



**DARLINGTON**

Borough Council

# Adults Scrutiny Committee Agenda

10.00 am, Tuesday, 26 October 2021  
Council Chamber, Town Hall, Darlington DL1 5QT

**Members of the Public are welcome to attend this Meeting.**

1. Introductions/Attendance at Meeting
2. Appointment of Chair for the remainder of the Municipal Year 2021/22
3. Declarations of Interest
4. To Approve the Minutes of the Meeting of this Scrutiny Committee held on 24 August 2021 (Pages 3 - 6)
5. Covid Response - Verbal Update –  
Assistant Director – Commissioning, Performance and Transformation
6. Frailty Pathway System Update –  
Presentation by Paula Swindale, Head of Commissioning and Strategy, NHS Tees Valley Clinical Commissioning Group; Joss Harbron, Assistant Director Adult Social Care, Darlington Borough Council; and Dr. Ewan Tevendale, Consultant, County Durham and Darlington NHS Foundation Trust.  
(Pages 7 - 22)
7. Quality Standards Monitoring Outcomes 2020-2022: Agreement for the provision of Residential Care for Adults and Older People and Older People with Mental Health Problems 2013-2023 –

Report of the Group Director of People  
(Pages 23 - 44)

8. Work Programme –  
Report of the Group Director of Operations  
(Pages 45 - 58)
9. SUPPLEMENTARY ITEM(S) (if any) which in the opinion of the Chair of this Committee are of an urgent nature and can be discussed at this meeting
10. Questions



**Luke Swinhoe**  
**Assistant Director Law and Governance**

**Monday, 18<sup>th</sup> October 2021**

**Town Hall**  
**Darlington.**

**Membership**

Councillors Mrs Culley, Curry, Donoghue, Holroyd, Johnson, B Jones, Layton, M Nicholson, Renton and A J Scott

If you need this information in a different language or format or you have any other queries on this agenda please contact Paul Dalton, Elections Officer, Operations Group, during normal office hours 8.30 a.m. to 4.45 p.m. Mondays to Thursdays and 8.30 a.m. to 4.15 p.m. Fridays  
Email: [Paul.Dalton@darlington@gov.uk](mailto:Paul.Dalton@darlington@gov.uk) or Telephone 01325 405805

## ADULTS SCRUTINY COMMITTEE

Tuesday, 24 August 2021

**PRESENT** – Councillors Tostevin (Chair), Mrs Culley, Curry, Holroyd, B Jones, M Nicholson and A J Scott.

**APOLOGIES** – Councillors Donoghue, Layton and Renton.

**OFFICERS IN ATTENDANCE** – Joss Harbron (Assistant Director - Adult Social Care), Christine Shields (Assistant Director Commissioning, Performance and Transformation), Elaine Taylor (Programme Manager) and Paul Dalton (Elections Officer).

### AD9 DECLARATIONS OF INTEREST

There were no declarations of interest reported at the meeting.

### AD10 TO APPROVE THE MINUTES OF THE MEETING OF THIS SCRUTINY COMMITTEE HELD ON 22 JUNE 2021

**RESOLVED** – That the Minutes of this Committee held on 22 June 2021, be approved as a correct record.

### AD11 COVID RESPONSE - VERBAL UPDATE

The Assistant Director, Commissioning, Performance and Transformation provided a verbal update on the ongoing response to the Covid-19 pandemic, specifically in relation to care providers.

It was reported that there were outbreaks at two care homes at the time of the meeting – one Covid-related, and the other in relation to diarrhoea and vomiting – and that these outbreaks were being managed. The Assistant Director, Commissioning, Performance and Transformation advised that Care Home providers now had a mandate to ensure that all staff and contractors visiting a home had received two Covid vaccinations, and that all homes, apart from the two with outbreaks, were open in terms of visiting from friends and relatives.

The Assistant Director, Commissioning, Performance and Transformation reported that staffing in Care Homes had been manageable, however that Home Care providers had undergone a more difficult period, but had managed well. It was reported that staff recruitment remained challenging, however Members were informed that this was a national issue, and that officers were looking into the possibility of future support with this issue from the Darlington Care Collective.

Members were keen to establish whether Day Services had now returned to pre-Covid provision, and were advised that services were being offered with safe working practices in place, however that it was noticeable that some service users had made alternative arrangements during the pandemic, and that the People Group would be reviewing the offer.

**RESOLVED** – That the content of the update be noted.

## **AD12 ADULT SOCIAL CARE TRANSFORMATION PROGRAMME**

The Group Director of People submitted a report (previously circulated) to update Members on the progress of the Adults Social Care Transformation Programme, which was last reported in April 2021.

The submitted report stated that the Care Act provided the context to review and implement a new operating model for Adult Social Care services to support the delivery of good quality services at a sustainable cost, and that the Transformation Programme was enabling the delivery of modern services which are Care Act compliant, and work in partnership with people to maximise their individual strengths and assets.

The submitted report highlighted that this was rolling programme, and that there were currently several projects in progress, with varying degrees of complexity. It was also reported that the majority of work was now complete, with all outstanding deliverables on track to be delivered by the end of 2021. It was noted that the only exceptions to this were the Liberty Protection Safeguards Implementation which will run to 2022, due to a delay in national legislation, and the Intermediate Care Provision Review, which had been delayed due to a reconfiguration of the Tees Valley Clinical Commissioning Groups.

Discussion ensued on the reasons for the delays to projects and preparations for the White Paper, with confirmation provided that a draft project plan was in place. Members were keen to learn about the impact that the Covid 19 pandemic had on the work of the Mental Health Services Team, and were advised as to the slight delays in the project, however were reassured to discover that plans were in place to be on track again by the end of the year. Members noted the good service user feedback, enquired as to the response rate, and were informed that the response rate was 100% as the survey was conducted as part of the closure procedure. It was commented that future projects should seek to have an impact in terms of reducing carbon emissions, through shared transport, housing and renewal energy schemes.

Members received further information on the progress of the RIACT Project within the Transformation Programme. Further discussion took place on the use of surveys, cross-referencing this with the work of the Adult Social Care during Covid Task and Finish Group, and the input of, and feedback received by, staff.

**RESOLVED** – That the contents of the report be noted.

## **AD13 HOME CARE AND SUPPORT BRIEFING**

The Group Director of People submitted a report (previously circulated) to provide an update on the current Framework Agreement for the Provision of Home Care and Support.

The submitted report stated that the Framework Agreement for the Provision of Home Care and Support commenced on 2 October 2017, and will end on 1 October 2023, and confirmed that the annual budget for the Home Care and Support Contract is £ 10.9m. It was reported that since implementation in 2017, the model has worked extremely well and that this was

particularly evident during the challenging times of the Covid 19 pandemic.

The submitted report informed Members that a Service Review was currently underway to inform the future tendering of the contract, which would include feedback from providers, service users (via Healthwatch engagement sessions) and operational colleagues.

In introducing the report, the Assistant Director, Commissioning, Performance and Transformation, highlighted that the majority of packages (90%) were provided by two primary providers, with the remaining packages, including some specialist packages, allocated into specific 'lots' and picked up by other providers.

Members entered into discussion and enquired whether there was any specialist support available for ex-Forces personnel. It was explained that there was no specialist support available for that specific category, however any ex-Forces personnel would be viewed by 'assessed need' and may fall within one of the established categories.

Discussion ensued on vacant positions, and in particular the competition from other sectors in terms of recruitment; the differing experiences received by service users from the primary providers; service user awareness of the composition of their care package, and how this might be addressed; the pay arrangements for the primary providers, including terms and conditions of employment; and the number of packages within each 'lot'.

**RESOLVED** – That the contents of the report be noted.

#### **AD14 WORK PROGRAMME**

The Group Director of Operations submitted a report requesting that Members gave consideration to the Work Programme items scheduled to be considered by this Scrutiny Committee during 2021/22, and to any additional areas that Members would like to be included.

Members highlighted that the People Group submitted a self-assessment overview report to the Children and Young People Scrutiny Committee, and whilst Members recognised that this report was also produced for use as part of Ofsted's ILACS Annual Engagement Meeting, Members were keen to see something similar coming to this Committee in the future.

**RESOLVED** – That the current status of the Work Programme be noted.

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# Frailty Pathway System Update

**Presented by:**

**Paula Swindale – Head of Commissioning and Strategy, NHS Tees Valley CCG**

**Joss Harbron – Assistant Director Adult Social care ,Darlington Borough Council**

**Dr Ewan Tevendale– Consultant, County Durham and Darlington NHS Foundation Trust**

# Strategic Plans

- **Health and Wellbeing Strategy Priorities for Older People (2017-2022)**– Improving outcomes for older people
- **Better Care Fund – 2017-2019 and subsequent updates**
- **South Integrated Care Partnership Frailty Pathway – (2018/19)**
- **Frailty iCARE (Involve, Consider, Assess, Respond, Evaluate) – (2019)** Regional approach to supporting people presenting with frailty
- **Ageing Well – (2020)** Urgent care community response, Enhanced Health in Care Homes and anticipatory care





# Frailty Priorities

- **Strategic Outcomes**

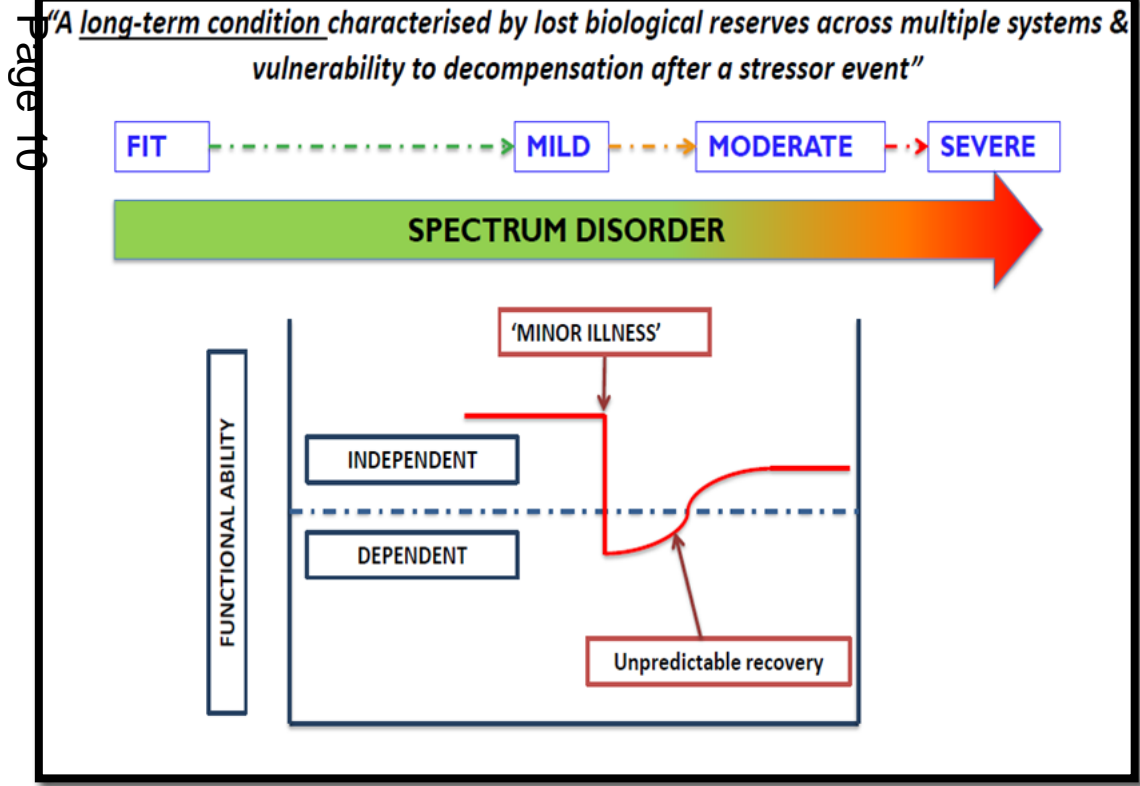
- Prevent avoidable admissions of the frail and elderly
- Optimise the quality of care for people admitted to hospital
- Ensure patients are discharged home, or as close to home as possible, when they are medically optimised

- **Transformation ambitions**










- Integration and Collaboration of Community Services - Responsive Integrated Assessment Care Team (RIACT) to support people presenting with frailty
- Front of House Frailty Team, Darlington Memorial Hospital – Acute Hospital
- Improved Discharge Pathways, ensuring people are discharged with the right support, reducing the risks of deterioration and readmission to hospital

# What do we mean by Frailty?

**Frailty** - 'Frailty is a distinctive health state related to the ageing process in which multiple body systems gradually lose their in-built reserves. Around 10 per cent of people aged over 65 years have frailty, rising to between a quarter and a half of those aged over 85'



### Clinical Frailty Scale\*

-  **1 Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.
-  **2 Well** – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.
-  **3 Managing Well** – People whose **medical problems are well controlled**, but are **not regularly active** beyond routine walking.
-  **4 Vulnerable** – While **not dependent** on others for daily help, often **symptoms limit activities**. A common complaint is being "slowed up", and/or being tired during the day.
-  **5 Mildly Frail** – These people often have **more evident slowing**, and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.
-  **6 Moderately Frail** – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.
-  **7 Severely Frail** – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).
-  **8 Very Severely Frail** – **Completely dependent**, approaching the end of life. Typically, they could not recover even from a minor illness.
-  **9. Terminally Ill** - Approaching the end of life. This category applies to people with a **life expectancy <6 months**, who are **not otherwise evidently frail**.

**Scoring frailty in people with dementia**


The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

\* 1. Canadian Study on Health & Aging, Revised 2008.  
2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

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# Responsive Integrated Assessment Care Team (RIACT) to support people presenting with frailty

- Developments continue in relation to the Hundens Lane based health and social care Integrated **Single Point of Access (iSPA)** for hospital discharges, intermediate care and urgent community crisis
- Urgent community response - **Responsive Integrated Assessment Care Team (RIACT service)** and other community teams to offer more joined up approach based on patient need
- Ageing Well funded pilot for admin support has released 30% more patient facing time for clinicians and has supported 80% increase in nurse activity supporting the **Multi Disciplinary Team Meetings** in care homes CDDFT Community Services have developed a dedicated 'Care Home Team'
- New proposals between the Care home team and Primary Healthcare **Darlington's Enhanced Health in Care Homes (EHICH)** team will drive improved outcomes for care home residents

# Social care prevention - RIACT & Wider Social Care support – Frailty Support

- The aim is to ensure an MDT approach and that interventions happen at an early stage rather than admit to hospital
- Health and Social Care work together to support for individuals that would benefit from a short term Reablement intervention.
- If longer term support is required, social work professional support and guidance is offered with a range of options- preferably within the person's home
- Prior to the transformation of Adult Social Care services the teams supported with community offer to prevent hospital admission.
- The social care teams assist in speedy return home with support, operating an 8am-8pm social work assessment service, within a 4 hour response and a 7.30-10pm in house
- Reablement service supported by access to private sector reablement & Rapid Response support including some overnight support.

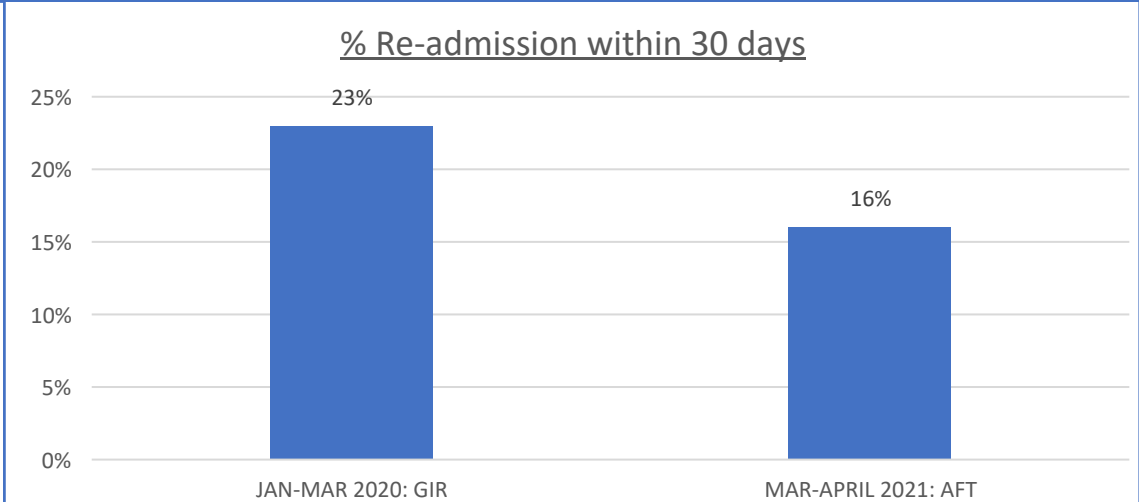
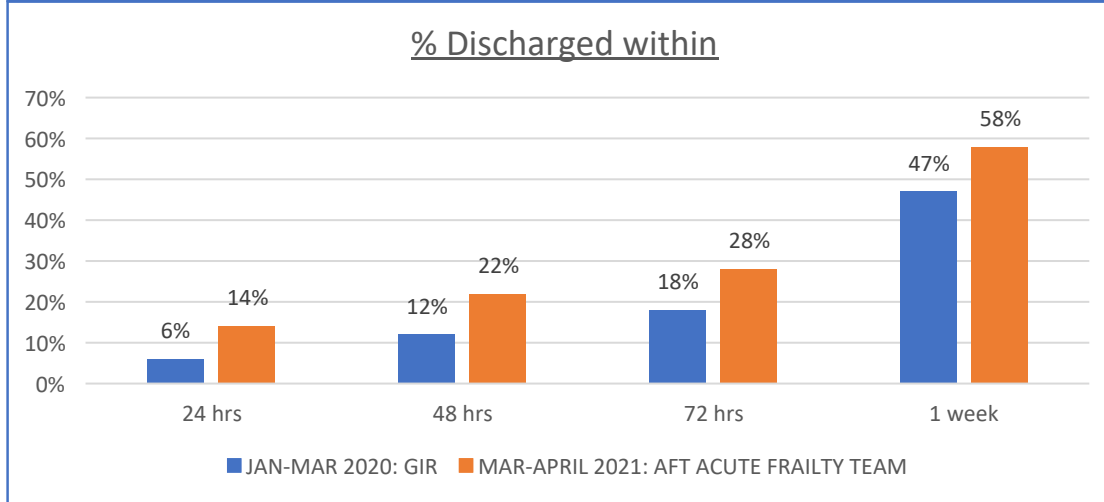
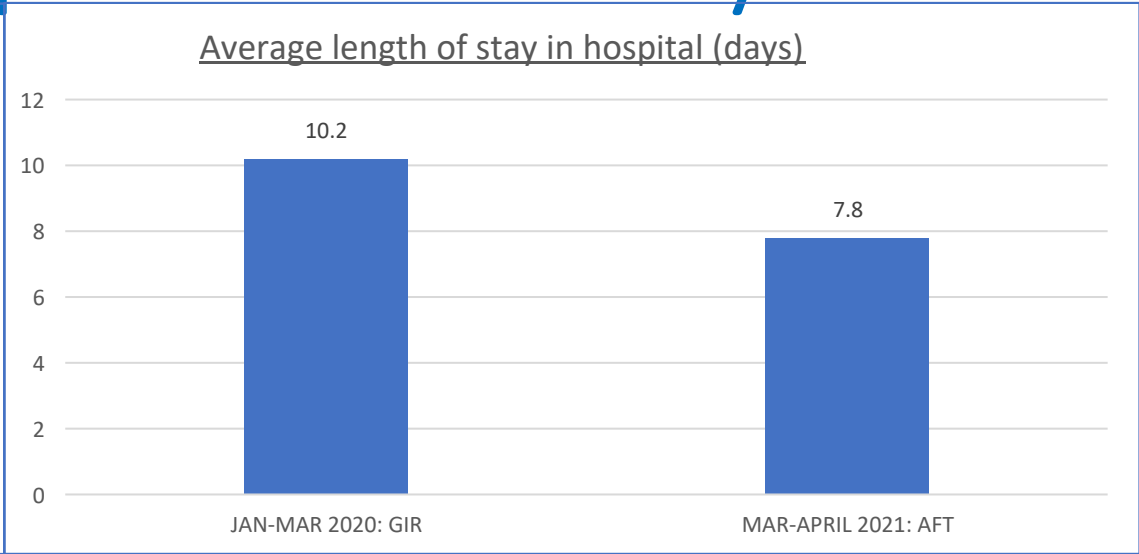
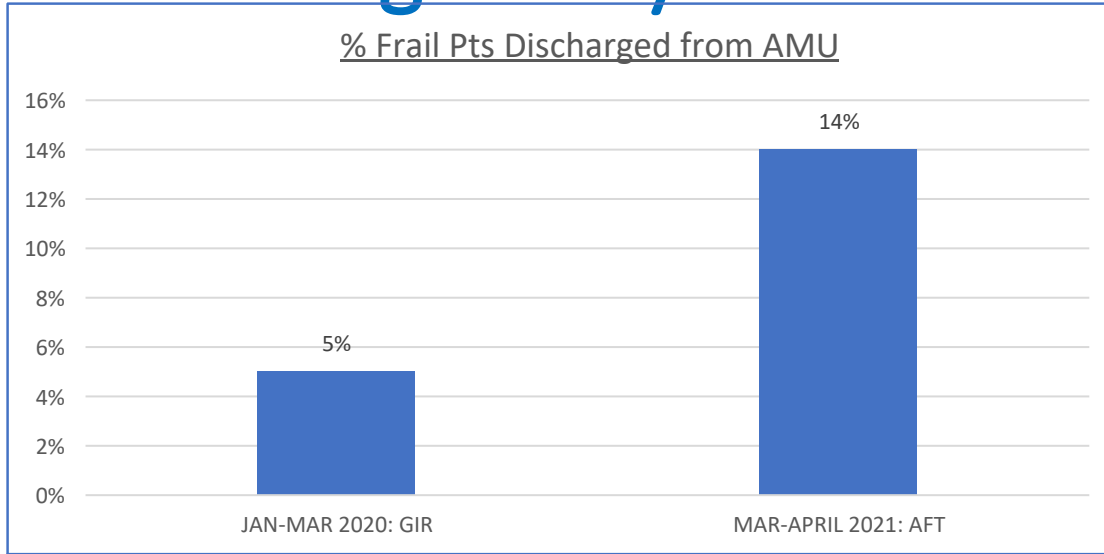
# Acute Frailty development DMH

- Mandated through NHS improvement, NHS Rightcare, 5 year plan and Royal college/professional body best practice
- Priorities acute frailty clinical strategy 2020:-
  - Acute frailty team 7 days a week in acute admitting hospital
    - Business case approved Oct'20
    - 7 days/week 8am until 8pm from April 2021
  - Developing Acute Multi-Disciplinary Team working in keeping with Comprehensive geriatric assessment with expansions of in-patient therapy resource
  - Acute complex frailty and specialist units for more complex, prolonged admissions and consultant expansion
  - Surgical liaison and orthogeriatrics service expansion
  - Enhancement of Parkinson's service to meet growing demand





# Flow and length stay outcomes patient's with frailty DMH



100 FRAIL PTS IN BOTH COHORTS	JAN-MAR 2020: GERIATRICIAN IN REACH	MAR-APRIL 2021: ACUTE FRAILTY TEAM	CHANGE
pts with a CFS score documented	31%	100%	Identification of frailty improved
pts with a 4AT score documented	27%	91%	Delirium screening improved
pts Discharged from AMU	5%	14%	Less frail pts admitted from AMU
% pts admitted who occupy COTE/REHAB/COMMUNITY BED during inpatient stay	41%	54%	More frail pts accessing COTE/rehab/community beds
Average length of stay	10.2	7.8	Reduced length of stay Reduced bed days/occupancy
Acute site stay	8.8	6.4	
Total bed days	1018	758	
Discharge in: 24 hrs 48 hrs 72 hrs 1 week	6% 12% 18% 47%	14% 22% 28% 58%	Quicker turn around of patient discharge from hospital
% pts who see a therapist in: 24 hrs 48 hrs 72 hrs	28% 38% 52%	69% 81% 88%	Improved access to early therapy assessment and input
Discharge to new 24 hr care	21%	9%	Less pts discharged to new 24 hr care
Discharge to own home	72%	82%	More pts discharged to own home
Re-admission within 30 days	23%	16%	Reduced re-admission
Died in hospital	7%	9%	Slightly increased number of deaths (not significant)



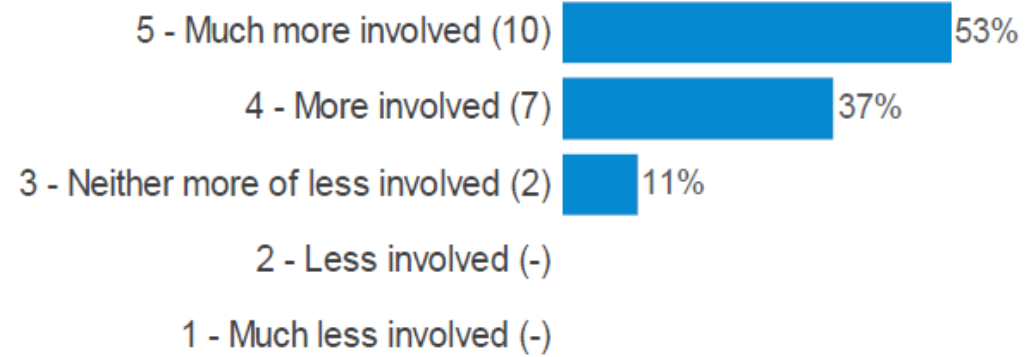
>2000 referrals seen by Acute Frailty Team from April 2021- Oct 2021

Frailty identification improved (>80%)

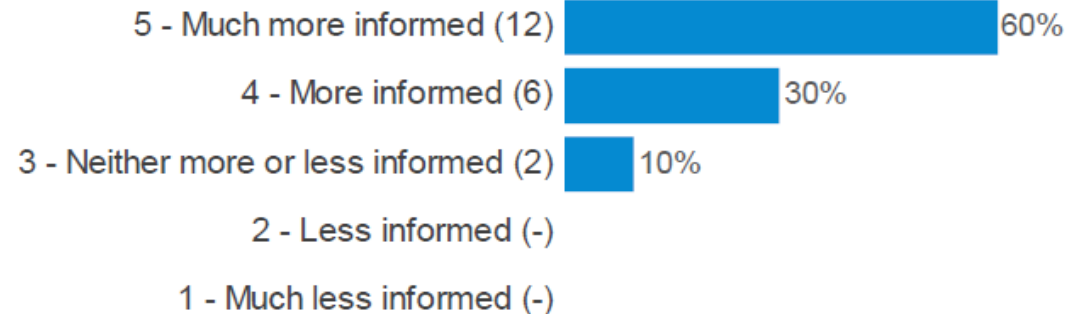
Increased screening for delirium with >400 patients with delirium identified to date

>650 patients seen by a therapist before 11:30 am of the first morning of admission to Acute Medical Unit

**Did you or your family members feel more involved in the care and treatment decisions after a discussion with the Acute Frailty Team?**



**Do you or your family members feel more informed about their health problems after the Acute Frailty Team's involvement? Please choose from the options below.**



**Did you or your family members feel listened to and their concerns addressed by the Acute Frailty Team?**



# Patients said....

**I think they  
were brilliant,  
first class**

**Felt listened to  
and they  
understood my  
situation**

**Very professional  
and felt that they  
cared and listened  
and also included my  
daughter in my  
treatment plans**

**Very  
professional  
and polite**

**I met the frailty  
team this  
morning and felt  
more informed  
about my care  
and planning**

**The person that  
came to see me  
was very nice and  
made me feel at  
ease**

**Kind and  
caring staff,  
felt listened  
to**

# Hospital discharge

## Discharge to Assess/Home First (D2A)

- The Adult social care team have been progressive in developing and operating a discharge to assess model, working with colleagues in health to ensure discharges are safe, timely and have the relevant professionals involved with the individual.
- Where care is needed the social work assessment is undertaken in the home environment on discharge, via the Responsive Integrated Assessment Care Team( RIACT) service. This strength based rehabilitation model utilised a functional assessment and any necessary care given as the assessment is undertaken. The team also provide a quick turnaround to prevent hospital admission.

## Trusted Assessment/Collaboration

- Reflects good relationships in health and social care in Darlington
- Trusted Assessment is about health and adult social care working together so the most appropriate person gathers the information about a given individual and this is accepted by all colleagues involved in delivering care therefore minimising duplication

## Delayed Transfers of Care (DToC)

- The adult social work teams continue to work with health colleagues to maintain effective flows with virtually no delays in transfers of care.

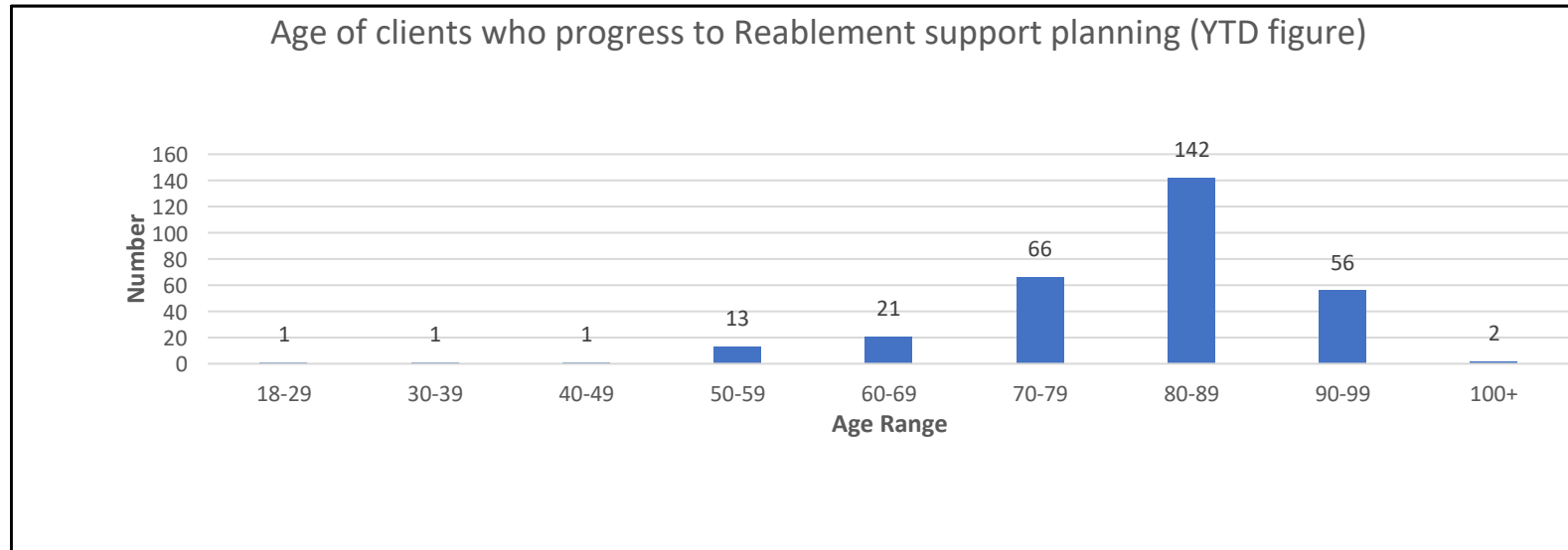
## Covid Funding/Continuing Health Care (CHC)

- Government funding to support discharges from hospital has been highly assistive in supporting the system, along with transitioning CHC assessments in the community. The social work teams have been highly responsive to facilitating the CHC assessments in a timely way.

# Hospital discharge

## Reablement

- Client age profile



- As you can see Reablement is across the whole range of the adult spectrum. The main age range is 70-89.
- Amongst this cohort we have seen improvements in independence, well over 50% see an improvement significant increase in levels of independence following reablement

# Future Plans

## **Ageing Well National Strategy**

- 2 hour urgent crisis/community response
- Enhanced Health in Care Homes
- Anticipatory Care

## **Refreshed Health and Wellbeing Board Priorities**

- Continue to focus on the Ageing Well Agenda
- Workforce development
- Prevention and well being



# Challenges

- Workforce and the COVID affect – impact on delivery, recruitment and retention
- Skill mix to meet needs of increasingly frail and complex population
- System wide working, advantages and challenges, especially when the whole system is under pressure
- Winter pressures, which are no longer only winter pressures-ongoing resilience across the whole sector



**ADULTS SCRUTINY COMMITTEE  
26 OCTOBER 2021**

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**QUALITY STANDARDS MONITORING OUTCOMES 2020-2022**

**AGREEMENT FOR THE PROVISION OF RESIDENTIAL CARE  
FOR ADULTS AND OLDER PEOPLE AND OLDER PEOPLE WITH  
MENTAL HEALTH PROBLEMS 2013-2023**

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**SUMMARY REPORT**

**Purpose of the Report**

- 1 The purpose of this report is to inform Members of the outcome of the quality standards assessment for 2020 – 2022. The level of compliance against the quality standards will determine the fee levels for the current year.

**Background**

- 2 The current Agreement for the Provision of Residential Care for Adults and Older People with a Mental Health Problem (OPMH) commenced 1 April 2013 and is in place until 31 March 2023 as the Council has extended the Agreement for a further 2 years. This has been agreed by all of the Providers.
- 3 The Covid-19 pandemic that resulted in a national lockdown on 23 March 2020, has had a significant impact on the care home sector. For Health and Safety reasons quality monitoring visits into care homes were postponed and an alternative process was developed, in consultation with providers. It was also agreed that outcomes from these visits would be backdated to 1 April 2020.

**Quality Standards Results 2020/22**

- 4 The results of the quality standards for 2021 – 2022 demonstrates an improvement in the number of homes who have achieved an A Grade, with 15/19, (79%) achieving an A Grade compared to 11/19, (61%) in 2019. No homes achieved less than 8 standards which is an improvement on 2019 (4/19, 21%).

- 5 Overall, all but 1 of the previous A graded homes have maintained this grade. 5 homes have improved on previous gradings

Grade	Year 15 - 16	Year 16 - 17	Year 17 - 18	Year 18 - 19	Year 19-20	Year 21- 22
A	9/21	12/19	9/19	11/18	13/19	15/19
B	6/21	2/19	5/19	2/18	1/19	2/19
C	4/21	5/19	5/19	5/18	5/19	2/19

**JAMES STROYAN  
GROUP DIRECTOR PEOPLE**

**Background Papers**

No background papers were used in the preparation of this report

Yvonne Hall : Extension 5869

S17 Crime and Disorder	This report supports the Councils Crime and Disorder responsibilities
Health and Wellbeing	This report supports performance improvement relating to improving the health and wellbeing of residents
Carbon Impact and Climate Change	This report supports the Council's sustainability responsibilities
Diversity	This report supports the promotion of diversity
Wards Affected	This reports supports performance improvement across all Wards
Groups Affected	This report supports performance improvement which benefits all groups
Budget and Policy Framework	This report does not represent a change to the budget and policy framework
Key Decision	This is not a key decision
Urgent Decision	This is not an urgent decision
Council Plan	This report contributes to the Council Plan by involving Members in the scrutiny of performance relating to the delivery of key outcomes
Efficiency	Scrutiny of performance is integral to optimising outcomes.
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers.



## MAIN REPORT

### Background

- 1 The current Agreement for the Provision of Residential Care for Adults and Older People with a Mental Health Problem (OPMH) commenced 1 April 2013 and is in place until 31 March 2023 as the Council has extended the Agreement for a further 2 years. This has been agreed by all of the Providers.
- 2 **Appendix 1** provides an overview of the Quality Standards Process.

### Current Market Position

- 3 The Covid-19 pandemic that resulted in a national lockdown on 23 March 2020, has had a significant impact on the care home sector. For Health and Safety reasons the visits as detailed above were postponed, for an original period of 6 months and then for the whole of the year 2020-2021.
- 4 The Council were in regular communication with Providers who were kept informed of the situation in relation to contract monitoring and the resulting implication on fee levels. In August 2020 Providers were informed that the visits for 2020-2021 were cancelled with confirmation that when the visits were recommenced any outcome would be backdated to 1 April 2020, in line with the fee levels communicated to them at that time.
- 5 There will therefore be a requirement to adjust any payments from 1 April 2020 and 1 April 2021. Any adjustment will consider any homes that have had a contractual embargo placed upon it as gradings are reduced to a C grade contractually should this occur until the issue is resolved.
- 6 There are currently 19 care homes signed up to the Agreement. The occupancy levels across all 19 homes are currently at 80% a 5% decrease since the last report. Whilst we previously reported the occupancy levels had been below 85% for the 2 years up to April 2018, the impact of Covid-19 on care homes has been significant.

- 7 During the pandemic the Commissioning and Contracts Team provided information and support to the care home sector, which included the distribution of grant monies that had been made available to Local Authorities from Central Government. There were also opportunities to receive financial support to those homes who suffered a significant decrease in occupancy levels as a result of Covid-19.
- 8 Outbreaks occurred in 17/20 Older Persons care homes (this data includes 1 care home that does not come under The Council's Agreement) in the period April 2020 – June 2021. The occupancy levels at the outset of the pandemic were 88%. By December 2020 this had reduced to 72%. The levels of occupancy remain lower than pre-covid numbers but have been slowly rising over the last few months.
- 9 The current availability of beds within Darlington across Residential Care and Nursing Care is 877. As reported in 2019 there continues to be a shortfall within the availability of nursing beds, and more specifically within nursing Older Peoples Mental Health (OPMH) provision, as Providers continue to struggle in the recruitment of nursing staff.
- 10 In 2019 there was an increase in the number of homes achieving an A Grade with 11/18 homes achieving an A Grade, compared to 9/19 the previous year (2018). Due to Covid, the assessments were undertaken in a different way this time. Providers were consulted regarding a virtual/self-assessment process. Each home was required to provide information to the contracts section in order for a self-assessment document to be populated with key areas of information prior to the self-assessment being carried out by the care home Manager and Regional Manager. Once this was completed the individual care homes self-assessment document was sent to the care homes via Egress system, and a 3 week period allocated to complete the process. Once submitted the contracts officers undertook the evaluation, followed by a 'Teams' meeting with both the Manager and Regional Manager to provide feedback and to clarify any queries they may have from the self-assessment information submitted. Each Manager and Regional Manager were required to sign a declaration confirming information submitted was correct and were required to be present at the feedback session, in order to ensure continuity in each home's assessment process.

- 11 Following the assessment and sign off process carried out by the Council each home is provided with an outcome report and will be asked for an action plan that details how they will meet the standards in the future.
- 12 Monitoring of care homes will continue, virtually or in person where it is both deemed safe and appropriate to do so. This will also include monitoring through our safeguarding processes, and should any information come to light that contradicts the information submitted by the care homes, contractual compliance concerns will be raised with the Provider.
- 13 In addition, there continues to be a programme of support by Contracts Officers offered to any new care home manager/regional manager for one to one sessions regarding how the quality standards process works, and to ensure their full understanding of the standards and how they could be met. Managers are also encouraged to contact the team should they have any queries. The homes are however ultimately responsible for ensuring they meet the quality standards, and full compliance maximises their income stream from the Local Authority.

### **Quality Standards Results 2020/22**

- 14 Individual Quality Standard outcomes have been detailed in **Appendix 2** of this report.
- 15 Reference (**Table Appendix 3**)
  - ◆ 15/19 Care Homes gained 10 standards
  - ◆ 2/19 Care Homes gained 9 standards
  - ◆ 2/19 Care Home gained 8 standards
- 16 The results of the quality standards for 2021 – 2022 demonstrates an improvement in the number of homes who have achieved an A Grade, with 15/19, (79%) achieving an A Grade compared to 11/19, (61%) in 2019. No homes achieved less than 8 standards which is an improvement on 2019 (4/19, 21%).
- 17 Overall, all but 1 of the previous A graded homes have maintained this grade. 5 homes have improved on previous gradings

Grade	Year 15 - 16	Year 16 - 17	Year 17 - 18	Year 18 - 19	Year 19-20	<b>Year 21- 22</b>
A	9/21	12/19	9/19	11/18	13/19	<b>15/19</b>
B	6/21	2/19	5/19	2/18	1/19	<b>2/19</b>
C	4/21	5/19	5/19	5/18	5/19	<b>2/19</b>

- 18 Of the 13 homes that were an A grade in 2019, 12 of the homes maintained their A Grades, and 3 homes improved their rating. Care home’s 10 and 18 improved from a C to an A, and care home 3 from a B to an A.
- 19 Care Home 1 that was an A Grade in 2019 has reduced their rating to a B Grade.
- 20 Of the 5 homes that were a C Grade in 2019, care home’s 10 and 18 improved their gradings to an A Grade, care home 7 improved to a B Grade, care home’s 9 and 12 maintained a C Grade, with care home 12 failing 2 different standards from last time, and care home 9 improving on their failure in 5 standards last time to 2 this time.
- 21 Since the last assessments were carried out, we have continued our work with homes to improve on their ratings. The common denominator in all of these were significant changes in the management team. This occurred at care home’s 10, 12 and 18, where multidisciplinary teams met with the homes under our Adult Safeguarding Executive Strategy Process. All of these homes have also been inspected by CQC and have had their inspection ratings improved. Care home’s 10 and 12 had both been assessed as Inadequate and are now both Requires Improvement. Care home 18 was assessed as Requires Improvement and is now Good.
- 22 **Appendix 4** shows the outcomes for all 19 homes over the past 6 years. It also shows where there have been management changes.

## Conclusion

- 23 The overall change in compliance from last year is encouraging in respect of the increase in homes achieving an A Grade and that 12 homes maintained their A Grade. However, it is disappointing to note that 2 previously 'C' graded homes have not improved their grading.
- Care home 18 has achieved all of the standards this year, a huge improvement on 2019 where they failed 4 standards.
  - Care Home 10 has achieved all of the standards this year, a huge improvement for this home who have been a C grade since 2015.
  - Care home 7 has failed 1 standard this year, an improvement on their position in 2019 when they failed 3 of the standards.
  - Care Home 12 has failed 2 standards again this year, albeit different to the ones failed in 2019, but have still not improved enough to increase their financial position as they remain a C Grade.
  - Care home 9 has failed 2 standards this year, compared to 5 in 2019, which is a significant improvement but still not improved enough to increase their financial position as they remain a C Grade.
- 24 Contract Officers continue to report that where there have been changes in management, resulting in multiple managers being in a home in any one year, or where there have been significant gaps between managers, standards slip very rapidly. However, the one area that we may have expected to slip this year in respect of staff support via supervision & appraisals, has been shown to have slipped in 2 homes and it is reassuring to see that for the majority of homes staff support was maintained despite the additional pressures incurred as a result of the pandemic.
- 25 Written feedback will be given to providers, together with the outcome of the visits, and action plans will be required from each home to address all the shortfalls identified by the assessment process.

- 26 There is also an appeals process in place for providers. No appeals were received this year from any Providers. Once the appeal process timescale is spent, letters are sent to full fee paying Service Users and their correspondents with the result of the quality standards process and advising them of the fee level for the period 2020 – 2022.
- 27 A health and safety risk assessment process is in place to support future visits to care homes.

### **Budget Information**

- 28 The results of the annual quality monitoring process for 2021-2022 have resulted in an additional cost pressure on this year's budget of circa £80,000. An additional cost of circa £78,000 will be applied to the budget for 2020/21 which was covered by the year end accrual. As in previous years amendments to fee levels will be communicated to our partners in Tees Valley CCG.

### **Recommendation**

- 29 It is recommended that :-
- (a) The information in this report is reviewed and noted.

## **Appendix 1**

### **Residential Care Agreement and Quality Standards Overview**

- 1 The Agreement was negotiated with care home providers in 2012. A series of consultation meetings took place throughout 2012, which looked at the Agreement, Service Specification, Quality Standards, and Fee Levels. These were reviewed in consultation with providers and their comments and feedback were used during the development period.
  
- 2 The Contracts Team worked through the service outcomes within the Agreement to produce a set of quality standards. In addition to these standards, each care home has been independently assessed and allocated a grading which is based on environmental standards. In 2012, as part of the negotiations undertaken with providers, the number of quality standards and environmental grades were reviewed and consolidated into 10 quality standards and 3 environmental grades (listed below), which together provide a picture of the standard of care being provided in each home, and determine the fees received by the providers.

#### Quality Standards:

- Effective recruitment procedures
- Staff development requirements
- Social and leisure outcomes
- Plans of care requirements
- Nutrition
- Management of medication
- Safeguarding/Whistleblowing/DoLS
- Health and safety
- Monitoring and quality of service
- Clean and safe environment

Environmental grades:

<b>Grading</b>	<b>Environmental Compliance Level</b>	<b>Number of Care Homes</b>
Grade 1	100% compliance	8
Grade 2	75% – 99% compliance	9
Grade 3	55% - 74% compliance	1
Grade 4	Less than 55% compliance	1

- 3 The Quality Standards process, which forms part of the Agreement, requires two contracts officers to visit all contracted care homes for older people on an annual basis between April and June to monitor the care home against the agreed quality standards. These standards along with the home’s environmental grade determine the fee level for the coming year.
- 4 The level of quality compliance achieved by the Care Home is then graded A – C as outlined in the table below.

<b>GRADING</b>	<b>QUALITY STANDARDS COMPLIANCE LEVEL</b>
Grade A	All 10 standards fully met
Grade B	9 standards fully met
Grade C	8 standards or less fully met

- 5 During the consultation period, providers were also asked to complete a questionnaire on their cost breakdown, and from the financial evaluation it was determined that the formula that had been applied in the previous agreement was still financially sound to reflect the true cost of care. The formula uses the relevant agreed indices from October of each year to review the cost of care in Older Peoples Residential Care.
- 6 The ‘National Living Wage’ is considered in the annual rate review.
- 7 The previous agreement did not place any financial penalty on a provider if they breached the Agreement. This was reviewed and the Agreement now states *“Where a Contractor is in breach of the Agreement and a suspension of new placements has been placed upon the Care Home during the year the Price payable will be reduced to that of quality standards Grade C from the date of the breach of Agreement letter, and this Price will remain until*



*the breach of Agreement is resolved, and the Contractor has no restrictions on taking new admissions into the Care Home”.*

- 8 The fee table now contains 12 permutations ranging from 1A to 4C. The numeric grade is based on the environmental standards set in 2006, with the letters A-C being the level of standards achieved. The current table of fees is seen below:

**RESIDENTIAL FEE RATES FOR 2021- 2022  
APPLICABLE FROM 1 APRIL 2021 – 31 MARCH 2022  
(An additional £20 per bed per week will be paid for Older people with a Mental Health Problem)**

<b>GRADE</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>1</b>	<b>590</b>	<b>561</b>	<b>531</b>
<b>2</b>	<b>587</b>	<b>558</b>	<b>528</b>
<b>3</b>	<b>561</b>	<b>533</b>	<b>505</b>
<b>4</b>	<b>549</b>	<b>522</b>	<b>494</b>

## **Appendix 2**

### **INDIVIDUAL QUALITY STANDARDS OUTCOMES**

In relation to the individual standards.

- 8 of the 10 standards achieved 100%.
- An improvement has been identified in the number of homes achieving standards 1, 2, 4, 6 7 and 9.
- A reduction has been identified in the number of homes achieving standard 5.
- Standard 3, 7, 8 and 10 remained the same as last time at 100%.
- 1 care home failed a standard they failed last time.

#### **Standard 1 – Effective recruitment procedures.**

This standard looks at staff recruitment processes, reference & DBS checks, and induction process (The checks are made on staff who have been recruited in the last 12 – 18 months).

All homes passed this standard\*.

#### **Standard 2 - Staff Development Requirements.**

This standard looks at training and development, including staff members having a learning and development plan, 75% of staff having NVQ qualifications, bi-monthly staff supervisions and annual appraisals.

4 homes failed this standard. \*3 of these homes had excellent results in Standard 1 recruitment element. However, it was noted they had some shortcomings in respect of the completion of the care certificate, which relates to induction training, and this was considered in line with the outcome of their assessment of standard 2 that covers training and development. It was felt this was a fairer way to assess the standard. A requirement to meet this element in future will be in their feedback report.

The common shortfall in this standard remains the same as in previous years, in relation to some specific staff training, NVQ training, in 2 homes an inadequate number of supervisions & appraisals. The 4 homes had a significant shortfall in the number of staff with/or working towards NVQ qualifications, (57% and less).

### **Standard 3 – Social and Leisure Outcomes.**

This standard looks at social activities, activities in the home, and how those are co-ordinated social and leisure outcomes for residents, including resident's involvement in care planning and risk assessment.

All homes passed this standard.

### **Standard 4 – Plan of Care Requirements.**

This standard looks at key workers, risk assessments, care plans, and the requirement for a pre-assessment of needs followed by full assessment of the resident's need being completed within 48 hrs of admission. Care plans for physical, mental health, social, emotional needs are required to be completed within 72 hours of admission & reviewed monthly as a minimum.

All homes passed this standard.

### **Standard 5 – Nutrition.**

2 homes failed this standard (Care home 9 and 12)

This standard is monitored by the Focus on Under Nutrition officer (FoUN), who has provided training and support to care homes on this initiative. They visit each home annually and if they meet the requirements of FoUN the home is given a certificate. If they do not meet the required standards the home will not be issued with a certificate and an action plan given to the home.

### **Standard 6 – Management of Medication.**

This standard looks at the Policies and Procedures for medication management in the home, and that these correspond with the medication system the home adopts. This includes six-monthly competency checks for all staff who undertake medication administration, reviewing residents who are on anti-psychotic drugs, staff signature checks, and clear identifiable information on the Medication Administration Records (MAR) for each resident.

All homes passed this standard.

### **Standard 7 – Safeguarding & Whistleblowing.**

This standard looks at training in respect of adult safeguarding at both level 1 and Level 2, Mental Capacity Act (MCA) and Deprivation of Liberty's (DoLS) training and how the home manages safeguarding.

All homes passed this standard.

### **Standard 8 – Health & Safety.**

This standard looks at Health & Safety (H&S), risk assessments, actions for heat wave, cold weather and business continuity, H&S training, moving and handling training, food hygiene, safeguarding. It also includes inspection reports & service checks in respect of fire, gas and electric, water, food hygiene, and service records for lifting equipment.

All homes passed this standard.

### **Standard 9 – Monitoring & Quality of Service.**

This standard looks at customer satisfaction, stakeholder feedback, audit checks, comments and complaints, and staff misconduct investigations.

All homes passed this standard

**Standard 10 – Clean and safe environment.**

This standard looks at the recruitment, induction, supervision and appraisals for ancillary staff, cleaning plans and records in respect of deep cleaning, and the quality and quantity of furnishings, bedding, and towels.

All homes passed this standard

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APPENDIX 3

	Effective Recruitment Procedures	Staff Development Requirements	Social and Leisure Outcomes	Plan of Care Requirements	Nutrition	Management of Medication	Safeguarding Whistleblowing & DOLs	Health and Safety	Monitoring and Quality of Service	Clean and Safe Environment	Total met
HOME	1	2	3	4	5	6	7	8	9	10	
Care Home 1											9
Care Home 2											10
Care Home 3											10
Care Home 4											10
Care Home 5											10
Care Home 6											10
Care Home 7											9
Care Home 8											10
Care Home 9											8
Care Home 10											10
Care Home 11											10
Care Home 12											8
Care Home 13											10
Care Home 14											10
Care Home 15											10
Care Home 16											10
Care Home 17											10
Care Home 18											10
Care Home 19											10
<b>19 homes</b>	<b>19</b>	<b>15</b>	<b>19</b>	<b>19</b>	<b>17</b>	<b>19</b>	<b>18</b>	<b>19</b>	<b>19</b>	<b>19</b>	
% homes met standard	100%	79%	100%	100%	90%	100%	95%	100%	100%	100%	





Name of home	2014	2015	2016	2017	2018	2019	2020/21	Management changes
Care Home 1						1A	1B	Yes
Care Home 4	2A	2A	2A	2A	2A	2A	2A	
Care Home 5	2A	2A	2A	2A	2A	2A	2A	
Care Home 6	1A	1A	1A	1B	1B	1A	1A	
Care Home 7	1A	1C	1C	1C	1C	1C	1B	Yes
Care Home 8	2A	2A	2A	2A	2A	2A	2A	
Care Home 9	1B	1B	1B	1A	1C	1C	1C	Yes
Care Home 11	1A	1B	1A	1A	1A	1A	1A	
Care Home 14	2A	2A	2A	2A	2A	2A	2A	
Care Home 15	1A	1B	1A*	1A	1A	1A	1A	
Care Home 16	1A	1B	1A*	1A	1A	1A	1A	
Care Home 17	2A	2A	2A	2B	2A	2A	2A	
Care Hime 18	1A	1C	1A	1B	1C	1C	1A	Yes
Care Home 19	2B	2B	2C	2C	2A	2A	2A	
Care Home 2	2A	2A	2A	2A	2A	2A	2A	
Care Home 3	2C	2B	2C*	2C	2B	2A	2A	
Care Home 10	4A	4C	4C	4C	4C	4C	4A	Yes
Care Home 12	2A	2C	2B*	2C	2C	2C	2C	Yes
Care Home 13	3A	3A	3A	3B	3A	3A	3A	

	A
	B
	C

<b>Agreement for Residential Care 2007-2011</b>							
<b>2009-2010</b>		<b>2009-2010</b>		<b>Estimated Rate 2010-2011</b>			
<b>Name of home</b>	<b>Grade</b>	<b>Fee Level</b>	<b>EMI</b>	<b>Grade</b>	<b>Fee Level</b>	<b>EMI</b>	<b>Date rates apply</b>
The Gardens	2A	£431	N	2A	£441	N	
Eden Cottage	2A	£431	N	2A	£441	N	
Grosvenor Park	1A	£441	Y	1A	£448	Y	
Middleton Hall	1A	£441	N	1A	£448	N	23 March 2010
Moorlands	2A	£431	N	2A	£441	N	23 March 2010
Riverside	1A	£441	Y	1A	£448	Y	23 March 2010
St. Williams	4D	£355	N	4D	£345	N	23 March 2010
Lakeside	1B	£418	Y	1B	£426	Y	23 March 2010
Stanton Hall	2A	£431	N	2A	£441	N	23 March 2010
The Grange	1A	£441	Y	1A	£448	Y	23 March 2010
The Lawns	1A	£441	Y	1A	£448	Y	23 March 2010
Willow Green	1A	£441	N	1A	£448	N	23 March 2010
Wilton House	3C	£371	N	3C	£379	N	23 March 2010
Ventress Hall	1A	£441	N	1A	£448	N	23 March 2010
St Georges H & L	1D	£388	Y	1D	£394	Y	23 March 2010
North Park	1A	£441	Y	1A	£448	Y	23 March 2010
Hundens Park	1A	£441	N	1A	£448	N	23 March 2010
Elderwood	2A	£431	N	2A	£441	N	23 March 2010
<b>Agreement for Residential Care 2009-20 11</b>							
<b>2009-2010</b>	<b>Grade</b>	<b>Fee Level</b>	<b>EMI</b>				
Eastbourne	2B	£368	N	2B	£394	N	23 March 2010
Rydal	2B	£368	Y	2B	£394	Y	23 March 2010
Springfield	3B	£368	Y	3B	£378	Y	23 March 2010
Darlington Manor	2A	£386	Y	2A	£421	Y	23 March 2010
Oaklodge	4D	£368	N	4D	£368	N	23 March 2010

There is a supplement of £10 for Service users requiring EMI placement

1A	441	451	£458	<b>£448</b>	1.59	1.55
1B	418	428	£436	<b>£426</b>	1.91	1.87
1C	410	420	£427	<b>£417</b>	1.71	1.67
1D	388	398	£404	<b>£394</b>	1.55	1.51
2A	431	441	£451	<b>£441</b>	2.32	2.27
2B	408	418	£429	<b>£419</b>	2.70	2.63
2C	378	388	£420	<b>£410</b>	8.47	8.25
2D	369	379	£398	<b>£388</b>	5.15	5.01
3A	399	409	£417	<b>£407</b>	2.01	1.96
3B	378	388	£397	<b>£387</b>	2.38	2.32
3C	371	381	£389	<b>£379</b>	2.16	2.10
3D	366	376	£368	<b>£358</b>	-2.19	-2.13
4A	388	398	£402	<b>£392</b>	1.03	1.01
4B	379	389	£382	<b>£372</b>	-1.85	-1.80
4C	366	376	£375	<b>£365</b>	-0.27	-0.27
4D	355	365	£355	<b>£345</b>	-2.82	-2.74
					1.61	1.58

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**ADULTS SCRUTINY COMMITTEE  
26 OCTOBER 2021**

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**WORK PROGRAMME**

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**SUMMARY REPORT**

**Purpose of the Report**

1. To consider the work programme items scheduled to be considered by this Scrutiny Committee during the 2021/22 Municipal Year and to consider any additional areas which Members would like to suggest should be included.

**Summary**

2. Members are requested to consider the attached draft work programme (**Appendix 1**) for the remainder of the Municipal Year, which has been prepared based on Officers recommendations and recommendations previously agreed by this Scrutiny Committee in the last Municipal Year.
3. Once the work programme has been approved by this Scrutiny Committee, any additional areas of work which Members wish to add to the agreed work programme will require the completion of a quad of aims in accordance with the previously approved procedure (**Appendix 2**).

**Recommendations**

4. It is recommended that Members note the current status of the Work Programme and consider any additional areas of work they would like to include.
5. Members' views are requested.

**Elizabeth Davison  
Group Director of Operations**

**Background Papers**

No background papers were used in the preparation of this report.

Author: Paul Dalton

S17 Crime and Disorder	This report has no implications for Crime and Disorder
Health and Well Being	This report has no direct implications to the Health and Well Being of residents of Darlington.
Carbon Impact	There are no issues which this report needs to address.
Diversity	There are no issues relating to diversity which this report needs to address
Wards Affected	The impact of the report on any individual Ward is considered to be minimal.
Groups Affected	The impact of the report on any individual Group is considered to be minimal.
Budget and Policy Framework	This report does not represent a change to the budget and policy framework.
Key Decision	This is not a key decision.
Urgent Decision	This is not an urgent decision
Council Plan	The report contributes to the Council Plan in a number of ways through the involvement of Members in contributing to the delivery of the Plan.
Efficiency	The Work Programmes are integral to scrutinising and monitoring services efficiently (and effectively), however this report does not identify specific efficiency savings.
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers

## MAIN REPORT

### Information and Analysis

6. The format of the proposed work programme has been reviewed to enable Members of this Scrutiny Committee to provide a rigorous and informed challenge to the areas for discussion.
7. The Council Plan sets the vision and strategic direction for the Council through to May 2023, with its overarching focus being 'Delivering success for Darlington'.
8. In approving the Council Plan, Members have agreed to a vision for Darlington which is a place where people want to live and businesses want to locate, where the economy continues to grow, where people are happy and proud of the borough and where everyone has the opportunity to maximise their potential.
9. The vision for the Adults Portfolio is 'a Borough where vulnerable adults can be helped and supported to maximise their independence and enjoy life to the full, and where care services are available to those in need'.

### Forward Plan and Additional Items

10. Once the Work Programme has been agreed by this Scrutiny Committee, any Member seeking to add a new item to the work programme will need to complete a Quad of Aims.
11. A copy of the index of the Forward Plan has been attached at **Appendix 3** for information.

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**ADULTS SCRUTINY COMMITTEE WORK PROGRAMME 2021/22**

<b>Topic</b>	<b>Timescale</b>	<b>Lead Officer</b>	<b>Link to PMF (metrics)</b>	<b>Scrutiny's Role / Notes</b>
Quality Standards Monitoring Outcomes 2020-2022: Agreement for the provision of Residential Care for Adults and Older People and Older People with Mental Health Problems 2013-2023	26 October 2021	Christine Shields		Deferred from 24 August 2021 per Officer request.
COVID Response – Verbal Update	26 October 2021	Christine Shields		On-going item during the period of the pandemic.
Frailty Pathway Update	26 October 2021	Paula Swindale		Added to the Work Programme following a discussion at the initial meeting of the Municipal Year (22 June 2021). Members were keen to review some of the recommendations of the Dementia Review Group.
COVID Response – Verbal Update	21 December 2021	Christine Shields		On-going item during the period of the pandemic.
<b>Medium Term Financial Plan (TBC)</b>	<b>21 December 2021</b>	<b>Elizabeth Davison / James Stroyan / Christine Shields / Joss Harbron</b>		<b>Added to the Work Programme at the request of Officers, in consultation with the Vice Chair.</b>
<b>Review of the Adult Social Care Performance Framework in light of the national changes to Adult Social Care Legislation</b>	<b>21 December 2021</b>	<b>Joss Harbron / Sharon Raine</b>		<b>Added to the Work Programme following a discussion at the initial meeting of the Municipal Year (22 June 2021). Members were keen to review the Key Performance Indicators to ensure that they remained fit for purpose. <i>Deferred from 26 October 2021 per Officer request.</i></b>

<p>Adult Social Care Funding</p>	<p>22 February 2022</p>	<p>Christine Shields / Linda Thirkeld / Joss Hebron / Brett Nielson</p>		<p>Added to the Work Programme following a discussion at the initial meeting of the Municipal Year (22 June 2021). Members expressed the wish to ensure that the funding which is available to Adult Social Care is used in the best way possible, and in a preventative way which seeks to reduce future need by improving health and independence.</p>
<p>Performance Indicators Quarter 2 2021/2022</p>	<p>22 February 2022</p>	<p>Sharon Raine / James Stroyan / Linda Thirkeld</p>	<p>ASC 002 ASC 003 ASC 019 ASC 045 ASC 046 ASC 049 ASC 050 ASC 208 ASC 209 ASC 211</p>	<p>To monitor Key Performance Indicators.</p> <p>To receive six-monthly monitoring reports and undertake any further detailed work into particular outcomes if necessary.</p>

<p>Darlington Safeguarding Partnership - Annual Report</p>	<p>22 February 2022</p>	<p>Ann Baxter / Amanda Hugill</p>	<p>ASC 028 ASC 029 ASC 059 ASC 061 ASC 062 ASC 199 ASC 200 ASC 201 ASC 202 ASC 203 ASC 204 ASC 205 ASC 206 ASC 207 ASC 209 ASC 210 ASC 213 ASC 214</p>	<p>To consider the Annual Report on the work of the Board and to receive reassurance that adult safeguarding is being addressed and an effective approach is in place.</p> <p>To be advised of the key issues for the Board and funding.</p>
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**Task and Finish Review Group(s)**

- **‘Loneliness and Connected Communities’ Task and Finish Review Group** – commenced Tuesday, 28<sup>th</sup> January 2020;
- **‘Review of Adult Care Services during Covid Task and Finish Group’** – commenced Friday, 21<sup>st</sup> May 2021.

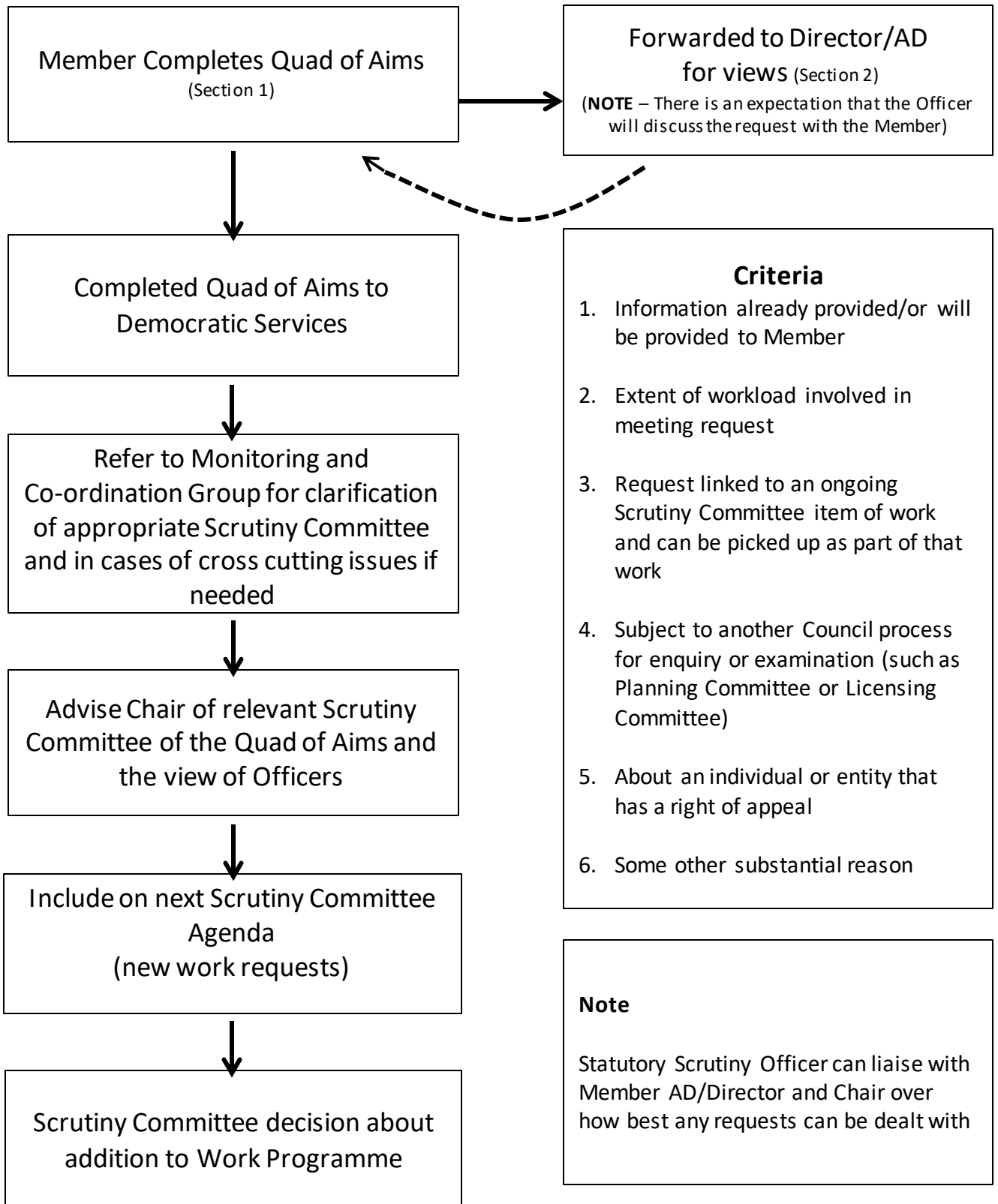
**Additional Work:**

**Visits to Extra Care, Care and Nursing Homes** (Quality Assessment – Annual Monitoring of Local Care Homes for Older People):

- North Park Care Home, I'anson Street, Darlington, DL3 0SW – TBC **(Suspended due to Covid pandemic)**
- Oak Lodge, Stockton Road, Haughton-le-Skerne, Darlington, DL1 2RY – TBC **(Suspended due to Covid pandemic)**

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### PROCESS FOR ADDING AN ITEM TO SCRUTINY COMMITTEE'S PREVIOUSLY APPROVED WORK PROGRAMME



## QUAD OF AIMS (MEMBERS' REQUEST FOR ITEM TO BE CONSIDERED BY SCRUTINY)

### SECTION 1 TO BE COMPLETED BY MEMBERS

**NOTE** – This document should only be completed if there is a clearly defined and significant outcome from any potential further work. This document should **not** be completed as a request for or understanding of information.

REASON FOR REQUEST?	RESOURCE (WHAT OFFICER SUPPORT WOULD YOU REQUIRE?)
PROCESS (HOW CAN SCRUTINY ACHIEVE THE ANTICIPATED OUTCOME?)	HOW WILL THE OUTCOME MAKE A DIFFERENCE?

Signed Councillor .....

Date .....

**SECTION 2 TO BE COMPLETED BY DIRECTORS/ASSISTANT DIRECTORS**  
**(NOTE – There is an expectation that Officers will discuss the request with the Member)**

Page 55

1. (a) Is the information available elsewhere? Yes ..... No .....	Criteria
If yes, please indicate where the information can be found (attach if possible and return with this document to Democratic Services) .....	1. Information already provided/or will be provided to Member
(b) Have you already provided the information to the Member or will you shortly be doing so? .....	2. Extent of workload involved in meeting request
2. If the request is included in the Scrutiny Committee work programme what are the likely workload implications for you/your staff? .....	3. Request linked to an ongoing Scrutiny Committee item of work and can be picked up as part of that work
3. Can the request be included in an ongoing Scrutiny Committee item of work and picked up as part of that? .....	4. Subject to another Council process for enquiry or examination (such as Planning Committee or Licensing Committee)
4. Is there another Council process for enquiry or examination about the matter currently underway? .....	5. About an individual or entity that has a right of appeal
5. Has the individual or entity some other right of appeal? .....	6. Some other substantial reason
6. Is there any substantial reason (other than the above) why you feel it should not be included on the work programme? .....	

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**Signed .....**    **Position .....**    **Date .....**



**DARLINGTON BOROUGH COUNCIL  
FORWARD PLAN**

Appendix 3



DARLINGTON

Borough Council

**FORWARD PLAN  
FOR THE PERIOD: 6 OCTOBER 2021 - 28 FEBRUARY 2022**

Title	Decision Maker and Date
Council Tax Support - Scheme Approval 2022/23	Council 25 Nov 2021 Cabinet 9 Nov 2021
Eastbourne Sports Complex - Release of Capital	Council 25 Nov 2021 Cabinet 9 Nov 2021
Feethams House - European Regional Development Fund	Cabinet 9 Nov 2021
Land at Sparrowhall Drive	Cabinet 9 Nov 2021
Project Position Statement and Capital Programme Monitoring - Quarter Two	Cabinet 9 Nov 2021
Proposed Waiting Restrictions on Woodland Road, Outram Street and Duke Street	Cabinet 9 Nov 2021
Revenue Budget Monitoring - Quarter 2	Cabinet 9 Nov 2021
Schedule of Transactions - November	Cabinet 9 Nov 2021
Special Educational Needs and Disabilities (SEND) Capital Projects	Cabinet 9 Nov 2021
Complaints Made to Local Government Ombudsman	Cabinet 7 Dec 2021
Housing Revenue Account 2022/23	Cabinet 7 Dec 2021
Mid-Year Prudential Indicators and Treasury Management 2020/21	Council 27 Jan 2022 Cabinet 7 Dec 2021
Medium Term Financial Plan 2022/23 to 2025/26	Cabinet 7 Dec 2021
Rail Heritage Quarter Update	Cabinet 7 Dec 2021
Schedule of Transactions - December	Cabinet 7 Dec 2021
Customer Services and Digital Strategy 2021/24	Cabinet 11 Jan 2022
Maintained Schools Capital Programme - Summer 2022	Cabinet 11 Jan 2022
Tees Valley Energy Recovery Facility	Cabinet 11 Jan 2022
Annual Audit Letter 2020/21	Cabinet 8 Feb 2022
Calendar of Council and Committee Meetings 2022/23	Cabinet 8 Feb 2022
Housing Revenue Account 2022/23	Council 17 Feb 2022 Cabinet 8 Feb 2022
Medium Term Financial Plan 2022/23 to 2025/26	Council 17 Feb 2022 Cabinet 8 Feb 2022
Project Position Statement and Capital Programme Monitoring - Quarter 3	Cabinet 8 Feb 2022
Prudential Indicators and Treasury Management Strategy	Council 17 Feb 2022 Cabinet 8 Feb 2022
Revenue Budget Monitoring - Quarter 3	Cabinet 8 Feb 2022
Local Transport Plan	Cabinet 8 Mar 2022
Regulatory Investigatory Powers Act (RIPA)	Cabinet 8 Mar 2022
Restoration of Locomotion No 1 Replica	Cabinet 8 Mar 2022

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