



**DARLINGTON**  
Borough Council

# Adults Scrutiny Committee Agenda

9.30am, Tuesday, 25 October 2022

Council Chamber, Town Hall, Darlington DL1 5QT

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

1. Introductions/Attendance at Meeting
2. Declarations of Interest
3. To Approve the Minutes of the Meeting of this Scrutiny Committee held on 23 August 2022 (Pages 3 - 4)
4. Quality Standards Monitoring Outcomes 2022-2023 - Agreement for the Provision of Residential Care for Adults and Older People with Mental Health Problems 2013-2023 – Report of the Assistant Director of Commissioning, Performance and Transformation (Pages 5 - 22)
5. Transformation of the RIACT (Responsive Integrated Assessment Care Team) / Reablement team, and the co-location with CDDFT - Six Month Review – Presentation of the Head of Adults, Service Manager and Team Manager (RIACT) (Pages 23 - 36)
6. Reforms to Adult Social Care - Update –  
– Verbal Update from the Assistant Director – Adult Services
7. Disabled Facilities Grant Policy Update –  
Report of the Assistant Director – Adult Services  
(Pages 37 - 48)

8. Work Programme –  
Report of the Assistant Director Law and Governance  
(Pages 49 - 62)
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, 17 October 2022**

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

**Membership**

Councillors Mrs Culley, Curry, Donoghue, Holroyd, Johnson, B Jones, Layton, M Nicholson,  
Mrs H Scott 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

## ADULTS SCRUTINY COMMITTEE

Tuesday, 23 August 2022

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

**APOLOGIES** – Councillors Layton and Mrs H Scott.

**ALSO IN ATTENDANCE** – Councillors Tostevin.

**OFFICERS IN ATTENDANCE** – Paul Dalton (Elections Officer) and Joss Harbron (Assistant Director - Adult Social Care).

### AD7 DECLARATIONS OF INTEREST

There were no declarations of interest reported at the meeting.

### AD8 TO APPROVE THE MINUTES OF THE MEETING OF THIS SCRUTINY COMMITTEE HELD ON 21 JUNE 2022

**RESOLVED** – That the Minutes of this Committee held on 21 June 2022, be approved as a correct record.

### AD9 ADULT SOCIAL CARE ("PEOPLE AT THE HEART OF SOCIAL CARE") REFORM PROGRAMME AND FAIR COST OF CARE EXERCISES

The Assistant Director Adults Services provided Members with a presentation on the Adult Social Care Reform Programme and the Fair Cost of Care Exercises.

In doing so, the Assistant Director Adults Services highlighted the key points of the Health and Care Act 2022, namely the Return of CQC assessment of council adults services, Secretary of state default powers in relation to Adult Social Care, Integrated care boards and integrated care partnerships, Mandatory learning disability and autism training, and professional regulation.

The Assistant Director Adults Services outlined the key elements in terms of an Adult Social Care perspective, which included charging reform requirements, fair cost of care – market capacity and sustainability, the CQC Assurance Framework and Integrated Care Partnerships.

Members entered into discussion on the comparison between the fees paid by the Council and those paid by a self-funder; the scope of payments; how providers will adapt to the new regulation; the preparedness of Adult Social Care teams for inspection; whether the rate paid was reflective of inspection outcomes; and the provision of an easy-to-use crib sheet to direct new service users.

Discussion further ensued on whether the national funding for the reforms would cover the additional costs; the removal of the fine for delayed discharge; the recognition that there will be challenges, and that working in partnership will be beneficial; the linkages between staff retention and the rate of pay, and the influence local authorities can exert; and the support

for prevention activities.

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

**AD10 PERFORMANCE INDICATORS END OF YEAR REPORT 2021-22**

The Group Director of People submitted a report (previously circulated) to provide Members with performance data against Key Performance Indicators for 2021/22 at Quarter 4.

The submitted report outlined performance information in line with an indicator set and Scrutiny Committee distribution agreed by the Monitoring and Coordination Group on 4 June 2018, and subsequently agreed by Scrutiny Committee Chairs. It was stated that the indicators were aligned with key priorities. Twelve indicators were reported to this Committee, ten on a six monthly basis and two annually.

It was reported that, of the ten indicators reported at six months, two of the indicators showed performance better than at this time last year, four indicators showed performance which had slightly reduced from this time last year, yet was still continuing to be monitored and managed, one indicator showed performance that was the same as at this time last year, and that three indicators were not comparable, as were reviewed at a point in time. No surveys were completed in relation to the two indicators reported on an annual basis due to the ongoing Covid pandemic.

Members entered into discussion on the report including the format in which information was presented, the rise in residential numbers following Covid and the impact of Covid on other indicators, and the potential to scrutinise budgets.

**RESOLVED** – That the performance information provided within the submitted report be reviewed and noted.

**AD11 WORK PROGRAMME**

The Assistant Director Law and Governance submitted a report (previously circulated) requesting that Members gave consideration to the Work Programme items scheduled to be considered by this Scrutiny Committee during 2022/23, and to any additional areas that Members would like to be included.

**IT WAS AGREED** – That the content of the report be noted.

**ADULTS SCRUTINY MEETING  
25 OCTOBER 2022**

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**QUALITY STANDARDS MONITORING OUTCOMES 2022-2023**

**AGREEMENT FOR THE PROVISION OF RESIDENTIAL CARE FOR ADULTS AND OLDER PEOPLE  
WITH MENTAL HELTH 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 2022-2023. The level of compliance against the quality standards will determine the fee levels for the current year.

**Summary**

2. The results of the quality standards for 2022 – 2023 demonstrates a reduction in the number of homes who have achieved an A Grade, with 13/19, (68%) achieving an A Grade compared to 15/19, (79%) in 2021. 4/19 have achieved a B Grade and 2/19 have achieved a C Grade.

**Recommendation**

3. It is recommended that the information in this report is reviewed and noted.

**Christine Shields**  
**Assistant Director of Commissioning, Performance and Transformation**

**Background Papers**

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

Yvonne Hall : Extension 5869

S17 Crime and Disorder	There are no specific crime and disorder implications in this report
Health and Wellbeing	Adult Social Care is central to Health and Well being
Carbon Impact and Climate Change	There are no specific carbon impact issues in this report
Diversity	This contract impacts on a whole range of people who receive residential care
Wards Affected	All wards are affected
Groups Affected	People who are in receipt of Adult Social Care
Budget and Policy Framework	The report does not represent a change to the budget and policy framework
Key Decision	This report does not require a Key Decision
Urgent Decision	This report does not require an Urgent Decision
Council Plan	This report contributes to the Council Plan by the involvement of members in the scrutiny of services that are available for all eligible residents within Darlington.
Efficiency	The contract provides value for money
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers

## MAIN REPORT

### Background

4. 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 with all of the Providers.
5. **Appendix 1** provides an overview of the Quality Standards Process.

### Current Market Position

6. As reported last year the Covid-19 pandemic, has had a significant impact on the care home sector. In 2021 we conducted this exercise using a self-assessment process agreed with Providers. It was hoped that for this year's assessment we could carry these out at the care homes, however with the emergence of different variants of the Covid virus, this has resulted in ongoing Covid outbreaks in our care homes making visits extremely difficult to be completed within a set period of time.
7. The Council have continued to be in regular communication with Providers who were kept informed of the situation in relation to contract monitoring. In April 2022 Providers were informed that the visits for 2022-2023 would be undertaken using the same format as last year, with clarification 'Teams' meetings or visits booked in as required.
8. There are currently 19 care homes signed up to the Agreement. The occupancy levels across all 19 homes are currently at 82%. Whilst we previously reported the impact of

Covid-19 on care homes remains significant the average occupancy over the last 16 months has been 81.2% with slight fluctuations for short periods of time, following the increase from the lowest level of occupancy experienced at the end of 2020 which was 74%.

9. Since the pandemic the Commissioning and Contracts Team have continued to provide information and support to the care home sector, which included the distribution of various grant monies that had been made available to Local Authorities from Central Government. In 2021. There were also opportunities to receive financial support for those homes who suffered a significant decrease in occupancy levels as a result of Covid-19.
10. Outbreaks have continued across all Older Persons care homes however the impact on the residents has been significantly less than at the onset of the pandemic in 2020. This is due to the combined efforts of the vaccination programme and infection control.
11. The current availability of beds within Darlington across Residential Care and Nursing Care is 891. As previously reported there continues to be a shortfall of available nursing beds, and more specifically within nursing OPMH, as Providers continue to struggle in the recruitment of nursing staff.
12. There are ongoing challenges within the care sector to recruit good quality staff who will stay, and we are starting to see the impact of the increases in the cost of living, utilities and fuel costs.
13. In 2021 there was an increase in the number of homes achieving an A Grade with 15/19 homes achieving an A Grade, compared to 14/19 the previous year (2019).
14. Each home is required to provide information to the contracts section in order for the 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 or clarification visit 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.
15. 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.
16. 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.

17. 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

18. Individual Quality Standard (QS) outcomes have been detailed in **Appendix 2** of this report.
19. Reference (**Table Appendix 3**):
  - (a) 13/19 Care Homes gained 10 standards
  - (b) 4/19 Care Homes gained 9 standards
  - (c) 2/19 Care Home gained 8 or less standards
20. The table below shows the outcomes over the last 7 years.

Grade	2015-16	2016-17	2017-18	2018-19	2019-20	2021-22	<b>2022-23</b>
A	9/21	12/19	9/19	11/18	13/19	15/19	<b>13/19</b>
B	6/21	2/19	5/19	2/18	1/19	2/19	<b>4/19</b>
C	4/21	5/19	5/19	5/18	5/19	2/19	<b>2/19</b>

21. All but 2 of the previous A graded homes have maintained this grade. 4 homes have reduced their overall rating. 2 homes have improved on last year's ratings.
22. 2 homes (Care Homes 16 & 18 ) that were A Grades in 2021 have reduced their rating to a B Grade.
23. 2 homes ( Care Homes 1 & 7) that were B Grades in 2021 have reduced their rating to a C Grade.
24. 2 homes that were a C Grade in 2021, (Care Homes 9 & 12) have improved their ratings to a B Grade.
25. **Appendix 4** shows the outcomes for all 19 homes over the past 6 years. It also shows where there have been management changes.

### Conclusion

26. The overall change in compliance from last year is disappointing, especially as some of the areas of non-compliance were raised in last year's assessment.
  - (a) 1 home that has not performed well is Care Home 1, (failing 3 standards) and this home has been, and at the time of writing this report remains in our Adult



Safeguarding Executive Strategy Process. The QS assessment is based on the home's performance across many factors over the last 12 months, and this has had a bearing on the outcome. A common factor in this home's performance has been the many home manager and senior management changes the home has gone through in the last 12 months, and this has resulted in the current management team unable to validate the consistency of improvements.

- (b) Care Home 7 has failed 2 standards this year, a deterioration on their position in 2021 and due to similar issues being picked up in this year's assessment that were raised with them after last year's assessment.
- (c) 4 homes failing 1 standard are:
  - (i) Care Home 9 whilst showing an improvement from last year has failed standard 2, (Staff development), due to similar issues being picked up in this year's assessment that were raised with them after last year's assessment.
  - (ii) Care Home 18 has also failed standard 2 due to a lack of staff supervisions and appraisals and is a home that has experienced management changes and staffing issues.
  - (iii) Care Homes 12 & 16 have both failed standard 5, (Nutrition) which is independently verified by the dietician service. 1 of those (Care Home 12) failed this last year

- 27. 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.
- 28. 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. Homes that have failed standards this year will have a monitoring visit to verify the progress of their action plans.
- 29. There is also an appeals process in place for providers, (**Ref: Appendix 5**) 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 2022 – 2023.
- 30. A health and safety risk assessment process is in place to support future visits to care homes.

### **Budget Information**

- 31. The results of the annual quality monitoring process for have resulted in a saving on this year's budget of circa £10,115. As in previous years amendments to fee levels will be communicated to our partners in Tees Valley CCG.

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### 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.
3. Quality Standards:
  - (a) Effective recruitment procedures
  - (b) Staff development requirements
  - (c) Social and leisure outcomes
  - (d) Plans of care requirements
  - (e) Nutrition
  - (f) Management of medication
  - (g) Safeguarding/Whistleblowing/DoLS
  - (h) Health and safety
  - (i) Monitoring and quality of service
  - (j) Clean and safe environment

4. 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

5. The Quality Standards process, which forms part of the Agreement, requires two contract 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.
6. 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

7. 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.
8. The 'National Living Wage' is considered in the annual rate review.
9. 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"*.
10. 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 2022- 2023**  
**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>628</b>	<b>597</b>	<b>565</b>
<b>2</b>	<b>624</b>	<b>593</b>	<b>562</b>
<b>3</b>	<b>598</b>	<b>568</b>	<b>538</b>
<b>4</b>	<b>586</b>	<b>557</b>	<b>527</b>

## **INDIVIDUAL QUALITY STANDARDS OUTCOMES**

1. In relation to the individual standards:

- (a) Standard 1,3, 7, 8, 9 and 10 remained the same as last year at 100%.
- (b) 4 care homes failed a standard they failed last time.

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

- 2. 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).
- 3. All homes passed this standard.

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

- 4. 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.
- 5. 3 of the 4 homes that failed this standard (Care Homes 1, 7 & 9) had failed this standard last year. The common shortfall in this standard remains the same as in previous years, in relation to staff training, NVQ training, induction and supervision. Each home has less than 50% of staff identified as having or working towards an NVQ certificate. We have also taken into account (from Standard 1), any home that had a shortfall in the completion of the care certificate, as this relates to induction training and is more in line with Standard 2.
- 6. Care Home 18 failed this standard due to a lack of supervision and appraisals for staff. Whilst citing staffing issues, Covid and infection control as a reason for not undertaking these there was a lack of evidence to support the use of other mechanisms of providing support and mentoring, to both new and established staff.

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

- 7. 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.
- 8. All homes passed this standard.

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

- 9. 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.

10. 1 home failed this standard (Care Home 1). This was due to the home being unable to verify if pre-admission assessments were in place for the files examined. The home also provided incorrect information on the self-assessment in relation to the completion of individual assessment of needs within the contractual timescales.

#### **Standard 5 – Nutrition.**

11. 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.

12. 2 homes failed this standard (Care Homes 12 & 16).

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

13. 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.

14. 2 homes failed this standard (Care Homes 1 & 7). This was due to the lack of evidence that the home managers were satisfying themselves that staff undertaking the administration of medication had undertaken 6 monthly competency checks. This matter had been flagged with both homes prior to the QS assessment being undertaken.

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

15. 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.

16. All homes passed this standard.

#### **Standard 8 – Health & Safety.**

17. 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.

18. All homes passed this standard.

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

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

20. All homes passed this standard.

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

21. 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.

22. All homes passed this standard.

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	Effective Recruitment Procedures	Staff Development Requirments	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
<b>HOME</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	
<b>1</b>	Green	Red	Green	Red	Green	Red	Green	Green	Green	Green	<b>7</b>
2	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	10
3	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	10
4	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	10
5	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	10
6	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	10
7	Green	Red	Green	Green	Green	Red	Green	Green	Green	Green	8
8	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	10
9	Green	Red	Green	Green	Green	Green	Green	Green	Green	Green	9
10	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	10
11	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	10
12	Green	Green	Green	Green	Red	Green	Green	Green	Green	Green	9
13	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	10
14	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	10
15	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	10
16	Green	Green	Green	Green	Red	Green	Green	Green	Green	Green	9
17	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	10
18	Green	Red	Green	Green	Green	Green	Green	Green	Green	Green	9
19	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	10
<b>19 homes</b>	<b>19</b>	<b>15</b>	<b>19</b>	<b>18</b>	<b>17</b>	<b>17</b>	<b>19</b>	<b>19</b>	<b>19</b>	<b>19</b>	
<b>% homes met standard</b>	<b>100%</b>	<b>79%</b>	<b>100%</b>	<b>95%</b>	<b>89%</b>	<b>89%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	

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Name of home	2014	2015	2016	2017	2018	2019	2020/21	2022	Management changes
Care Home 1						1A	1B/C*	1C	Yes
Care Home 4	2A	2A	2A	2A	2A	2A	2A	2A	
Care Home 5	2A	2A	2A	2A	2A	2A	2A	2A	
Care Home 6	1A	1A	1A	1B	1B	1A	1A	1A	
Care Home 7	1A	1C	1C	1C	1C	1C	1B	1C	Yes
Care Home 8	2A	2A	2A	2A	2A	2A	2A	2A	
Care Home 9	1B	1B	1B	1A	1C	1C	1C	1B	Yes
Care Home 11	1A	1B	1A	1A	1A	1A	1A	1A	
Care Home 14	2A	2A	2A	2A	2A	2A	2A	2A	
Care Home 15	1A	1B	1A*	1A	1A	1A	1A	1A	
Care Home 16	1A	1B	1A*	1A	1A	1A	1A	1B	Yes
Care Home 17	2A	2A	2A	2B	2A	2A	2A	2A	
Care Hime 18	1A	1C	1A	1B	1C	1C	1A	1B	Yes
Care Home 19	2B	2B	2C	2C	2A	2A	2A	2A	
Care Home 2	2A	2A	2A	2A	2A	2A	2A	2A	
Care Home 3	2C	2B	2C*	2C	2B	2A	2A	2A	
Care Home 10	4A	4C	4C	4C	4C	4C	4A	4A	
Care Home 12	2A	2C	2B*	2C	2C	2C	2C	2B	Yes
Care Home 13	3A	3A	3A	3B	3A	3A	3A	3A	

 A  
 B  
 C  
 \* ESM

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## APPEALS PROCESS

### ***Special Terms and Conditions***

#### **9. APPEALS PROCESS**

- 9.1 *If the Contractor disagrees with their Care Home's Quality Standards grading, the Contractor shall give written details within fourteen (14) days of the date on the Notification Letter, via recorded delivery, the reasons why it feels the decision is incorrect. The appeal letter together with any supporting evidence should be sent to the Service Manager, Contracts and Brokerage.*
- 9.2 *The Service Manager, Contracts and Quality will review the appeal letter and evidence provided by the Contractor and will respond in writing within fourteen (14) days of the date on the appeal letter via recorded delivery.*
- 9.3 *If the Contractor is not satisfied with the response provided in accordance with clause 9.2, they may document in writing within seven (7) days of receipt of the letter from the Service Manager, Contracts and Quality the reasons why they feel the decision is incorrect to the Council's Director of People Services, who along with the Council's Assistant Director of Adult Services will meet with the Contractor to ascertain if the decision is to be upheld.*
- 9.4 *During the appeals process the Contractor will continue to be paid the current year's Price at last year's grade until the appeals process is completed.*
- 9.5 *The Operational Finance section will be notified in writing of the Price applicable to the Care Home, once the fourteen (14) day period in Clause 9.1 has passed or the above appeals process has been completed. Any fluctuations in Price will be backdated to the 1st April.*

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# Responsive Integrated Assessment Care (RIACT) and Reablement Teams

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## Adults Scrutiny

October 2022



**DARLINGTON**  
Borough Council

Agenda Item 5

# Introductions

- Linda Thirkeld, Head of Service
- Geraldine, Service Manager
- Carmel Reilly, Team Manager RIACT





# Overview

The RIACT transformation project aims and objectives:

1. Develop and implement a more appropriate responsive service to deal with the increasing demand.
2. To evidence the improved outcomes for individuals.

An external consultant with an expertise in Reablement mapped the service from end to end with a plan for DBC to implement.

The new structure gained approval in January 2020 and the following changes were implemented

- New structure using Reablement Co-Ordinators rather than social workers for the Reablement journey
- New functional assessment
- A formal review process to track the individual's journey, to move them through the service seamlessly at an appropriate pace
- Extensive training for staff to focus on the strength-based approach with the individual
- A new service specification
- Improved range of small equipment which is immediately available to staff
- Twice weekly meeting to track progress of people on the service (both via the internal service and via external providers)
- New staffing Rota to ensure the service was staffed at peak times
- Improved Capacity (more people on the in-house service)
- Introduction of customer feedback and a wide range of performance measures



Care is more than toilet rolls and bed baths.



Colleagues from adult social care including Rachael standing at the back

“ I wish I could give my 16-year-old self a shake and steer myself down the path of adult health and social care sooner. ”

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for, for them I may be th  
speak to for a couple of  
lifeline for them.  
I wish I could give my  
shake and steer mys  
of adult health and  
then again, I believ  
to where I am now  
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straight forward  
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“I feel I have  
than I would  
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change.  
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real  
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new opportunity with the council.”  
As a reablement coordinator, my role now is  
to assess those that have been in hospital,  
for short term support, with the aim of  
regaining independence, enabling them  
to remain in their own homes and where  
possible reducing the need for long t  
support. Every day is different for  
writing assessments to understa

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Meet Rachael, a reablement coordinator with the reablement team at Darlington Borough Council. We asked Rachael to tell us about her journey into her career and if care was always something she wanted to do.  
When I left school, I had no real idea of what I wanted to do when I was an adult! I suppose I was more focussed on making money – this led me to work in retail for six years until I realised time was ticking and I'd become the adult I had envisioned, and I hadn't progressed in terms of a career. I stumbled into a job with a care agency, something I never envisaged myself doing to be honest. I was desperate to leave retail, so this was hasty option, but something I am so glad I did! Within my role as a carer in the community I was able to learn so much on the job, the experience was honestly invaluable, I was also able to gain qualifications like my level 2 and 3 in adult health and social care among other qualifications. The fact I was learning and earning made such a difference and opened my eyes to the opportunities in front of me. I fast forward a few years and I was still within the care industry, now working in residential care – so in a care home. I was at home throughout the Covid period



# Welcome to the team



**DARLINGTON**  
Borough Council

# Structure & welcome to the team

The team sits in two parts:-

**Internal Reablement Service** which is the direct delivery arm of the service and is now based at the town hall.

- Team Leader, 6 Reablement Coordinators , 23 Support workers
- Support workers work : 7.30 till 10pm 7 days a week
- Reablement co-ordinator's work 8am till 8pm 7 days a week

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**RIACT** - The staff who deal with the assessment and support planning for complex cases that require ongoing support : 8.30 till 5pm Monday to Friday based at Hundens lane co located with Health

- Team manager , Senior Practitioner,
- 6 Social Workers - 2 social workers based at DMH
- 2 Community assessment officers, 2 occupational therapist
- Both teams work together to facilitate speedy and safe hospital discharge, short term rehabilitation and any long term support needs following a period of reablement, including provision of assistive technology and equipment.



**CASE STUDY Thank you for giving me my life back**

Like many elderly people, Harry Jones did not want to continue to live in care for the rest of his life. He was mostly housebound, but after receiving the service he was able to return to his own home.

Harry Jones received a letter from Harry Jones for the Darlington Council Housing Team. He had been identified as a possible tenant for many years. The RIACT team assessed the situation to ensure it was safe and arranged for equipment to be placed in the home. Harry Jones was able to return to his own home and to live independently. He had been in care for 18 years.

"I have regained the independence I had wished for"

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# Key elements of the service/team

- The RIACT Team, based at Hunden's Lane, Rehabilitation Centre. The service offers a short-term goal focused service for up to 6 weeks that assists people who have experienced a deterioration in their physical health. The aim is to develop both confidence and practical skills to maximise independence. The service length is dependent upon the goals set. Often this will be much shorter than the maximum period.
- D2A – Discharge to assess : reablement coordinators are allocated the referral for same day hospital discharge . The coordinator liaises with the ward confirms the individual is medically optimised and transport in place. The coordinator meets the individual at their home and undertakes a functional assessment and deliver support needed at this visit. This is an integral part of our service response as we can more effectively assess an individuals needs in their own home.
- It is a single point of access for all referrals triaged between health and social care. It offers a rapid response which is undertaken by an on-call clinician within a two-hour timeframe. The team operates 7 days per week 8am-8pm.
- The social workers within the team undertakes Care Support needs assessments for those who have need ongoing support following or during the reablement intervention. They also undertake review of long-term care and complex hospital discharges.



# Partnerships

We work with:

- Acute Hospitals (Darlington Memorial Hospital, James Cook and others)
- Community Hospitals
- Community Professionals such as
  - RIACT Health staff
  - Physiotherapists
  - District nurses
  - Community psychiatric nurses (CPNs)



# Performance

- Hospital discharges to RIACT
- 993 21/22
- 840 20/21

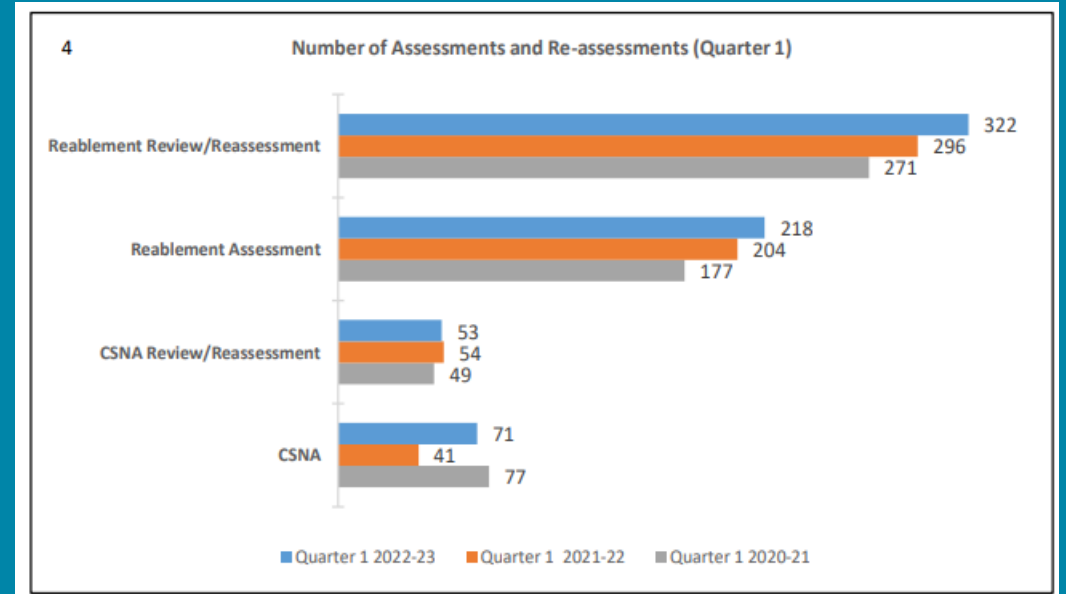
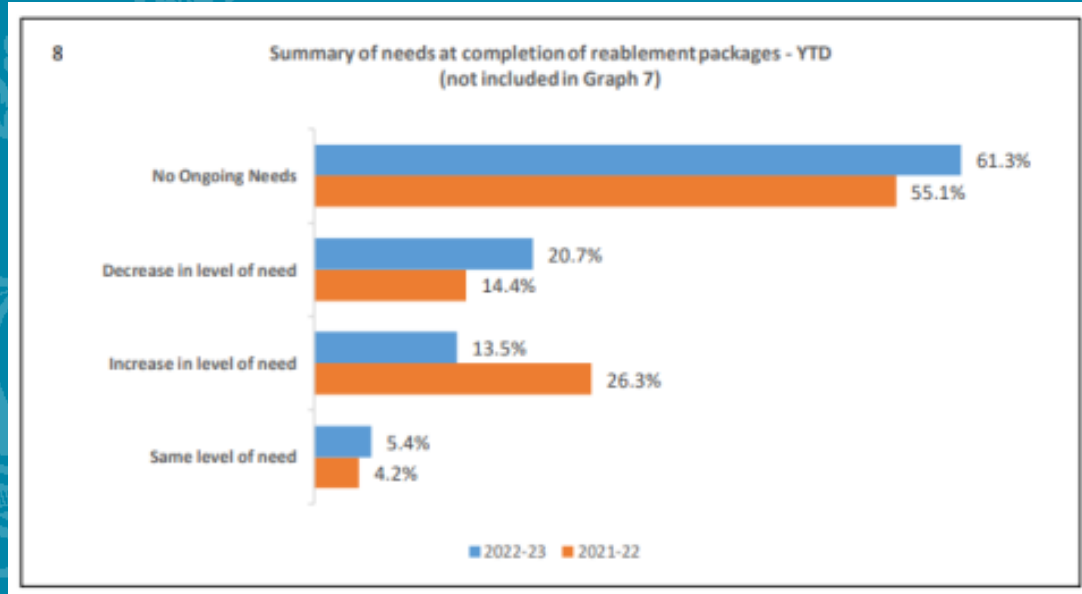
Page 30 Average per month increased from 70 to 83

The percentage of Reablement Assessments completed within 2 days is consistently achieved therefore there have been no delays in hospital discharges.

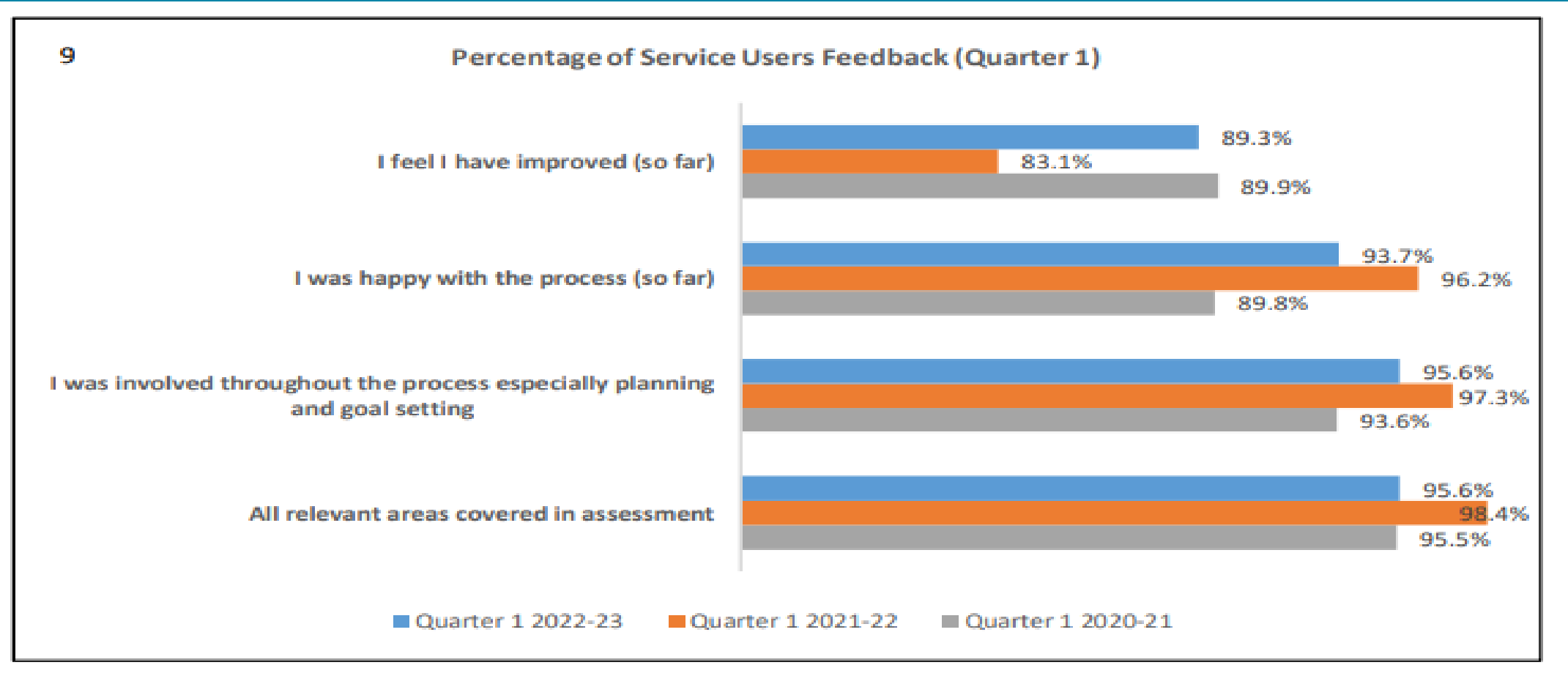
- Since April 2021, the proportion of older people who are still at home 91 days after discharge from hospital into Reablement/rehabilitation services was 84.1%.
- The proportion of older people still at home after discharge from hospital in April 2021 was 88.9%. However, our performance continues to be higher than both the regional and national average for this metric.



# Outcomes



# Customer Feedback





# People's stories

- Case Study 1

- Paul is 81yrs old and lives with his wife in their own home. They have a very supportive family including daughter who visits regularly. Paul experienced a stroke and initially was very unwell in hospital. Prior to the stroke Paul enjoyed spending time with his family, going for meals and family outings. Being with his family is very important to Paul. Due to the complexity of Pauls needs the assessment was completed by a Social Worker.
- Initially Paul was in hospital and as he started to recover from the stroke he was assessed by the Stroke and Neuro physiotherapist it was identified Paul would benefit from more intensive rehabilitation, and he was transferred to an NHS rehabilitation bed. At the end of the rehab period it was identified that Paul did have the potential to improve further and he was discharged home with Reablement support 2 support workers 4 x daily. A multi disciplinary team approach was taken including, housing, occupational therapist.



# People's stories

- **Case Study 2**

- Alan is an 88yrs old who until recently was living with his wife, at home. Alan and his wife were admitted to hospital both testing positive for COVID and sadly his wife passed away whilst in hospital. Alan was referred into the Reablement Team from Hospital for assessment of his care needs. Alan was seven days post COVID on discharge from hospital.
- Alan has great support from his family however due to work commitments they were unable to provide increased level of support. Alan and wife had developed a routine at home, and she provided support with medication and meal provision. Alan recognised his limitations and felt he required support in these areas. Alan was keen to return home however this was a difficult transition for him as it would be the first time in his married life that he was going to be living on his own. The reablement support included both support around personal care, medication and meal prep and at the end of the service Alan learnt new skills as well as regaining his independence.



# What people tell us

Card : Just wanted to say a big thank you to all you lovely people who's cared for me over these past weeks . I feel I have made some friends not just carers. I have looked forward to your visits and shall miss you all as will my son who says he will miss our chats , so keep up the good work you do it so well . My very best wishes to you all thank you

Home Made Thank you card : Thank you for all your help and support we both needed your time and cheerful faces my husband I am sure will continue to make progress as he has had such a good start with your service. You are STARS.

Card : To Kim and your fab team with warmest wishes and a thousand thanks . Thank you for all your care given to my mum you have been brilliant we will miss you all. Thank you

Feedback from service users husband to Occupational Therapist : Giving a massive thank you to the reablement coordinator and team for all their amazing support. Husband was very pleased with the service

Card : To all those who have cared for me over the last weeks thank you with all good wishes

Direct feedback : Girls are lovely and appreciate everything they have done and don't know what they would do without them.



# Any questions



**DARLINGTON**  
Borough Council

**ADULTS SCRUTINY  
25 OCTOBER 2022**

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**DISABLED FACILITIES GRANT POLICY**

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**SUMMARY REPORT**

**Purpose of the Report**

1. The purpose of this report is to give Scrutiny oversight of the updated Disabled Facilities Grant Policy (DFG) and Regulatory Reform Order Policy 2022-2025, prior to Cabinet.

**Summary**

2. The purpose of Disabled Facilities Grants (DFGs) is to fund adaptations to owner-occupiers, tenants of private rented properties and Housing Association tenants to enable people with a disability to remain in their own home and live independently across the Borough.
3. The current DFG Policy has been in operation since November 2020 and closely follows the legislation and policy guidance that was current at the time of its implementation.
4. There are several suggested changes to the policy, all of which are listed in the main body of the Cabinet report.

**Recommendation**

5. It is recommended that Scrutiny supports the changes to the DFG/Housing Assistance policy so that it can be sent to Cabinet.

**Joss Harbron  
Assistant Director – Adults Services**

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**CABINET**

**Date to be confirmed**

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**DISABLED FACILITIES GRANT POLICY  
& REGULATORY REFORM ORDER POLICY (2020-23)**

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**Responsible Cabinet Member - Councillor Lorraine Tostevin,  
Adult Social Care Portfolio**

**Responsible Director - James Stroyan, Group Director of People**

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**SUMMARY REPORT**

**Purpose of the Report**

1. The purpose of this report is to request that Cabinet approve the updated Disabled Facilities Grant Policy and Regulatory Reform Order Policy 2022-2025.

**Summary**

2. The Disabled Facilities Grant (DFG) is a means tested statutory grant provided by the Government to undertake adaptations to homes such as walk in showers, stair lifts, ramps, or building extensions for disabled adults or children to enable them to live independently in their own homes.
3. Disabled Facilities Grants are governed by housing legislation and therefore have set guidance and eligibility criteria which govern how funding can be allocated. Historically these conditions have restricted the way in which funding could be released which resulted in year on year underspends on the budget.
4. The Government has also increased the DFG grant paid to local authorities nationally, this increase in allocated Government funding together with carry forward amounts has resulted in a DFG budget for 2022-2023 of approximately £2.6M.
5. A Regulatory Reform (Housing Assistance) Order gives local authorities permission to broaden the scope of how DFGs are used to support housing renewal and assist with the improving housing conditions.
6. The proposed updated Darlington DFG policy has therefore been developed in a way which will enable the Council to make use of the powers provided under the Regulatory Reform (Housing Assistance) Order and use the funding in an appropriate way, to the benefit of residents.
7. A summary of initiatives of new areas of expenditure facilitated by a revised DFG Policy including RRO Housing Assistance (2002) are given in paragraph 18 of the main report.

**Recommendation**

8. It is recommended that Members approve the Disabled Facilities Grant policy (2022-2025) and the associated Regulatory Reform (Housing Assistance) Order (2002)

**Reasons**

9. The recommendations are supported by the following reasons: -
  - (a) To enable the adaptations for those individuals who are eligible to receive a Disabled Facilities Grant for 2022- 2023 to proceed.
  - (b) The updated Disabled Facilities Grant Policy and Regulatory Reform Order Policy will allow the Council to create an environment of greater innovation and flexibility to maximise the benefit of DFG funding.

**James Stroyan,  
Group Director of People**



## Background Papers

Darlington Borough Council Disabled Facilities Grant Policy and Regulatory Reform Order Policy 2020-2023.

Foundations <https://booklets.foundations.uk.com/adaptationsforbehavioursthatchallenge>

Department for Levelling Up, Housing & Communities and Department of Health & Social Care [Disabled Facilities Grant \(DFG\) delivery: Guidance for Local Authorities in England \(publishing.service.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/612242/DFG_delivery_guidance_for_local_authorities_in_england.pdf)

Sukhdev Dosanjh: Extension 5855

S17 Crime and Disorder	This report has no implications for Crime and disorder.
Health and Well Being	Adaptations funded by Disabled Facilities Grants will improve the health and well-being of residents of Darlington.
Carbon Impact and Climate Change	Some of the adaptations funded by Disabled Facilities Grants will reduce energy usage and provide higher levels of thermal comfort for dwellings benefitting from these measures thus reducing carbon emissions.
Diversity	The adaptations provided via Disabled Facilities Grants will improve the accessibility of owner occupied, privately rented and social housing.
Wards Affected	All wards within the Borough of Darlington are affected.
Groups Affected	Disabled Facilities Grants are available to disabled applicants living in owner occupied, privately rented and social housing.
Budget and Policy Framework	This decision does not represent a change to the budget and policy framework
Key Decision	This is a key decision.
Urgent Decision	For the purpose of the 'call-in' procedure this is not an urgent matter
Council Plan	Positive impact across Adults and Children and Young people, contributing towards the following key actions Adults - Maximising Independence and reducing the demand on services Children and Young People - Provide excellent services for children and young people with special educational needs and disability
Efficiency	Adaptations enable people to remain independent in their homes for longer and therefore reduce the need for larger packages of support or admission to residential care. They also can be effective in preventing hospital admissions.
Impact on Looked After Children and Care Leavers	Some of the adaptations funded by Disabled Facilities Grants will have a positive impact on some looked after children

## MAIN REPORT

### Information and Analysis

10. The purpose of Disabled Facilities Grants (DFGs) is to fund adaptations to owner-occupiers, tenants of private rented properties and Housing Association tenants to enable people with a disability to remain in their own home and live independently across the Borough.
11. DFGs are national mandatory grants, and the grants are available to adults and children with a disability, when works to their home are judged “necessary and appropriate” to meet their assessed needs, and when it is “reasonable and practicable” to carry them out having regard to the age and condition of the dwelling.
12. Works that are eligible for a DFG include:
  - (a) facilitating access to and from and around the dwelling
  - (b) access to a family room
  - (c) access to a room for sleeping
  - (d) access to a lavatory
  - (e) access to a bath or shower
  - (f) facilities for the preparation of food
  - (g) improvements to heating systems.
13. The current DFG Policy has been in operation since November 2020 and closely follows the legislation and policy guidance that was current at the time of its implementation.
14. Durham County Council Home Improvement Agency provides support to individuals applying for a DFG under a contract. This service includes: the completion of the grant application; the seeking of quotes for the necessary works; selection of a suitable contractor; oversight of the works up to completion, and payment of the grant.
15. A revised DFG policy including a RRO (Housing Assistance) Order (2002) policy is attached as **Appendix 1**. In summary the RRO (2002) policy provides the Council with a power to broaden the scope of how DFGs are used, however, there is a legal requirement to publish this policy in order for the Council to exercise this power. A range of programmes and initiatives have been included in the revisions which have been based on best practice nationally and a review of local needs.
16. Adaptations to a person’s home can also reduce and /or delay the need for care and support and also prevent/delay the admission to residential care. In addition, a DFG can support a preventative approach by reducing risks within the home and assisting individuals to live and manage independently in a safe and accessible home environment.

17. Summary of initiatives of new areas of expenditure facilitated by a revised DFG Policy and RRO Housing Assistance (2002) Policy (2022-2025).

**1. Waive the means test for certain items and raise the recovery threshold**

- a) To waive the means test and the need for the DFG approval panel for the following adaptations (and any combination):
  - a. Stairlifts (Straight and Curved)
  - b. Ramps (semi-permanent)
  - c. Level Access Showers
  - d. Through Floor Lifts
  - e. Wash Dry Toilets
- b) Any complex adaptations above will still have oversight via the DFG approval panel.
- c) The means test will remain for ground floor extensions and garage conversions; however, the revised policy recommends that the land charge limit be amended so that we only consider recovery of any adaptations over £10,000 rather than the £5,000 which is the current policy.

**Rationale**

- d) Many of the above adaptation used to come in under the £5,000 threshold, but recent substantial rises in costs for items and works mean that the majority of these are now over the £5,000 threshold.
- e) By removing the means test it will speed up the process by about 2 months, for these crucial items that promote independence. It will create efficiencies in the process along with the benefits for the individual in terms of prolonging independence and delaying or preventing care needs. The changes also have a positive impact on dignity and respect if individuals can shower and toilet without assistance and get to bed whenever they want without assistance. Two months is a big impact on the family and a family carer's ability to maintain their employment if they are having to take time off work to support a loved one while awaiting a decision.
- f) The above changes are necessary as it causes disparity for service users. For example an individual needing a straight track stair lift would currently get it free of charge as it would currently come under the £5,000 threshold, however an individual with a curved or more complex staircase would be over the £5,000 threshold and require a means test, delaying the installation of the stairlift or having to go without as they cannot afford the contribution, leaving them at risk and ultimately the council with an increase care bill in the future.

## **2. Additional costs to be charged to the DFG fund**

- g) The recharge of the cost for the Occupational Therapy Services (OT) for the time spent on completing Disabled Facilities Grant is proposed to be increased in line with the increase in demand for DFGs. The policy proposes to remove a stated amount of money that is charged to the DFG. The discretion for future changes to this charge would lie with Commissioning as manager of the DFG fund.
- h) To allocate costs for the handyman service to the DFG, this is already included in the policy but is not currently charged to the DFG fund. The discretion for future changes to this charge would lie with Commissioning as manager of the DFG fund.

### **Rationale**

- i) By removing a stated amount of contribution, it allows flexibility to increase resource as appropriate to deal with demand without a change to the policy and Cabinet approval on each occasion, ensuring that we can respond to the demand more quickly and efficiently. There has been a substantial increase in the volume and the complexity of applications since 2020 and it is anticipated that due to some of the policy changes it could again increase the amount of DFG applications the team have to process, on top of the continued rising demand since the last amendment to the policy in 2020.

## **3. Amendments to the Kinship Care contribution**

- j) Remove the pre-stipulated £30,000 annual cap on funding for children's social care for housing assistance for Kinship Care.

### **Rationale**

- k) A notional annual budget of £30k was included in policy, however this budget is not for an individual child it is to cover support to all Kinship cases. The number of children in Kinship Care arrangements continues to grow significantly and therefore, subject to in year presenting need and risks additional funding over the annual notional allocation may be required.  
By limiting the budget, we run the risk of not maximising proactive early intervention opportunities, resulting in an escalation of circumstance, a breakdown in care arrangements, carer and associated high placement costs for a looked after child, which would be hugely more expensive than any DFG costs.
- l) For any additional funding request over the annual allocation an assessment of the cost avoidance benefit, placement stability risk and positive outcomes for the child will be undertaken on a case-by-case basis.
- m) To date the Kinship Care housing assistance allocation has effectively supported the creation of additional living space for children with social and emotional needs and behaviours that challenge. This has been undertaken in a range of different ways

from existing property adaptations and modifications to facilitating moves to alternative accommodation which can more appropriately meet the child/children's needs

- n) The discretion for future changes to the amount used for Kinship care would lie with Commissioning as manager of the DFG fund.

**4. Expand policy to widen the support that can be provided for Children and adults with autism/behaviours that challenge, including the provision of safe spaces**

- o) Funding for safe space adaptations, including gardens, in line with DBC Occupational Therapists assessed needs of a child, young person or adult with behaviours that challenge in line with the provisions of the Foundations best practice guide.
- p) Where home adaptations are being considered to deal with behaviours that challenge, the family and carers of the disabled person should be highly involved in the assessment discussions and decision-making process. It is also good practice to consult with specialist colleagues to fully explore the correct balance between therapeutic interventions and adaptations. Where behaviours threaten the safety of others living within the household, the grant can be used to reduce the risks to their safety.
- q) For instance, where siblings share a bedroom and there is the threat of harm during the night, then creating a separate bedroom can meet this purpose. Grant could also be used to create a 'safe space' for a person who is likely to injure themselves. This could, for example, include items such as upholstered and washable walls, soft flooring, radiator covers or a television enclosure or a secondary window.

or

Where there is a single bathroom and the child with challenging behaviours may physically assault a member of the family to access the bathroom but cannot because other are using it, the grant may be used to fund a second bathroom to reduce the stress and occasional violent confrontations which could lead to a breakdown of the caring arrangement and urgent accommodation from the Council being required.

**Rationale**

- r) Challenging behaviours can frequently lead to a breakdown of the caring arrangements, particularly where the family do not feel safe or feel they cannot keep their child safe. These breakdowns of care result in residential care arrangements or supported living arrangements being sought for the child with challenging behaviours which are much more costly than safe space adaptations funded through the DFG.

## 5. Dementia Grants & Smart Home kits

- s) **Dementia grants:** small grants to fund modifications that would allow someone with a diagnosis of dementia to remain living safely in their home for longer. These are typically preventative in nature and allow for adaptations to be provided for individuals with a diagnosis of dementia and before the condition escalates to the point where a DFG would normally otherwise become necessary.

The extent and cost of the works are usually relatively small (often less than £1,000) and involve a streamlined application process. The most common types of modification are:

- Labels and signs on doors and cupboards
- Task focussed lighting in bathrooms and kitchens
- Items of assistive technology, e.g. to provide reminders and to monitor activity
- Safer flooring
- Decoration to improve contrast between walls and floors
- Installing coloured fixtures to create a contrast for items like toilet seats and grabrails

**Smart Home Kits:** such as a smart thermostat to control heating and hot water, video doorbell, smart switches, smart lightbulbs and an Alexa or Google Home for voice or other assistive technology grants

### Rationale

- t) These simple changes can help to keep someone living safely at home for longer, delaying the need for more costly care services or a move into residential care. They can also enable individuals to maintain their independence for as long as possible.

## 6. Home accident prevention or health and safety initiatives

- u) The DFG will be used to fund minor adaptations and repairs, security checks, deep clean and de-cluttering of premises.

### Rationale

- v) To improve the living conditions for the individual for health and safety reasons or as a prevention of home accidents.

## 7. Future items for use of DFG funding

- w) An additional paragraph has been added to the DFG/HA RRO policy to give greater flexibility to the use of the DFG as new guidance is issued in the future, without the

need for issuing a revised policy that requires cabinet approval each time the guidance is updated.

### Rationale

- x) This paragraph will allow the manager of the DFG fund to respond more quickly to change by being able to add charges to the fund that while they are not specifically listed in the policy, they are allowed within the fund and are recommended by Foundations.
- y) It will speed up the council’s ability to respond to change as the policy will not need to be rewritten to specify every use possible which then needs Cabinet approval.
- z) The fund is current managed within Children & Adults Commissioning team and is operated in conjunction with the Occupational Therapy team who undertaken the needs assessments for all cases and has close budgetary oversight by finance to ensure the fund is being spent in line with the guidance.

### Financial Implications

18. Historically there has been a growing cumulative underspend in the DFG budget. Whilst the expenditure has increased in 2021/22 by 76% to £1,298,519, the budget including carry forward amounts and Government top ups is approximately £2.6M on 1 April 2022. The average carry forward amount over the 4 years (2018/19 to 2021/22) is £1,631,811.

**Table 1: DFG Capital Resources**

<i>Year</i>	<i>Brought Forward £</i>	<i>In-year allocation £</i>	<i>Additional Allocation£</i>	<i>Total Available £</i>	<i>Expenditure £</i>	<i>Carry Forward £</i>
2017/2018	686,867	804,133	77,409	1,568,409	472,272	1,096,137
2018/2019	1,096,137	868,491	95,666	2,060,294	633,506	1,426,788
2019/2020	1,426,788	937,154		2,363,942	682,545	1,681,397
2020/2021	1,681,397	937,154	126,191	2,744,742	735,626	1,827,116
2021/2022	1,827,116	1,063,345	0	2,890,461	1,298,519	1,591,942
2022/2023	1,591,942	1,063,345	0	2,655,287	*541,959	2,113,329

\*confirmed actual spend as at 13/9/22

### Outcome of Consultation

19. The Council undertook a consultation exercise in 2020 as part of the development of the Disabled Facilities Grant and Regulatory Reform Order Policy 2020-2023.

20. No negative impacts have been identified via the screening EIA so because of this no Consultation has been undertaken on the policy revision.
21. While there is no negative impact identified, there are be previous applicants who have had to contribute to their DFG. A number of these people could feel disadvantaged, they could argue that they would have been better off if we had made this change earlier, however we would not ordinarily look to make any change retrospective or backdating a policy.

### **Equalities Considerations**

22. A group of officers carried out an initial Equalities Impact Assessment Screening (Appendix 2), and from this no negative impacts were identified. This is not surprising as the intention of the policy is to offer additional assistance and support to older and disabled people through a more flexible approach to funding adaptations.



**ADULTS SCRUTINY COMMITTEE  
25 OCTOBER 2022**

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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 2022/23 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.

**Luke Swinhoe  
Assistant Director Law and Governance**

**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 2022/23**

<b>Topic</b>	<b>Timescale</b>	<b>Lead Officer</b>	<b>Link to PMF (metrics)</b>	<b>Scrutiny's Role / Notes</b>
Residential Care Quality Standards	25 October 2022	Christine Shields / Yvonne Hall		To look at the outcome of the assessment and undertake any further work if necessary.
Transformation of the RIACT (Responsive Integrated Assessment Care Team) / Reablement team, and the co-location with CDDFT – Six Month Review	25 October 2022	Geraldine Earley, Linda Thirkeld and Carmel Reilly		To monitor the transformation of the RIACT (Responsive Integrated Assessment Care Team) / Reablement team, and review the co-location with CDDFT (County Durham and Darlington Foundation Trust).
Reforms to Adult Social Care – Update	25 October 2022	Joss Harbron		To receive an update on progress in relation to the reforms to Adult Social Care.
<b>Disabled Facilities Grant Policy Update</b>	<b>25 October 2022</b>	<b>Joss Harbron / Elaine Taylor</b>		<b>To enable Members to consider the update to the Disabled Facilities Grant Policy prior to consideration by Cabinet.</b>
Reforms to Adult Social Care - Update	13 December 2022	Joss Harbron		To receive an update on progress in relation to the reforms to Adult Social Care.
Increased Cost of Living: Impact on Adult Social Care Staff and Service Users	13 December 2022	Joss Harbron		
<b>Workforce Recruitment and Development</b>	<b>13 December 2022</b>	<b>Grace Porter / Martin Webster</b>		<b>To enable Members to gain a greater understanding of the work being undertaken in terms of workforce recruitment and development.</b>
Medium Term Financial Plan (MTFP)	10 January 2023 (Special)	Brett Nielsen		To scrutinise those areas of the MTFP within the remit of this Scrutiny Committee.
Reforms to Adult Social Care - Update	7 February 2023	Joss Harbron		To receive an update on progress in relation to the reforms to Adult Social Care.

<p>Performance Indicators Quarter 2 2022/2023</p>	<p>7 February 2023</p>	<p>Sharon Raine / Joss Harbron</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>7 February 2023</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>
<p>Review of Dementia Care Services / Autism (include Health and Housing Scrutiny Committee)</p>	<p>7 February 2023</p>	<p>Clinical Commissioning Group</p>		
<p>Drug and Alcohol Abuse Update (include Health and Housing Scrutiny Committee)</p>	<p>7 February 2023</p>	<p>Public Health</p>		

Presentation from a Nursing Care Home Manager	TBC (Post-March 2023)			
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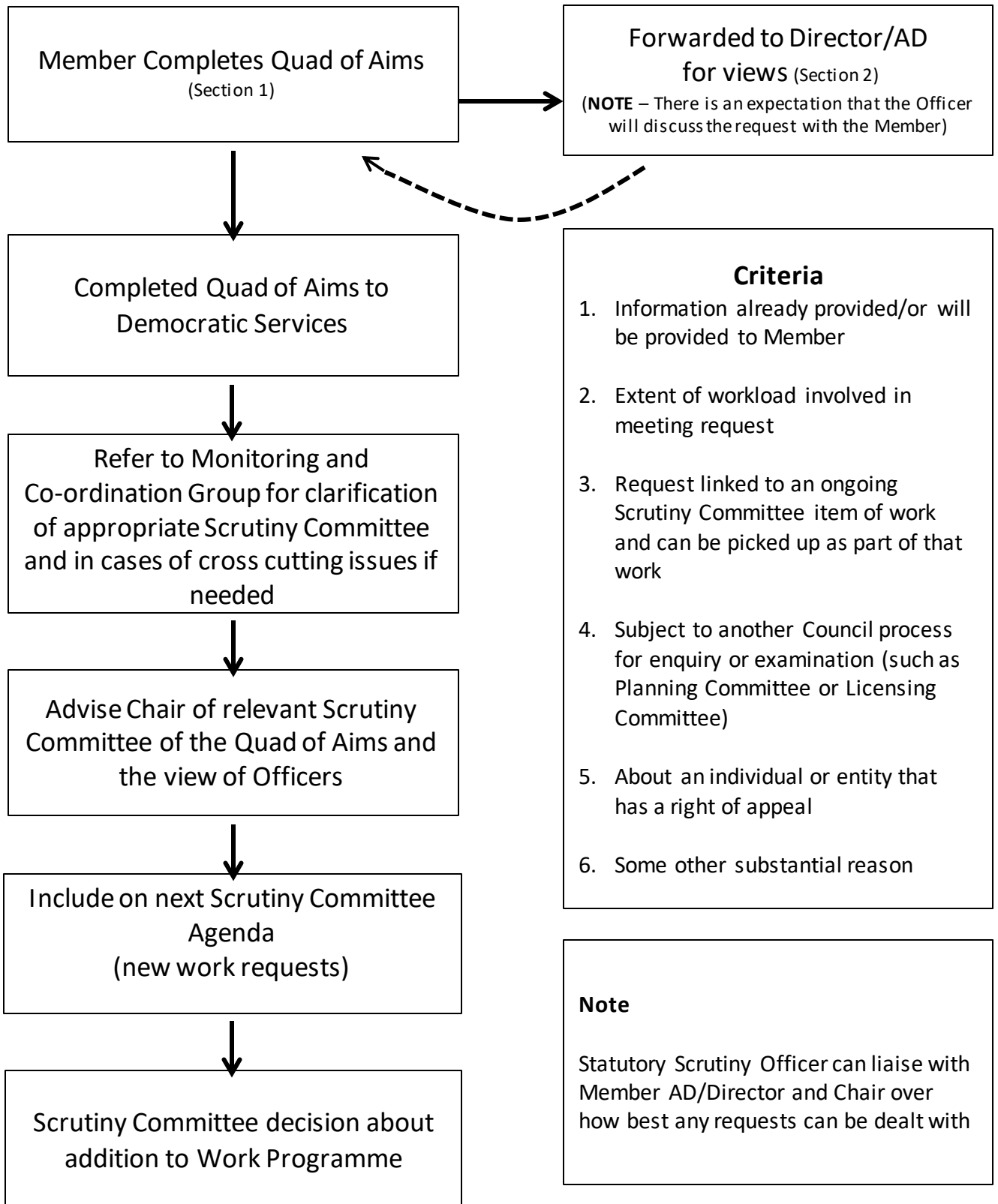
**Task and Finish Review Group(s)**

- **‘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.
- **‘Nursing Care Homes in Special Measures Task and Finish Group’** (with an invite extended to the Health and Housing Scrutiny Committee) – commenced (TBC)

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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)**

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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**



**FORWARD PLAN  
FOR THE PERIOD: 5 OCTOBER 2022 - 28 FEBRUARY 2023**

Title	Decision Maker and Date
Household Support Fund	Cabinet 11 Oct 2022
Ingenium Parc – Proposed Development Update	Cabinet 11 Oct 2022
Objections to the Experimental TRO on Coniscliffe Road	Cabinet 11 Oct 2022
Peer Review	Cabinet 11 Oct 2022
Schedule of Transactions - October 2022	Cabinet 11 Oct 2022
Treasury Management Annual and Outturn Prudential Indicators 2021/22	Cabinet 11 Oct 2022
Annual Audit Letter 2020/21	Cabinet 8 Nov 2022
Council Tax Exemption for Care Leavers 2023/24	Cabinet 8 Nov 2022
Council Tax Support - Scheme Approval 2023/24	Council 24 Nov 2022 Cabinet 8 Nov 2022
Darlington Transport Plan	Council 24 Nov 2022 Cabinet 8 Nov 2022
Disposal of Land at Neasham Road for Housing Development	Cabinet 8 Nov 2022
Land at Faverdale - Burtree Garden Village Development	Cabinet 8 Nov 2022
Position Statement on First Homes Policy and Discount For Sale	Cabinet 8 Nov 2022
Project Position Statement and Capital Programme Monitoring - Quarter 2	Cabinet 8 Nov 2022
Revenue Budget Monitoring - Quarter 2	Cabinet 8 Nov 2022
Schedule of Transactions - November 2022	Cabinet 8 Nov 2022
Complaints Made to Local Government Ombudsman	Cabinet 6 Dec 2022
Housing Revenue Account - Medium Term Financial Plan 2022/23 to 2025/26	Cabinet 6 Dec 2022
Housing Services Fire Safety Policy	Cabinet 6 Dec 2022
Medium Term Financial Plan 20023/24 to 2026/27	Cabinet 6 Dec 2022
Mid-Year Prudential Indicators and Treasury Management 2022/23	Council 26 Jan 2023 Cabinet 6 Dec 2022
Land Assembly for Development at Gladstone Street / Kendrew Street (including Northgate House)	Cabinet 6 Dec 2022
Final Version of Supplementary Planning Guidance (SPD) Design Code - Skerningham Garden Village	Cabinet 10 Jan 2023
Maintained Schools Capital Programme - Summer 2023	Cabinet 10 Jan 2023
Quarter 2 - Council Plan 2020/23 - Delivering Success for Darlington - Performance Report	Cabinet 10 Jan 2023
Calendar of Council and Committee Meetings 2023/24	Cabinet 7 Feb 2023

**DARLINGTON BOROUGH COUNCIL  
FORWARD PLAN**

Darlington Capital Strategy including Capital Programme	Council 16 Feb 2023 Cabinet 7 Feb 2023
Housing Revenue Account - Medium Term Financial Plan 2023/24 to 2026/27	Council 16 Feb 2023 Cabinet 7 Feb 2023
Medium Term Financial Plan 20023/24 to 2026/27	Council 16 Feb 2023 Cabinet 7 Feb 2023
Project Position Statement and Capital Programme Monitoring - Quarter 3	Cabinet 7 Feb 2023
Prudential Indicators and Treasury Management Strategy Report 2023/24	Council 16 Feb 2023 Cabinet 7 Feb 2023
Revenue Budget Monitoring - Quarter 3	Cabinet 7 Feb 2023
Schools Admissions 2024/25	Cabinet 7 Feb 2023