

Cabinet

18 September 2024

Adult Social Care Update

Ordinary Decision



Report of Corporate Management Team

Michael Laing, Interim Corporate Director of Adult and Health Services

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

Electoral division(s) affected:

None.

Purpose of the Report

- 1 The purpose of this report is to provide an update to Cabinet on developments in Adult Social Care; including the Care Quality Commission (CQC) assessment of Adult Social Care in County Durham, a new service delivery model for Adult Mental Health Services, Unpaid Carers Service in relation to hospital discharge, and the Breakthrough Service.
- 2 To update on developments in relation to health and social care integration, particularly the advances made through the County Durham Care Partnership (CDCP) on the Transfer of Care Hub (ToCH), the Therapies Project and extended work on the Children and Young People's Integrated Services.
- 3 On 14 September 2022 Cabinet noted the potential changes to health and care integration set out in the Health and Care act 2022 and the Integration White Paper (February 2022). Cabinet agreed that the preferred option for future health and social care integration would be a Joint Committee co-produced with the North East and North Cumbria Integrated Care Board (ICB). Cabinet also noted that detailed discussions were needed with partners and Government guidance may be published which would have an impact on the preferred option. This report gives an update on the discussions with partners, the impact of

Government guidance and the likelihood of the preferred option to deliver significantly better outcomes.

Executive summary

CQC assessment of Adult Social Care

- 4 The CQC rated Adult Social Care in County Durham as 'Good' following publication on the 16 August 2024. A report outlining the assessment findings, and an improvement action plan will be presented to Cabinet on 16 October 2024.

Adult Mental Health Service Delivery Model

- 5 In January 2024, the Integrated Adult Mental Health Teams were restructured with the aim of improving service user pathways, response times and strengthening core social care functions. The reconfiguration created five Social Work Hubs which continue to provide coterminosity with the wider mental health service.

Unpaid Carers – Hospital Discharge Support

- 6 The aim of the Unpaid Carers – Hospital Discharge Support Service is to prevent carer breakdown and reduce re-admissions into hospital by providing support to carers at an early stage of the 'cared for person' being admitted to hospital.

Breakthrough Service

- 7 The aim of the Breakthrough Service is to support people who self-neglect and exhibit hoarding behaviours. The service is provided through County Durham Care and Support and offers a therapeutic focus which is person centred and utilises trauma informed care approaches.

Transfer of Care Hub

- 8 A Transfer of Care Hub (ToCH) is currently in development. This is a local health and social care system-level approach to coordinating care across sectors to facilitate complex hospital discharges from County Durham, and Darlington NHS Foundation Trust (CDDFT) hospitals.

Therapies Project

- 9 The aim of the Therapies Project was 'to co-design and co-produce an integrated service response by Occupational Therapists (OT's) from Durham County Council and those employed by CDDFT. The project

has reduced duplication and helped to mitigate against unnecessary delays to ultimately benefit service users.

Children & Young People's Integrated Services

- 10 The scope of the County Durham Care Partnership (CDCP) has recently expanded to include Children and Young Peoples integration and is focussed on four main areas, Neurodiversity, Preparation for Adulthood Complex Needs (16-25 years), Obtaining more help/ Risk support and the Mental health support Pilot. Workplans and key milestones have been confirmed for all four areas of activity.

Health and Social Care Integration Developments

Joint Committee at Place for Health and Care

- 11 The work of the CDCP is progressed through a shared vision 'To bring together health, social care and voluntary organisations to achieve improved health and wellbeing for the people of County Durham.'
- 12 On 14 September 2022 Cabinet agreed that their preferred option for future health and care would be a Joint Committee co-produced with the ICB. However, Statutory Guidance (March 2024) limited the full participation of other key stakeholders such as the voluntary and community sector (VCS) and the scope of financial delegation to a Joint Committee.
- 13 Chief officers have met to consider the limitations imposed by the Statutory Guidance and discussions have focussed upon the most appropriate option which would improve health and care outcomes for the people of County Durham. The preferred option would be the continuing development of the CDCP in conjunction with the ICB and other partners.
- 14 **Recommendation(s)**
- 15 Cabinet is recommended to:
- (a) note the outcome of the CQC Assessment report which, with a service improvement action plan, will be presented to Cabinet on 16 October 2024;
 - (b) note progress on the developments across Adult Social Care;
 - (c) note the continued commitment of partners to further health and care integration through the County Durham Care Partnership (CDCP);

- (d) note the impact of the Statutory Guidance (March 2024) on the likelihood of the previously preferred option of a Joint Committee to deliver significantly better outcomes for the residents of County Durham;
- (e) agree that the Council should continue to promote and participate in health and care integration through the CDCP but the option of a Joint committee should not be pursued in the current circumstances;
- (f) note that if there are changes to Statutory Guidance or ICB proposed delegations to place based arrangements further reports will be made to Cabinet;
- (g) note the developments in relation to health and social care integration to improve outcomes for the people of County Durham;
- (h) note the extension of the integration programme to include Children and Young People's Service;
- (i) receive future updates on Adult Social Care and progress on health and social care integration.

Background

Adult Social Care Performance

- 16 Referrals into Adult Social Care and requests for Care Act 2014 assessments remain stable. However, the number of people discharged from hospital into reablement, and rehabilitation is at a historic low. A review of reablement has recently concluded taking into account the changing demand, including staffing and service capacity, which will result in a revised model of service delivery. Outcomes for those people who utilise reablement continue to remain good and outperform targets.
- 17 The domiciliary care market has remained stable and waiting times for care packages have been eliminated. 70% of domiciliary care providers in County Durham are rated good or outstanding by CQC compared with 57% nationally.
- 18 Latest data for permanent admissions to care homes indicates that we are sustaining a lower rate, having had fewer admissions than in the previous 12 months. In addition, 85% of care homes are rated good or outstanding by CQC.

CQC Assessment of Adult Social Care

- 19 Cabinet will be aware from previous update reports on the 12 July 2023 and 13 December 2023 of the expectations from CQC in relation to local authority assessments. On 30 January 2024, CQC notified Durham County Council of the commencement of the assessment process in County Durham.
- 20 A significant amount of work has been carried out to prepare for and during the assessment process. This included developing a Self-Assessment, submitting evidence and data for a Local Authority Information Return (LAIR) and Case Tracking and an onsite assessment. Detailed information can be found in previous cabinet reports dated 12 July 2023 and 13 December 2023.
- 21 In the week of 20 May 2024, 10 CQC Inspectors conducted the onsite assessment and interviewed 166 staff, stakeholders, and partners, in addition to prior remote activities with voluntary and community groups.
- 22 The assessment report which judged Adult Social Care as 'Good' will be presented to Cabinet on 16 October 2024 along with the service improvement plan.

Adult Mental Health Service Delivery Model

- 23 Tees Esk and Wear Valley's NHS Foundation Trust (TEWV) is the lead agency for Adult Mental Health Community delivery.

- 24 In January 2024, the Integrated Adult Mental Health Teams were restructured with the aim of improving service user pathways, response times and strengthening core social care functions.
- 25 The existing 10 Integrated Adult Mental Health Teams were reconfigured to create 5 Social Work Hubs which would continue to provide coterminosity with the wider mental health service and continue to utilise 'CITO' (electronic patients records system) as agreed with Tees Esk and Wear Valleys NHS Foundation Trust (Appendix 2).
- 26 Primarily the benefits of the restructure are as follows:
- (a) improving systems delivery for patients, service users and staff;
 - (b) ensuring a distinct process for assessments of need under the Care Act 2014;
 - (c) improving recruitment opportunities for Mental Health Social Work staff;
 - (d) using collective resources more efficiently and enhance resilience.
- 27 Next steps include the development of an operational framework and performance system following further analysis of data flow arrangements.

Unpaid Carers – Hospital Discharge Support

- 28 The aim of the 'unpaid carers – Hospital Discharge Support Service' is to prevent carer breakdown and reduce re-admissions into hospital by providing support to carers at an early stage of the 'cared for person' being admitted to hospital.
- 29 The service is provided through Durham County Carers Support and commissioned by Durham County Council through the Hospital Discharge Grant 2023-25. Discharges from the University Hospital of North Durham are prioritised although referrals from Community Hospitals have been accepted.
- 30 Unpaid carers are supported both emotionally and practically, before, during and post discharge for a period of up to four weeks of intensive support. Should further help be required after this time, it is offered by the wider Durham County Carers Support Service.
- 31 To date 115 unpaid carers have been supported through the project. An evaluation of the service and outcomes in relation to unpaid carers will be undertaken later this year.

Breakthrough Service

- 32 The aim of the Breakthrough service is to support people who self-neglect and exhibit hoarding behaviours. It offers a therapeutic focus which is person-centred and uses trauma informed care approaches.
- 33 The service is provided through County Durham Care and Support through a team of support and recovery staff. A single point of contact has been established for referrers and a standard operating procedure is in place for the service.
- 34 Breakthrough have promoted a model of partnership working through the council and in conjunction with external partner agencies. The multi-agency approach has been important to achieving positive outcomes.
- 35 The Breakthrough Service is targeted towards those people who self-neglect and hoard to a severe or extreme level. Finite service capacity makes it difficult to extend to service to people identified in the early stages of self-neglect and hoarding behaviour. The service works to statutory thresholds, including those triggered by our safeguarding obligations as defined by the Care Act 2014.
- 36 To date 108 people have been helped and supported through the service. An evaluation of the service will be carried out later this year.

Extension of the County Durham Care Partnership's Integration Work Programme

- 37 Up until 2023 the Integration Work Programme focussed on older people and those with a physical disability. More recently the Integration Work Programme was extended to include children and young people which includes Transitions and Preparation for Adulthood and further work in relation to mental health and learning disability.

Transfer of Care Hub

- 38 The development of the Transfer of Care Hub (ToCH) to coordinate complex hospital discharges from County Durham and Darlington NHS Foundation Trust (DDFT) hospitals, and discharge support to County Durham and Darlington patients in neighbouring hospitals was approved in 2023.
- 39 Funding to develop the ToCH was provided through Hospital Discharge Fund Allocations to North East and North Cumbria ICB, Durham County Council and Darlington Borough Council in 2023-24.
- 40 Phase 1 of the development was to increase the capacity of the DDFT Discharge Nursing team which has since been completed. Phase 2

involved the formal arrangements regarding structure and responsibilities (Appendix 3).

- 41 The ToCH is comprised of a multi-disciplinary team of social workers, discharge nurses and other professionals that have been operating in shadow form. An Operations Manager for the ToCH was appointed in July 2024.
- 42 Central to the success of the ToCH is communication and coordination through co-location or virtual integration and where possible expanding existing roles.

Therapies Project as part of the Integration Programme

- 43 The aim of the Therapies Project endeavoured 'to co-design and co-produce an integrated service response by Occupational Therapists (OTs) from Durham County Council and those employed by County Durham and Darlington NHS Foundation Trust.'
- 44 The following benefits were identified at the inception of the project:
 - (a) a streamlined service, reducing duplication and more responsive to service user need;
 - (b) to create a single culture for the teams to improve communication and deliver improved outcomes for service users;
 - (c) to improve cooperation and collaboration between organisations;
 - (d) improvements in morale and performance;
 - (e) consistent professional leadership for OTs across County Durham.

Therapies Project Achievements to date

- 45 Over the past nine months both OT teams worked together to deliver the following outputs:
 - (a) change to back-office processes to allow OT staff (from either organisation) to order walking aids;
 - (b) a directory of services which provided contacts to support and inform new staff and share knowledge;
 - (c) the development, training and adoption of a new equipment offer and policy for care homes;
 - (d) an audit of equipment in all County Durham care homes;

- (e) a data sharing agreement has been agreed and improved access to respective case records to allow the adoption of a trusted assessor model;
- (f) to explore other opportunities to further integrate service delivery to improve service user experience.

Therapies Project benefits realised.

- 46 The most demonstrable benefit has been improvements to the walking aids ordering process.
- 47 Reduced duplication and avoidance of unnecessary delays in service delivery for the service user.
- 48 Implementation of the trusted assessor model allowing social care OTs to order walking aids.
- 49 OT staff reported that they were pleased with the changes this year and felt that this had made an improvement to service users experience.
- 50 Staff teams work well together which will continue alongside opportunities for job shadowing, training, and recruitment.

Children and Young People's Integrated Services

- 51 Children and Young People's integration is focussed on four identified areas of activity:
 - (a) Neurodiversity – establishing a needs led rather than a diagnosis determined model. Five workstreams established looking at; co-production, school support, training, mapping of current support and pathways work;
 - (b) Preparation for Adulthood Complex Needs (18-25 years) – considering young people with complex needs who are 'open' to more than one service; engagement workshops with Children and Young People / Young Adults have taken place to determine what is important to them about adulthood; the development of a Transitions register to provide a comprehensive overview, improve capacity and demand planning;
 - (c) obtaining more Help / Risk Support – a multi-agency group has been established to review Rapid Response and its interface with Mental Health Crisis and the Children and Adolescent Mental Health Service (CAMHS). The group will also review pathway guidance for staff who support Children and Young People (C&YP) who are entering or leaving a period of residential or

hospital care. A key principle of the group is to ensure co-production, with the voice of the young person and their family / carers at the forefront of any decision making;

- (d) Mental Health Support Pilot - developing a multi-agency collaboration model of working and improved access to services which more effectively supports children's mental health. The pilot seeks to improve professionals understanding of mental health support available to C&YP, clarifying pathways to ensure C&YP receive the right support in the right place and the right time. By adopting a graduated needs-led approach rather than a direct referral into secondary mental health services which would free up specialist resources for those with extremely urgent and / or complex needs.

Joint Committee at Place for Health and Care

- 52 County Durham has a long and successful track record of health and social care integration.
- 53 There is a shared commitment to the strategic priorities of the Health and Wellbeing Board and the joint plan to deliver them through set out in the Health and Care Plan for County Durham.
- 54 The work of the County Durham Care Partnership (CDCP) is progressed through a shared vision 'To bring together health, social care and voluntary organisations to achieve improved health and wellbeing for the people of County Durham.'
- 55 Membership of the CDCP Executive, the Terms of Reference, Membership, and Memorandum of Understanding have been reviewed and amended to reflect ICB's requirements and enable the CDCP Executive to act as the ICB's sub-committee at 'place.'
- 56 On 14 September 2022 Cabinet agreed to:
 - (a) note the potential changes to health and care integration set out in the Health and Care Act 2022 and the Integration White Paper (February 2022);
 - (b) agree the preferred option for future health and care integration as a Joint Committee to be co-produced with the ICB;
 - (c) note that further detailed discussions are needed with health and care partners and, that Government guidance may be published which would have an impact on the preferred option;

- (d) request further reports are presented following discussions with health and care partners with more detailed proposals for consideration.

57 The Cabinet report on 14 September 2022 outlined a Joint Committee arrangement which:

- included a wide range of services such as Adult Social Care, Children and Young People's Services, Public Health, Commissioning and Supported Housing;
- had multi-agency decision making and delegation of resources to address the health and care needs of residents more effectively;
- would jointly commission Continuing Health Care (CHC), community mental health, learning disability and autism services, and Children and Young People's Services;
- would develop local clinical leadership including clinical pathway re-design and helping to shape the commissioning of acute services;
- would fulfil the NHS's statutory advisory role in adults and children's safeguarding.

58 The Government published Statutory Guidance about options for health and care integration in late September 2022 which was updated in March 2024. The Statutory Guidance for Joint Committees:

- creates a 'voting' membership of NHS bodies, local authorities, and combined authorities. This excludes other partners such as the VCS, Healthwatch and Durham University who are currently members of the CDCP, from full participation;
- restricts the scope of contribution of local authorities to those services covered by section 75 agreements. These agreements cover pooled budgets for defined health and care functions mainly in adult social care. In County Durham they would not cover all of adult social care, Children and Young People's Services, Public Health, all Commissioning and Supported Housing as set out in the Cabinet report of 14 September 2022.

59 The likely effect of the Statutory Guidance would be to restrict the functions of a Joint Committee to a narrower basis than the current activities of the CDCP. It would not enable the full participation of all partners or lead to significant improvements in health and care outcomes for the residents of County Durham.

- 60 The ICB has also been working on their operating structures and schemes of delegation to place based arrangements. At the ICB meeting on 30 July 2024 a revised scheme of delegation covering financial limits to place based arrangements was agreed. At the ICB meeting on 1 October 2024 a report will be presented outlining those functions to be delegated to place-based arrangements. It is expected that these delegations will focus on primary care and community services.
- 61 This means that some services set out in the Cabinet report of 14 September 2022 will not be delegated to place-based arrangements. These include CHC, acute hospital services, some mental health, learning disability and autism services, the NHS's statutory advisory role in adult and children's safeguarding and the development of clinical leadership.
- 62 Since the Cabinet decision on 14 September 2022 CDCP Chief Officers and Chief Executives have met regularly to discuss the options available. These discussions have concentrated on determining the option which would improve health outcomes for the residents of County Durham. Bearing in mind the strength of the CDCP and the restrictive nature of the Statutory Guidance and the developing ICB delegations it is accepted that a Joint Committee as currently defined would not be our preferred option. The preferred option would be continuing to develop the CDCP with the ICB and other partners and integrating further using our locally available capacity. This will give County Durham a much more broadly based and inclusive place-based arrangement and put us in a better position to improve health outcomes.
- 63 Cabinet will be updated with further reports on the development of the CDCP and health and care integration in County Durham.

Conclusion

- 64 Adult and Health Services are committed to making improvements in relation to the service offer and delivery of care to the people of County Durham.
- 65 County Durham has a strong track record of integration based upon positive working relationships and shared priorities and there is a continuing commitment to further integration through the CDCP. However, the restrictive nature of the Statutory Guidance and developing ICB delegations mean that a Joint Committee as currently defined would not deliver significantly better outcomes for the residents of County Durham.
- 66 The integration programme will continue to focus upon those elements of operational delivery which improves outcomes for service users.

- 67 The developments highlighted in this report provide evidence of a desire to improve and deliver excellence in service provision to the people of County Durham.
- 68 Further service development and improvement work will be influenced by the outcome of the recent CQC assessment of Adult Social Care in County Durham.

Background papers

- February 2021: NHS Reform White Paper.
[Integration and Innovation: working together to improve health and social care for all \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/95222/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all.pdf)
- December 2021: People at the Heart of Care: adult social care reform white paper.
[People at the Heart of Care: adult social care reform white paper](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/101111/people-at-the-heart-of-care-adult-social-care-reform-white-paper.pdf)
- April 2023: Adult social care system reform: next steps to put People at the Heart of Care.
[Next steps to Put People at the Heart of Care](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/114411/next-steps-to-put-people-at-the-heart-of-care.pdf)
- Arrangements for the delegation and joint exercise of statutory functions (Statutory Guidance) NHSE 24 March 2024.
- NHS (Joint Working and Delegation Arrangements) Regulations 2023 DHSC February 2023.

Previous Cabinet report links

- 14 September 2022 Cabinet Report
[Health and Care Integration - Report of Corporate Director of Adult and Health Services.pdf](https://www.durham.gov.uk/media/101111/Health-and-Care-Integration-Report-of-Corporate-Director-of-Adult-and-Health-Services.pdf)
- 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 \(2022\)](https://www.durham.gov.uk/media/101111/Adult-Social-Care-update-on-the-introduction-of-local-authority-assessment-by-the-Care-Quality-Commission-under-the-Health-and-Care-Act-2022.pdf)
- 13 December 2023 Cabinet Report
[Adult Social Care Update Cabinet CQC Assessment Update Report.pdf \(durham.gov.uk\)](https://www.durham.gov.uk/media/101111/Adult-Social-Care-Update-Cabinet-CQC-Assessment-Update-Report.pdf)

Other useful documents

- None

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Appendix 1: Implications

Legal Implications

The Council delivers adult social care in line with the requirements of the Care Act 2014, the Mental Health Act 1983 and the Mental Capacity Act 2005 and other secondary legislation. The assessment of local authority adult social care functions was suspended in 2011 but re-introduced following the introduction of the Health and Care Act 2022. This Act gives the Secretary of State for Health and Social Care wide powers of intervention and direction if local authorities are assessed as 'inadequate.'

The CDCP operates within the governance arrangements of the Council and other statutory partners.

Finance

The adult social care budget is the largest in the Council and is used mainly to fund care packages, finance our capacity to meet our statutory duties for assessment and adult protection and safeguarding. The CQC assessment did not include an examination of our use of resources available or our financial position relative to other local authorities.

The CDCP works with organisations which are party to the Better Care Fund and budget pooling and sharing arrangements. The CDCP will make recommendations to the ICB about the use of budgets and commissioning services.

Consultation & Engagement

Involving people who use services, their families, carers and representatives is a key feature of the Care Act 2014. We will continue to involve them in individual assessments of need and in wider service development.

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

The CDCP includes Healthwatch and Durham Community Action who have engaged in discussions about the governance arrangements at "place."

Equality and Diversity / Public Sector Equality Duty

People who use services often have 'protected characteristics' as defined by the Equalities Act 2010. The Care Act 2014 requires local authorities to take account of the needs of people with 'protected characteristics' in the way they assess need and commission services to meet need. Furthermore, the council

is required to consult and involve people with 'protected characteristics' in a way which enables them to participate as fully as possible.

The principles of equality and diversity have been considered.

Climate Change

The CDCP aim is to minimise duplication and reduce the use of transport by delivering care closer to home and this will contribute to the Council's zero net carbon target.

Human Rights

The principles and provisions of the Human Rights Act 1998 are considered as part of the CQC assessment and have been incorporated into this report.

Crime and Disorder

The CQC assessment framework as it relates to adult protection and safeguarding includes consideration of 'hate crime' and investigations into referrals which may lead to criminal prosecutions. The Care Act 2014 requires local authorities to pre-actively work to keep vulnerable people safe, have safeguarding systems in place and to lead safeguarding partnerships.

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.

Some staff are in joint posts which work across the NHS and the Council. There are opportunities to cooperate on shared workforce issues and to develop more joint posts where appropriate.

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.

Risks are included in the Corporate Risk Register and managed using existing corporate systems.

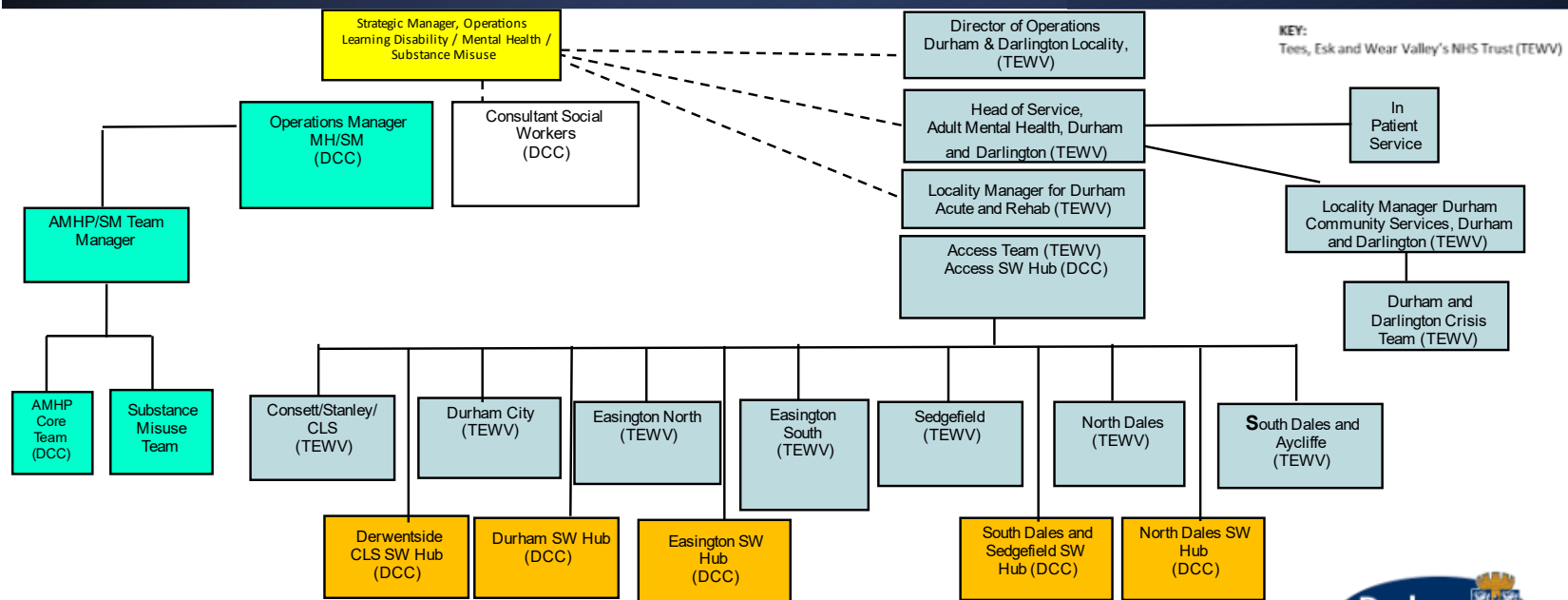
Procurement

The majority of the Adult Social Care budget is used to procure or negotiate the costs of care packages. These are procured via the Council's procurement policies.

The CDCP acting as the ICBs Sub Committee will make recommendation to the ICB about commissioning and procurement.

Appendix 2: Integrated Mental Health Structure

Adult Care: Mental Health and Substance Misuse Structure



Appendix 3: A revised proposal for an integrated structure for the ToCH

