

Housing

No clear areas of highlight emerged due to low response rate.

Providers

100% felt that **safety is a priority** for everyone, and leaders embed a culture of openness and collaboration.

100% felt that there is **clarity** on what constitutes a safeguarding concern and concerns arising from the quality of services.

100% felt that people are supported to make **choices that balance risks** with positive choice and control in their lives.

100% felt that people in the area have access to clear, accessible, good quality **information** about safeguarding and the types of abuse.

Service users

94% agreed Adult Social Care Services treated their **safety as a priority**.

91% feel safe and **not discriminated against** when dealing with Adult Social Care Services.

Staff

100% felt that relevant agencies are **informed** of the outcomes of safeguarding enquiries when it is necessary to the ongoing safety of the person concerned.

100% felt that people are supported to make choices that balance risks with positive choice and control in their lives.

100% felt that **safeguarding enquiries** are carried out sensitively and without delay, keeping the wishes and best interests of the person concerned at the centre.

100% felt that there is clarity on what constitutes a **safeguarding concern** and concerns arising from the quality of services.

100% felt that the scope of **safeguarding enquiries** includes people who are subject to modern slavery or human trafficking.

VCS

No clear areas of highlight due to low response rate.

Potential areas for attention identified within this theme:

- Contact and raising concerns
- Transitions
- Risks associated with continuity, transition, and change
- Transparency around mistakes
- Understanding of responsibilities

- Checklist item: “The local authority carries out effective and timely transition assessment and planning when young people and carers move from children’s to adult services to ensure a seamless, co-ordinated and person-centred process.”
 - Within the provider cohort, 27% felt that the local authority carries out effective and timely transition assessment and planning when young people and carers move from children’s to adult services to ensure a seamless, co-ordinated and person-centred process.
 - Within the service user cohort, 59% felt that if they were cared for by Social Services as a young person, Adult Social Care Services carried out a care needs assessment when they moved from children’s services to adult care.
 - Within the staff cohort, 42% felt that the local authority carries out effective and timely transition assessment and planning when young people and carers move from children’s to adult services to ensure a seamless, co-ordinated and person-centred process.

Survey questions with lowest confidence rating for each cohort:

Carers

42% felt that Adult Social Care Services treat the **safety** of the carer and the person they care for as a **priority**.

55% felt that the carer and the person they care for know who we need to **contact** if they have any concerns relating to safety.

23% felt that where they have had to **raise a safety concern**, Adult Social Care Services supported them with this concern and acted on this in their best interest.

22% felt that where they **raised a concern about care or safety**, they felt that everyone concerned was made aware of the outcome to the concern.

(NB there were high level of neutral for the above, where respondents selected “Neither agree nor disagree” and “Don’t know”.)

Housing

No clear areas of exception emerged due to low response rate.

Providers

59% felt that the local authority understands where there are **risks to the continuity of people's support**. It has plans to mitigate and manage them so that people's safety is maintained, for example when moving between children and adult services and discharge from hospital.

27% felt that the local authority carries out effective and timely **transition** assessment and planning when young people and carers move from children's to adult services to ensure a seamless, co-ordinated and person-centred process.

Service users

53% felt that where **mistakes around their safety** are made, Adult Social Care Services are open about the mistake.

51% felt that where they moved from another area into Durham, Adult Social Care Services ensured there was no **interruption to their care** when moving.

59% felt that if they were cared for by Social Services as **a young person**, Adult Social Care Services carried out a care needs assessment when they moved from children's services to adult care.

Staff

42% felt that the local authority carries out effective and timely **transition** assessment and planning when young people and carers move from children's to adult services to ensure a seamless, co-ordinated and person-centred process.

50% felt that there is a clear **understanding of responsibilities**, including funding arrangements.

VCS

No clear areas of exception emerged due to low response rate.

Ensuring safety - example commentary

Staff

I feel the understanding of each others roles and the ability to address certain issues remains a significant issue. For instance (partners) passing alerts over for issues which are predominantly in the criminal offence arena. (Named service) raising safeguards when the main issue is actually (Named service). Yes we should work in partnership however a lot of time is wasted with services not taking responsibility.

Providers

Funding of IC care packages and when they end could be better communicated. Splits between CHC and Social Services could be better communicated. Payments system Azeus still used old provision figures, which are not updated regularly or correctly. This is difficult to navigate for providers.

Carers

I have been able to get what my mum needs but I don't feel we are treated as a "priority". The stress on the system is pointed out regularly. And there's the "We're currently experiencing very high call volumes..." every time I have to ring anyone.

Service users

The carer noticed redness on my right leg and phoned for advice. I was taken to hospital by ambulance and treated for a suspected blood clot.

My carers ask if I am ok, but I cannot recall social services phoning to see if I am ok. They have given me a number to call if I have any problems, so I assume they think that because I have not called them, I am OK.

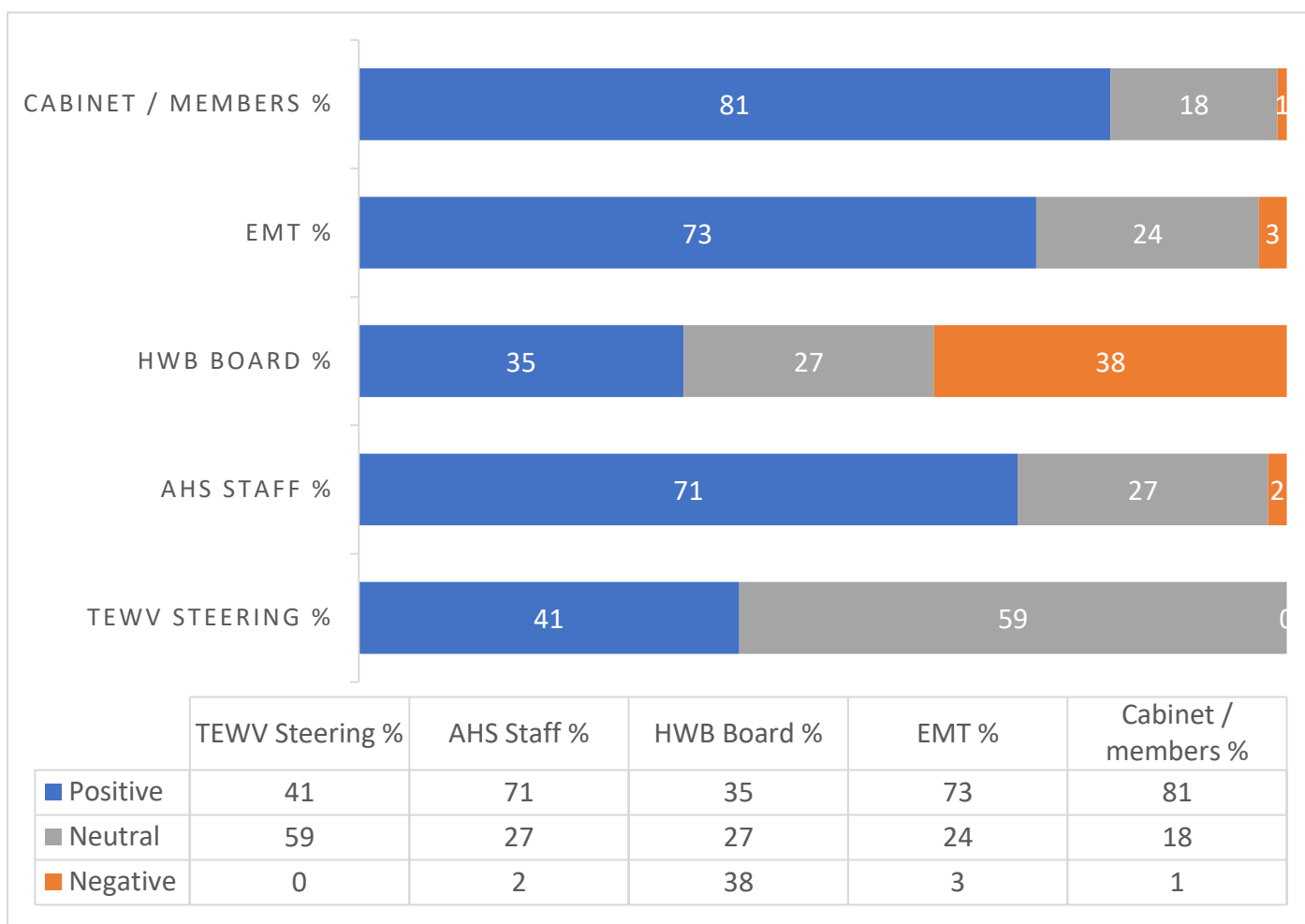
Housing

Can't answer about how people feel - although getting support, they may still feel afraid or vulnerable.

VCS

The system has got better. Information sharing amongst people that care for the individual at all levels needs to be centralised.

Leadership - mood



Leadership	
Potential positive areas by theme	Potential areas for attention by theme
<ul style="list-style-type: none"> Processes, governance, effective oversight, accountability and management Well-informed leaders Equality, diversity and human rights Stable leadership Clear strategic ambition Seeks guidance Uses information A learning service Innovation and new ways of working 	<ul style="list-style-type: none"> Improvement, innovation, research, and learning / evaluation and share Co-production Self-challenge / peer challenge Perceptions relating to risk Unpaid carers

Potential positive areas identified within this theme:

- Processes, governance, effective oversight, accountability and management
- Well-informed leaders
- Equality, diversity and human rights
- Stable leadership
- Clear strategic ambition
- Seeks guidance
- Uses information
- A learning service
- Innovation and new ways of working

Checklist items

- Checklist item: “There is a stable adult social care leadership team with clear roles, responsibilities and accountabilities.”
 - Within the Cabinet and Cabinet members cohort, 91% felt that there is a stable adult social care leadership team with clear roles, responsibilities and accountabilities.
 - Within the EMT cohort, 92% felt that there is a stable adult social care leadership team with clear roles, responsibilities and accountabilities.
- Checklist item: “Equality and human rights and diversity principles are embedded in the local authority’s values, culture, and leadership behaviour.”
 - Within the Cabinet and Cabinet members cohort, 91% felt that equality and human rights and diversity principles are embedded in the local authority’s values, culture, and leadership behaviour.
 - Within the EMT cohort, 91% felt that equality and human rights and diversity principles are embedded in the local authority’s values, culture, and leadership behaviour.
- Checklist item: “The local authority uses information about risks, performance, and outcomes to inform strategy, to improve care and support for adults.”
 - Within the EMT cohort, 92% felt that the local authority uses information about risks, performance, and outcomes to inform strategy, to improve care and support for adults.
 - Within the staff cohort, 80% felt that the local authority uses information about risks, performance and outcomes to inform strategy and to improve care and support.

Survey questions with highest confidence rating for each cohort:

Cabinet members and members

91% felt that there are robust **processes** to support evidence-based delivery of adult social care, oversight of quality, support learning and development, and performance management.

91% felt that there is a **stable adult social care leadership team** with clear roles, responsibilities and accountabilities.

91% felt that the local authority’s political and executive leaders are **well informed about the potential risks** facing adult social care.

91% felt that **equality and human rights and diversity principles** are embedded in the local authority’s values, culture, and leadership behaviour.

91% felt that the local authority has a **clear strategic ambition** and objectives regarding improving outcomes for unpaid carers, with a coherent and adequately resourced delivery plan.

EMT

92% felt that the local authority **uses information** about risks, performance, and outcomes to inform strategy, to improve care and support for adults.

92% felt that there is a **stable adult social care leadership team** with clear roles, responsibilities, and accountabilities.

91% felt that all levels of Council **governance and management**, function effectively and interact with each other appropriately.

91% felt that **equality and human rights and diversity principles** are embedded in the local authority's values, culture, and leadership behaviour.

91% felt that the local authority **seeks guidance** and support to improve when necessary.

Health and Wellbeing Board

No clear areas of highlight emerged from three questions asked in this theme. *NB Please refer to the three lower confidence rated items below.*

Staff

80% felt that the local authority **uses information** about risks, performance and outcomes to inform strategy and to improve care and support.

80% felt that the local authority has **effective budget oversight, accountability and governance** to ensure its ability to meet statutory duties.

87% felt that there is a strong focus on **continuous learning and improvement**. This includes through appropriate use of external accreditation, shared learning, best practice and research in adult social care.

80% felt that **innovation and new ways of working**, including technology, are encouraged and supported to improve people's health and well-being outcomes.

80% felt that the local authority **engages with and contributes** to system wide reviews of adult social care and demonstrates that it embeds and shares the learning from them.

TEWV Steering Group

No clear areas of highlight emerged due to low response rate.

Potential areas for attention identified within this theme:

- improvement, innovation, research, and learning / evaluation and share
- co-production
- self-challenge / peer challenge
- perceptions relating to risk
- unpaid carers
- Checklist item: "The local authority designs systems and services around people and carers who need support by working with communities and individuals at all levels of the system."
 - Within the EMT cohort, 50% felt that the local authority designs systems and services around people and carers who need support by working with communities and individuals at all levels of the system.
 - Within the Health and Wellbeing Board cohort, 44.5% felt that the local authority designs systems and services around people and carers who need support by working with communities and individuals at all levels of the system.

Survey questions with lowest confidence rating for each cohort:

Cabinet members and members

63 % felt that the local authority has arrangements to support **improvement, innovation and research**, and processes for evaluating and sharing **learning**.

63% felt that the local authority seeks guidance and support to **improve** when necessary.

EMT

50% felt that the local authority **designs systems and services around people and carers** who need support by working with communities and individuals at all levels of the system.

42% felt that the local authority **embeds learning from people's feedback** about their experiences of care and support, to improve strategy, improvement activity and decision making. This is monitored and evaluated to ensure outcomes.

50% felt that **co-production is embedded** throughout the local authority's work.

50% felt that the local authority uses other support organisations when it identifies **risks** and areas for **improvement** in adult social care.

Health and Wellbeing Board

44.5% felt that the local authority **designs systems and services around people and carers** who need support by working with communities and individuals at all levels of the system.

30% felt that **innovation** and new ways of working, including technology, are encouraged, and supported to improve people's health and well-being outcomes.

30% felt that the local authority **challenges** its own performance and invites external challenge especially linked to adult social care.

Staff

47% felt that the local authority's **political and executive leaders** are well informed about the potential **risks** facing adult social care.

47% felt that the local authority reflects the potential risks facing adult social care in their corporate **risk** registers and take them fully into account in their decision-making.

47% felt that the local authority has a clear strategic ambition and objectives regarding improving outcomes for **unpaid carers**, with a coherent and adequately resourced delivery plan.

TEWV Steering Group

No clear areas of exception emerged due to low response rate.

Leadership - example commentary

Staff

The response to safeguard enquiries within the department/across teams (including integrated teams) is not consistent and often unsafe. In my opinion the practice and supervision of some frontline and managers performance is not adequate. The poor response to safeguard and poor practice often results in staff creating the actual safeguard concern.

In my opinion with more robust performance management, training and guidance performance can improve but managers need to be knowledgeable of the process of safeguard in order to support staff performance.

TEWV Steering Group

Clear structure in DCC with identified officers with defined responsibilities

Cabinet

I have seen the council's use of innovation and new ways of working. I have also seen it recognised and celebrated - an example is DCC winning two accolades at the national Reminiscence Interactive Therapy Activities (RITA) awards 2022.

EMT

The authority generally produces a wide range of statistics through corporate teams. However, this is not always aligned well with what service areas would genuinely benefit from.

Health and Wellbeing Board

A weakness is involving people in the design of internal processes - such as Social Care Direct etc – and that experience of being assessed

Another good example is Hawthorn House... this has been developed by engaging with the people who use it... it has an outstanding CQC rating... building work is going on at present based on the gaps and service user needs... this is evidence on how we engage with people for things like this

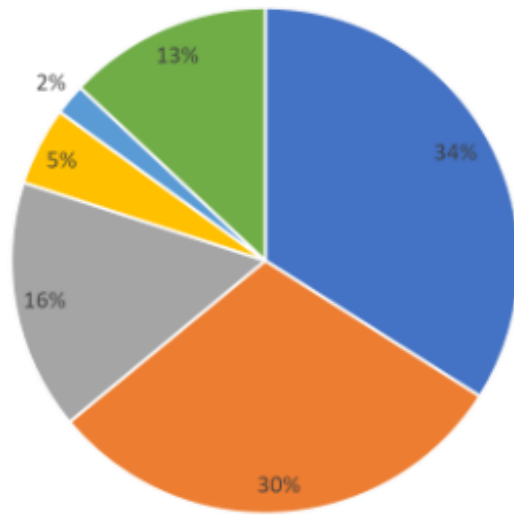
Additional material

Links to background documents

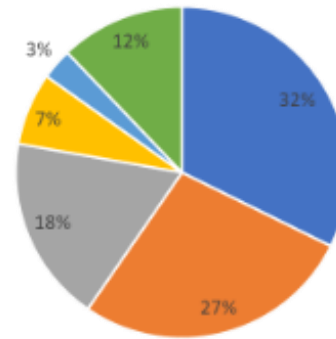
- [01 Report by cohort](#)
- [02 Summary by Cohort – presentations](#)
- [03 Summary by theme – presentations](#)
- [04 Highest and lowest confidence checklist items](#)
 - [Highest and lowest confidence checklist items - Ensuring Safety.docx](#)
 - [Highest and lowest confidence checklist items - Leadership.docx](#)
 - [Highest and lowest confidence checklist items - Providing Support.docx](#)
 - [Highest and lowest confidence checklist items - Working with people.docx](#)
- [05 Survey summary](#)
 - [2023 08 Meeting survey summary presentation.pptx](#)
 - [2023 08 Full Survey summary.pptx](#)

Overall pie charts

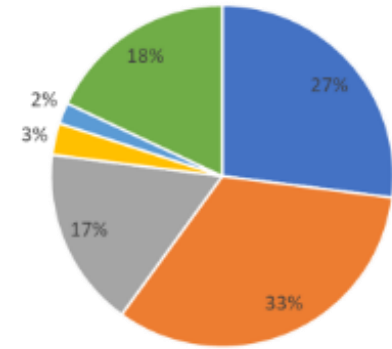
Adult care overall



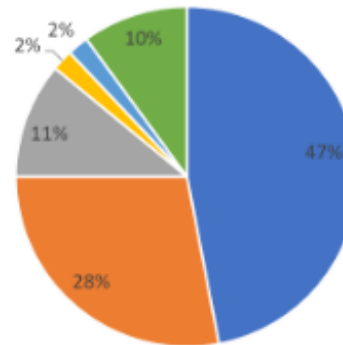
Working with people overall



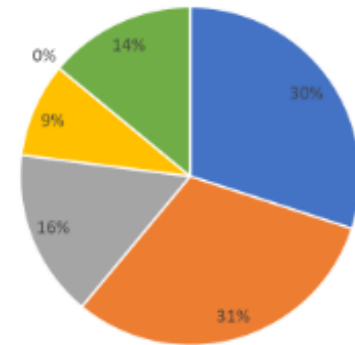
Providing support overall



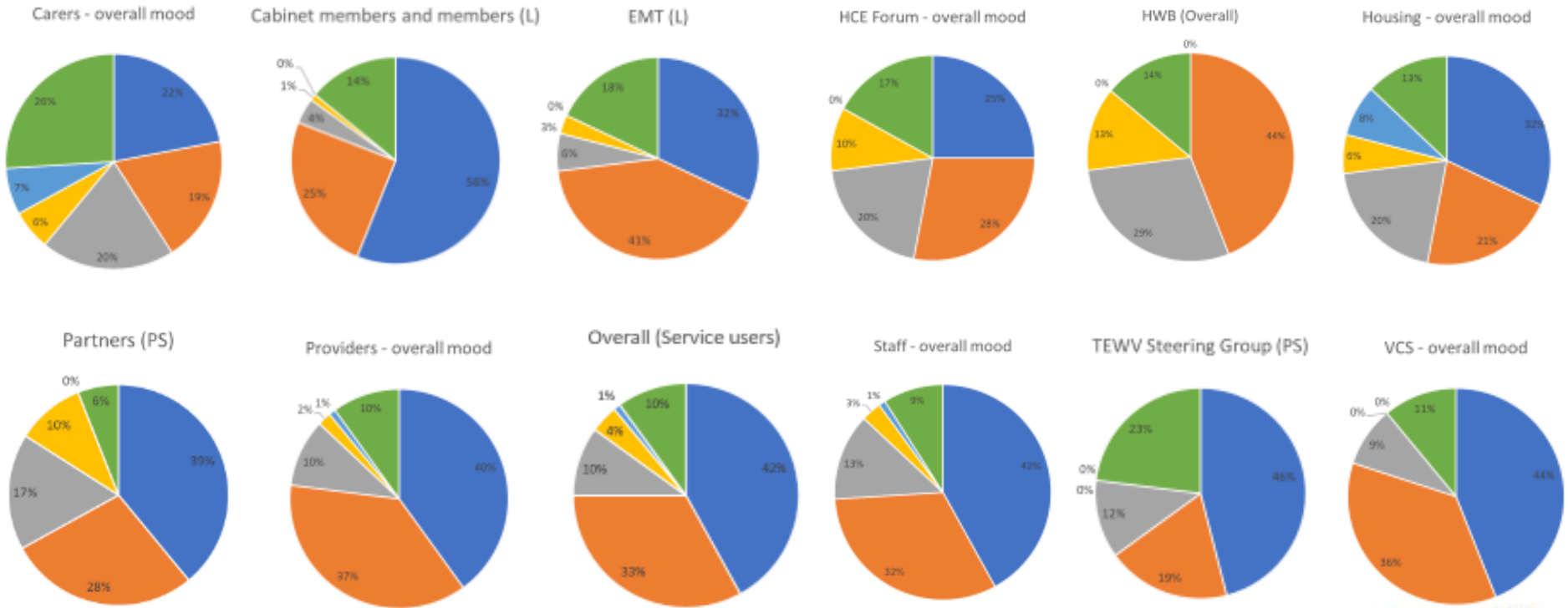
Ensuring safety overall



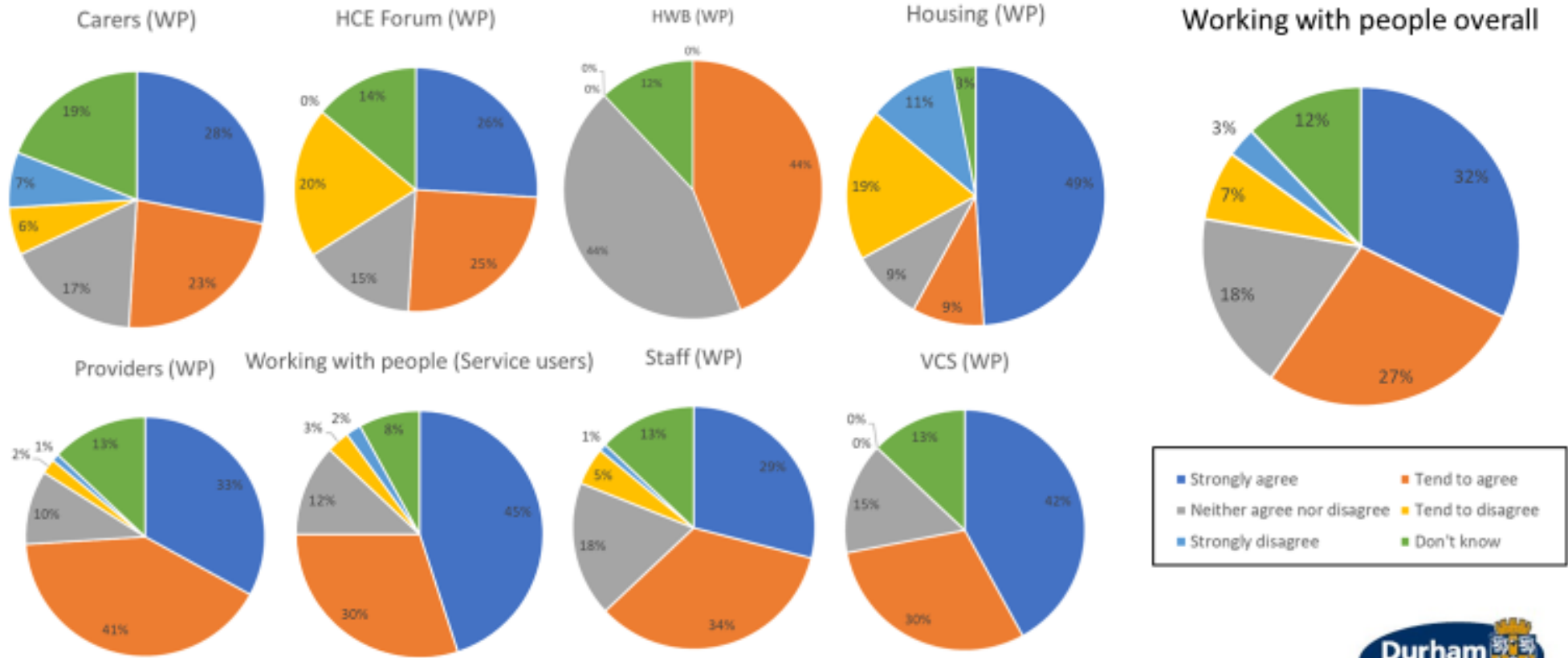
Leadership overall



Overall cohort pie charts

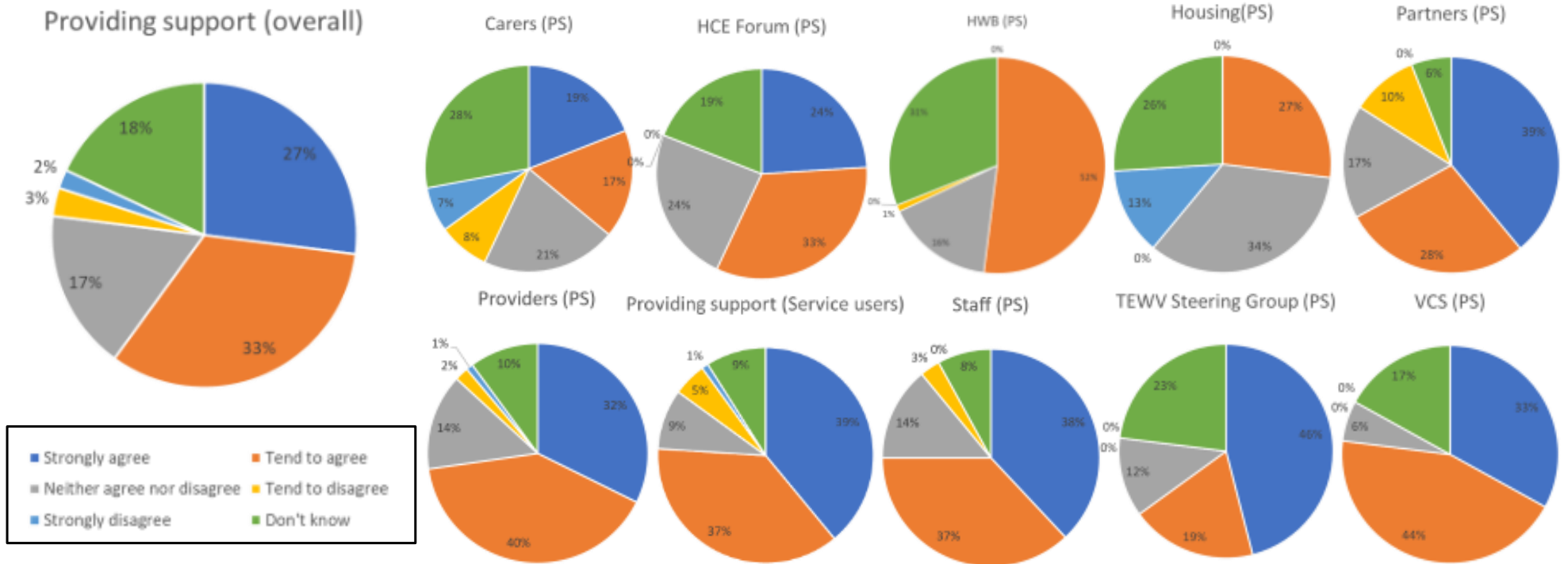


Working with people pie charts



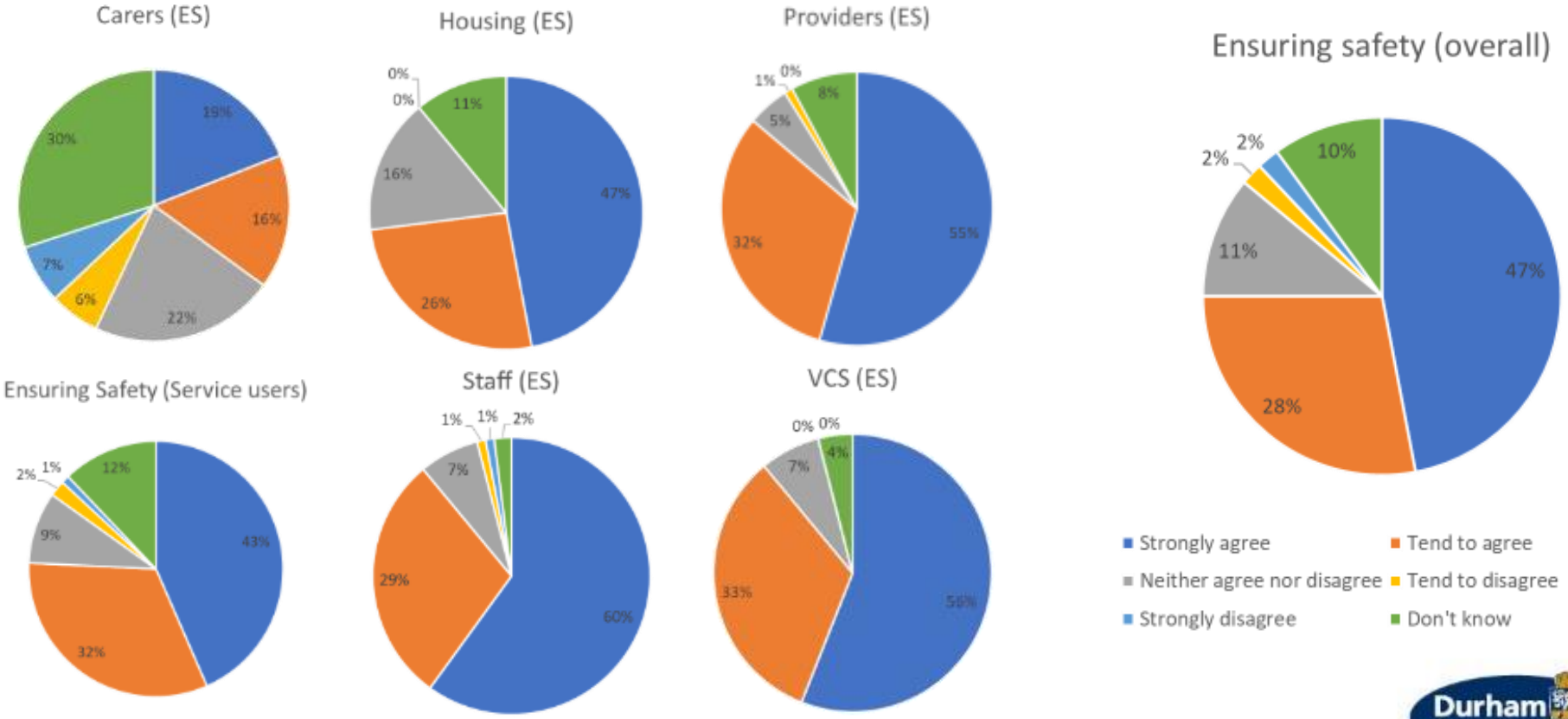
“seeing ourselves through the eyes of others to inform and confirm our self-assessment judgements”

Providing support pie charts



“seeing ourselves through the eyes of others to inform and confirm our self-assessment judgements”

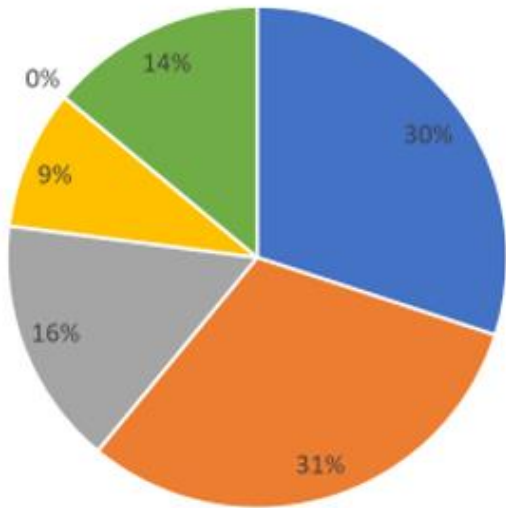
Ensuring safety pie charts



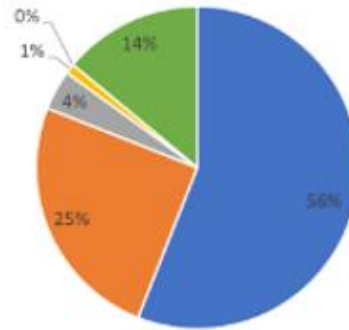
“seeing ourselves through the eyes of others to inform and confirm our self-assessment judgements”

Leadership pie charts

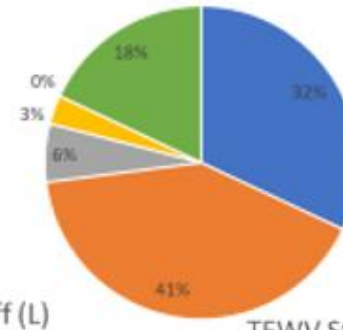
Leadership - overall mood



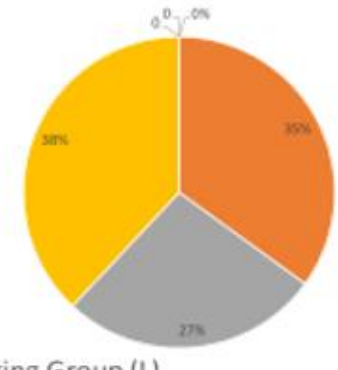
Cabinet members and members (L)



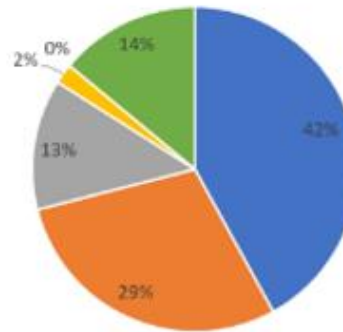
EMT (L)



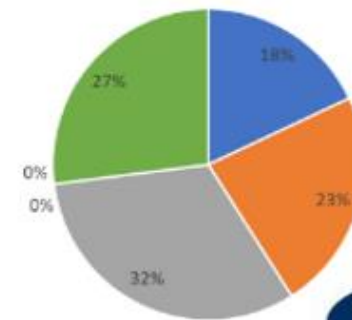
HWB (L)



Staff (L)



TEWV Steering Group (L)



"seeing ourselves through the eyes of others to inform and confirm our self-assessment judgements"

Table 1 – response and return figures

QS / Cohort	Cabinet / members	Carers	EMT	HCE Forum	Housing	HWB board	Partners	Providers	Staff	TEWW steering	VCS	Service users	Total surveyed
Working with people		372 (combined survey)		3 (combined survey)	3	1 used data gathered at forum to inform pie charts		35	30		3 (combined survey)	129 (at 01 06 2023) see commissioned report for detail and pie charts	8 cohort groups 576 responses
Providing support		372 (combined survey)		3 (combined survey)	2	1 used data gathered at forum to inform pie charts	12	39	1718	2	3 (combined survey)	125 (at 01 06 2023) see commissioned report for detail and pie charts	10 cohort groups 576 responses
Ensuring safety		372 (combined survey)			1			72	11		3 (combined survey)	113 (at 01 06 2023) see commissioned report for detail and pie charts	6 cohort groups 572 responses
Leadership	4 cabinet members 11 members		12			1 used data gathered at forum to inform pie charts			15	2			5 cohort groups 41 responses
Total responses by cohort	15	372 (combined survey)	12	3 (combined survey)	6	1 So, used data gathered at forum to inform piecharts. 28 attendees but across 4 groups with maximum responses per discussion theme where used across groups was ~10	12	146	72	4	3 (combined survey)	351	>1000 individual responses (>1000 as HWB forum feedback used to bolster survey feedback as only one respondent) 12 cohort groups
Potential field size	Cabinet members 11 (40% return) Members 126 (includes 10 cabinet members)	55,325 (2023 census) 25,044 (registered with DCC)	33	Undefined due to delivery approach	Undefined due to delivery approach	Undefined due to delivery approach	Undefined due to delivery approach	350	1136 (at 26 05 2023)	Undefined due to delivery approach	Undefined due to delivery approach	500 500 500 1500	N/A
Indicative return	Cabinet members 40% return Members 6% return	1.5% return on those registered with DCC	36% return					10–42% return (not separate people—separate people)	1%–6% (not separate people—separate people)			WP 26% return PS 25% return ES 22% return Overall 24% return	N/A

Table 2 – mood matrix

Overall Mood Table	Staff	Service users	Providers	Carers	HCE Forum	Housing	VCS	HWB	Partners	TEWW Steering Group	Cabinet / Members	EMT
Working with people Theme mood overall: 59% positive feeling 10% negative feeling 30% neutral (1% discrepancy)	63% positive feeling	75% positive feeling	74% positive feeling	51% positive feeling	51% positive feeling	58% positive feeling	72% positive feeling	44% positive feeling	Not surveyed on this area			
	31% neutral	20% neutral	23% neutral	36% neutral	29% neutral	12% neutral	28% neutral	56% neutral				
	6% negative feeling	5% negative feeling	3% negative feeling	13% negative feeling	20% negative feeling	30% negative feeling	0% negative feeling	0% negative feeling				
Providing support Theme mood overall: 60% positive feeling 5% negative feeling 35% neutral	75% positive feeling	76% positive feeling	72% positive feeling	36% positive feeling	57% positive feeling	27% positive feeling	77% positive feeling	52% positive feeling	67% positive feeling	65% positive feeling	Not surveyed on this area	
	22% neutral	18% neutral	25% neutral	49% neutral	43% neutral	60% neutral	23% neutral	47% neutral	23% neutral	35% neutral		
	3% negative feeling	6% negative feeling	3% negative feeling	15% negative feeling	0% negative feeling	13% negative feeling	0% negative feeling	1% negative feeling	10% negative feeling	0% negative feeling		
Ensuring safety Theme mood overall: 74% positive feeling 4% negative feeling 22% neutral	89% positive feeling	75% positive feeling (discrepancy 1%)	87% positive feeling	35% positive feeling	Not surveyed on this area	73% positive feeling	89% positive feeling	Not surveyed on this area				
	9% neutral	21% neutral (discrepancy 1%)	12% neutral	52% neutral		27% neutral	11% neutral					
	2% negative feeling	3% negative feeling (discrepancy 1%)	1% negative feeling	13% negative feeling		0% negative feeling	0% negative feeling					
Leadership Theme mood overall: 61% positive feeling 30% neutral 9% negative feeling	71% positive feeling	Not surveyed on this area						35% positive feeling	Not surveyed on this area	41% positive feeling	81% positive feeling	73% positive feeling
	27% neutral							27% neutral		59% neutral	18% neutral	24% neutral
	2% negative feeling							38% negative feeling		0% negative feeling	1% negative feeling	3% negative feeling