

## Health and Wellbeing Board

22 January 2024

### Adult Social Care Assessment Framework – Self Assessment



## Report of Jane Robinson, Corporate Director of Adult & Health Services

### Electoral division(s) affected:

None

### Purpose of the Report

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

### Executive summary

- 2 In December 2021, the government released the white paper 'People at the Heart of Care', which announced plans for a reintroduction of external assessment by an independent, external, regulatory body, such as CQC. In April 2022, the Health and Care Act 2022 came into force and on 1 April 2023, CQC's regulatory powers came into effect.
- 3 Guidance released by the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) reinforced the best practice methodology to produce a self-assessment document. The Council has followed this best practice as local authorities are expected to produce a self-assessment.
- 4 The work that has been undertaken to develop the self-assessment document was presented to Cabinet in the report 'Adult Social Care update on the introduction of local authority assessment by the Care Quality Commission under the Health and Care Act (2022)' on 13 December 2023.
- 5 A range of engagement activity was undertaken to help inform the quality statements and the self-assessment document using a comprehensive collaborative process, with content editorial oversight by the Principal Social Worker. All referenced evidence is linked within the self-assessment library, which is quality checked by senior leads.

- 6 A formalised process for sign off for the self-assessment and refresh process has been approved by the Corporate Director, Adult and Health Services.
- 7 The key headlines from the self-assessment document include a focus on; the collaborative approach to understand the market position, joint management arrangements across health and social care, transitions from child to adulthood, the relationship with Public Health objectives, the strong relationship with the voluntary and community sector, the importance of workforce development, support, and staff engagement.
- 8 The overview and summary of the finalised self-assessment document is available in Appendix 2.
- 9 The self-assessment document is available at Appendix 3.

### **Recommendations**

- 10 Health and Wellbeing Board is recommended to:
  - (a) note the self-assessment document prepared for the upcoming assessment of Adult Social Care;
  - (b) note the self-assessment will be refreshed annually, and when called upon to be submitted to CQC.

## Background

- 11 In December 2021, the government released the white paper 'People at the Heart of Care', which announced plans for a reintroduction of external assessment by an independent, external, regulatory body, such as CQC and in April 2022, the Health and Care Act 2022 came into force.
- 12 It gave CQC regulatory powers from 1 April 2023 to enable them to assess how local authorities and Integrated Care Systems (ICS) discharge their Adult Social Care duties under Part 1 of The Care Act 2014.
- 13 The assessment of the local authority made by CQC is based on a single assessment framework, which will be used to assess all types of services across all health and care sectors.
- 14 Guidance released by the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) reinforced the best practice methodology for the production of a self-assessment document, which Durham County Council (DCC) has followed as local authorities are expected to produce a self-assessment.
- 15 As previously reported, a variety of engagement work was undertaken to help inform the quality statements and the self-assessment document. This included:
  - (a) Survey work: this was carried out from February 2023 to June 2023. Surveys were sent out to capture the views and feedback of cabinet members, service users, carers, staff, members, leaders, partners, and stakeholders;
  - (b) Engagement activity was carried out at a Health Care Engagement forum in March 2023 and with the Health and Wellbeing Board at a development day in June 2023. Officers also attended a Health Care Engagement forum, to gather service users' views and share with them information about the CQC assurance activity;
  - (c) Continuous horizon scanning across CQC, Local Government Association (LGA) and Association of Directors of Adult Social Services (ADASS) materials.
- 16 Work has been undertaken to develop the self-assessment document and more details can be found in the December 2023 Cabinet report "Adult Social Care update on the introduction of local authority

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

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

### **Section A: An Overview and Summary of Self-Assessment**

- 18 This document shares:

- (a) key messages;
- (b) sets out the local context;
- (c) key strengths (see table below);
- (d) areas for improvement (see table below);
- (e) track record of delivery.

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

### **Section B: The Adult Social Care Self-Assessment**

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

- (a) current performance;
- (b) strengths;
- (c) risks;
- (d) issues and challenges.

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

### **Section C: Our Self-Assessment process and sign off**

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

### **Self-Assessment Document**

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

- 24 A formalised process for sign off for the self-assessment and refresh process has been approved by the Corporate Director of Adult and Health Services.
- 25 This includes the minimum requirements of an annual refresh, and when called upon to be submitted to the CQC.
- 26 The drafting of the self-assessment has been overseen by the Quality Assurance Board and reviewed by an independent ADASS associate. The assessment will undergo a process of review and approval by the Oversight and Assurance Group, Adult Wellbeing and Health Overview and Scrutiny Committee, Chief Officers Meeting and County Durham Care Partnership Executive. The assurance process is scheduled to conclude in early 2024.
- 27 Key Headlines from the Self-Assessment Document includes;
- (a) The development of the Quality Statements for Working with People, Providing Support, Ensuring Safety and Leadership provided the context for the Self-Assessment document and has been informed by performance data, and feedback from partners, users of services and their carers; and frontline workforce;
  - (b) Details on the work given to market intelligence outlining the interface between Integrated Strategic Commissioning, Adult Care, partners, providers and the community;
  - (c) Commentary on the joint management arrangements across health and social care to enable the reduction and duplication of work, providing the opportunity to deliver care across the whole market and ensure effective use of resources;
  - (d) Details on the services to meet the social care needs of children (aged 0-18) and to ensure transition into adulthood has no gaps in service provision;
  - (e) A profile on the close working with Public Health to embody the principles of associated strategic drivers to increase healthy life expectancy and reduce inequalities and inequities between communities, with a focus on commitment to Wellbeing for Life;
  - (f) Evidence of strong relationships with voluntary and community sector partners linked to the County Durham Together Partnership and work with the Integrated Strategic Commissioning Team Engagement Manager;
  - (g) Recognition of the importance of the workforce demonstrated through a strong programme of communications and engagement

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

- (h) Recognition of the reduction of sickness absence rates and attention to the turnover and vacancy rates;
- (i) A focus on the AHS workforce development strategy, review of staff job descriptions, career pathway developments and the recent outcomes from the Local Government Association (LGA) Organisational Health Check, which results in scores within the 'good range' for all eight standards including effective working planning and continuous professional development.

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

Leadership	
Strengths	Areas for Improvement
<ul style="list-style-type: none"> <li>• Strong system leadership</li> <li>• Robust Workforce strategy</li> <li>• Communication and engagement with staff</li> <li>• Strong approach to learning and development</li> <li>• Quality Assurance Framework</li> </ul>	<ul style="list-style-type: none"> <li>• Recruitment and retention</li> <li>• Digital Development and Technology Enabled Care</li> <li>• Data quality</li> </ul>
Providing Services	
Strengths	Areas for Improvement
<ul style="list-style-type: none"> <li>• Integrated system and highly effective partnership working</li> <li>• Effectively managing capacity and demand for services – including our Supporting the Provider Market Service and Care Academy</li> <li>• Strong Commissioner and Provider relationships</li> </ul>	<ul style="list-style-type: none"> <li>• Reablement capacity</li> <li>• Direct Payments and Personal Assistants</li> <li>• Further developments in specialist res care homes and support living markets to ensure capacity and Value for Money</li> </ul>
Working With People	
Strengths	Areas for Improvement
<ul style="list-style-type: none"> <li>• Very few delayed transfers of care from hospital</li> </ul>	<ul style="list-style-type: none"> <li>• Waiting lists and backlogs</li> </ul>

<ul style="list-style-type: none"> <li>• Effective sign-posting / resolution at the front door</li> <li>• Reduction in numbers of permanent admissions to residential care</li> <li>• Multi-disciplinary case-working</li> <li>• Safe and Manageable caseloads</li> <li>• Service user engagement (general)</li> </ul>	<ul style="list-style-type: none"> <li>• Increased number of carers expressing dissatisfaction with the support they receive</li> <li>• Our offer to adults with mental health needs</li> </ul>
Ensuring Safety	
Strengths	Areas for Improvement
<ul style="list-style-type: none"> <li>• Strong partnership working</li> <li>• Strategic Information Sharing</li> <li>• Executive Strategy Meetings process</li> </ul>	<ul style="list-style-type: none"> <li>• Development work in Safeguarding Operations</li> <li>• Service user engagement – specific to safeguarding adults</li> <li>• Advocacy</li> </ul>

## Conclusion

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

## Background papers

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

## Other useful documents

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

## Authors

Jane Robinson Tel: 03000 267358

Lee Alexander Tel: 03000 268180

---

## **Appendix 1: Implications**

---

### **Legal Implications**

N/A

### **Finance**

N/A

### **Consultation and Engagement**

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

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

The principles of equality and diversity have been considered.

### **Climate Change**

N/A

### **Human Rights**

The principles of human rights have been considered.

### **Crime and Disorder**

N/A

### **Staffing**

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

### **Accommodation**

N/A

### **Risk**

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

### **Procurement**

N/A



---

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

---

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

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

#### ABOUT DURHAM COUNTY COUNCIL

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

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

The [Durham County Council Plan 2020-23](#) sets out our key corporate themes and priorities:

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

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

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

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

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

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

with an annual budget of:

<b>£391M</b>	<b>£254M</b>	<b>£137M</b>
AHS gross expenditure	AHS gross income	AHS net expenditure

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

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

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

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

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

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

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

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

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

Through the work of North-East ADASS we are engaged in the Care Opportunity and Innovation Network, which has identified housing as a priority. The vision for this piece of work is:

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

The work has 3 priority areas which are:

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

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

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

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

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

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

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

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

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

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

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

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

## **OUR STRATEGY FOR ADULT SOCIAL CARE**

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

The aims of the AHS service are to:

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

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

This is achieved by:

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

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

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

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

The partnership's vision is:

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

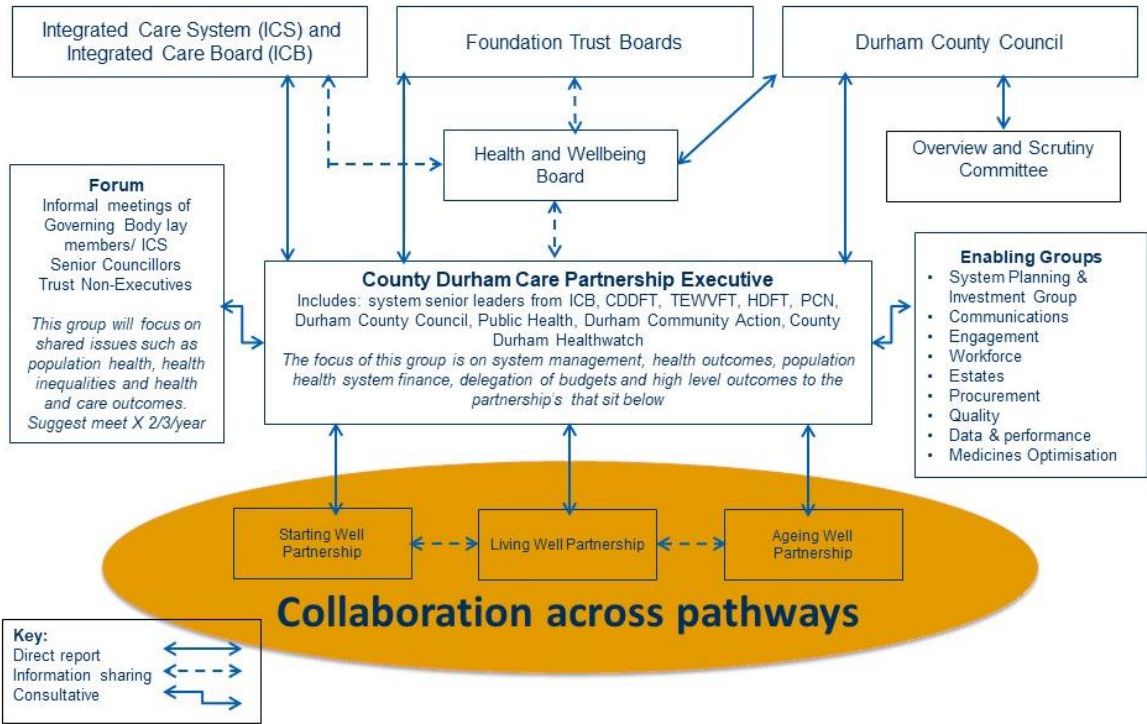
Effective collaboration between health, social care and voluntary organisations across County Durham brings real, positive improvement to people's health, wellbeing, and experience of care, and through our collaboration with Durham University we are planning work to evaluate the effectiveness of our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

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

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

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

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



## SUMMARY OF OUR KEY PARTNERSHIPS AT OPERATIONAL LEVEL

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



## SUMMARY OF OUR STRENGTHS AND AREAS FOR IMPROVEMENT

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

Leadership	
Strengths	Areas for Improvement
<ul style="list-style-type: none"> <li>• Strong system leadership</li> <li>• Robust Workforce strategy</li> <li>• Communication and engagement with staff</li> <li>• Strong approach to learning and development</li> <li>• Quality Assurance Framework</li> </ul>	<ul style="list-style-type: none"> <li>• Recruitment and retention</li> <li>• Digital Development and Technology Enabled Care</li> <li>• Data quality</li> </ul>
Providing Services	
Strengths	Areas for Improvement
<ul style="list-style-type: none"> <li>• Integrated system and highly effective partnership working</li> <li>• Effectively managing capacity and demand for services – including our Supporting the Provider Market Service and Care Academy</li> <li>• Strong Commissioner and Provider relationships</li> </ul>	<ul style="list-style-type: none"> <li>• Reablement capacity</li> <li>• Direct Payments and Personal Assistants</li> <li>• Further developments in specialist res care homes and support living markets to ensure capacity and Value for Money</li> </ul>
Working With People	
Strengths	Areas for Improvement
<ul style="list-style-type: none"> <li>• Very few delayed transfers of care from hospital</li> <li>• Effective sign-posting / resolution at the front door</li> <li>• Reduction in numbers of permanent admissions to residential care</li> <li>• Multi-disciplinary case-working</li> <li>• Safe and Manageable caseloads</li> <li>• Service user engagement (general)</li> </ul>	<ul style="list-style-type: none"> <li>• Waiting lists and backlogs</li> <li>• Increased number of carers expressing dissatisfaction with the support they receive</li> <li>• Our offer to adults with mental health needs</li> </ul>

## Ensuring Safety

### Strengths

- Strong partnership working
- Strategic Information Sharing
- Executive Strategy Meetings process

### Areas for Improvement

- Development work in Safeguarding Operations
- Service user engagement – specific to safeguarding adults
- Advocacy

## COMMITMENT TO CONTINUOUS IMPROVEMENT

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

---

**Appendix 3: Proposed Self-Assessment Document**

---

**Durham County Council**

# **Adult and Health Services Self Assessment**



**Jan 2024**



## CONTENTS

<b>1. An Introductory and Summary</b>	<b>Page 2</b>
<b>2. Quality Statement – Leadership</b>	<b>Page 6</b>
2.1 Current Performance – Including our Key Strengths	Page 6
2.2 Priorities to maintain and improve	Page 11
<b>3. Quality Statement – Providing Support</b>	<b>Page 14</b>
3.1 Current Performance – Including our Key Strengths	Page 14
3.2 Priorities to maintain and improve	Page 17
<b>4. Quality Statement – Working with People</b>	<b>Page 20</b>
4.1 Current Performance – Including our Key Strengths	Page 20
4.2 Priorities to maintain and improve	Page 23
<b>5. Quality Statement – Ensuring Safety</b>	<b>Page 27</b>
5.1 Current Performance – Including our Key Strengths	Page 27
5.2 Priorities to maintain and improve	Page 29
<b>6. Overall Conclusion</b>	<b>Page 30</b>

## 1. AN INTRODUCTION AND SUMMARY

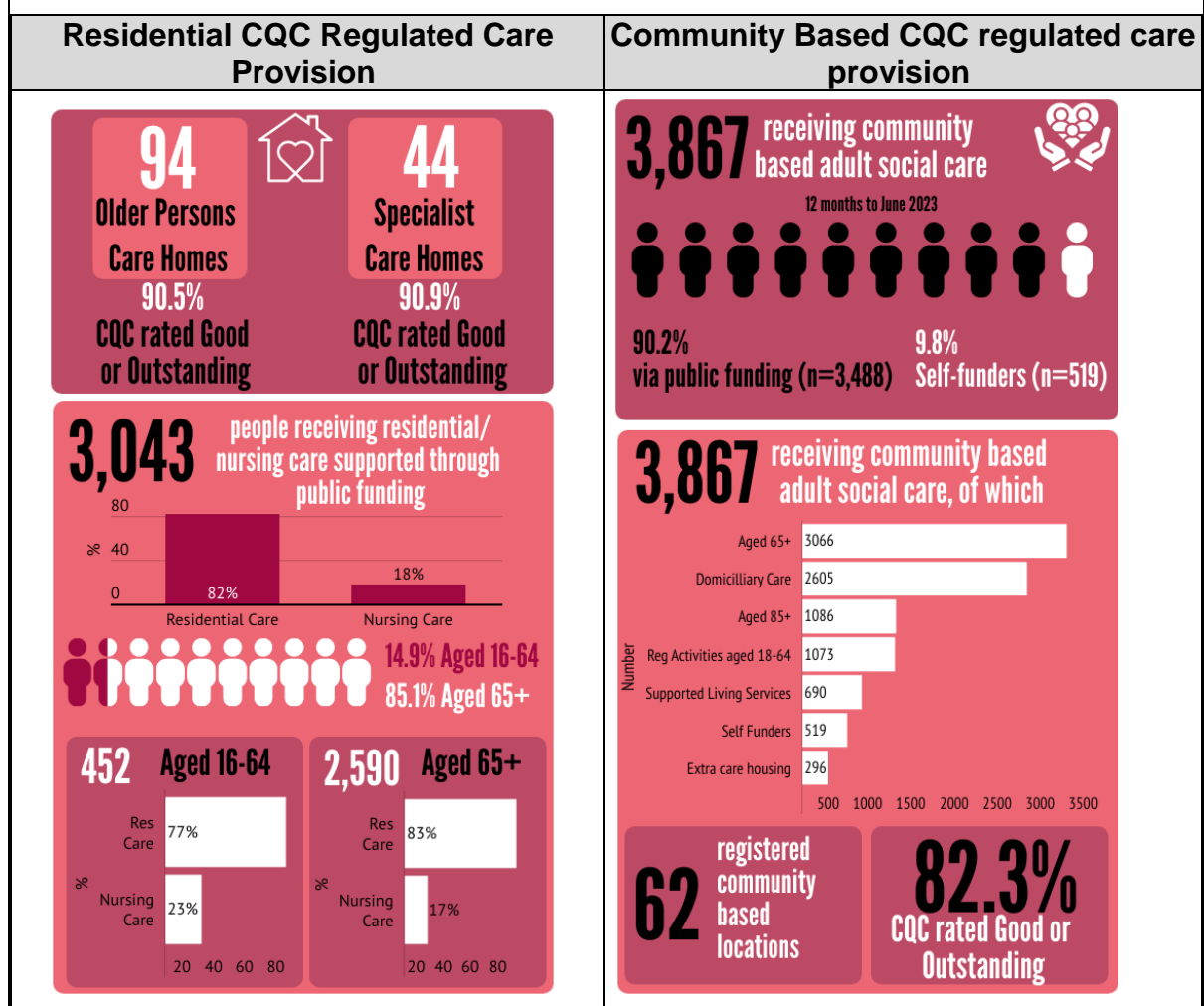


This is our vision for Adult Social Care in Durham which was at the forefront of our preparation of the Quality Statements which summarise our aims and achievements, strengths, and improvement goals across 4 key areas of the service: Leadership, Providing Services, Working with People, and Ensuring Safety.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

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

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

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



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

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

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

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

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

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

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

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

We have strong relationships with our voluntary and community sector partners. Working with key partners, we have developed our County Durham Together Partnership which aims to streamline and strengthen community participation, engagement and involvement.

Within our Integrated Strategic Commissioning Team, our Engagement Manager coordinates our approach to inclusion, engagement and involvement, and an Involvement Strategy has been developed to support our co-production aspirations within our County Durham Together Partnership framework.

## WORKFORCE

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

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

Q2 2023/24 workforce data for DCC Adult Care:

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

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

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

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

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

AHS overall has also seen a reduction in sickness absence with an average of 11.9 days lost per FTE in Q2 2023/24.

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

## 2. QUALITY STATEMENT THEME: LEADERSHIP

### CURRENT PERFORMANCE – INCLUDING OUR KEY STRENGTHS

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

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

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

### **STRONG SYSTEM LEADERSHIP**

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

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



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

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

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

### **ROBUST WORKFORCE STRATEGY**

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

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

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

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

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

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

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

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

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

### **COMMUNICATION & ENGAGEMENT WITH STAFF**

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

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

"enhanced my knowledge & skills"

"pace just right...very informative"

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

"gave us an opportunity to share our views"

"a very informal and friendly environment in which to learn"

### **STRONG APPROACH TO LEARNING & DEVELOPMENT**

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

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

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

### **QUALITY ASSURANCE FRAMEWORK (QAF)**

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

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

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

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

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

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

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

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

*Auditor: Service user described overall experience of working with C (Review Officer) as good and said she was friendly, knowledgeable, and able to answer all her questions and queries.*

*Service user felt she was being listened to and said she is quite happy with everything. She feels safe at home and wishes to remain there, and said she has the care that she needs, happy with the care package and carers that support her “*

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

<b>Most commonly observed positive practice in case file audit work</b>	<b>Most commonly observed observations of practice from case file audits which have prompted improvement work</b>
<p>Lots of evidence of multi-agency working            Good Standard of Recording – clear and concise            Evidence of strengths based practice            Evidence of person-centred recording            Evidence of Care Act principles being adhered to</p>	<p>Inaccurate recording of data regarding advocacy            Inaccurate recording of data recording carers’ needs/ assessments            Multiple examples of copy and paste being used in service user’s without editing for context/accuracy</p>

**Actions taken as a result**

- Positive practice observations shared with management teams and at Focus on Practice Forum
- Briefing notes produced reminding staff about specific recording requirements regarding advocacy & carers
- Carers Procedure reviewed and changes communicated to staff
- Recording Procedure reviewed and updates communicated to staff

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

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

The most common reason for complaints in 2022/23 was Finance – Charging Policy, identified as a factor in 32 complaints. It was also the main reason in 2021/22.

Examples of learning from complaints cited in the annual report include:

- Updated factsheet on charging for residential care services with staff instructed to ensure this is provided at the earliest opportunity and at the same time as the Council carries out a needs assessment for residential care so that service users are made aware of the potential charges as soon as possible.
- Improvements made to the 'statement of account' template so that service users can clearly identify how the charges for their care and support have been calculated, the payments they have made to date and any outstanding balance.

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

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

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

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

## **PRIORITIES TO MAINTAIN AND IMPROVE**

### **RECRUITMENT AND RETENTION**

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

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

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

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

Examples of actions that we are working on include:

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

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

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

### **DIGITAL DEVELOPMENT WORK**

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

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

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

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

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



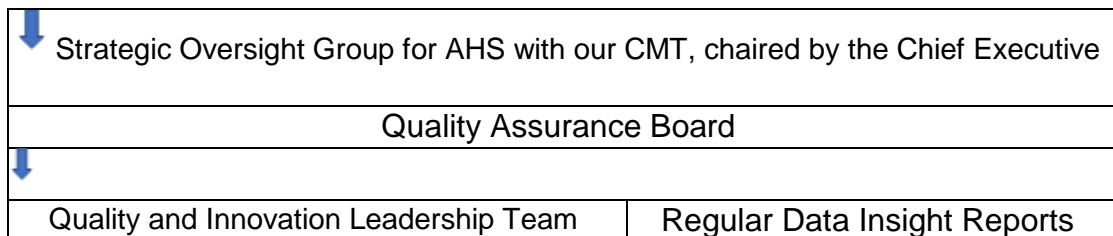
## IMPROVING DATA QUALITY

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

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

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

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



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

### 3. QUALITY STATEMENT THEME: PROVIDING SUPPORT

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

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

#### CURRENT PERFORMANCE – INCLUDING OUR KEY STRENGTHS

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

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

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

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

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

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

Examples of integrated commissions include:

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

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

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

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

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

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

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

Aims include:

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

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

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

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

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

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

The STPM offer has also included funding technology such as:

- [RITA – for Older People Care Homes](#)
- [The Happiness Programme - for day care providers and specialist residential care homes](#)

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

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

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

*“Commissioning have looked at various services and implemented them and they have been very successful, they engaged with providers and ensured the service users are at the front of the planning and always promote things in a positive manner.”*

*“Social workers take note of resident's and carer's needs and wishes when considering placements. Commissioning teams have invited local providers to speak directly with strategic leaders and influence local policy.”*

*“Excellent support offered from commissioning they are up to date with current trends and have brought some very positive and proactive solutions.”*

**STRONG COMMISSIONER AND PROVIDER RELATIONSHIPS**

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

**Provider views on working with DCC**

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

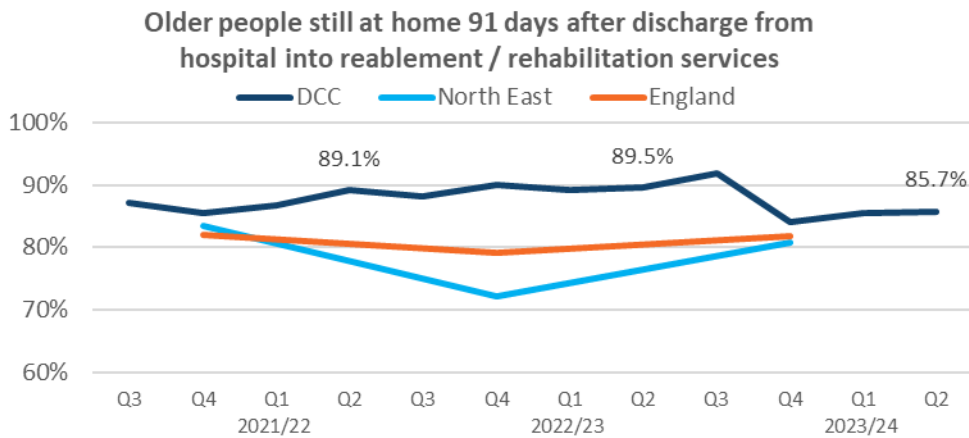
- 91.7% strongly agree or tend to agree that our local authority have assessment teams who are appropriately trained and with experience and knowledge necessary to carry out assessments, including specialist assessments.
- 85.7% strongly agreed or tended to agree that our local authority works with people, partners, and the local community to make available a range of services, facilities, and other measures to promote independence, and to support people to prevent, delay or reduce their needs for care and support.
- 84.6% strongly agreed or tended to agree that our local authority works with local stakeholders to understand the care and support needs of people and communities, including people who fund or arrange their own care, now and in the future.
- 87.2% strongly agree or tend to agree our local authority works collaboratively with partners so that contracting arrangements are person-centred, efficient, and effective.
- 84.6% strong agreed or tended to agree that we work with partners and other local authorities creating efficiencies and achieving better outcomes for people.
- 89.7 strongly agreed or tended to agree that our local authority understands its current and future workforce needs. It works in partnership with care providers, including personal assistants and other agencies, to develop, support and promote a capable and effective workforce. This facilitates and supports quality improvement and encourages training and development for the care and support workforce.

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

## **PRIORITIES TO MAINTAIN AND IMPROVE**

### **REABLEMENT CAPACITY**

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



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

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

### **DIRECT PAYMENTS (DPs) AND PERSONAL ASSISTANTS**

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

and a further 49 adults are in receipt of a Personal Health Budget administered by our DP Team on behalf of our health partners. (Figures correct as of 08.09.23). After a prolonged period of practice development work and awareness raising, a [Position Statement](#) was prepared for Adult Care Management Team in September 2022 to explore our low performance in this area.

Despite bolstering staff learning & development, continuing to promote and support the role of DP Champions in all our operational teams, reviewing DP procedures and processes, and reviewing our external marketing of our DP offer, take up remains low and frontline workforce tend not to push DP as a preferred option for people to use their Personal Budget.

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

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

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

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

## **FURTHER DEVELOPMENTS IN SPECIALIST RESIDENTIAL CARE HOMES AND SUPPORTED LIVING MARKETS**

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

8.25% of LD/MH placements (93 people) outside of County Durham in specialist residential (78 people) or supported living provision (15 people).

For LD placements, 44 of the placements are in bordering LAs. 13 placements are further afield, 10 due to family living further away and 1 due to Service User choice. A small number are placed in specialist / forensic services or long-standing arrangements.

For MH placements, 30 placements are within the region (most in bordering LAs) and only 3 placed further South at families' request.

All out of area placements made in care homes are subject to checks by the Integrated Strategic Commissioning Team, and [a joint procedure](#) has been implemented between commissioning and frontline operations officers to ensure

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

#### 4. **QUALITY STATEMENT THEME: WORKING WITH PEOPLE**

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

#### **CURRENT PERFORMANCE – INCLUDING OUR KEY STRENGTHS**

##### **SERVICE USER ENGAGEMENT & CO-PRODUCTION**

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

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

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

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

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

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

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



The percentage of older people still at home 91 days after discharge from hospital into reablement / rehabilitation services (85.7% at end Quarter 2 2023/24) remains high. Whilst reducing slightly from the same quarter last year (2022/23) it is in line with the average seen over the last 5 years. Latest performance remains above our target of 84% and regional and national benchmarking.

Over 90% of County Durham patients are 'discharged to normal place of residence' and this has been consistent over the last 12 months (source: BCF 2023-25 Quarterly report, Future NHS).

Our Hospital Social Work service was a finalist in 2023 for the category of 'team of the year' in our annual internal Staff Recognition Awards programme.

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

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

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

### **EFFECTIVE SIGN-POSTING / RESOLUTION AT THE FRONT DOOR**

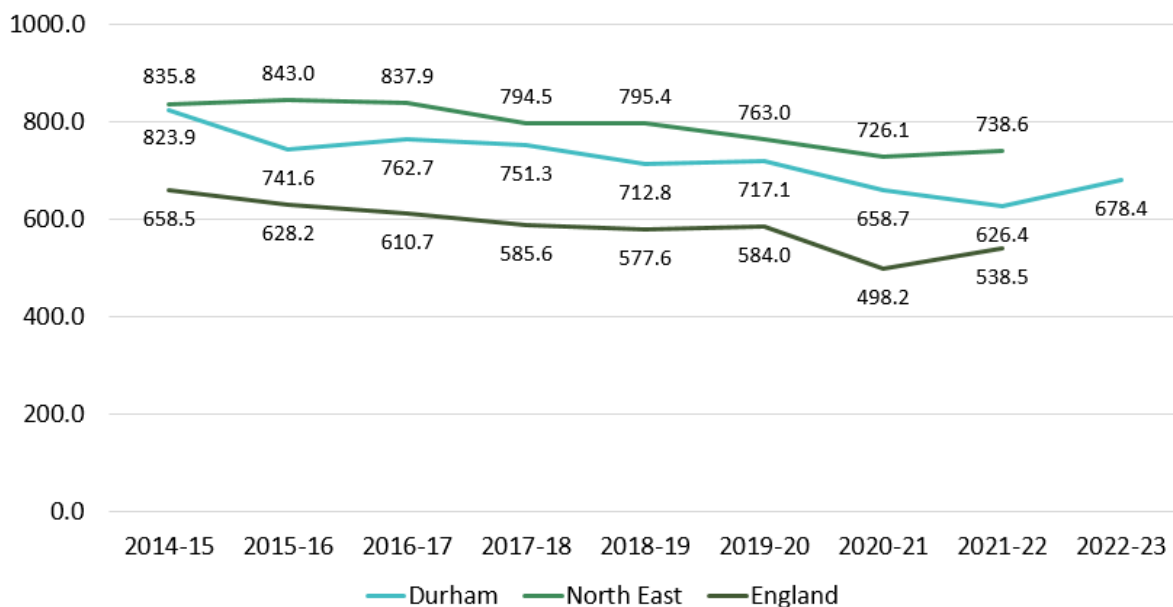
Led by our corporate director who chairs our wider community prevention framework County Durham Together Partnership, we have a strong approach to prevention, and delaying the need for statutory social care services by providing robust information and advice, and sign-posting. Our front of house function, Social Care Direct (SCD) has a key role in discharging this Care Act duty.

In 2022-23, SCD received 62,378 telephone calls (an average of 5,199 per month). 64.2% of all telephone contacts with SCD result in a formal referral into frontline social care teams (correct as at May 2023). For the other 35.8% of telephone contacts, they provide advice, guidance and information about universal services or

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

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

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



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

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

### **MULTI-DISCIPLINARY CASE-WORKING**

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

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

### **SAFE AND MANAGEABLE CASELOADS**

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

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

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

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

## PRIORITIES TO MAINTAIN AND IMPROVE

### **WAITING LISTS / BACKLOGS**

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

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

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

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



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

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

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

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

### **Deprivation of Liberty Safeguards (DoLS)**

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

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

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

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

### **Occupational Therapy Assessments**

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

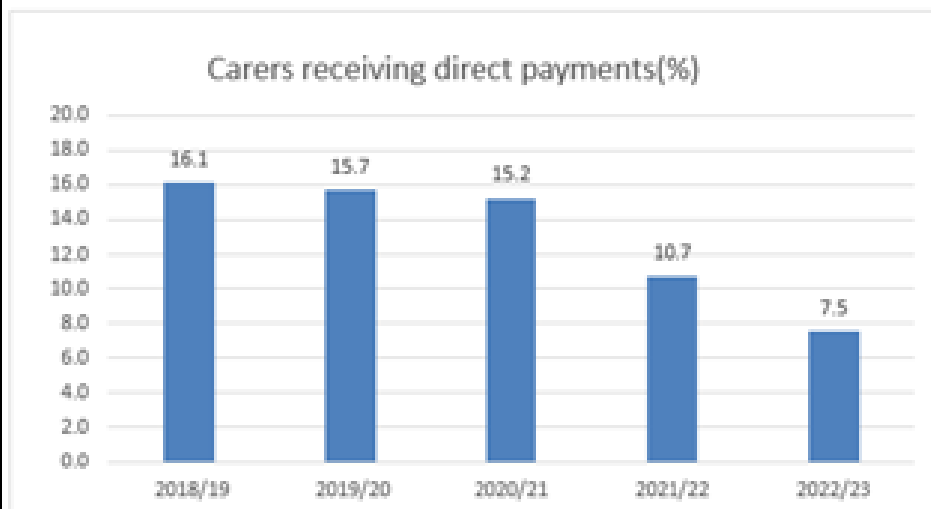
### **INCREASE IN THE NUMBER OF CARERS EXPRESSING DISSATISFACTION WITH THE SUPPORT THEY RECEIVE**

We have 22,000 carers in County Durham who are either engaged with ourselves or Durham County Carers Support (DCCS) service. DCCS assess their needs, provide signposting to services through their Core Carer Service, provide a carer card, and administer NHS carer breaks.

We provide carers emergency support through our Short-Term Assistance Service and are also currently piloting a 'Mobilise' platform, to reach more carers in our communities using digital tools.

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

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



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

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

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

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

### **MENTAL HEALTH SERVICES**

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

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

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

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

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

## **5. QUALITY STATEMENT THEME: ENSURING SAFETY**

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

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

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

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

Progress so far includes:

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

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

## **CURRENT PERFORMANCE – INCLUDING OUR KEY STRENGTHS**

### **STRONG PARTNERSHIP WORKING IN SAFEGUARDING**

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

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



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

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

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

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

### **STRATEGIC INFORMATION SHARING MEETINGS**

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

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

*Results from our survey with a range of key stakeholders on the theme of Ensuring Safety (April 2023) show:*

*74% positive feeling about our approach to Ensuring Safety, with the following themes cited in the narrative: 'information sharing and partnership working', 'communication', and 'access to safeguarding information'. Findings from the survey*

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

## **EXECUTIVE STRATEGY MANAGEMENT PROCESS**

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

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

## **PRIORITIES TO MAINTAIN AND IMPROVE**

### **CURRENT PROGRAMME OF DEVELOPMENT WORK UNDERWAY FOR SAFEGUARDING SERVICE**

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

As part of this review, we identified:

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

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

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

### **SERVICE USER ENGAGEMENT IN SAFEGUARDING**

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

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

### **ADVOCACY**

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

Recent work has taken place to address inconsistent use of advocacy in County Durham, which included a root cause analysis and action plan.

This work included:

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

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

## 6. OVERALL CONCLUSION

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

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

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

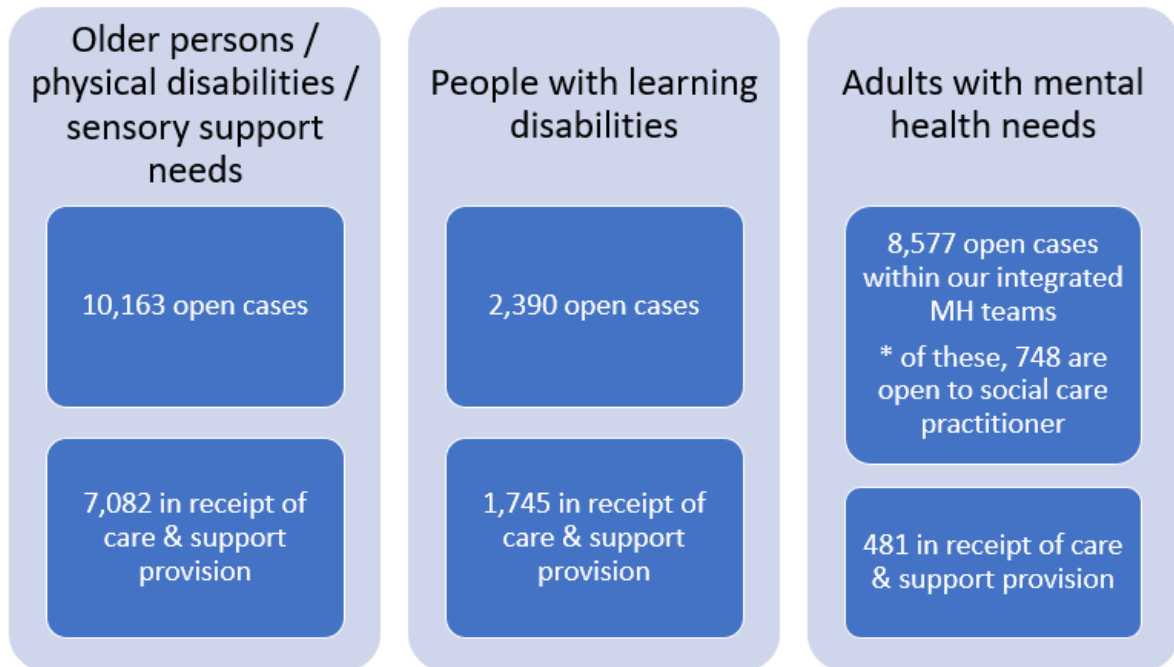
We celebrate and acknowledge our achievements, and we have a good, informed understanding of our areas for improvement and development. Indeed, we embrace opportunities to do so, and to engage with our key partners to align our direction of travel at each stage of our service improvement activity.

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

# APPENDIX 1

## GENERAL ACTIVITY DATA

Currently supporting over 22,500 adults in County Durham:



## SUMMARY OF ACTIVITY 2022-23

### Summary of Activity 2022-23

