



Darlington Borough Council

Adult Social Care

Self-Assessment

July 2024



DARLINGTON
Borough Council



Contents

Overview and summary of Darlington Borough Council and Adult Social Care.....	3
CQC Theme One: Working with people.....	10
Quality statement one: Assessing needs:.....	10
Quality statement two: Supporting people to live healthier lives:.....	10
What is our ambition and how are we performing?	10
How do we know? What makes us confident we understand our performance?.....	16
What are our plans to maintain or improve our performance in this area?.....	21
What do others say about our performance in this area?	23
Quality statement three: Equity in experiences and outcomes	23
What is our ambition and how are we performing?	23
How do we know? What makes us confident that we understand our performance?	26
What are our plans to maintain or improve performance in this area?	27
What do others say about our performance in this area?	28
CQC Theme Two: Providing support.....	30
Quality statement one: Care provision, integration, and continuity:.....	30
Quality statement two: Partnerships and communities	30
What is our ambition and how are we performing?	30
How do we know? What makes us confident about understanding our performance?	35
What are our plans to maintain or improve performance in this area?	36
What do others say about our performance in this area?	38
CQC Theme Three: Ensuring safety - How the local authority ensures safety within the system.....	38
Quality statement one: Safe systems, pathways, and transitions.	39
Quality statement two: Safeguarding.....	39
What is our ambition and how are we performing?	39
How do we know? What makes us confident about understanding our performance?	46
What are our plans to maintain or improve performance in this area?	47
What do other say about our performance in this area?.....	48
CQC Theme Four: Leadership	50
Quality Statement one: Leadership - Governance, management, and sustainability:.....	50
What is our ambition and how are we performing?	50
How do we know? What makes us confident about understanding our performance?	54
What are our plans to maintain or improve performance in this area?	57
What do others say about our performance in this area?	58
Quality Statement two: Leadership – Learning, improvement, and innovation:	59
What is our ambition and how are we performing?	59
How do we know? What makes us confident about understanding our performance?	61
What are our plans to maintain or improve performance in this area?	63
What do others say about our performance in this area?	64
Conclusion	65

Overview and summary of Darlington Borough Council and Adult Social Care.

About Darlington

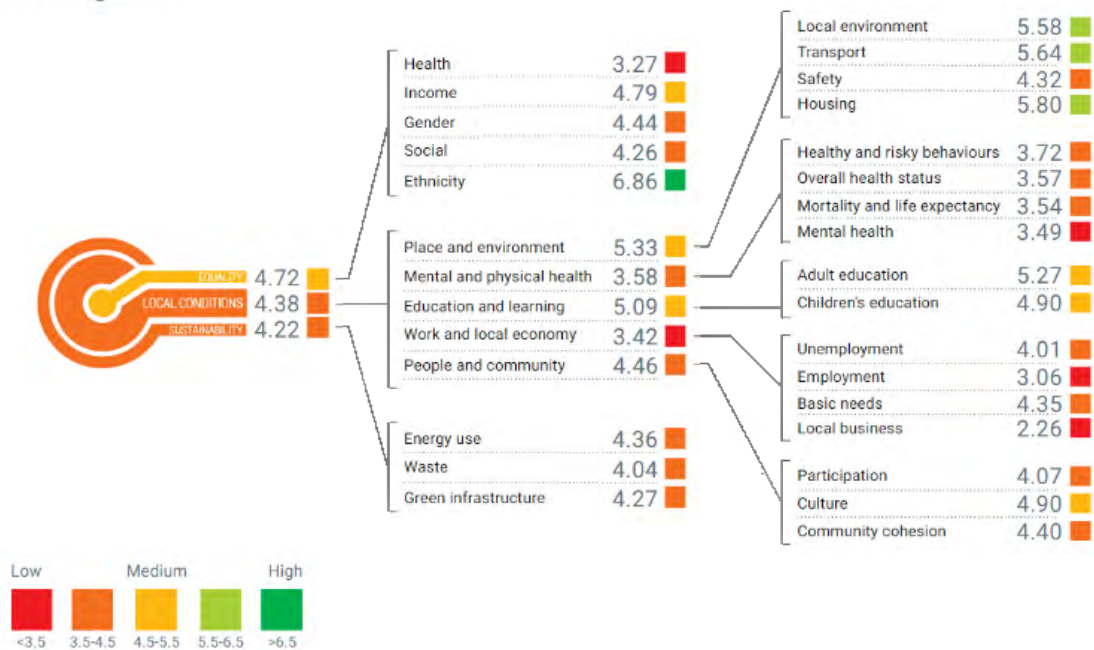
Darlington is the third smallest Unitary in England. It has a heritage of railways and heavy industry with an emerging service sector including Government Departments and Amazon. The Local Authority is part of Tees Valley Combined Authority but with significant links to County Durham and is part of Northeast and North Cumbria ICB (Integrated Care Board) with local arrangements with the South Integrated Partnership System with the other Tees Valley combined authorities.

The council's vision as set out in its Council Plan 2024:

We aim to create a friendly town where Children & Adults THRIVE, Together and Inclusive – Healthy and Safe – Resilient and Strong – Independent and Innovative – Valued and Respected – Educated and Aspirational. Through this vision we will work together with residents, partners, and communities to enable the citizens of Darlington to maximise their independence, their wellbeing, to have care and support when they need it and to empower them to contribute to and feel valued in their communities.

Thriving Places Index [link](#)









Darlington



Darlington Borough Council area [link](#)



Demographics

 Population	<p><i>There are 107,799 people living in Darlington, with a significant proportion aged 65 and above.</i></p> <p>16.5% 65 – 74 9.1% 75-84 2.5% over 85</p>	 Carers	<p><i>There are approximately 9800 people in Darlington identified themselves as carers 4707 (48%) were in employment in the 2021 census.</i></p>
 Vulnerable groups	<p><i>6,070 children aged 0-19 (25%) are in relative low-income families in Darlington compared with 20% across England.</i></p>	 Economy	<p><i>31,324 people aged 16+ (36%) are in full-time employment in Darlington compared with 34% across England. Ranked 77th Most deprived (317 Councils)</i></p>
 Housing	<p><i>466 households (1.0%) lack central heating in Darlington compared with 1.5% across England.</i></p>	 Access & transport	<p><i>25% of households have no car in Darlington compared with 24% across England.</i></p>
 Crime & safety	<p><i>The overall crime rate is higher than the average across England. The rate is 120.9 in Darlington compared with 88.2 across England.</i></p>	 Communities & environment	<p><i>The % of people 'satisfied with their neighbourhood' (79.2%) is similar to the average across England (79.3%)</i></p>

Health Inequalities

Health inequalities in Darlington reflect broader national trends but are particularly pronounced in certain areas:

- Life expectancy varies significantly across the borough, with up to a **10-year gap** between the most and least deprived areas.
- Chronic conditions such as cardiovascular disease, diabetes, and respiratory illnesses are more prevalent in lower socio-economic groups.
- Mental health issues, including depression and anxiety, are also more common in disadvantaged populations.
- The increasing elderly population underscores the need for robust prevention and early intervention strategies to support healthy aging and independent living.

These demographic insights highlight the importance of targeted prevention and early intervention measures to address health inequalities and improve overall well-being.

Our Strategy for Adult Social Care

The Transformation Journey to 2024

This journey started in May 2016, The Care Act provided the context to review and implement a new operating model for adult social care to support the delivery of good quality services at a sustainable cost. We established a plan to enable the delivery of modern services which are Care Act compliant working in partnership with people to maximise their individual strengths and assets.

The transformation has been delivered through a systematic and controlled delivery of projects and task and finish activities that were separated into 4 work streams: -

- a) Managing Demand
- b) Maximising Independence
- c) Self-Directed Support
- d) Effective and Responsive Best Value Provider Economy

Improvements and actions 2016-2023

Much of the journey from 2016 was focussed on strengthening our online offer via an online directory and online self-assessment function, building our Front Door to maximise independence and manage demand. As part of this work, the development of a Team Criteria gave clear identity to the teams to enable better flow through the system with a right team first time approach, ensuring staff with the right skills were assessing need and providing support. The aim was to reduce hand offs and maximise the experience for the individuals needing our services.

A key part of the journey was to redesign our Reablement function to improve the quality of in-house offer to develop our prevention offer and reduce external expenditure.

We improved our social work practice via introduction of strength-based working, use of the progression model along with training in relational practice.

Strength Based Approach

We developed a Strength Based Working Methodology based on supporting staff to use their skills, knowledge, and professional judgement.

We now call this our 'Strength Based Practice Framework'.

Our staff are trained in a series of identified and proven Strength Based Working Methodologies. This allows them to use the appropriate approach that reflects and best suits the person/people they are working with. We are refreshed this learning throughout 2023.



Strength based practice timeline:



ensured all packages of care were reviewed in a strength-based way. We developed a Transitions to Adults Services forum to ensure smooth transition for Children’s Social Care to Adults and a no surprise budget situation. Work was also undertaken on recruitment and retention of staff, creating progression opportunities for social workers, revamping pay grades and working with the academy, partners, and providers to create a ‘grown your own’ culture for ASC staffing.

Implementation of a mobile working option for ASC staff by rolling out portable computing options (tablets, laptops, and improved mobile phones) helped with staff work life balance and assisted with recruitment and retention of staff.

To support staff, we had a focussed effort on creating a practice guidance and local procedures guide along with simplified Direct Payment Procedure and upgraded DFG offer.

We implemented a Validation Forum to ensure consistency of standards of practice, appropriate packages of care, and to understand demand, trends, and market sufficiency.

We looked to embed these changes and successes throughout 2016- 2020, however the pandemic slowed several actions and delayed the embedding of the full transformation agenda with significant capacity issues due to increasing demand, increasing complexity, significant staff retention issues and turnover resulting in some teams, particularly the Adult Contact Team (rebranded from the Front Door) being at 50% capacity throughout 2021-2023.

Our current position

The instigation of the Health and Care Act in April 2022 resulted in a focus on refreshing of Darlington’s Adult Social Care priorities. Therefore, through a series of workshops with teams across the People’s Group we revised our ASC vision that reflected the new Health and Social Care Act 2022 with the purpose of pulling together all activity into a single transformation plan that linked to the vision.

This new transformation plan incorporates Commissioning, Quality, Practice and Workforce Development into a single plan along with the service reviews/redesigns that sat within the previous 2019 transformation plan. The new transformation plan is also mindful of the demands and pressures post covid.



Our vision for Adult Social Care in Darlington 2023-2026

The Adult Social Care Vision enhances the Council and People's Group aim to create a friendly town where Children & Adults THRIVE: [link](#)

Through this vision we aim to work together with residents, partners, and communities to enable the people of Darlington to maximise their independence, their wellbeing, to have care and support when they need it and to empower them to contribute to and feel valued in their communities.

This is underpinned by the Duties and Statutory Functions of the Care Act 2014, with the emphasis on ensuring a person's wellbeing whilst providing support to people to prevent, reduce or delay the need for ongoing support.



Our aims to delivering this by:

- Ensuring we have a culture of “High Support with High Challenge”,
- Ensuring people are the centre of planning their own support.
- Supporting people and communities to feel safe and listened to.
- Ensuring we are doing the right thing, at the right time, in the right way.
- Co-production with people with lived experience, staff, and partners.
- Ensuring we have a highly skilled, professional, and innovative workforce, promoting their well-being, personal development, and resilience.
- Ensuring people are supported in their caring roles.
- Innovative use of technology.
- Effective use of resources and budgets.
- Working SMARTER.



The **Adult Social Care Transformation Plan** sets out into themes and strategic objectives to illustrate the ambitions within our vision, to support planning priorities and delivery of strategic objectives.

Themes	Strategic objectives
<p>Amazing practice/strength-based working and workforce</p>	<ul style="list-style-type: none"> • Service user/carers engagement, feedback, and co-production (the person’s voice is central to everything we do). • Ensuring Strength based approaches and practice (working with partners and the community). • Highly trained and skilled workforce working in line with internal strategies and procedures.
<p>Market developing, shaping, and commissioning (Creating the right conditions)</p>	<ul style="list-style-type: none"> • Commissioning Services to meet current and future need. • Working wider community assets providing outcomes and making a real difference.
<p>Ensuring safety</p>	<ul style="list-style-type: none"> • Effective Safeguarding - Ensuring safety for person, safe systems, and continuity of care. • Ensuring continuity of care including supporting young people through to adulthood.
<p>Strategic leadership and workforce development (Enabling delivery)</p>	<ul style="list-style-type: none"> • Strategic leadership and workforce development. • Systems, polices, procedures, practice guidance and governance (that support effective social work and social care practice) e.g., Care reforms- LPS (Liberty Protection Safeguards), charging reform, data improvement. • Inspection readiness - baselines, evidence collation. • Efficient, well managed budgets delivering services and support within the budget, being response to pressures and anticipating demand. • Intelligence led Service development and planning. • Intelligence Led Business Planning. • Improved Digital and Communications (inc. web, information, self-service, use of technology).



Our Key Strengths

<p>Working with people</p> <p>Strength Based Practice Framework</p> <p>Quality Assurance and Improvement Framework – Care Act compliant.</p> <p>Strong and visible voice of the Person</p> <p>Prevention Strategy and approach</p> <p>Strong local partnerships with the Integrated care Board, County Durham and Darlington Foundation Trust, Tees and Esk Wear Valley Trust, Care Providers and the local Voluntary and Community Sector</p> <p>Darlington Commitment to Carers Strategy 2023-2028 with specific actions relating to ASC.</p>	<p>Providing support</p> <p>Darlington’s Market Position Statement (MPS) and Commissioning Strategy 2024 – 2027</p> <p>Effective and close relationships with Providers</p> <p>Revised Quality Monitoring and Assurance process</p> <p>Accommodation with Care and Support Needs Strategy</p> <p>Retendered outcome-based commissioning frameworks</p> <p>Developed effective and integrated hospital discharge arrangements.</p> <p>Collaborative approach to development of the Darlington Connect hub</p>
<p>Ensuring safety</p> <p>We have updated Darlington Safeguarding Partnership website and clear navigation in relation to Making Safeguarding Personal</p> <p>Good governance systems in place for each stage of safeguarding decision-making</p> <p>A risk notification process to enable identification of patterns and themes of safety within care providers.</p> <p>Practice Support Forum for high-risk decision making.</p> <p>Risk Prioritisation Tool used to support allocations and managing risk.</p> <p>Joint Safeguarding Partnership arrangements with children’s services with committed partners</p>	<p>Leadership</p> <p>Established and visible Senior Leadership Team</p> <p>Positive culture based on values, ethics, and evidence-based practice.</p> <p>Staff retention rates at highest since the pandemic at 93.5%.</p> <p>Governance framework</p> <p>Practice Support and Validation Forums</p> <p>Annual training needs analysis for the workforce</p> <p>Strength-based practice approach to workforce development based on SCIE (Social Care Institute for Excellence) Strength Based Practice Training Relational and Strength Based Training</p> <p>Darlington Academy and Community Care Inform licences for all staff.</p>



CQC Theme One: Working with people

This theme covers: assessing needs, care planning and review, arrangements for direct payments and charging, supporting people to live healthier lives, prevention, wellbeing, information, and advice, understanding, and removing inequalities in care and support, people's experiences, and outcomes.

Quality statement one: Assessing needs:

- We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing, and communication needs with them.
- I have care and support that is coordinated, and everyone works well together and with me.
- I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths, and goals.

Quality statement two: Supporting people to live healthier lives:

- We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.
- I can get information and advice about my health, care, and support and how I can be as well as possible – physically, mentally, and emotionally.
- I am supported to plan for important changes in my life that I can anticipate.

What is our ambition and how are we performing?

Darlington Borough Council - Adult Social Care have adopted Strength Based working as their Standard Operating Model and have in place Quality Assurance activities to monitor how our practice consistently engages and works in partnership with people looking at what is strong not wrong and builds on people's assets and prevents escalating need.

The Strength Based Practice framework looks at practice theories and ethical principles enabling practitioners to develop a positive culture within their professional knowledge and skills when working with people and carers.

We have a shared commitment to provide effective training and support for staff, so they develop the right skills and confidence in utilising model strength-based practice approaches when working with people.



Using the framework Practitioners understand what influences people in their behaviours including when working with adults with care and support needs, their carers, their families, community influences, culture, and background. The national Strength Based Practice framework describes effective professional practice for social workers and practitioners underpinned by value-based research and maps out good practice, what we do, why and effective use of a range of practice tools.

In addition to this we have our Care Act 2014 practice guidance which provides a step-by-step guide to support assessors through the assessment, eligibility determination, support planning and support plan review process.



Access to information and advice

We have reviewed and updated our website to improve the online offer for self-assessment, financial planning and provide accessible information.

Information on the Adult Social Care internet pages has been checked by local people for ease of understanding and compliance with accessibility standards.

We commission a directory of services, Living Well [Home – Darlington](#), which is reviewed regularly to provide clear information and resources of available services and support in Darlington.

First point of contact

All teams have a duty to give information, advice and signposting as well as compliance in relation to the Care Act 2014, the duty to assess.

We aim to have a coordinated approach to ensure as seamless a process as possible for the person. For instance, all initial contacts are either through our Adult Contact Team (ACT) (the front door) or through the Safeguarding Team. These teams work together to ensure that there is a pathway approach to providing contact, information, advice, and initial assessment.

ACT reviews all the self-assessments that are completed via the website and are responsible for urgent requests for adult social care including unscheduled reviews, emergency duty team and safeguarding concerns.

The team focus on wellbeing and prevention with the aim of promoting the safety and wellbeing of the individuals whilst supporting people to reach their goals. However, if ongoing support is identified the person is transferred to the appropriate team at the earliest opportunity.

We are currently developing our telephony offer to streamline the initial telephone offer for people to provide clear direction at the first point of contact.

Short term inventions including intermediate care, reablement, and hospital discharge.

ACT provides short term support for up to 16 weeks for individuals whose outcomes cannot be met via advice, information, and signposting. The aim to prevent people being passed to several different teams and social workers.

Part of our prevent, reduce, delay approach is enabling people to retain or regain skills for independence and when appropriate make recommendations for longer term tailored care and support. RIACT has a specific focus on this approach. The team is a co-located Health and Social Care team with an integrated approach to support including hospital discharge, transfers of care and crisis. The team works as part of an Intermediate Care offer to observe opportunities for discharge home under Pathway 1 offering a reablement assessment and delivery plan for up to six weeks.

Where appropriate Occupational Therapists in the team complete functional assessments to further support rehabilitation, reablement and independence outcomes.

Where individuals are unable to return home, Intermediate Care beds are considered for individuals with reablement and rehabilitation potential. Short-term residential placements are identified within Pathway 2 and Residential / Nursing within Pathway 3 where discharge to an intermediate care bed is not suitable at that time.

Daily Multi-Disciplinary Team (MDT) are held to review discharge cases with a weekly system pressure meeting to anticipate, monitor and manage surge in demands across Darlington system partners.

Additional recruitment is currently underway with the purpose of working with individuals under a reablement model within our spot purchased short break stay beds with the aim of supporting a return home.

To support sufficiency in the market and ensure that people have timely intervention when waiting for longer term support, we have a commissioning model called Rapid Response. This ensures there is minimal levels of delay in support whilst awaiting a suitable package of care.

Ongoing assessment, support planning, interventions, and scheduled reviews.

We provide longer term casework including assessments, re-assessments, scheduled reviews and safeguarding for people with ongoing support, for individuals who have eligible care and support needs. This includes supporting carers to sustain their carer's role.

Casework includes responding to Legal Challenge, enabling people to access Independent Advocacy commissioned by DBC with Darlington Association on Disability (DAD) and working with Legal Teams on areas such as section 21a appeals and deputyship applications.

We work closely with children's social work teams and education (SEND) to ensure that young people, and their families, are supported to prepare well for transition to adulthood.



Occupational Therapy and Sensory Support.

We assess functional ability to support people to participate in the activities of everyday life. Where individuals have difficulties with functional tasks, Occupational Therapists provide equipment and adaptations to maximise independence and observe opportunities to prevent, reduce, and delay the need for ongoing support.

We also undertake the assessment and rehabilitation for individuals with a hearing or visual impairment or dual sensory loss. Both Occupational Therapy and Sensory Impairment teams support both Children and Adults with long term physical or sensory assessment and interventions.

Partnership and co-location arrangements

The Mental Health Social Work Team is co-located with Tees and Esk Wear Valley Foundation Trust Mental Health Services at West Park Hospital. This supports a multi-disciplinary team approach (MDT) with effective timely discharge from hospital-based treatment. Advanced Mental Health Practitioners (AMHP) support people through Mental Health Act assessments, admissions under the Mental Health Act, supporting discharge and informing Section 117 aftercare plans where required. Allocated workers work closely with forensic and police services to support effective risk management.

The Adult Learning Social Work Disability Team has a visible presence alongside the Community Mental Health Team based at Hunden's Lane Hospital (TEWV FT).

The Responsive, Integrated Assessment and intervention team (RIACT) have hospital based social workers who support ward discharge leads with discharge advice, information, and guidance to enable individuals to return home without/with support. These social workers cover both the Darlington Memorial hospital and the outlying community hospitals.

Safeguarding / DOLS

We have a specific duty under the care (section 42) is to safeguard adults who may be vulnerable to; abuse, neglect and/or exploitation. We will undertake initial information gathering if the safeguarding concern meets the threshold to progress to Section 42 safeguarding enquiries and investigation.

We support people in making decisions around important things in their lives, whether that is where to live, what community resources are available or how best to meet their needs in a way that decreases distress and risk.

We are reviewing the safeguarding processes to ensure that individuals feel safer following interventions from our services. We are keen to ensure that the individual is in the centre of everything we do, championing their outcomes and ensuring we look at risk in the context of that person's wellbeing. We have looked at tools to support practitioners to meet our statutory duties and we will continue to amend and develop these tools in line with the changing challenges presented within the area of adult safeguarding. We will be working closely with partner agencies and look to further foster good working relationships through the Safeguarding partnership within Darlington, sharing skills within the different disciplines of the partnership.



Working with Carers

The Care Act 2014 recognises the vital role of unpaid carers and the importance of their wellbeing. Carers have the same rights to access support, alongside the general duties of the act to all adults who are 'ordinarily resident' within the local authority area. This includes:



- Promoting individual wellbeing.
- Preventing needs for care and support.
- Providing information and advice.

We have a strong local offer in relation to support for carers. We ensure that throughout the journey with adult social care, carers are offered support, advice, and signposting to relevant support. We commission the Carers Support Service locally to provide this service. The service manages the local carers register and currently there are approximately 3000 registered carers, with approximately 10% of carers identified as accessing Adult Social Care services to enable them to continue in their caring role. In addition to this, Darlington Carers Support Service provide one-off vouchers for carers and free training.

The Carers Assessment is offered through the teams and provides a recognition of carers needs. There is an online offer, and the DBC webpages also provide direction to services and support.

In addition, as part of a Darlington wide partnership there has been the development of the Darlington Commitment to Carers Strategy 2023 - 2028. [Link](#) This is a five-year partnership plan co-designed with the Darlington Carers Strategy Steering Group which outlined shared ambitions raising the profile and value of local unpaid carers. ASC have undertaken a response to this strategy with initially a one-year action plan.

We have also signed up to a regional agreement to support the implementation of an on-line resource for carers called Mobilise [Support for unpaid carers in Darlington \(mobiliseonline.co.uk\)](https://mobiliseonline.co.uk)

'Our aim is that all people in Darlington have the information they need to recognise themselves as a carer at the earliest opportunity and that they are then able to access the advice, information and support they need to carry out this role whilst minimising the impact on their health, wellbeing, work, and other personal commitments.' (Darlington Commitment to Carers strategy)

Prevention and Intervention

Our standard operating model of Strength Based Practice supports the prevention of needs arising, building personal resilience, and having increased choice and control at the right time and life stages assured of the right support at the right time and the right way. Therefore, our teams engage with people to focus on a *what is strong not wrong* approach and provide appropriate and proportionate support when needed. We use the SCIE Prevention Wheel to structure our prevention initiatives. It

highlights different levels of prevention—primary, secondary, and tertiary—targeting various stages of need.

We will consider the individual person’s strengths and capability as well as any support which may be available from their wider network and in their community. When looking at this potential support, we will consider whether such networks have the capacity to continue to meet the adult’s or carer’s needs on a regular basis. This helps to ensure the assessment is person-centred and focuses on both their individual and wider network’s strengths rather than on their condition.

We will consider the ways an adult’s or carer’s cultural and spiritual networks can support them in meeting needs and building strengths and we will explore this with the adult or carer.

Social Prescribing

Our teams work with the Social Prescribing link workers in Darlington which help to connect people with local community activities, resources and services that can help to improve health and wellbeing.

Technology and Digital Solutions such as Assistive Technology/Lifeline/Telecare

We are seeing an upward trend of people accessing assistive technology and Lifeline support. This is indicative of the objective to support people to remain independent in their own homes. Teams continue to promote this offer at the point of referral to adult social care as well as at reviews. Lifeline continues to work closely with the Adult Social Care Team and promotes assistive technology, through attending regular team meetings as well as providing training during the induction of new Adult Social Care staff.

We have developed a digital strategy with ambitions to support staff, people who use our services and the public to increase confidence in digital awareness and use.

Short stays

Whilst Home First is our priority, we will utilise short break stays for several functions including:

- Respite care for a carer.
- To enable further assessment of the person following a stay in hospital or carer breakdown, to determine longer term needs and next steps.
- The person is recovering from an acute health episode which no longer requires hospital care and can be safely managed in a rehabilitation bed.
- The person would benefit from a period of rehabilitation to enable onward discharge to home.

With support from the BCF we have targeted resources to provide an “in reach” service to care providers to develop their reablement model. We are also focussed on reviewing people earlier in their pathway (whilst in a short stay) with the purpose of reducing dependency on residential care and



look to support a return home sooner.

How do we know? What makes us confident we understand our performance?

Assessing Need

We have practice guidance which is a step-by-step guide to support assessors through the assessment, eligibility determination, support planning and support plan review process as required under the Care Act 2014.

In addition to this we have policies, procedures, and a workforce development plan to embed within our culture the ethos to prevent, reduce or delay support needs wherever possible.

We have a range of performance indicators to enable us to know how we are performing on the Care Act and have internal assurance structures to build on the culture of high challenge with high support to review our performance, practice and subsequently the outcomes for people.



Managing Demand

The total number of contacts made during 2023-24 is higher than the previous last two years with 11507 contacts made in relation to 5267 individuals.

During 2023-24 51% of contacts made by a 'new client' from the community, with a request for a Care Act Assessment were dealt with at the front door. It is our aspiration for this to increase through delivering on our transformation plan.

We have seen an increase in the percentage of contacts which 'progress to a new referral' compared to the same period last year. This in part is related to the increase in complex cases which the teams are now dealing with, where the option of information / advice or signposting to another agency is not appropriate. We are providing additional training to teams to support this increase in complexities and to build confidence in the workers. This training has included a refresh of MCA, Safeguarding, Self-Neglect and Hoarding and a planned roll out of MECC (Making every contact count).

Target timescales for assessment and reviews

We use **Risk Prioritisation Practice Guidance** which identifies how ASC individuals are risk prioritised to ensure that those requiring more urgent response are allocated within an appropriate time scale. High priority cases are allocated within a five working day timeframe based on risk and urgency including same day where necessary.

We have seen an improvement in the timeliness of completion of assessments compared to the same period last year. The average number of days to complete an assessment has fallen from 40 to 38

days, whilst reviews have fallen from 40 to 18 days. This in part is due to developing revised proportionate assessment and reassessment approaches with our teams and introduction of a caseload management tool.

Reviews

Risk Management of cases continues to be key with those in urgent need or crisis prioritised, however this has resulted in those cases which require little involvement and have no significant changes to levels of need having a delay in their review. We currently have 376 overdue scheduled reviews. Each team utilising monthly performance data and the risk prioritisation tool (RAG rated) to understand and select the cases for allocation. All individuals who are waiting for allocation are provided with information, advice and signposting as appropriate, and are kept informed with contact details of the relevant team if their circumstances change.

Permanent Residential care

In relation to Admissions (65+) per 100,000, we are **below** the regional average 731.9 vs 797.4. ASCOF 2022/2023. We want to continue this trend by supporting a home first approach.

All cases where the level of long-term care have increased have been reviewed and the increase was appropriate. We continue to scrutinise cases where the outcome is 'no change in long term support' via our Validation Process and case file audits to ensure reviews have been robust and the outcome is an accurate depiction of the individuals current needs.

Caseloads

There is no benchmark within national guidance around ASC caseloads. However, we have a robust case management process. A case load guidance tools sets out the process to ensuring teams do not experience excessive workloads, reducing unallocated cases and long waiting times for individuals.

There are local variations between teams reflecting the differences in the nature of the work being undertaken, and the urgency and risk of the intervention.

There will be occasions when the actual caseloads will be higher than the aspiration set out within our guidance, in these situations this should be viewed as temporary and closely monitored alongside manager exception reporting.

It is recognised that the caseload of a practitioner isn't a reliable measure of the workload activity nor is it an accurate position of capacity to be allocated additional cases or to safely manage current workload.

Teams are expected to explore caseload activity within their supervision. The supervision guidance and template support this process.

All newly qualified practitioners are supported to build up their work in line with their professional development. It is recognised their workload is reduced to that of a post qualified Practitioner and



workload will gradually increase as experience is gained. Part-time staff are allocated cases on a pro rata basis in line with the above considerations.

Case load management is effectively achieved through regular supervision and identifying cases which are stable to be transferred to the review tray and reallocating cases from the review tray to ongoing SW when needs/risks change and/or increase.

Waiting lists and risk management

A Risk Allocation Prioritisation Tool has been created for adults awaiting assessments and/or reviews/reassessments in line with The Care Act 2014. The tool assists in prioritising allocations, effectively managing risk, and ensuring management oversight. We are developing systems within our case management system (LAS) to ensure that waiting times include length of time between initial contact, assessment, support planning, service provided, and financial assessment is identified to ensure robust oversight and performance monitoring.

We have reduced waiting lists for people awaiting an assessment from 190 in April 2023 to 103 people in July 2024. All people have been contacted, risk assessed and prioritised and provided with initial support.

Between January 2023 and February 2024 51.6% of contacts from new people who requested a Care Act Assessment were fulfilled at the front door. We are aiming to increase this by improving our website and online offer and supporting teams to further embed their approach to prevention. We are rolling out a refresher of MECC training in the next 12 months.

Length of Time between Contact and Assessment to the short-term case work team (ACT) with the Median and Maximum wait times for a 12month period July 2023- June 2024

Assessment Type	Median (days)	Maximum Days
Care Assessment	162	232
Care reviews	90	169
Carer Assessment	64	198

The position as calculated on 3/7/24 of contacts awaiting allocation is as follows: -

Assessment Type	Median (days)	Maximum Days
Care Assessment	42	64
Carer Assessment	40	44

Close working relationships within all teams facilitates case transfers where on-going / longer term case management is required, preventing delays, and ensuring a smooth transition for the person.

Hospital discharges/reablement and short-term interventions

Darlington ASC have a positive reputation for effective response to hospital discharge. Reablement interventions evidence achieved outcomes including improvement in the individual's confidence, functional ability, mobility, independence, and wellbeing. A high proportion of individuals require no ASC support following reablement intervention.

There is an integrated referral process and triage for Intermediate Care supports individuals without delay to the most appropriate team. This is founded on a strong relationship with the County Durham and Darlington Foundation Trust with co-location of social worker/OT staff effectively supporting discharges from acute physical health beds.

In house reablement effectively support people home from hospital on Pathway 1 – and where safe supporting discharge the same day as the received referral. Block contracted hours with a domiciliary care provider enables 48 hrs of support of Reablement do not have capacity, again achieving timely discharge to support people home.

Timely assessment via a “Discharge to Assess” model enables appropriate discharge from block booked intermediate care beds (pathway 2) to observe safe discharge home or a short break stay placement whilst further assessment is undertaken as appropriate.

There have been consistently low numbers of DBC related hospital delays for transfers of care for people. This is based on collaborative working with sufficient reablement and bed-based support monitored through regular high-level systems meetings and appropriate deployment of Discharge Grant Funding.

We have a ranking in the top third of councils for reablement delivery and outcomes. (ASCOF 21/22 figures) and although the number of hospital discharges has double over last three years the proportion of people living at home 91 days after discharge from hospital remains high at 81%. 90.8% of people who have received short term support state they no longer require support or at lower level.

Customer satisfaction in relation to RIACT and Reablement continues to be high. 93% of service users were happy with the Reablement process, 94.7% felt involved in the process and 94.6% felt that all relevant areas were covered in the assessment.

Quality of Practice

We have established a revised system for capturing the quality of practice from our regular programme of case file audits. An initial tranche of moderation of these audits was undertaken by the Head of Practice and Quality with findings presented to the Senior Leadership Team (SLT). We have subsequently moved to sampling undertaken by members of SLT on a rotational basis. This process continues to develop and ensures a consistent approach is applied to auditing. The findings from moderation will be reported at quarterly Practice and Performance Clinics identifying themes and/or areas of learning.

It is early days however, from the 13 case file audits we completed in quarter 4 (March 2024) 85% were graded good, with 15% outstanding.

Safeguarding



During 2023-24 there were 55% (1643) safeguarding concern referrals which did not meet the council threshold. This is compared to 43% during 2022-23.

Care homes continue to be the source of contact with the highest percentage of safeguarding concern referrals which do not meet the threshold. Therefore, the Safeguarding Team are hoping to address the high number of inappropriate safeguarding concerns with the introduction of the decision support guidance tool. This should help in determining whether an incident should be classed as a safeguarding concern or alternatively a risk notification. Four providers are taking part in the pilot for this scheme with the hope of it being introduced more widely in the future.

We will continue to provide effective management of substantial risk and complex cases with the use of Practice Support Forum, close links with the Safeguarding Partnership and peer sessions.

Direct Payments and Self-Directed Support

The proportion of people who use services and who have control over their daily lives has significantly increased during 2022-23. The 2022-23 result for this measure is 86.2% which is a significant improvement in performance compared to previous years, 74.5% in 2021-22 and 77.9 in 2020-21.

2022-23 saw an increase in the percentage of individuals living in residential or nursing settings who felt that they had control over their lives compared to previous year's results. During 2022-23 84% of individuals living in residential or nursing settings felt that they had control over their lives compared to 60% in 2018-19. The data shows Darlington is top of the regional table for performance in this measure in 2022-2023, an improvement from 2021 when we were 12th. Positive feedback for this measure has increased 11.7% between 2021-22 and 2022-23, this is the biggest increase in this measure when compared to our regional neighbours. This improvement in performance demonstrated the impact of the strength-based practice approach.

We were ranked 22nd nationally for people using Direct Payments in 2022-23 at 35%. The proportion of service users accessing Direct Payments at the end of 2023-24 is 32%. This indicator continues to fall annually and has fallen from 42.2% in 2018-19 to the current figure of 32%. Currently there are 248 service users who are accessing Direct Payments compared to 252 during the same period last year. The decrease is in the main due to change in provider arrangements resulting in direct payments not being available.

For Carers we were ranked 91st nationally for this indicator in 2022-23. The proportion of carers accessing Direct Payments is currently 89.4%. Performance for this indicator, historically has been quite static, however, since October 2023 the proportion of carers accessing Direct Payments has fallen to current level. At the end of 2022-23 the figure was 94.7%, Currently there are 75 carers who are accessing Direct Payments compared to 90 during the same period last year.

We hold a monthly oversight meeting on a regular basis to review the cases, the outcomes and ensure that the DP is still meeting the outcomes of the individuals and carers.

Although still a high performing council on use of direct payments we wish to increase this usage, and we are undertaking a refresh of our offer to raise awareness within the population and support an increase in staff confidence in promoting DP as an offer.



Carers

Our commitment to carers strategy and feedback through our own “capturing your feedback” project is demonstrating success for example, 100% of carers who responded agreed and said they were given sufficient information and advice regarding support to you in your caring role including signposting to Darlington Carers.

100% of carers who responded agreed that they felt the assessor considered equally their needs as well as the person they care for.

What are our plans to maintain or improve our performance in this area?

Quality Assurance and Improvement Framework

We have developed a clear methodology to how we provide governance, assurance and oversight on our practice, performance, and outcomes for people. We have clear strategies and plans; however, we know we have more to do with reference to engagement and coproduction and aim to demonstrate the improvements over the next few years.

We have developed our systems to ensure that feedback from people is captured systematically via our recording systems this in turn will support our learning to improve systems, approaches, and practice to achieve positive outcomes for people.

We have established listening groups which are regular joint meetings between people with lived experience and operational and frontline staff and managers – to ensure there are two-way discussions about how best to deliver strength based professional practice.



Reviews

Those in urgent need or crisis are prioritised for reviews, resulting in those cases that require little involvement and have no significant changes to levels of need having a delay in their review. Management teams regularly review the list of individuals where there is either a pending or overdue review. These are risked rated based on information available, with individuals whose needs have significantly changed or where there is a crisis are prioritised for social work intervention. A Support Plan Review document is in the process of being tested via the Systems Team. If the test is successful, the document will be submitted to SLT for review. The intended result is for a smoother review process to allow staff more capacity and therefore a reduction in the number of overdue reviews.

Hospital Discharges



We are working with CDDFT in relation to exploring the expansion of the Trusted Assessor processes and Transfer of Care Hub (TOCH). The aim of this process would be a streamlined discharge experience ensuring that the person tells their story once.

Direct Payments

We have revised our direct payment practice and process guidance to support understanding and confidence within our teams with the aim to increase the offer and uptake service users and carers of all ages accessing long term support who receive direct payments. We are rolling out direct payment workshops, coproduced and led by the Financial Assessment Team, ASC Senior Leadership Team, and the Direct Payment Support Service (DPSS) ran by Darlington Association of Disability (D.A.D.).

Occupational Therapy

We are reviewing the OT systems to enhance system recording, streamline working practice, increase staff confidence in data held and give intelligence needed to be able to run the OT service more efficiently.



Support for Carers

We will continue to work with the Carers Support Service, and we monitor monthly the referrals to this service. We have signed up to a regional initiative to deliver carers information and advice online through Mobilise. We have instigated Carers Champion roles within our team, and we are part of the Commitment to Carers Strategy group which aims to deliver on key areas within the four years to support the carer's role.

Asset-Based Community Development

We plan to develop the leverage of community assets, such as local organisations and volunteer networks, to support individuals and foster resilience. Darlington Borough Council Adult Social Care will map local resources and establish further partnerships with community groups. We are exploring Asset Based Community Development training for our teams to promote the culture of strength-based approaches and promote the ethos of prevent, reduce, and delay care and support needs.

Technology and Digital Solutions

Darlington Borough Council Adult Social Care are working with partners on the development of digital offers such as utilising technology to provide information, support, and services, including telehealth, digital care records, and online support communities to enhance service delivery and accessibility. We have developed our digital strategy with purpose of improved awareness of digital offers.



What do others say about our performance in this area?

*"I had an accident last August. After stays in hospital and Care Homes, I came home in October.
Since then, I have (until this week) been housebound, and have a lot of help from Social Services.
To enable me to leave the house, and safely, a Step Unit has been installed this week at the front door."*

*"I would like to thank all the people involved in my care, all the carers the physios, installers of the various aids supplied, the physios and occupational therapists, and my case worker.
I appreciate all the care, equipment, and services that I have had."*

Quality statement three: Equity in experiences and outcomes

- **We** actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support, and treatment in response to this.
- I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths, and goals.
- This theme includes support for unpaid carers.

What is our ambition and how are we performing?

Equality, Diversity, and Inclusion.

We have developed a new guide for Promoting Equality, Diversity, and Inclusion in practice. We have established EDI and engagement champions who will embed EDI through training, practice sessions and shared learning within the teams. The Adult Social Care Equality, Diversity, and Inclusion (EDI) Practice Guide aims to provide staff with an improved understanding of Equality Policies and the Human Rights Act and their role in applying equalities within professional practice. This includes

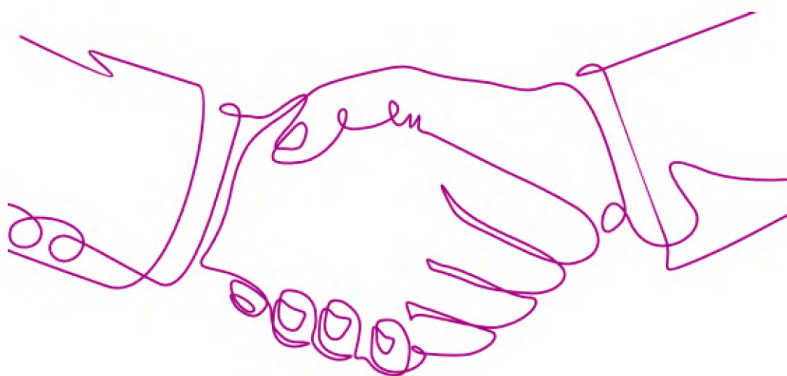


delivery of our statutory public duty requiring the local authority to promote equality, diversity, and inclusion through public support and services.

Throughout our Care Act assessments and reviews we evidence our engagement with people through actively listen and consideration of people's feelings, wishes, culture and beliefs and by ensuring we co design care and support plans. This includes when arranging meetings and events we take a lead from people to what they need to fully participate. Reasonable adjustments may mean arranging communication support, hearing loops, interpreters, signers, independent advocates, accessible venue access and tailored information provided in the right formats.

Adult Social Care have embedded Equality, Diversity and Inclusion considerations through our assessment, care planning and review case stages. Within our quality case file audits and staff supervisions and capturing your feedback questions we use the Think Local Act Personal quality statements with the purpose of delivering outcomes that people tell us matter to them. This includes person-centred care and support arrangements taking people's views, feelings, culture, beliefs, and circumstances into account when looking at choices available to them including Direct Payments.

When supporting people including unpaid carers and families, our staff must assure that their practice promotes equality and equity for people with legal protected characteristics. Through our case file audits and the development of the "capturing your feedback" project we now have the mechanism to evidence if people feel listened too and EDI has been thoughtfully considered and acted upon.



Engagement and Coproduction

We have developed an Adult Social Care Engagement and Co Production' Stronger Together' Strategy 2024 which aligns the Adult Social Care Vision 2023-2026 with a commitment to work with people as our equal partners and involve people with lived experience to be actively involved in joint service planning for change and introduction of policies or strategies that may affect them. By engaging and working in co production with people we should work at their pace to identify their priorities developing person-centred care valuing cultural diversity, so services are flexible and adapted to needs so people to achieve their personal outcomes in ways that matter to them.

By seeking opportunities to engage with local communities and people who draw on care and support we can better understand the diverse needs of our local population trends also through local Joint Strategic Needs Assessments and Census information. This assists with our market planning in future commissioning models of services to meet people current and future needs.

'We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes and tailor the care, support and treatment in response.'



We consider approaches and forums to better capture feedback from seldom heard voices and engage with community groups and other statutory agencies, e.g. health, housing, voluntary services, and community enterprise (VSCE) to consider collaborative systems with people to promote joint arrangements so seamless transfers and support for people, especially those with protected characteristics so equal and equitable access for local health and social care support. We have established listening groups through our Quality Assurance Lead and aim to build on this through the next 2-3 years.

Strength-Based Practice

Through strength-based practice approaches we build on people's strengths and community assets. However, we recognise people may have societal disadvantages and therefore we need flexible and adaptable services to enable people to attain their outcomes using culturally sensitive approaches.

The Adult Social Care Engagement and Co-production' Stronger Together' Strategy commits to engaging with people as equal partners valuing the experience of people especially from those with protected characteristics looking at informal ways to engage with local people in especially seeking the voice of all demographic groups and ways to include people with seldom heard voices.

Training

Our Adult Social Care Training Offer delivers on our Pillars of Practice including Equality, Diversity, and Inclusion, as well as Corporate Equality Training at Inductions and separate Human Rights and Mental Capacity Act modules. Targeted staff training evidence our commitment to promoting Equalities and investment in promoting staff awareness and skills so equalities is embedded in professional practice.

Staff are also be expected to adhere to Darlington Borough Council Behaviours and Values including valuing diversity and staff represent the service and work with people in anti-oppressive and non-discriminatory way.

Corporate Equality

The Corporate Equality Group oversees the delivery of the Council Equality Policy 2023- 2027 and deliver our public duties. The Equality Reference Group is open to all Council staff as representatives from their service area our to review how we are delivering our Equality Duties delivery and contribute to the learning culture and considering Equality issues and practice compliance and influence and review how proposed new Council policies and procedures may impact on people.

Care Market

Our work with the care market includes specifications within contracts and compliance on the identifying and addressing the needs of the



local community including the provision of culturally appropriate services and for people with protected characteristics. All service specifications have a clear objective of supporting choice and independence.

How do we know? What makes us confident that we understand our performance?

Reducing Inequalities - whole system approach

A new Health and Wellbeing Strategy 2025 is currently under development with Health and Wellbeing Workshops to inform the development of the Strategy.

We are working closely with Public Health in relation to referrals to the STRIDE partnership for treatment and recovery of people using alcohol or drugs.

We also utilize Darlington Connect Hub based in the centre of Darlington and this offers a “high street, one stop shop” on mental health, information, advice, and wellbeing.

We are working on developing a sustainable model of a data driven JSNA is aligned and complementary to the work led by Policy and Strategy team to develop a new Council Plan [link](#).

The intention is to create an interactive dashboard so that the information and data stored under the JSNA is easily accessible and updated on a regular basis. The dashboard will allow access to local population-based Health and Care information.

Training Improvement plans

All DBC staff have undergone revised and refreshed equalities training in the last two years. To strengthen this all-ASC staff have undertaken additional equality, diversity, and inclusion training as part of their continuing professional development. We have designated Equality, Diversity and Inclusion champions across the service and the Principal Social Worker is developing targeted learning on anti-racist and anti-discriminatory practice which will be rolled out to teams by April 2025. The training will be co-produced with local community groups.

Support for Unpaid Carers

Figures below illustrate feedback from unpaid carers. There is a relatively positive picture on percentage of carers who can access services feeling supported however, we need to undertake further work. We have been an active partner in the development to the co-produced “Commitment to Carers” strategy 2024, with a clear plan of action internally to drive up access to support for carers.





Source	Indicator	Value	Trend	Regional Comparison		Statistical Neighbourhoods	National Comparison	
	Description	2022/23		Value (average)	Rank /12	Value (average)	Rank /16	Value
SACE/ASCOF	Percentage of carers accessing support and services allowing them to take a break from caring at short notice	19.8%	↑	13.7%	1	11.1%	1	10.5%
	Percentage of carers accessing support or services allowing them from caring for longer than 24 hours	26.3%	↓	18.4%	1	14.5%	1	13.3%
	Percentage of carers accessing support or services allowing them from caring for 1-24 hours	31.6%	↑	23.2%	2	20.7%	2	19.6%

What are our plans to maintain or improve performance in this area?

Collaborative working across housing, health, and stronger communities.

We are working closely with Darlington Borough Council Housing to enable earlier discussions for people living in Darlington Borough Council properties, to enable a joint approach to assessment.

Managing Demand and Risk

We have developed a risk prioritisation tool is used to effectively manage allocation to Occupational Therapy following an initial contact assessment.

Reasonable adjustments, aides, adaptations and building capacity within our Occupational Therapy team.



There are two OTs situated in ACT to provide early intervention/one-off support. The capacity of the OT's within RIACT has recently increased to four, enabling a stronger rehabilitation model.

Despite the OT service being small and split across three teams, (OT, ACT and RIACT) there a strong sense of cohesiveness within the teams, supported through team meetings, CPD (Continuing Professional Development) sessions and monthly OT interface meetings between the relevant managers.

Recent changes to the Disabled Facilities Grant Policy (DFG) and the waivering of the means test for certain major adaptations has enabled us to speed up some processes and reduce waiting times.

The changes to the DFG and RRO policy have freed additional resources within the OT service to support with the reduction of waiting times for assessments and recommendations. This has also enabled discretionary use, allow the team to widen scope to provide prevention and health and safety initiatives which will enable individuals living in their homes much more independence.

There has been an increase in the use of contractors for major adaptations to expedite the completion of any work through The Home Improvement Agency. (the average time from order to start date was 143 days, with the increase in contractors this has reduced to 84 days).

Health Inequality/Public Health Initiatives.

We are working with the Director of Public Health to ensure we are involved in a range of initiatives including.

- Mental health network and Suicide Prevention Action Group
- SLI work undertaken on physical activity, which has informed the development of the Physical Activity Strategy
- Roll out of MECC (Making every contact count) across ASC teams.
- Development of JSNA
- Healthy Waiting Strategy

We recognise that there is more to do to support the “harder to reach and seldom heard voices” within our community, particularly Gypsy, Romany, Traveller, and Asian communities. We have developed Equalities practice guidance and action plan, with specific aims, have established Equality Champions with the service and we have undertaken a mapping of current community groups, and plan to develop “an over the brew” offer – where we meet people within their familiar environment to develop an understanding of need.

What do others say about our performance in this area?

We commissioned Healthwatch to undertake a study between June and October 2023 into the experiences of people, and their unpaid carers who access services from DBC Adult Social Care. The completion of this commissioned study by Healthwatch has been a helpful opportunity for DBC to seek valuable feedback from those accessing our services, via an independent third party.



Most people responded positively e.g. *“that workers took the time to get to know them as a person including their culture and beliefs, what was important to them, and their views and wishes”.*

Since the completion of this study, we have implemented various measures to support the continued improvement of our service and the experience of those engaging with us, as well as identifying further opportunities for improvement within our ongoing transformation plan.

We have also taken further lessons as to how we seek feedback and engage with those using our services through the development of our Engagement and Coproduction Strategy to ensure peoples voices are at the forefront of our work.

“My direct payment had given me flexibility and to use a provider of my own choice”.
(feedback from a case file audit)



CQC Theme Two: Providing support.

This theme covers: market shaping, commissioning, workforce capacity and capability, integration and partnership working.

There are two quality statements in this theme:

Quality statement one: Care provision, integration, and continuity:

- We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.
- I have care and support that is coordinated, and everyone works well together and with me.

Quality statement two: Partnerships and communities:

- We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

What is our ambition and how are we performing?

To give context the Commissioning, Contracts and Brokerage team within DBC People's group are responsible for:

- All age commissioning across the People Group covering Adult Social Care, Children's Social Care, Education and SEND
- Joint commissioning work with colleagues in Public Health and the Integrated Care Board
- Contract management, quality assurance and monitoring of commissioned provision.
- Brokering care packages and placements across adult and Children's Services (Social Care and Education/SEND)

The team also leads the Better Care Fund programme on behalf of the Council and manage the Disabled Facilities Grant.

Market Shaping and Commissioning Intentions

Darlington's Market Position Statement and Commissioning Strategy (MPS), Market Sufficiency Plan and Accommodation with Care and Support Strategy provide information about the local context, current challenges and how these are likely to change over the next couple of years.

These strategies will help providers shape their business plans, setting out how we will work together to:



- Support the vision for Adult Social Care.
- **Prevent, reduce, and delay** care and support needs.
- Meet local need and demand using available resources efficiently and effectively.
- Achieve the best outcomes for individuals.

The strategies have been produced following engagement and market shaping work with operational social care colleagues, key partners, service users, carers, local VCSE organisations and providers. They have been informed by data and information gathered from internal systems including performance management reports, Darlington's Local Insights and the JSNA, and highlight that, as is the case nationally, Adult Social Care in Darlington is currently experiencing significant pressures, including:

- An increase in demand for support, particularly for those with complex care needs and multiple care needs, young people with complex needs transitioning into adulthood, and people with an autism or dementia diagnosis
- The need to establish realistic costs and prices that are sustainable for both providers and the Local Authority
- The need for timely and appropriate support for people being discharged from hospital using a home first approach.
- Workforce challenges, due to staff pay rates and competing sectors such as retail, hospitality, and the logistics sector.
- Implementation of social care reforms
- Additional demand for Adult Social Care Services because of Darlington's population living longer but not healthier lives.

Although we have developed and improved a range of services across the care continuum to address these challenges, we are aware that our current offer has areas for further improvement, for example we will be:

- Maximising opportunities to work with VCSE partners in assisting in delivering preventative community-based support.
- Reducing the usage of residential care, particularly for younger adults, by developing innovative housing solutions, increasing supported living and community support services, and developing a local Shared Lives service.
- Expanding and enhancing our technology offer.
- Continuing to work with NHS partners in supporting the work of the Enhanced Care in Care Homes group; developing services which prevent falls; supporting them in addressing the

increasing numbers of people with dementia by strengthening the local EMI nursing care offer; supporting them in further developing services for people with an autism diagnosis.

Partnership Working and Joint Commissioning



We engage with the provider market in several ways. Regular provider forums are held with the independent care sector and addition bilateral meetings are also held with the two main home care providers who work in agreed geographical areas spanning the East and West of the Borough. A regular forum is also held with Darlington's VCSE (Voluntary Community and Social Enterprise) sector.

Market engagement sessions are held when reviews of service models/specifications are undertaken in preparation for tender opportunities. Snap surveys are also used when specific issues or queries need to be considered and consulted on with providers.

We have strengthened joint working across operational social care teams, commissioning, and housing within the council. To support the implementation of the Accommodation with Care and Support Needs Strategy an Accommodation Advisory Group has been established to: reduce the time required to source a placement; avoid inappropriate crisis placements and to ensure placements provided are proportionate, meet need and not want, and are delivered within the resources available to the Council. A Housing Liaison Group has also been established to oversee potential future service development opportunities.

We actively work alongside Public Health regarding information, campaigns, and determinants of ill health.

The Council is a key partner in several integrated forums and programmes of work with the NHS including: the Better Care Fund Pooled Budget Partnership Board, the Enhanced Health in Care Home group; Systems Pressures Meeting (primary focus on discharge arrangements from the acute in-patient settings), NHS DSPT (Data Security and Protection Toolkit) and LAEDB (Local Accident and Emergency Delivery Board).

There is a regular and frequent assessment of care market resilience to support both primary and secondary services in areas such as winter pressures; vaccination programmes and development of "step down" and "step up" services such as intermediate care services.

The Council is a member of the Northeast ADASS Commissioning Network, the Northeast and North Cumbria Learning Disability and Autism Group and the Tees Valley Commissioning Group. This provides a strong basis for adopting cross regional and sub regional, joined up approaches to commissioning issues. The Council is also a member of the Tees Valley LIG (Local Implementation Group) which focuses on addressing challenges across the health and social care system in delivering effective support to people with complex learning disabilities and Autism provision.

A cross-system commissioning focussed group the Darlington Locality Oversight Group (DLOG) has

been established, comprising of representatives from social care, DBC commissioning, NENC (Northeast and North Cumbria) ICB commissioning, primary care, Durham and Darlington NHS Trust, the Tees Esk and Wear Valley (TEWV) NHS Trust and the Darlington VCSE Steering Group. The purpose of the DLOG is to:

- Provide strategic oversight of the key groups/funding streams supporting the integration, prevention, and hospital discharge agenda.
- Provide engagement/involvement/recommendations at place particularly in relation to the Urgent Community Response and Hospital at home agenda.
- Provide oversight of the schemes funded via the different groups to ensure best value for money and avoid duplication.
- Proactively share/resolve collective issues/priorities and to develop future commissioning intentions.
- To ensure recommendations are made based on the needs of the population and not in isolation.
- Identify efficiencies across the system through joint commissioning.

Darlington has a Section 75 Agreement in place with NENC ICB to underpin existing joint operational and commissioning work.

Supporting Provider Sustainability and Workforce

Supporting providers is critical in ensuring a sustainable care market and in enabling them to continually develop and improve service quality.

We have fee uplift formulas built into contracts for Older Persons Residential Care and Home Care and Supported Living and are currently working with providers of residential care for 18 – 64-year-olds to develop a similar arrangement for new contracts which will be in place by end October 2024. These arrangements support sustainability for providers as well as supporting the Councils future budget setting.

We have also used incentives/financial support including winter pressure funding, the ASC Discharge Grant (ASCDG), Market Sustainability and Improvement Fund (MSIF) to support providers in the following ways:

- Maintain fee uplifts originally made as part of 2022/2023 Fair Cost of Care Grant for domiciliary care & residential care in 2023/24 has helped to sustain the care market.
- Time Bandings / Home Care & Support- extension of initiative for the commissioning of domiciliary care to improve “pick up” rates of providers by creating flexible time slots for care.
- Mileage payments for Home Care - payment of enhanced mileage to encourage recruitment and retention of care workers. The funding has maintained and sustained package pick-ups



over the winter months (on average 51.58%) is estimated to have helped retain 263 care workers and to incentivise recruitment of 22 workers in the home care sector.

- Rapid Response Service- increase capacity to enable timely hospital discharge and prevent avoidable hospital admissions. The ASCDG has increased the hours of the Rapid Response Service up to 250 hours per week, to provide reablement at home and to support discharge flow. On average, this has enabled 263 hours per week of reablement at home following discharge.
- Residential & Nursing Care-additional intermediate /short stay bed capacity in residential and nursing care homes. The Council has increased its intermediate short break stay (SBS) bed availability, for up to six weeks, to facilitate discharge. A circa 75 SBS beds have been purchased by the fund which has successfully supported the flow of discharge using these step-down beds.
- Additional payment for travel time for the Council two prime home care and support provider. This funding has maintained and sustained package pick-ups over the winter months (on average 51.58%) and continues to mitigate the effects of fluctuating fuel prices and has assisted in the recruitment and retention of care staff.

The Council acts as conduit for the care sector to access regional and national workforce capacity initiatives e.g. international workers recruitment. The Council's Workforce and Development suite of training programmes, provided through a multi-agency collaborative approach called 'Developing Darlington', is made available to contracted provider staff to improve the quality of the services that they deliver.

A new website has also been created to support the sector. <https://www.darlingtonxtra.co.uk/> Shared training and staff development areas include:

- Strength Based Practice
- Mental Capacity Act
- Safeguarding
- Care Act
- Self-Neglect
- Hoarding
- Trauma

A Workforce Development Team Training Directory [Workforce Development News](#) is also accessible to providers as is the Darlington Xtra podcast channel [Darlington Xtra Podcast Channel - Spotify](#) and the Darlington Safeguarding Partnership Training Programme <https://www.darlington-safeguarding-partnership.co.uk/>.



How do we know? What makes us confident about understanding our performance?

Quality Monitoring and Assurance

We have revised our Quality Monitoring and Assurance process in partnership with providers, with a more proportionate approach to monitoring contract compliance and quality being operated across all commissioned activity, based on risk. All relevant contracts across adult social care now have the same Quality Assurance section within contract specifications. This is outcome focussed and is aligned with the new CQC framework and approach. Service user feedback is undertaken as part of quality assurance arrangements visits and data collection. This is obtained during quality monitoring visits, and as part of data collection on feedback gathered by compliments, complaints, and comments, as well as from safeguarding strategies.

Contract officers regularly review all ongoing safeguarding concerns with safeguarding colleagues and support is provided with any issues that fall within contracts remit. Providers who are in safeguarding arrangements are required to provide action plans for improvement which are monitored by contract officers.

When looking at the provider market, in addition to working with CQC monitoring and ratings of services, we hold information sharing meetings with professionals on a regular basis to discuss specific services and agree actions to address any current or emerging quality issues. Information on service quality, including complaints and compliments, is also gathered from adult social care operational teams, safeguarding colleagues, families, and other council services.

Providers have clear lines of communication with our contract officers regarding their contractual arrangements, which allows them to keep us abreast of any issues that may affect their delivery planning or quality of services. Regular and timely quality monitoring visits are undertaken to ensure safe and effective service provision within commissioned services.

CQC ratings

As at the end of May 2024, Darlington has the following CQC rating for care homes located in the borough:

- 1 (3.03%) Inadequate
- 3 (9.09%) require improvement
- 26 (78.79%) good
- 2 (6.06%) outstanding

Comparisons with Northeast and England for the same period are shown in the table below.

	Inadequate	Requires improvement	Good	Outstanding
Darlington	3.03%	9.09%	78.79%	6.06%
Northeast	0.85%	11.55%	79.15%	5.77%
England	1.43%	17.54%	73.11%	4.10%



As at the end of May 2024, one domiciliary care provider is rated requires improvement with the remainder being rated as good, and all supported living providers in Darlington are rated good or outstanding.

Out of Borough Placements

We currently have 57 out of area placements across adult services. Of the 57 individuals currently placed out of area:

- 22 are placed within 20 miles of the Borough.
- 16 between 20 and 50 miles from the Borough
- 9 are placed between 50 and 100 miles from the Borough.
- 7 between 100 miles and 250 miles from the Borough
- 3 are placed over 250 miles from the Borough.

All out of area placements are reviewed yearly in person by a case worker. Each person is known to the service, and we have oversight of the reasons for the out of area placement. Quality Monitoring of the service is undertaking with reciprocal arrangements with host local authorities by agreeing a fee for the host authority to undertake visits.

Delays in receiving support

We have no delays in people receiving support due to capacity issues (across homecare, supported living and residential care), however we are aware that further development of nursing care and supported living for those with very complex needs is required. To address this, we have initiated retendering and reletting procurement activity, and are progressing pipeline developments with several specialist providers.

We have a complex care framework for people with the purpose of delivering on the objectives of Building the Right Support. This is based on the model specifications of what good care should look like and how it should be provided within our local community.

What are our plans to maintain or improve performance in this area?

Engagement and Coproduction

We aim to further strengthen our engagement and coproduction work with key partners, service users and their carers/families both through our revised Quality Assurance process and our engagement and coproduction work programme 2024 – 2026. We have undertaken a mapping exercise on hard-to-reach groups however we are aware that work is required to further understand the needs of the “seldom heard voices and hard to reach groups” in our local community and work has been initiated to address this.

Commissioning and Market Shaping

In line with our Accommodation with Care and Support Needs Strategy, we are working with key

partners and stakeholders to further develop our supported living and extra care offer. This will include a further review of the use of DFG funding to support development opportunities.

We are working in partnership with Healthwatch Darlington to review the current day opportunities offer and through co-production and engagement aim within the next 12-18 months develop a clear model for future service provision which meet the needs of the local population in relation to daytime opportunities.

We are reviewing the current community equipment contract in partnership with colleagues from the NENC ICB and Durham County Council.

We have developed a digital strategy which aims to deliver on an ambitious improvement programme. It sets out a vision for digital capabilities that meet the range of needs of our community and workforce. This will support and enable effective service delivery.

We are modelling of our costs to understand the financial value of the services, e.g. the hourly rates for short term care and support as detailed in the ASCFR (Adult Social Care Finance Return).

We are also exploring how we promote access to reablement among younger adults, which will require adjustments to the current target operating model.

As part of the DLOG workplan undertake joint commissioning work with health partners to:

- a) Review the local Intermediate Care offer.
- b) Further strengthen care and support provision for people with complex needs particularly people with acute mental health issues and people with dementia.
- c) Continue to provide services aimed at responding to hospital pressures, supporting discharge, and implementing the Transforming Care agenda.
- d) Developing the assistive technology/digital offer.
- e) Develop Personal Health Budgets.

We are currently reletting and retendered outcome-based commissioning frameworks across several of our key adult service commissioned arrangements with a focus on strength-based practice and quality assessment notably:

- The Homecare and Supported Living (including Shared Lives) contract. We have undertaken a full-service review and have designed and developed the future model, service specification and associated quality assurance process in partnership with providers and operational social work staff.



- Residential Care for Adults and Older People and Older People with Mental Health Needs framework – to include the development of a fee uplift formula.

Direct Payments

We are reviewing the efficacy of Direct Payments in delivering improved outcomes and increase usage of these across all service user groups, particularly where there is currently a lower take-up, for example older people.

What do others say about our performance in this area?

Case studies from people and their families positively impacted by the changes to DFG:

Case Study 1 *“A” has systemic lupus erythematosus which has caused kidney failure requires dialysis 3 times a week. Also has; osteoarthritis, osteoporosis, diabetes, rheumatoid arthritis and has undergone kyphoplasty surgery to the spine 3 years ago main impairment limited range of movement. A level access shower was recommended however, was not eligible for the grant prior to policy changes. Once the means test was lifted the recommended level access shower was able to go ahead, A is happy with the work now able to manage personal hygiene independently, previously was reliant on a family member assist.*

This means that no formal care package was required while for A promoting well being, maximising independence, and reducing level of care needed.

Case Study 2 *“P” has heart failure and arthritis. P had a fall from the top of the stairs to the bottom and sustained fractures to the spine, ribs, and shoulder. Initially P was provided with a stairlift, however, was not eligible for level access shower which although needed it would have taken total cost over £5,000. Since the means test has been lifted it has been agreed that a level access shower will be installed. Positive impact already as P is looking forward to the future.*

Case Study 3 *“J” has muscular dystrophy and lives with their partner. They had to sell their house owing to change in income and moved into social housing. Would not have been eligible for grant pre changes. DFG is currently taking place to install a “wash dry” toilet and level access shower.*

J’s wellbeing has been enhanced enormously, it will be preventative in relation to any deterioration in health and reduce carer strain. Therefore, reducing any formal care package.

This theme covers: safeguarding enquiries, reviews, Safeguarding Adult Board, safe systems, and continuity of care.

Quality statement one: Safe systems, pathways, and transitions.

- We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored, and assured. We ensure continuity of care, including when people move between different services.
- When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place.
- I feel safe and am supported to understand and manage any risks.

Quality statement two: Safeguarding

- We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this.
- We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm, and neglect, we make sure we share concerns quickly and appropriately.
- I feel safe and am supported to understand and manage any risks.

What is our ambition and how are we performing?

Introduction and summary

Within Darlington we aim to deliver our statutory functions through an established approach to making safeguarding everyone's business. This is delivered through a partnership approach across the system the joint arrangements for children and adults by the leadership of a Darlington Safeguarding Partnership (DSP). [Darlington Safeguarding Partnership](#)



The DSP has held joint safeguarding arrangements for Children and Adults since 2019.

Darlington Safeguarding Partnership vision statement is:

'Darlington is a place where children and adults live their lives safely'.

The DSP statutory partners are Northeast and Cumbria Integrated Care Board, Darlington Borough Council and Durham Constabulary. The DSP is the key statutory mechanism for agreeing how the statutory partners and relevant agencies will cooperate to safeguard and promote welfare for children



and adults with needs for care and support in Darlington and ensure effectiveness of safeguarding practice in Darlington. Strategic subgroups enable specific focus, action planning, learning and development alongside multi agency information sharing.

These include: -

- **Quality Assurance and Performance Management** is held quarterly with the aim of assessing the extent to which partner agencies are fulfilling their statutory duty in relation to Safeguarding Children and adults with care and support needs.
- **Learning and Development** is held quarterly with flexibility to hold extraordinary meetings to review learning from statutory and non-statutory Safeguarding Adult Reviews. The Learning and Development group supports organisations with an integrated approach to ensure policies, procedures are effective, efficient, and aligned with current safeguarding arrangements as well as ensuring the workforce training is appropriate and staff teams hold the relevant skills and knowledge.
- **Adults Operational Group** is held every six weeks, a group is multi-agency group with shared responsibility for information sharing, communication, and service delivery to safeguard adults. Discussions focus on themes for providers where emerging concerns are held, enabling collective action planning and joint contracting quality visits as well as opportunity to provide updates on those providers within Executive Strategy (organisational safeguarding).

Sub-Group activity

- Self-Neglect task and Finish group developed and launched a **self-neglect** toolkit. This toolkit is intended to be person centred and solution focused, utilising outcome-based models of practice to work with people who hoard and self-neglect. The toolkit is for multi-agency use and is particularly useful for Housing providers, ASC, Health workers and other agencies working with those who may be at risk of Hoarding or Self Neglecting. Within this is a clutter tool which supports consistent reporting of hoarding levels and concerns which would trigger concerns to be escalated.
- A **High-Risk Forum** is in early planning stages – Multiagency partners are currently mapping out of some high-risk cases from the past 12 months to map out against existing High Risk Forum models across regional Safeguarding partnerships to observe alignment with existing criteria's and observe potential need and frequency of these meetings. The aim of a High-Risk Forum is to create a whole system framework for decision making in complex high-risk cases where there is potential for real harm to the adult or litigation. The High-Risk Forum will provide opportunity to consider significant risks which remain unresolved and how an individual can be supported.
- **Ensuring Safety is everyone's business** We have recently implemented significant changes around our Safeguarding Pathway ensuring all concerns received are risk assessed and triaged within the contact referral process. Where an individual is not open to ASC the safeguarding team complete the triage and coordinate the safeguarding episode. Where a safeguarding concern is received for an individual open to a team the team will coordinate the safeguarding episode. The adult contact and the safeguarding teams recently aligned under one Service Manager which strengthens the interface between the first point of referral and safeguarding to enable prompt supporting activity to be joined up, such as completion of a Care Act Assessment alongside safeguarding activity to appropriately risk manage and safety planning.



High Risk Case Management

We identify and respond appropriately to changing risks in relation to people we provide support for and their carers. Advice and decisions are available to support staff through a senior practitioner, team manager or by contacting the Safeguarding team for advice.

For adults where there is an increased level of complexity or risk there are protocols in place to escalate to the Service Manager, as well as attendance at the Practice Support Forums held fortnightly with the senior leadership team (including the Principal Social Worker). The supervision practice guidance and template and the case prioritisation tool direct staff to identify risks and hold case discussions with their line manager and /or in formal supervision. The Head of Service chairs a monthly legal meeting to review S21a Dols, court proceedings, Coroner, and other legal matters.

ASC are active participants within Multi Agency Risk Assessment Conferences (MARAC) and attend the Multi agency public protections (MAPPA) arrangements for Durham and Darlington jointly with Children and Public Health Colleagues.

Risk Notification process.

It was identified that DBC ASC receive higher rates of safeguarding activity compared with regional LA's. Analysis informs us that due to the high number of acute MH beds, private acute MH beds and specialist provision within our footprint this is increasing the safeguarding referrals received when aligned to population data. In response to this we have developed a risk notification process, for those referrals not progressing as s42 enquires but need oversight, to enable identification of patterns and themes. The risk notification process considers events such as missed domiciliary care calls, witnessed falls and altercations where no harm has occurred and risk of harm to others has been mitigated.

Appropriate Adult

The response for Appropriate Adult (AA) requests until recently came in as a new contact for allocation within a rota response model. A contract is now in place with Child Action Northwest (CANW) for all AA referrals whether open or not with DBC. If Police are progressing with a charge, and individuals are open to teams, we arrange assistance with the relevant team.

Safeguarding Governance/Risk Management

The Safeguarding Service Manager has delivered Continuous Professional Development sessions across Adult Social Care and the sessions have been informed by issues raised by complaints and safeguarding concerns as internal recording standards and the monitoring of safeguarding decisions. There has also been training for chairs of Adult Strategy Meetings and training on how to undertake Section 42 enquiries. This training took place in February 2023.

We have several mechanisms in place to examine safeguarding themes. These include internal information sharing meetings with CQC, Contracts and Commissioning, an Adult Operational Group and Safeguarding Keeping in Touch meeting with the Assistant Director. These are extra layers of assurance beyond the responsibilities of the manager of an individual home. The outcomes of



strategy meetings are shared with care providers (this is usually managers). Where there are concerns around the response from managers, or wider concerns within a service then the wider organisation is included in the response.

Review of Closed contacts

The introduction of Weekly Review Meetings (WRM) to live audit safeguarding contacts closed with no further action within SG s42 enquiries has provided further governance to ensure consistent decision making. The WRM review completed in WRM were introduced on 12 July 2023 and this review was undertaken at the 16 week point on 6 November 2023 which considered the findings of the 253 contacts reviewed in this period.

Two were identified as requiring re-opening for initial SG enquiries, eight identified further actions under our Care Act Duties. Actions are identified via case noting to the relevant practitioner and manger and tracked on an action log. The findings from these observations support not only individual feedback opportunities but also link into CPD sessions.

Following the review, it was agreed to widen the scope to all contacts closed no further action for ACT and SG, however due to numbers these will be sample audited.

Open contacts progressing to strategy.

The decision to progress to strategy is ratified by a Team Manager or Senior Practitioner within the initial enquiry document. This is signed off by a senior practitioner or manager.

Safeguarding Strategy Minutes are approved by the chair but signed off by another Team Manager or Senior Practitioner.

Safeguarding Closures all closures are signed off by a Team Manager or Service Manager.

Safeguarding Audits are completed by the Safeguarding Service Manager or Team Manager for all teams across ASC to ensure consistent approaches within SG. Following the introduction of WRM we are assured we have strong governance across the wider Safeguarding pathway.

Preparation for Adulthood pathway

We recognise that we need to ensure a robust strategy to support young people moving through to adulthood to avoid previous negative experiences of young people and their families. The potential costs attached to young people moving into ASC is highlighted for corporate financial planning needs and the next MTFP (Med Term Financial Plan).

The People Group have formed a Preparing for Adulthood steering group, led by the People Group Director with all the Assistant Directors engaged in the development of a programme approach to ensure positive experiences of young people with the key aims of:

- Supporting young people to remain in Darlington.

- Ensuring young people have a place to live, independence, employment/meaningful occupation.
- Young people feel safe.

It is recognised that young people don't only transition from children to adult services and a whole system approach is needed with a pathway from: Childrens Adolescence and Mental Health Services to Community Learning Disability Teams or Community Mental Health Teams (CMHT) or ASC to ICB when a primary Health need is agreed following a Continuing Health Care (CHC) Multi-Disciplinary Assessment. We know that young people who are open to Special Educational Needs and Disability (SEND) and not to Children's Social Care are often referred to ASC when their education is likely to end to enable post education provisions to meet need. This is an area as part of a pathway review where SEND and ASC are joint working to support earlier referrals to enable a Care Act Assessment to identify eligible social care needs and outcomes to inform the Education and Health Care Plan (EHCP) in a timely review. Early discussion has started around joint commissioning opportunities; observing progression and outcome focused learning hub models to reduce the number of young people being placed for education out of area and several being blended funding arrangements between SEND and ASC. It is acknowledged there are opportunities to invest to save whilst supporting locally.

As part of this implementation of this strategy, there are several cross-cutting groups interlinked including the SEND written statement of action (WSOA), SEND Strategy and the Children and Young People's Plan.

There is growing engagement with young people, their families, and groups, such as the Parent Carers Forum, to ensure that there is a collective approach to improvements within preparation for adulthood.

There are several operational groups including Transitions to Adult Social Care (TASC) forum which meets bi-monthly to monitor, review and plan for young people moving into adulthood who may require care and support from ASC. A wider forum has also been created to look at all young people with SEND as they approach adulthood, this has proved very successful at identifying previous unmet need and individuals/families who may need early support. Both are multi-disciplinary including representation from health, education, schools, colleges, and other providers of 16+ opportunities.

ASC holds a tracker of young people within year 11 (aged 16) which enables future planning and budget demand.

We are working with NDTi on Internship Works and have recently secured an increase to our Supported Internship offer with work jointly between Darlington College, the Council and Amazon. The initial year will see eight interns with the intention of expanding this to 12 in following years.

We are also working with Darlington College to explore developing a Personal Learning Pathway (College) to extend education and life skills offer in Darlington to individuals with complex needs post 19. In time it is hoped to link this to a supported living provision and wider offers.

In addition, the WFD team are working with Adult Learning and Skills on their 18-25 offer.

We also have the care leavers commitment within the council, for example to offer care leavers interviews for vacant posts within the council.

Continuity of Care

We have clear practice guidance on continuity of care, ordinary residence, and case transfers between teams. Our approach is to ensure we are Care Act compliant where the person and their carers are at the centre of decision making and fully informed of processes involved. The guidance on this is included in the Local Authority Information Return.

Hospital Discharges

The team support discharge for DBC residents within community and acute hospital beds across the region.

The Responsive Integrated Assessment Care Team (RIACT) have two Social Workers based within Darlington Memorial Hospital to support hospital discharge. Pressures from the local foundation trust are significant however DBC ASC are currently able to respond in meeting these demands.

We have a home first approach where this is identified as a safe and appropriate discharge destination. Where Pathway 1 is identified to support discharge, RAPID is our commissioned provider, who offer interim support until in house reablement service have capacity. Discharge via Pathway 1 is a discharge to assess (D2A) model with the reablement coordinator undertaking the assessment as near to return home as possible to identify needs and how these will be met and align the support as required.

For Pathway 2 discharges the ICB have commissioned intermediate care beds for those individuals who are not safe to return home but have potential to improve through rehabilitation. ASC also commission beds on a spot contract basis and are currently recruiting additional reablement support workers to provide an in-reach offer to these beds with the aim of discharge home sooner and reduce pressure on the care market creating further capacity to respond to demands.

Ultimately our aim is to support as many people as possible through Pathway 1 and 2, however we recognise that Pathway 3 discharges to a new residential or nursing home setting is for some people the right option. We aim to initially explore a short-term placement with a review at 2 weeks with an extension for up to six weeks. We acknowledge that there is a high level of people moving from short term to long term residential placements however we have development plans in place with in-reach support to reduce the dependency on long term residential care, reduce our usage of short term stays and support through an increased OT and Reablement offer.

DBC ASC have an excellent reputation in supporting timely discharge and where delays are identified these often have mitigating circumstances outside of our control, however effective working relationships, and daily MDT with CDDFT enables a rapid escalation to address these delays.

We are in discussion with the Foundation Trust around testing out electronic referrals and in early discussion around Transfer of Care Hubs.



MCA/Deprivation of Liberty Safeguards (DoLS)

ASC has internal Best Interest Assessors (BIA) to administer the DoLS regulations. Due to the increase in demand for assessments under the DoLS we complete the ADASS DoLS screening tool. This enables us to respond in a timely manner to those requests which have the highest priority. The tool sets out the criteria most applied which indicates that an urgent response may be needed to safeguard the individual concerned. The criteria outlined by ADASS is used as an indicative guide only and priority applied based on information provided by the Managing Authority in the application and each case is judged on its own facts.

The ASC Senior Leadership Team (SLT) are responsible for the completion of DoLS authorisations. This has resulted in a reduction in the backlog of authorisations from 153 in Sept 2023 to 53 in June 2024. This approach also supports closer scrutiny of the quality of BIA decision making.

Best Interest Assessment

We currently utilise external BIAs alongside our DBC staff. There are 92 referrals awaiting allocation for BIA (Best Interest Assessor). We are undertaking refresher training with internal staff who have not undertaken BIAs recently to ensure a robust internal offer and reduced backlog.

Mental Health Advanced Mental Health Professional's (AMHP)

AMHP's undertake statutory duties aligned to the Mental Health Act 1983 (MHA), primarily managing referrals for assessment under the MHA and where appropriate including coordinating and undertaking assessments.

The team works in conjunction with system partner agencies including Tees Esk and Wear Valley (TEWV), Durham constabulary, primary care, NHS foundation trust, the ICB and judicial partners where appropriate.

The ASC Mental Health team are co-located at West Park Mental Health Hospital which supports development and maintenance of professional relationships, information sharing to manage risk, joint working to support discharge and agree s117 aftercare planning.

Complex high-risk cases

For adults where there is an increased level of risk or complexity, as well as general escalation to senior managers to support decision making a *Practice Support Forum* was introduced. Cases presented are based on the practitioner and the manager's viewpoint regarding the complexity level, which can be dependent of a variety of dynamic factors. The Forums are a resource available to practitioners and their managers which provide a supportive approach to discuss complex practice situations and risk resolution.

Emergency Duty Team

EDT out of hours function is hosted by Stockton Borough Council on a joint commissioned basis with five regional Local authorities, Stockton, Darlington, Hartlepool, Middlesbrough, and Redcar &



Cleveland. Calls made to our customer contact centre are diverted to EDT out of hours. The Emergency Duty Team (EDT) provide an AMHP rota out of hours.

Systems Pressures Meetings

Systems pressures meetings were set up in 2019 as a response during Covid and have continued following the positive outcomes and experiences working as a wider system when facing pressures and demands. A systems pressures call is routinely arranged once per week to enable system leads across multi agency organisations to share pressures and provide opportunity to work collaboratively to; unblock, progress, or escalate concerns.

Entire system commitment to these meetings alongside engagement and a can-do approach is evidenced. There is flexibility to increase frequency around emergencies and winter pressures.

Provider Failure and contingency Planning.

We have clear procedures and business continuity plans in place for both unplanned events and emergencies to minimise the potential risks to people's safety and wellbeing, for example because of a provider closing or suspending its business. We are fortunate we have had no provider failures within the last 12 months.

How do we know? What makes us confident about understanding our performance?

Safeguarding Activity

During 2023-2024 there has been 2995 SG concern contracts. This is an increase from 2022-23 and 2021-22. The percentage of initial opportunities where involvement was 'not known' has fallen significantly compared to previous years. This is due to improvements in the processes the team use when collecting information from the initial enquiry.

Care homes continue to see the highest level of referrals coming through as location of abuse. We are working closely with care homes to ensure they apply the safeguarding criteria appropriately and have introduced a decision support tool guidance to this effect. This will help determine where a safeguarding concern is required and/or further training to the provider on applying safeguarding thresholds.

Caseloads

There is a variance within caseloads from vocationally qualified staff, newly qualified Social Workers, and experienced Social Workers, as well as variance from team to team as would be expected dependent on complexity and whether work is long term or short term. Managers are individually overseeing caseloads and new allocations within the parameters of the caseload guidance.

Safeguarding Adults Review (SARS)



DBC have had no SARs in recent years. There have been several submissions to the statutory partners however each case was deemed to meet the criteria for a lesson learned review. These lessons learned reviews are in the main undertaken by the Learning and Development Group which is a subgroup of the Partnership. The learning is disseminated to all relevant partners. We currently have one lessons learned review which is being chaired by an independent facilitator. Adult Social Care has also undertaken an internal root cause analysis into the case and undertaken immediate action in relation to risk management of cases where self-neglect and hoarding are a concern.

Raising Awareness

Safeguarding week 20-24 November 2023 programme of events included:

- Child Exploitation & Matrix completion and the NRM process delivered by Barnardo's.
- Hoarding Awareness: Delivered by the Northeast Hoarding Partnership.
- Individual's perspective of Self-Neglect delivered by DBC.
- Honour based violence, forced marriage, domestic and sexual violence FGM from HALO.
- Fire Safety and recognising those at increased risk of fire by the Fire Service.
- Adult safeguarding under the Care Act (2014): delivered by DBC.
- Self-Neglect: delivered by DBC.

Following on from the lessons learned reviews DSP organised and held a conference on Self Neglect in July 2024. This has well attended, and feedback was extremely positive from attendees.

What are our plans to maintain or improve performance in this area?

Safeguarding Processes

An Organisational Safeguarding pathway is being embedded through the current client data system. This will not only support clear performance and data analysis but also provide a central access point for observation of previous concerns and action plans. Live recording of soft information will also support an evolving picture of improvement or increasing concerns.

Safeguarding procedures are currently being reviewed. Within this review there will be an emphasis on developing a culture of learning and development from adverse events and poor outcomes. This will be led by the Darlington Safeguarding Partnership.

Safeguarding Caseloads

Over the past 12 months the Safeguarding Adult's team have seen a significant increase in safeguarding concerns, at times this has been three times the usual number of concerns within a working week.

Currently, within the Safeguarding Adults team, 10 people are awaiting the allocation of a safeguarding adult's worker. These individuals will continue to be reviewed regularly. During increased concern rates within the late 2023 period, the largest number of individuals awaiting allocation was approximately 30, with the longest wait approximately three months however the average time for allocation of lower priority concerns is now four weeks. Despite the individuals not being allocated, actions have been undertaken in the safeguarding triage, and the concerns are reviewed daily within

the Daily Decision and Risk meeting (DDAR) by the Team Manager and senior members of the team. We are working on improving the monitoring of our data through Liquid Logic.

As a safeguarding service we are continuing to strive for a good quality service for the people of Darlington, we have a project plan moving forward looking at improving our electronic forms and systems to better support the practitioners who use them, so we can collate good quality information, and inform positive change for those experiencing abuse or neglect. We acknowledge that we have evolved a considerable amount over the last 12 months and hope to further build upon that progress.

Continuity of Care, Safe Systems and Transitions

We are developing shared approaches between Children and Adult services for young people who are not open to Childrens Social Care but are known to Childrens Safeguarding; whether a single referral or patterns of referral, and/or potential risk around trauma informed responses including substantial risk behaviours and unwise decisions taking in adulthood relating to past experiences.

Early discussion has started around joint commissioning opportunities for young people transitioning in Adult Services, it is seen that there may be opportunities to invest to save.

Darlington College are working with DBC to pilot a localised further education offer in Darlington.

SEND written statement of action (WSOA) includes work on Transition into adulthood, improving careers guidance, development of supported internships and the creation of better 19+ options for young people with SEND.

Best Interest Assessment.

To reduce the waiting times for a BIA, we are delivering refresher training to all our internal social workers who are BIA trained. Each BIA will have protected time to undertake a specified number of BIAs a month to reduce delays and maintain a stable offer.

Advocacy

We have 100% satisfaction reporting in relation to the independent advocacy contract for IMHA Independent Mental Health Act Advocates and DADS (Darlington Association on Disability) Quality Report.

A review of the advocacy contract is underway to ensure effective reach, activity and measuring of outcomes/impact for the person.

What do other say about our performance in this area?

People feeling safe within their community.

During 2022-23 Annual Survey the proportion of people who felt safe was 76%, an increase of 5.6% from the 2021-22 figure. When split into respondents who lived in the community and those who were in either residential or nursing care, 76% of those in the community felt very safe whilst those

who felt very safe and living in residential or nursing care was 81%, the remaining 19% of residential or nursing care residents felt adequately safe.

There were six individuals living in the community who felt less than adequately safe with two not feeling safe at all. Teams were notified who these people were, and they were appropriately contacted and offered support.

Provisional regional benchmarking data for 2022-23 shows Darlington is 3rd in the regional table for performance in this measure, an improvement from last year when identified as 10th. The proportion of People who feel safe has increased 5.6% between 2021-22 and 2022-23, the 2nd biggest positive increase in this measure compared to our regional neighbours.



CQC Theme Four: Leadership

This theme covers: culture, strategic planning, learning, improvement, innovation, governance, management, and sustainability.

Quality Statement one: Leadership - Governance, management, and sustainability:

We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment, and support. We act on the best information about risk, performance, and outcomes, and we share this securely with others when appropriate.

What is our ambition and how are we performing?

Strategic Leadership

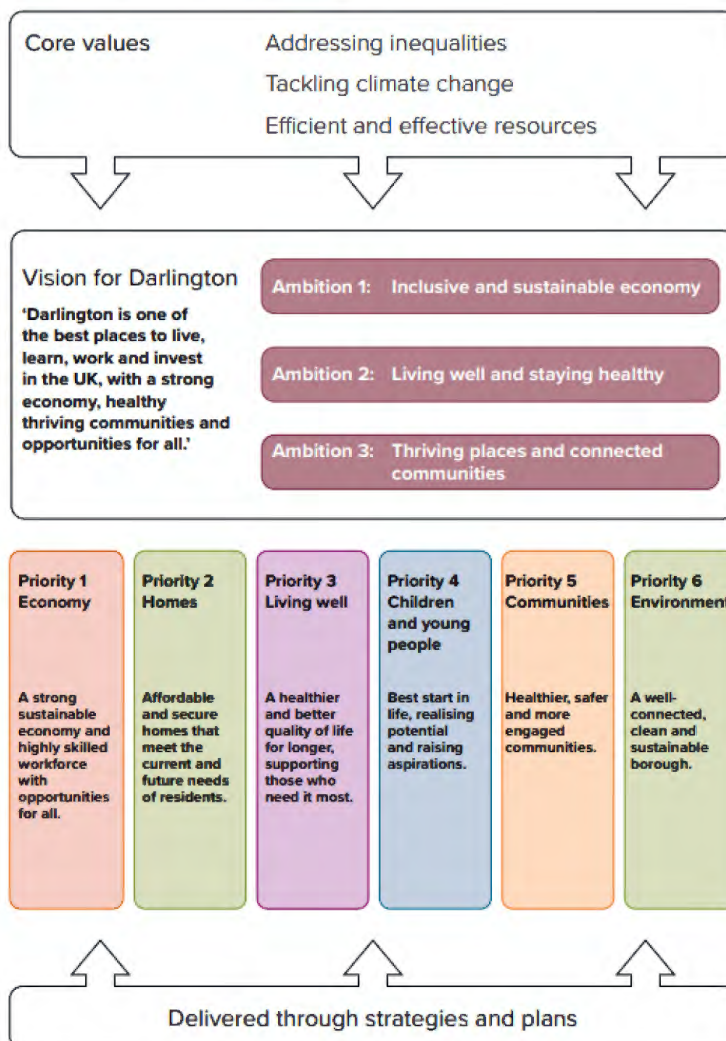
Darlington Borough Council aim to provide strong leadership, inclusive approaches, and a culture of “high challenge and high support.” There is strong political support for adult social care, with political and executive leaders well informed about the potential risks facing adult social care, and this is taken fully into account in council plans and objectives.

This section outlines the overarching council structure and leadership and gives detailed outlines of the governance within the Adult Social Care teams as well as the key offer within our workforce development strategy.

A new Council Plan is currently in consultation with work across the organisation, with directorates and leads across the Council to gather local data and intelligence, conduct a public consultation, and subsequently develop outcomes and performance measures.



Our Plan For Darlington



Council Governance – [Link](#)

The governance framework sets out the Council’s strategic goals and the methods used to measure progress. The framework provides clarity and assurance in relation to decision-making, financial and risk management, and overall probity. This is underpinned by a culture of excellence in service delivery, with officers and Councillors working constructively together.

The Council’s overview and scrutiny committees monitor the work of the work of specific service areas within the council. The Executive can also consult the overview and scrutiny select commissions before deciding or shaping policy. The council has strong involvement from elected members most notably through regular briefings and more formal member scrutiny sessions. Through scrutiny, elected members have a session four times a year focusing on the performance of adult social care.

The Member’s portfolio lead for Adult Social Care Councillor Anne-Marie Curry meets with the People’s Corporate Director, the Assistant Director for Adult Social Care and the Assistant Director for



Commissioning, Contracts and Transformation fortnightly to ensure strategic oversight, governance, raise issues, discuss themes or areas of development.

There are weekly communications from the Chief Executive Officer which include key messages and provide regular updates to the Council's workforce. The ASC Assistant Director has a monthly meeting with both the Senior Leadership Team and the Team Managers, and Senior Practitioners to ensure visibility of senior leaders and to share key messages and strategy updates.

Cabinet (Executive)	<p>The Council's Cabinet, or Executive as it is known, is the main policy making body of the council and carries out all of the council functions that are not the responsibility of any other part of the council, whether by law or under the constitution.</p> <p>The Cabinet (Executive) is made up of seven councillors including the Leader and Deputy Leader of the Council and five other Councillors.</p>
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Chief Executive Officers (COE)	<p>COE is responsible for overall leadership in delivering the Council's objectives and establishing the frameworks for the Council's operation.</p> <ul style="list-style-type: none"> (a) Strategic and contentious issues will be considered by COE (b) Lead the overall MTFP process. (c) Lead corporate planning and priorities. (d) Manage senior political interface. (e) Consider request from COB to vary the MTFP and strategies. (f) Consider referrals from COB. (g) Lead the Council's Transformation Programme. (h) Strategic Lead for Health and Safety
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Chief Officers Board (COB)	<p>COB is to give leadership to the delivery of the Council's business.</p> <ul style="list-style-type: none"> (a) Day to day management of services will be by individual Assistant Directors and Directors as present. (b) Cross cutting service issues will be discussed and agreed by COB. (c) COB to lead on HR policies, health and safety management and make appropriate decisions relating to these. (d) COB to lead on service and performance planning frameworks making recommendations to COE as required. (e) COB/AD HR to lead on Trade Union liaison. (f) Work with the Group Director of Operations to lead on the ICT Strategy. (g) Lead for Carbon Management
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Governance at Place

The governance structure for Place is overseen by the ICB Darlington Place Subcommittee, this has a range of forums to ensure leaders across the health and care system are sighted on performance and risk management. The purpose of the ICB Darlington Place Subcommittee is to discharge, on behalf of the ICB Executive Committee, the statutory commissioning responsibilities of the ICB which have been delegated to Place and to carry out responsibility for executive actions and decisions on behalf of the ICB Executive Committee.

The Health and Wellbeing Board is a statutory forum where political, clinical, professional and community leaders from across Darlington's care and health system come together to improve the health and wellbeing of the local population and reduce health inequalities. The Health and Wellbeing Board's chair is also the Council's cabinet member for Health and Housing.

The Board is currently consulting on a new Health and Wellbeing Strategy to provide a high-level framework to direct the Health and Wellbeing Board's activity until 2025.

Risk Management Strategy

The council has a robust and overarching risk management strategy. The purpose of this is to develop and maintain robust systems for identifying evaluating all significant tasks which involve the participation of all those associated with planning and delivering services. There is a corporate risk register which identified the main risks to the council and potentially the wider community. The Adult Social Care areas are reviewed and revised regularly with the Director and Assistant Director.

Each team undertakes risk management plans in relation to their specific areas of work, e.g. assessments within clinical, high-risk settings, care homes or community. We ensure all teams utilise the personal safety devices and business continuity is reviewed regular and dynamically as required.

Each team has a Health and safety Champion who meet with senior managers quarterly to share learning to inform practice and risk management.

Finance

There is a robust structure in relation to budget management, with monthly reviews at each management level and quarterly performance reporting to the Director and Chief Executive.

We work closely with ADASS on understanding the regional, statistical neighbours and national benchmarking.

The Adult Social Care budget is predominantly focussed on two main areas:

1. External Purchases of care, i.e., the cost of the care provision within Darlington and surrounding areas.
2. The cost of the statutory function of delivering on the legalisation e.g., the Care Act, Mental Health Act and Mental capacity Act, and Safeguarding duties. This is delivered internally via the social work, reablement and occupational therapy teams and supported through a senior management function.

In addition, the budget also delivers:

- Direct care and support through 4-day services, a supportive living service and a respite (short breaks) service.
- The management and provision of workforce development, quality assurance and practice development for the People's group.

The ASC budget also includes the People's WFD team/offer, Quality Assurance function, the PSW and the Occupational Therapy service for Children's and Adults services.

The Gross EPC budget is £49,533 million, income is £13,648 million and net is £35,883 million.

It is anticipated that Adult Social will require an additional 1.5 million per year for the next four years to manage the national impacts of inflation and the types of packages required.

Trends have been identified in the increasing complexities of people’s needs with the ASC directorate working in alignment with the Commissioning and Finance Teams to diligently assess the market, financial factors, and demand when budget setting.

Market sustainability funding has enabled resolution in part to capacity issues within markets, especially those relating to home care.

How do we know? What makes us confident about understanding our performance?

ASC Vision

In 2023 we developed a new Vision for Adult Social Care within Darlington based on the overarching Vision of the People’s Directorate e.g. THRIVE. The purpose of the vision was to reset the priorities for adult social care following the pandemic. It also ensured it was aligned to the Adult Care and Strategic Commissioning Plans for 2023/24, the JSNA which in turn are aligned to the Council Plan.

This vision document sets out the objectives and aims founded on evidence-based practice and with a clear transformation plan for the next three years. The vision was co-produced with teams.



ASC structure

There is a stable, committed, and passionate senior leadership team in both ASC and within the wider People’s Directorate.

The Group Director of People holds the statutory role of Director of Adult Social Services (DASS) They also hold the statutory role for Director of Children’s Services (DCS).

The Assistant Director(s) deputising as and when required.

The Assistant Director (ASC) is supported by a Head of Service (Operations), a Head of Practice and Quality, and 3 Service Managers with designated responsibilities. The Head of Practice and Quality also serves as the Principal Social Worker for both Children Social Care and Adults Social Care.

Integrated governance arrangements are in place for the People’s Directorate, chaired by the Group Director, in the form of a weekly Directorate Leadership Team meeting, where the focus is on risk management, performance, health and safety, and budget monitoring as well as service development, transformation and strategy. This enhances a whole Directorate approach to the community.

The Group Director holds whole service events for the workforce which provides opportunities to meet with the Council portfolio holder. This is further enhanced through specific adult social care focused forum lead by the Assistant Director.

Performance Management Governance

A full range of performance information is provided to ASC to anticipate demands, the capacity, and outcomes of services and to identify improvements and actions required.

These include monthly practice and performance clinics culminating with a quarterly performance report. The clinic is the main tool used by SLT to assess and review practice, quality, and performance. The performance framework is currently being reviewed to incorporate outcome, impact, and cost-based data. Performance management key messages, board decisions and performance information are shared across the ASC workforce through huddles, managers communications,

Quality Assurance and Improvement Framework

We have developed and established a Quality Assurance Improvement Framework (QAIF).

The key aims of the framework is to ensure we capture people’s feedback on our practice, learning and improving our practice. We have embedded a system in our case file recording to capture people’s feedback from each part of the assessment journey using the TLAP statements as our framework, with the aim to develop “you said, we heard, we did” improvement plans.

The QAIF also established the mechanisms for gathering the views of staff through the annual staff Health Check.

We have revised our case file auditing process to ensure the auditor makes direct contact with the person whose file is being audited. This provides an opportunity for them to provide live feedback as to their experience of our service and ensures the offer an immediate response, as well as allowing us to collate data and information about their experiences at a strategic level.

The Better Care Fund (BCF)

The Better Care Fund (BCF) encourages health and social care services to work together more closely to support the health and wellbeing of residents via joint funding arrangement and pooled budgets Better Care Fund. The Programme Plan, covering the 2023-2025 period, is a jointly developed plan fully aligned to the core objectives of the BCF Programme, those being:

- Enable people to stay well, safe, and independent at home for longer.
- Provide people with the right care, at the right place, at the right time.

The Plan was endorsed by the Darlington Pooled Budget Partnership (PBPB), with leaders from the Local Authority and the ICB, prior to discussion and approval at the Health and Wellbeing Board.

The continuing performance of the programme is monitored by the BCF operational delivery group, who meet formally monthly, providing updates to PBPB bi-monthly. These updates include performance against each of the programme metrics as well as identifying any gaps in delivery and consideration of potential new schemes in line with the programme objectives.

In addition to the above, the Programme is also part of the Darlington Health and Housing Scrutiny workplan, allowing for further scrutiny of the performance of the programme.

Integrated Care Board (ICB)

We have a strong and proactive partnership approach within Darlington. This is evidenced through excellent working relationships with the Trusts, the ICB, GPs, federation, and members. We have aligned agreements, pooled funding arrangements to meet joint agreed outcomes such as reablement, discharge, improved technology and supporting winter pressures across the system. We have co-produced key priorities for Darlington as part of the development of the ICS (Integrated Care Systems). We have co-produced a proposal of governance for ICS at place level through a joint committee. We have currently undertaken a survey with Partners to seek their views on our communications, values, co-working and approach to partnerships.

Within the Northeast and Northwest there is a single ICB, with three ICP. We currently sit within the governance arrangements of the south ICP however we are closely aligned to the Central ICP due to cross over of responsibilities of some of the Trusts, the police forces, and other public services. The current governance structures include Joint committee, ICB executive.

We are part of the Integrated Care System workforce group, with the purpose of shared understanding of workforce issues, developments, and opportunities.

We acknowledge that during the later part of 2023 and early part of 2024 there has been significant changes to the ICB including reductions in budget and staffing. Across the system individuals have remained committed to the wider agenda, although it has proved challenging, there is a strong commitment within the region to ensure the best experience for the individual.

Practice Governance

The Principal Social Worker (PSW) for ASC is responsible for ensuring the highest standard of social work practice is embedded across the service by providing skilled leadership and practice knowledge to social workers and social care practitioners, as well as the Council and its partners.

The PSW has introduced regular communications with the workforce through practice support sessions and a newsletter.

The PSW presents information gained through Quality Assurance activity on a quarterly basis, supporting a clear line of sight from SLT to the quality of practice in Darlington.

We undertake an annual staff Health Check to ensure we understand the experience of our workforce, and what it is like to work in Darlington.

The Health Check questions are co-produced with staff from across our service to ensure it is meaningful and provides them with the appropriate opportunities to feedback what is important to them. On the conclusion of the Health Check, the findings are analysed and presented to both SLT and DLT to ensure a clear line of sight as to the experience of our workforce, this then allows us to respond accordingly to ensure we are providing them with the conditions required to ensure good social work practice can flourish. Further feedback is provided to the workforce, adopting a “you said, we did” approach to ensure transparency and demonstrate that feedback is acted upon.

All staff participate in regular supervision sessions with their line managers and annual performance and development reviews (PDR). We have recently introduced a recording system to ensure we monitor the regularity of supervisions as well as introducing a new supervision audit process to allow us to better understand the quality of supervision provided to our workforce.

Corporately the council undertake regular wellbeing surveys with staff. This is fed back to the Chief Operations Executive and the Chief Operational Board with dialogue and agreed actions as a result to share with teams.

Validation Forum

The Validation Forum is used to assure progress in working in strength-based ways and that the Wellbeing Principle is being considered across all work within Adult Services. The forum provides a point to collect positive working practice examples and explore developmental needs. Practitioners, after consultation with their line manager, can ask for a case to be discussed at the Validation Forum and thus determine the focus of the discussions in the forum. The Validation Forum provides a venue for reflective practice and managers in attendance use the forum as an opportunity to disseminate best practice and to celebrate people’s hard work and skill.

The impact of the Forum for assurance purposes will be further strengthened by introducing randomly selected cases for discussion (i.e. in addition to professionals “volunteering” a case) to the recently established Practice Support Forum.

We are also implementing a regular report to SLT (Senior Leadership Team), detailing findings and recommendations arising from the Validation Forum discussions which can be shared to further strengthen assurance around the quality of professional practice.

What are our plans to maintain or improve performance in this area?

Practice Support Forums

We have introduced a fortnightly Practice Support Forums (PSF) within ASC which is a resource available to practitioners and their managers to provide a supportive forum to discuss complex practice situations. The meeting attendees work in partnership with the practitioner and their manager to find a way forward to support individuals achieve their outcomes and manage identified

risks. The PSF enables escalation of unmet need to commissioning colleagues to enable market development planning.

Cases to be brought to PSF include complex practice situations requiring guidance / direction from a wider management group. There is no definition of what these cases may be; it is subjective based on the practitioner and the manager's viewpoint regarding the complexity level, which can be dependent of a variety of dynamic factors.

Examples include where risks are identified; for the person, to the wider public, reputational risk for the organisation/significant complaint, legal challenge, unresolved partner dispute with potential impact on relationships, practice situations, which require unblocking from a wider management group as attempts to do so previously have been unsuccessful and any other case where the practitioner and manager feel based on their professional judgement it would benefit from discussion at this forum.

Co-Production and Engagement

We have developed an engagement and co-production strategy called "Stronger Together" with the purpose of delivering a framework on which to build co-production and engagement as outlined in TLAP, Making it real approach. We are in the early stages of working with local groups to inform learning and meaningful plans to embed this. Our Commissioning teams are undertaking sessions with providers during the summer, and this will further inform our processes.

What do others say about our performance in this area?

Darlington Adult Social Care Partner Survey 2023

In August 2023 we asked local partners to take part in a short survey giving us their view of working in partnership with Darlington Adult Services.

The findings were extremely positive and where there were areas for improvement, we addressed them with the respective partners. Most key partners did respond including representation from:

- Northeast and North Cumbria NHS ICB
- Darlington Primary Care Network
- South Tees NHS Trust
- Darlington Carers Support
- County Durham and Darlington NHS Foundation Trust
- NECS North of England Care System Support

Partner representatives were asked to rate several key statements drawn from the CQC L.A assessment framework. The responses indicated good levels of communication, positive partnership working and general agreement on how partnership is working across the local system. Where there were areas of improvement, we addressed these with the specific partner.



Quality Statement two: Leadership – Learning, improvement, and innovation:

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome, and quality of life for people. We actively contribute to safe, effective practice and research.

What is our ambition and how are we performing?

Sector-Led Improvement (SLI)

ASC senior leaders are members of the Association of Directors of Adult Social Services (ADASS). This enables directors to work collaboratively through sector led improvement programmes with a wide range of partners to bring about long-term improvements to the care and support provided for people who use services and carers. This includes recent engagement in quality improvement initiatives, such as local audits, ASCOF benchmarking, approved accreditation schemes, and peer reviews and new ways of working, from current and intended future practice include PAMMS and SMS surveys. Peer review programmes can be accessed to ensure targeted thematic learning.

Improvement plans and areas of good practice are shared and positively promoted across the workforce. The Council is a member of the Local Government Association. This provides elected members and senior managers with an opportunity to share learning with other local authorities in the Northeast, Directors, and Assistant Director networks in England.

Voice of the resident

We are committed to ensuring that services are designed around people's needs and outcomes that are important to them.

We have an active presence within the Learning Impairment Group, Carers Forum, DAD (Darlington Association on Disability) and Parent Carers Forum: with the Assistant Director meeting on quarterly basis with Healthwatch, Darlington Parent Carers Forum, DAD, and the Carers Resource Service.

We have established a "listening group" within ASC to bring together carers, people who use services and interested people to ensure we had further opportunity to hear the voice of the person and to share with them some of our ideas for service transformation and development. However, there are still opportunities to build on this further.

The Principal Social Worker and/or the Head of Service attends the meetings to listen to the issues that are important to the people.





ASC Workforce Development

The ASC workforce development plan sits within the overarching People Group workforce development strategy. The ASC plan is underpinned by specific pillars of practice that are essential for teams to deliver on the statutory function, e.g. The Care Act, Human Rights Act, Mental Capacity Act, Mental Health Act, Safeguarding and Equality and Diversity. This is further aligned to the strength-based practice framework which is the foundation of our practice within Darlington.



On a yearly basis we undertake a training needs analysis of the workforce, we seek to look for national best practice and guidance and agree through a co-produced yearly plan for training and support for teams. This assesses both current and future workforce needs. The workforce development teamwork across the directorate which enables a consistent spread of activity and learning across both children, adults, and education.

We have a specific ASYE social work post qualifying training offer. This bespoke to develop training and accredited learning to reflect the changing continuing professional development needs of social workers.

Staff receive protected time to complete professional registrations, such as Social Work England.

ASC has leadership development programmes to ensure managerial talent is spotted and there is succession planning regarding leadership.

The workforce development team sits within the quality and practice governance structure and is accountable to the Head of Practice and Quality who has the added responsibilities for Principal Social Worker for children's and families. This structure brings value to the People Directorate and strengthens the "whole family" approach to learning.

The workforce development team have an experienced skill mix and are representative of the workforce. With this experience they can demonstrate a broad understanding of relevant adult legislation training needs. There is a dedicated budget and resource allocation for the team and statutory training. In addition to the team have brought in several small projects to further enhance the training offer, e.g., Experts by Experience.



[Workforce Development Latest News](https://www.darlingtonextra.co.uk/)
<https://www.darlingtonextra.co.uk/>

How do we know? What makes us confident about understanding our performance?

Learning from Complaints

We have low levels of complaints. Most formal complaints are resolved within the agreed timescales. We had 61 formal complaints within 2023- 2024. We have had 9 complaints which were investigated by the LGO.

We have similar levels of compliments or comments, and we recognise as a service we need to capture the more informal feedback from people.

The Principal Social Worker receives all the monitoring action logs from complaints and learning from complaints workshops are delivered quarterly to the workforce. Further, a quarterly meeting has been established with the complaints team and our practice and quality function to ensure learning is threaded throughout our existing training offer, ASYE development sessions and wider practice improvement work.

Annual staff Health Check survey – Adults Social Care

This survey outlined from 180 ASC staff, 120 responded to the survey representing 66.67 % return.

The 2022 employee survey found staff felt:

- Valued and cared for - 76%.
- Supported, including informally, and recognised - 96%.
- Encouraged and cared for by their manager - 91%.
- Receive peer-to-peer support - 96%.

We have completed the 2023 survey and have included the report in the LAIR (IR4).

A sample of the response including asking staff to tell us about the organisational culture.

We found that on the whole staff reported that:

- They felt supported and were encouraged to look after their emotional wellbeing – 90%.
- Staff felt supported and valued – 87%.
- Staff felt that their opinions are listened to about the service and practice improvements – 72%.

- Staff know where to go if they feel worried or stressed – 97%.

80% of participants that answered this question felt that the Adult Senior Leadership team is visible and engaged.

Recruitment and retention/workforce development offer.

The Adult Social Care workforce vacancy rate in the North of England is 8.8% in 2021/22, according to Skills for care with a significant higher rate for Darlington. However, for Darlington ASC teams this has seen an improved position with a reduction in vacancy rates from 24% in 2021, to 14% in 2022, and 9.2% in December 2023. This has been credited to both a significant recruitment campaign and increase in appointing Newly Qualified Social Workers undertaking their ASYE, as well as a culture within Darlington of growing our own social workers and professionally qualified workers.

In 2022 approximately 40% of the Social Work Workforce in Darlington have been progressed through Darlington's ASYE, Step Up to SW, SW Apprenticeship and DBC Student route.



There is excellent retention of workforce and the development of the workforce within the team, with a high proportion of Social Workers progressing to Band 11.

The service has workforce plans and systems for the analysis, forecasting, and planning of workforce supply and demand, assessing gaps, and determining target talent management interventions. This is to ensure that the service has the right people with the right skills in the right places at the right time.

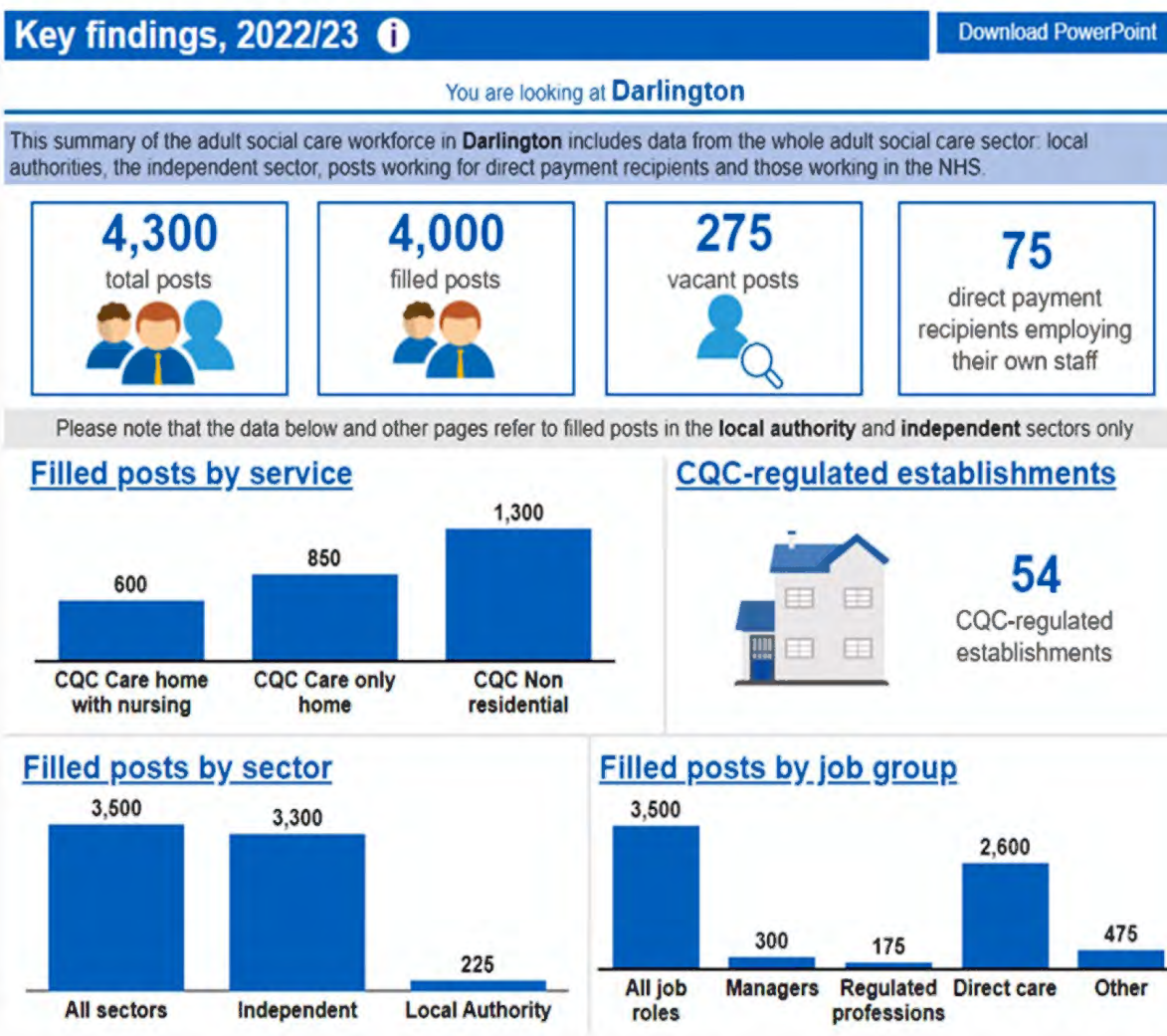
We have a clear strength-based practice approach to workforce development through embedding of SCIE (Social Care Institute for Excellence) Strength Based Practice Training Relational and Strength Based Training

We have an established Darlington Academy which supports the progression and planned destination for our ASYE / SUSW/ Apprenticeship / Students.



In addition, we have created an external website called Darlington Xtra which aims to reach out and encourage more people into working in the care sector. It provides a wealth of resources to develop knowledge, skills, and active recruitment within the sector. It includes Xtra Space Training, podcasts by staff and lead professional and Development Programme-based on training needs analysis, with input from staff and leaders.

Internally the Head of Practice and Quality (PSW), the workforce development team, the leadership team and Experts by experience all host regular sessions on best practice.



Skills for Care, key findings [Link](#)

What are our plans to maintain or improve performance in this area?

Coproduction and Engagement strategy

We have developed a co-production and engagement strategy. This strategy demonstrates a commitment by ASC to ensure involvement, engagement, and co-production with the residents of Darlington. It will include clear accountability and measurable outcomes.

Workforce development

ASC Workforce development team are exploring how they build on their work by developing learning and development opportunities for aspiring and newly recruited Registered Managers. This would be a further example of “grow your own and attract the best”.

Equality Diversity and Inclusion

We have clear plans to embed the priorities of DBC Equality Plan 2023-2027 and public duties. We have refreshed our Policies, Strategies, and procedures to promote Equality diversity and Inclusion and ensure we have undertaken Equality Impact assessments. We have delivered mandatory Staff Training and Equality, Diversity, and Inclusion as a mandatory Pillar of Practice. Through supervision and case file audits we ensure high quality professional practice and quality monitoring evidence equalities we are also developing Equality Diversity and Inclusion service champions. Equalities awareness is raised at team meetings, and we ensure attend representative groups.

In relation to recruitment, we actively encourage people from diverse backgrounds apply for roles and we have in place reasonable adjustments for interviews.

Health and Safety awareness and support- staff actively report incidents and complaints including Hate Crime reporting.

We have Increased engagement and staff presence at EDI awareness events working with Corporate Equality Team communications.

There is a Designated ASC intranet site and DBC webpage links for EDI linking key practice documents and local diverse local services.

What do others say about our performance in this area?

In 2023 we commissioned an independent study from Healthwatch to seek feedback services via an independent party. Through this we gained a understanding of the lived experience of those accessing our services which has identified positives and areas for improvement, for example:



1. *Most participants responded positively that workers took the time to get to know them as a person including their culture and beliefs, what was important to them, and their views and wishes.*
2. *Most participants said their worker gave them relevant information or advice in a way that was suitable for them, or put them in touch with people who could, and felt supported to understand their choices and options. Most felt involved in developing their support plan and exploring how their needs could be met.*



3. *A lack of understanding as to who has overall responsibility for people's plans was noted, with feedback that some did not know who to contact if they had problems with their care and support.*
4. *Further feedback was that a step-by-step approach to the assessment rather than rushing through it would be more beneficial.*

Since the completion of this study, we have implemented various measures to support the continued improvement of our service and the experience of those engaging with us, as well as identifying further opportunities for improvement within our ongoing transformation plan.

We have also taken further lessons as to how we seek feedback and engage with those using our services through the development of our Engagement and Coproduction Strategy to ensure peoples voices are at the forefront of our work.

Email from a Dementia Adviser Darlington:

"I thought I would just pass on some lovely comments I had from a service user today who has been getting support from DBC with mum going into care. She said 'Everyone has been so friendly and helpful. Any problems, they find a way of resolving it. It's a lot different to how we were treated in London'. She followed on with praising the council, social worker and care home for the way things have been sorted and how they are supporting mum in home."

Through our staff survey 2023, we asked ASC staff to tell us about what makes them feel positively about working for Darlington Borough Council.

Some of the staff responses were:

- Provides a caring culture with strong standards.
- Both managers and colleagues supportive
- Feeling valued
- Good relationships with professionals
- Stability
- Easier to build relationships with it being a small authority

The survey consensus is that DBC remains **'a great place to work!'**

Conclusion

This 2024 Self-Assessment describes and reflects our current performance in relation to Part one of the Care act 2014. It details what we see as our strengths and areas for development.

We believe the overall picture is positive, but we know we have further to go to achieve the ambitions we have for the people of Darlington.

We know that our onward journey must be in partnership with key partners and most importantly with the people we support and their carers. We take a strength-based approach to this journey



building on the strengths, and assets of local people and local communities with a culture of high challenge with high support.

We would like to thank all those who have contributed to its creation.