



**DARLINGTON**

Borough Council

# Adults Scrutiny Committee Agenda

9.30 am, Tuesday, 24 October 2023

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 22 August 2023 (Pages 3 - 8)
4. Social Care Reforms - Update – Report of the Assistant Director - Adult Services (Pages 9 - 16)
5. Adult Social Care - Budget Overview – Presentation by the Assistant Director - Adult Services
6. Performance Indicators End of Year Report 2022-23 – Report of the Assistant Director - Adult Services (Pages 17 - 30)
7. Quality Standards Monitoring Outcomes 2023-2024 Agreement for the Provision of Residential Care for Adults and Older People with Mental Health Problems 2013-2024 – Report of the Assistant Director of Commissioning, Performance and Transformation (Pages 31 - 48)
8. Work Programme 2023/24 – Report of the Assistant Director, Law and Governance (Pages 49 - 60)

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, 16 October 2023**

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

**Membership**

Councillors Anderson, Crumby, Donoghue, Layton, Mammolotti, M Nicholson, Renton, Storr, Toms and Tostevin

If you need this information in a different language or format or you have any other queries on this agenda please contact Paul Dalton, Democratic and 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 [paul.dalton@darlington.gov.uk](mailto:paul.dalton@darlington.gov.uk)

## ADULTS SCRUTINY COMMITTEE

Tuesday, 22 August 2023

**PRESENT** – Councillors Anderson, Crumbie, Donoghue, Layton, Mammolotti, M Nicholson, Renton, Storr, Toms and Tostevin.

**ALSO IN ATTENDANCE** – Councillor Curry.

**OFFICERS IN ATTENDANCE** – Joss Harbron (Assistant Director - Adult Social Care), Sukhdev Dosanjh (Head of Commissioning and Contracts), Sandra Sutton (Operations Manager, Network North), David Ross (Operations Manager, Network North), Martin Short (Director of Place - North East and North Cumbria Integrated Care Board), Dominic Gardner (Care Group Director for Adult Mental Health Services), Elspeth Webb, Kirsten White, Christopher Mackintosh, Diane Encinias, Clare Laybourn (Contracts Officer) and Paul Dalton (Elections Officer)

### AD8 DECLARATIONS OF INTEREST

Councillor Anderson declared a non-pecuniary interest in Minute AD11 below, as an employee of the Tees, Esk and Wear Valley NHS Foundation Trust.

### AD9 TO APPROVE THE MINUTES OF THE MEETING OF THIS SCRUTINY COMMITTEE HELD ON 20 JUNE 2023

**RESOLVED** – That the Minutes of the Ordinary Meeting of this Committee held on 20 June 2023, be approved as a correct record.

### AD10 CARE QUALITY COMMISSION REGULATORY FRAMEWORK (AS IT APPLIES TO OLDER PERSONS RESIDENTIAL AND DOMICILIARY CARE)

Sandra Sutton and David Ross, Operations Managers, Network North, Care Quality Commission (CQC), gave a presentation on the role and purpose of the CQC, and provided an overview of how the CQC will be registering, monitoring, inspecting and rating in the future, in light of the reforms outlined in the Health and Care Act 2022.

Members were informed that the changes would allow the CQC to provide greater focus on care across local areas or systems, use the new regulatory powers effectively to improve people's care, make regulation less complex and more efficient, regulate in a smarter way, and work better with the sector as it also changes. It was stated that the new approach would embrace new technology, the adoption of a new Single Quality Assessment Framework for all service types and at all levels, the introduction of multidisciplinary teams, and use new powers to review and assess Integrated Care Systems and local authorities.

Particular focus was given to the development of the Single Quality Assessment Framework, which was being introduced to replace the four separate frameworks currently adopted, and would be used to assess all service types. It was noted that the ratings and five key questions would remain central to the CQC's approach, however the existing key lines of enquiry and prompts would be replaced with 'quality statements', and that the CQC was moving away from separate monitor, inspect and rate steps, assessing providers in a more flexible way.

Members were advised on the interim guidance, subject to Government approval, which set out the high level framework for the oversight of local authorities, focusing on an initial baselining period. The four themes which would provide the initial focus of local authority assessments were outlined, together with the two quality assessments, and Members were provided information on the five pilot assessments that were currently taking place. Similar information was also provided in relation to the assessment on Integrated Care Systems.

Members entered into discussion on the level of influence local authorities had on private contractors within the Care Sector, and how the Single Quality Assessment should assist with the strive for consistency, and Members questioned how consistent rating in the past could have been achieved without a Single Quality Assessment. Members questioned whether the methodology of the Single Assessment Framework could be manipulated, but were reassured that the focus would always remain on the fundamental standard of care, and observed that the pilot authorities did not necessarily reflect the situation in Darlington.

Discussion continued on the pilot process for the Single Assessment Framework, and it was acknowledged that the Framework would evolve throughout the pilot process, as would the way in which the CQC reported its findings.

Focus turned to the Integrated Care System assessments, and Members were keen to learn more on how the CQC would compare equity of access and ensure consistency, and there was a recognition that there would be a need for place benchmarking.

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

#### **AD11 AUTISM STRATEGY UPDATE**

Members received a presentation on the Autism Strategy from the Assistant Director – Adult Services, the Director of Place, North East and North Cumbria Integrated Care Board (ICB), the Care Group Director, Durham Tees Valley Care Group, Tees, Esk and Wear Valley NHS Foundation Trust (TEWV), and colleagues from the Tees, Esk and Wear Valley NHS Foundation Trust.

Members were initially provided with an overview of the national context, including the range in terms of the level of support required, the legal obligations and the statutory framework, and the overall costs associated with Autism, before receiving information on the context in relation to Darlington, which included TEWV diagnostic waiting times, and the number of cases within Adult Social Care, broken down by primary support reason.

The six priority areas of focus for the strategy were outlined, namely Improving Understanding and Acceptance of Autism with Society; Improving Services for Autistic Children and Young People, Access to Education and Supporting Positive Transitions into Adulthood; Supporting More People into Employment; Tackling Health and Care Inequalities for Autistic People; Building the Right Support in the Community and Supporting People in Inpatient Care; and Improving Support into the Criminal and Youth Justice Systems, and detailed actions alongside each priority area were discussed.

The presentation concluded with a number of recommendations and actions that were

taking place throughout 2023.

Members entered into discussion on the diagnostic waiting times, noting 46 cases where the waiting time for diagnosis exceeded more than 12 months, and questioned the frequency of contact during the waiting period and enquired whether targets were met. Members were interested to learn whether there were sufficient assessors to meet demand, and the length of time it took an individual to qualify as an assessor. Discussion progressed on to the nature of assessment, and Members were keen to know how long the assessment process took.

Focus then turned to the training and support available to those staff and carers who care for people with autism.

Discussion returned to the support offered following an autistic diagnosis, with an acknowledgement that support had not always been as forthcoming in the past, however it was recognised that there was now much greater awareness and a developing cultural change, with greater training available and the provision of a service offering reasonable adjustments personal to the individual, though it was suggested by Members that some services could be cost prohibitive.

Concerns were raised that not all cases were being signposted to the correct support, or were being addressed by practitioners who had not received appropriate autism awareness training. It was also suggested that young girls and young women were 'masking', and that there was a need for greater diagnosis in this cohort. Members were reassured that there was a greater awareness around autism in women and teenagers, however Members were advised that if they were aware of negative experiences this should be fed back and practice reflected upon.

It was noted that this work cut across the remit of three of the Council's Scrutiny Committees (Adult Scrutiny Committee, Children and Young People Scrutiny Committee and the Health and Housing Scrutiny Committee), and that consideration should be given by the Monitoring and Coordination Group in relation to any future work in this area.

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

## **AD12 MANAGING A NURSING CARE HOME IN DARLINGTON**

Members received a verbal presentation from Diane Encinias, a Care Home Manager at Ventress Hall Care Home in Darlington. Ms. Encinias provided the Committee with the view of a front-line manager, providing an overview of what it was like to work in a Care Home during the Coronavirus pandemic which resulted in the greater use of new technology, closer working relationships with the Council's Contracts Team, and a greater appreciation and understanding of other roles within the Care Sector.

Ms. Encinias suggested that workloads remained high following the Coronavirus pandemic, and whilst the greater use of technology assisted, there was still an emphasis on face-to-face contact with service users and families.

Members observed that there still seemed to be a number of constraints around service provision, and speculated as to whether this was still a fall out from the Coronavirus

pandemic or the current high cost of living. Ms. Encinias stated that she was fortunate to work for one of the larger care providers and therefore did not necessarily recognise this herself, however believed that some of the smaller care providers might notice the challenges to their budgets.

Members were keen to understand whether there were any practices introduced during the Coronavirus pandemic that improved service delivery, and whilst the technological and communication improvements were welcomed, Ms. Encinias was keen that the focus remained on person-centred care.

Discussion ensued on the issues in relation to recruitment and retention within the Care Sector, and the training opportunities available for staff, both to upskill at the current level and to progress within the sector, and whether organisations and care settings shared training and good practice.

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

#### **AD13 CARE HOMES IN EXECUTIVE STRATEGY MEASURES / ARRANGEMENTS**

The Head of Commissioning and Contracts provided Members with a presentation on the quality and contract monitoring of Care Homes, and the support provided by Adult Services in relation to the Executive Strategy Management (ESM) process.

The Head of Commissioning and Contracts advised Members on the development of an Executive Strategy Management Action Plan, and the themes contained within such plans, which have previously included Management and Leadership of Care Home, Culture, Recruitment and Retention practices, Safety and Welfare of Residents, Staff Training and Development, Management of Medication and Poor Record Keeping.

Members were advised of the number of Executive Strategy Management interventions over the course of 2021/22, 2022/23 and 2023/24 to date, and provided with the most recent ratings by the CQC for the Care Homes in Darlington.

Discussion ensued on the appropriate utilisation of staff within Care Homes, the spike in ESMs in 2022/23 and the lessons learnt, and the consequences and reparations attached to ESM. Members were keen to understand how the Council ensured that self-funders continued to receive the same level of care should a contractual breach lead to a reduction in fees payable from the local authority, and what timescales were involved to improve if the CQC deemed services to be inadequate or required improvement.

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

#### **AD14 WORK PROGRAMME 2023/24**

The Assistant Director, Law and Governance submitted a report (previously circulated) requesting that consideration be given to this Scrutiny Committee's Work Programme and to consider any additional areas which Members would like to suggest should be included in the previously approved Work Programme.

**RESOLVED** – (a) That, in light of the All-Member Briefing arranged for 14<sup>th</sup> September 2023 on the same subject, the item entitled ‘Substance Misuse Service Update: Support Treatment and Recovery In Darlington through Empowering (STRIDE)’, be deferred from the Ordinary Meeting of this Committee on 24 October 2023, and provisionally re-scheduled for the Ordinary Meeting of this Committee on 9 January 2024.

(b) That a report entitled ‘Annual Older Persons Quality Standards’ be added to the Work Programme, and scheduled for the Ordinary Meeting of this Committee on 24 October 2023.

(c) That the Work Programme, including the above amendments, be noted.

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**ADULTS SCRUTINY COMMITTEE  
24 OCTOBER 2023**

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**SOCIAL CARE REFORMS UPDATE FOR ASC OVERVIEW AND SCRUTINY COMMITTEE**

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**SUMMARY REPORT**

**Overview**

1. The Government passed the Health and Social Care Act in 2022.
2. The Act included a series of measures including:
  - (a) Return of CQC assessment of council adults' services.
  - (b) Secretary of state default powers in relation to adult social care.
  - (c) Implementation of Integrated care boards and integrated care partnerships.
  - (d) Cap on care costs (these have been paused until 2025).
  - (e) Mandatory learning disability and autism training.
  - (f) Professional regulation.

**Key areas of impact**

3. A return to inspections of Adult Social Care through the implementation of the Care Quality Commission assurance framework with Inspections start from late 2023 and re-introduction of ratings for adult social care services. There are 4 key themes:
  - (a) Working with people (inc unpaid carers) - assessing needs, care planning and review, direct payments, charging policy, supporting people to live healthier lives, prevention, well-being, information, and advice.
  - (b) Providing support – market shaping, commissioning, workforce capacity and capability, integration and partnership working.
  - (c) Ensuring safety - safeguarding enquiries, reviews, Safeguarding Adult Board, safe systems and continuity of care, safe systems, and continuity of care.
  - (d) Leadership - culture, strategic planning, learning, improvement, innovation, governance, management, and sustainability.
4. Each of the themes has several quality statements and 'I' statements based on Think Local Act Personal.
5. Introduction of Integrated Care Partnerships:
  - (a) Integrated Care Boards (ICBs) are statutory organisations that bring NHS and care organizations together locally to improve population health and establish shared

strategic priorities within the NHS. These were established from July 1st, 2022, and replaced Clinical Commissioning Groups and succeeded Sustainability and Transformation partnerships.

- (b) The main objective is to improve outcomes in population health and health care by:
  - (i) Use of digital and data.
  - (ii) Strategic commissioning.
  - (iii) Partnerships.
  - (iv) Delivering Value for Money and Productivity.

### **Darlington Borough Council current position in relation to the Health and Care Act 2022**

- 6. These reforms resulted in a focus on refreshing of Darlington's Adult Social Care priorities. Therefore, through a series of workshops with teams across the People's group we developed a new vision for adult social care that reflected the new Health and Social Care Act 2022 with the purpose of pulling together all activity into a single transformation plan that linked to the vision.
- 7. This new transformation plan incorporates Commissioning, Quality, Practice and Workforce development into a single plan along with the service reviews/redesigns that sat within the previous 2019 transformation plan.
- 8. The new transformation plan is also mindful of the demands, pressures post covid e.g.:
  - (a) Demographics.
  - (b) Impact of Covid.
  - (c) Workforce retention and capacity.
  - (d) The national cost of living situation.
  - (e) Budget pressures.
  - (f) Health inequalities.
  - (g) Loneliness.
  - (h) Mental health.
  - (i) Changing partnerships arrangements through development of ICB, ICP and place-based commissioning.
  - (j) The need to manage increasing demand.

**The new vision for Adult Social Care in Darlington 2023-2026 is part of the wider Council vision, i.e.:**

- (a) We aim to create a friendly town where Children & Adults THRIVE.

- (b) Together and Inclusive.
  - (c) Health and Safe.
  - (d) Resilient and Strong.
  - (e) Independent and Innovative.
  - (f) Valued and Respected.
  - (g) Educated and Aspirational.
9. Through this vision we will work together with residents, partners, and communities to enable the citizens of Darlington to maximise their independence, their wellbeing, to have care and support when they need it and to empower them to contribute to and feel valued in their communities.

**Adult Social Care will do this by delivering on a number of Service Objectives e.g.:**

- (a) The delivery of strength-based practice supports the person to identify their own goals that enables them to achieve their outcomes (and promotes their independence and wellbeing).
  - (b) Supporting people and communities to feel safe and listened too by ensuring we are doing the right thing, at the right time, in the right way.
  - (c) Effective use of resources and budgets. (Ensuring we spend the Darlington pound wisely).
  - (d) Ensuring we have a highly skilled, professional, and initiative-taking workforce, promoting their well-being, personal development, and resilience.
  - (e) Ensuring people are supported in their caring roles to enable them to feel valued and empowered.
  - (f) Engagement and co-production with people with lived experience, staff, and partners; ensuring people are the centre of planning their own support.
10. We plan to deliver this:
- (a) Through the delivery of strength-based practice.
  - (b) Quality monitoring to ensuring we are doing the right thing, at the right time, in the right way.
  - (c) Effective use of resources and budgets. (Ensuring we send the Darlington pound wisely).
  - (d) Supporting people to have jobs, homes and feel part of their community.
  - (e) Enable carers to be supported in their caring roles.
  - (f) Ensure we understand the legislation and statutory guidance in our roles.
  - (g) Innovative use of technology.

- (h) Engagement and co-production with people with lived experience, staff, and partners.
11. We will ensure we are achieving our goals by having:
- (a) One agreed transformation plan (combining the baseline assessment, ADASS conversation/learning, internal reviews, feedback, practice, and performance intelligence).
  - (b) Identified leadership.
  - (c) Working SMARTER.
  - (d) Consideration how we can do things differently.
  - (e) High challenge with high support.
  - (f) A refresh of strength-based practice within Adult Social care teams.
  - (g) Accountability through regular reviews of vision and service plan and transformation plan which will be subject to routine monitoring, reflection, and reporting.
  - (h) Targets and milestones which are refreshed annually.
  - (i) The plan and vision fully understood and signed up to by teams within ASC, Commissioning, partners, and people.
  - (j) Feedback from people who use our services.

**We will base our transformation plan on the Think Local Act Personal key principles of Making it Real - I and We Statements, e.g.:**

## SIX THEMES OF MAKING IT REAL



Making it Real is built around six themes to reflect the most important elements of personalised care and support.

Each theme has a number of *I* statements that describe what good looks like from an individual perspective. These are followed by *We* statements that express what organisations should be doing to make sure people's actual experience of care and support lives up to the *I* statements.



**WELLBEING AND INDEPENDENCE**  
Living the life I want, keeping safe and well



**FLEXIBLE AND INTEGRATED CARE AND SUPPORT**  
My support, my own way



**INFORMATION AND ADVICE**  
Having the information I need, when I need it



**WHEN THINGS NEED TO CHANGE**  
Staying in control



**ACTIVE AND SUPPORTIVE COMMUNITIES**  
Keeping family, friends and connections



**WORKFORCE**  
The people who support me

12. Underpinning our vision and objectives will be quality assurance, performance and understanding of what good looks like.
13. As we embed the transformation plan, we will continue to deliver on our core operational activity as business as usual.
14. Strategically we will continue to contribute within the integration agenda as the Integrated Care Systems develop ensuring Darlington as a place has a voice and role within the system wide ambitions.

## The Transformation delivery plan 2023-2026

15. The delivery plan sets out into themes and strategic objectives and the ambitions within our vision and service plan priorities.

Themes	Strategic objectives
<ul style="list-style-type: none"> <li>Amazing practice/strength-based working and workforce</li> </ul>	<ul style="list-style-type: none"> <li>Service user/carers engagement, feedback, and co-production (the person's voice is central to everything we do)</li> <li>Ensuring Strength based approaches and practice (working with partners and the community)</li> <li>Highly trained and skilled workforce working in line with internal strategies and procedures.</li> </ul>
<ul style="list-style-type: none"> <li>Market developing, shaping, and commissioning (Creating the right conditions)</li> </ul>	<ul style="list-style-type: none"> <li>Commissioning Services to meet current and future need.</li> <li>Working wider community assets providing outcomes and making a real difference.</li> </ul>
<ul style="list-style-type: none"> <li>Ensuring safety</li> </ul>	<ul style="list-style-type: none"> <li>Effective Safeguarding - Ensuring safety for person, safe systems, and continuity of care.</li> <li>Ensuring continuity of care including supporting young people through to adulthood.</li> </ul>
<ul style="list-style-type: none"> <li>Strategic leadership and workforce development (Enabling delivery)</li> </ul>	<ul style="list-style-type: none"> <li>Strategic leadership and workforce development.</li> <li>Systems, policies, procedures, practice guidance and governance (that support effective social work and social care practice)</li> <li>Efficient, well managed budgets delivering services and support within the budget, being response to pressures and anticipating demand.</li> <li>Intelligence led Service development and planning.</li> <li>Improved Digital and Communications (inc. web,</li> </ul>

	information, self-service, use of technology).
<ul style="list-style-type: none"> <li>• CQC Assurance and Inspection Learning</li> </ul>	<ul style="list-style-type: none"> <li>• Completion of Annual Self-assessment.</li> <li>• Quality, performance and practice information is current, relevant and targeted.</li> <li>• Feedback from people who use services.</li> <li>• Communication and support to teams and wider council, partners and people.</li> </ul>

16. Development of key plans including:

- (a) Engagement and coproduction strategy (linked to Council’s Housing engagement strategy).
- (b) Quality assurance and practice improvement framework.
- (c) Staff health check and action plan.
- (d) ASC Workforce development plan (incorporated into People’s WFD strategy and wider corporate strategy).
- (e) ASC supervision guidance and audit.
- (f) Strength based practice framework.
- (g) ASC Policies and procedures.
- (h) JSNA 2023-onwards.
- (i) Commissioning and sustainability plan.
- (j) Carers strategy.
- (k) Market position statement.
- (l) Digital transformation plan linked to the Council and Wider Tees Valley Transformation plans.
- (m) Performance and Practice framework.
- (n) Refreshed Public Health Plan.
- (o) Annual Self-assessment.

## **Recommendation**

17. It is recommended that:-

- (a) Members of the Overview and Scrutiny Committee Scrutiny note the contents of the report.

**Joss Harbron**  
**Assistant Director Adult Social Care**

Joss Harbron: Assistant Director Adult Social Care

**Adults Scrutiny Committee  
24 October 2023**

**PERFORMANCE INDICATORS MID YEAR REPORT 2022-23**

**Purpose of the Report**

1. To provide Members with performance data against key performance indicators for 2022-23.

**Report**

**Performance summary**

2. This report provides performance information in line with an indicator set and scrutiny committee distribution agreed by Monitoring and Coordination Group on 4 June 2018, and subsequently by scrutiny committee chairs.
3. The indicators included in this report are aligned with key priorities and the majority are used to monitor the Corporate Plan. Other indicators may be referenced when appropriate in narrative provided by the relevant assistant directors, when providing the committee with performance updates.
4. Twelve indicators are reported to the committee, ten on a 6 monthly basis and two annually.
5. Performance of the ten indicators reported at the end of Quarter 4 of 2022/23:

- a) one indicator is showing performance better than the same period last year:

ASC 019	Percentage of people who have no ongoing care needs following completion of provision of a reablement package.
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- b) four indicators are showing performance has declined in comparison to the same period last year, however they continue to be monitored and managed.

ASC 002	(ASCOF 2A-2) Older people aged 65+ admitted on a permanent basis in the year to residential or nursing care per 100,000 of the 65+ population.
ASC 003	(ASCOF 2A-1) Adults aged 18 - 64 admitted on a permanent basis in the year to residential or nursing care homes, per 100,000 population.

ASC 045	(ASCOF 1G) Proportion of adults with a learning disability who live in their own home or with their family.
ASC046	(ASCOF 1E) Proportion of adults with learning disabilities in paid employment

c) two indicator's performance remains the same as this time last year.

ASC049	(ASCOF 1C (1a)) Proportion of people using social care who receive self-directed support
ASC 050	(ASCOF 1C (1b)) Proportion of carers using social care who receive self-directed support

d) three indicators are not comparable and are reviewed as a point in time.

ASC 208	Number of Safeguarding concerns (initial enquiries) started - year to date
ASC 209	Number of Safeguarding concerns (initial enquiries) started – per month
ASC 211	Number of strategy meetings undertaken i.e., concerns progressed to strategy per month

e) The 2 indicators that are recorded annually are ASC054 (The proportion of people who use Adult Care services who find it easy to find information about services) and ASC055 (The proportion of people who are carers who find it easy to find information about services). Neither of these indicators are included as the 2021-22 results of the survey where in the Mid-Year Scrutiny Report.

ASC054	(ASCOF 3D (1)) The proportion of people who use Adult Care services who find it easy to find information about services
ASC055	(ASCOF 3D (2)) The proportion of people who are carers who find it easy to find information about services

6. More information relating to some of the indicators referenced in this report can be found in **Appendix 1**.

7. This Scrutiny Committee performance report is compiled by Sharon Raine. All queries regarding the format of this report should be addressed to [Sharon.raine@darlington.gov.uk](mailto:Sharon.raine@darlington.gov.uk)

## 8. Recommendations

9. It is recommended:

- a) that performance information provided in this report is reviewed and noted, and relevant queries raised with appropriate assistant directors

**Joss Harbron Assistant Director – Adult Services**

## Background papers

Background papers were not used in the preparation of this report.

S17 Crime and Disorder	This report supports the Council's Crime and Disorder responsibilities
Health and Well Being	This report supports performance improvement relating to improving the health and wellbeing of residents
Sustainability	This report supports the Council's sustainability responsibilities
Diversity	This report supports the promotion of diversity
Wards Affected	This report 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
One Darlington: Perfectly Placed	This report contributes to the Sustainable Community Strategy (SCS) by involving Members in the scrutiny of performance relating to the delivery of key outcomes
Efficiency	Scrutiny of performance is integral to optimising outcomes.

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**DARLINGTON**  
Borough Council

# **Adult's Social Care Performance & Practice Report**

**End of Year (April - March 2023)**

**Scrutiny**

## Managing Demand

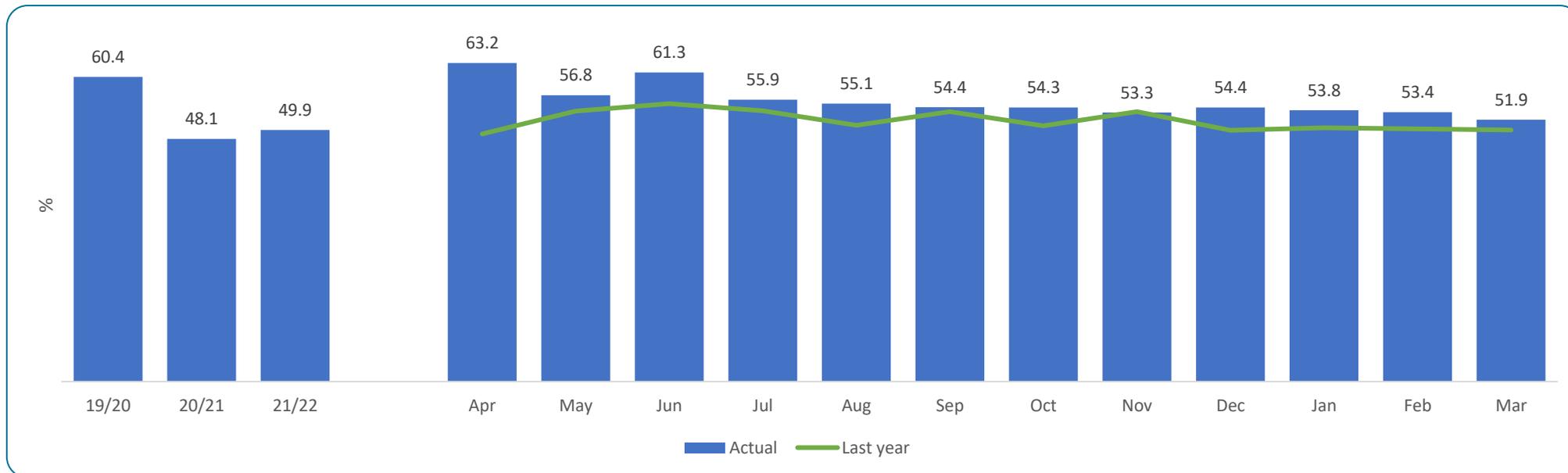
**Definition** ASC 019 – Percentage of people who have no ongoing care needs following completion of provision of a reablement package (Bigger is better). Numerator: Of those in the denominator, those who have had a completed reablement review with outcomes of 'No Services Provided or Identified, Long Term Support Ended, Universal Services/Signposted'. Denominator: The total number of clients completing a reablement package during the period

**PERFORMANCE ANALYSIS**

The reablement service continues to support individuals with short term help that focuses on supporting recovery and recuperation, with the percentage of individuals having no ongoing care needs following completion of a reablement package increasing from the same period last year.

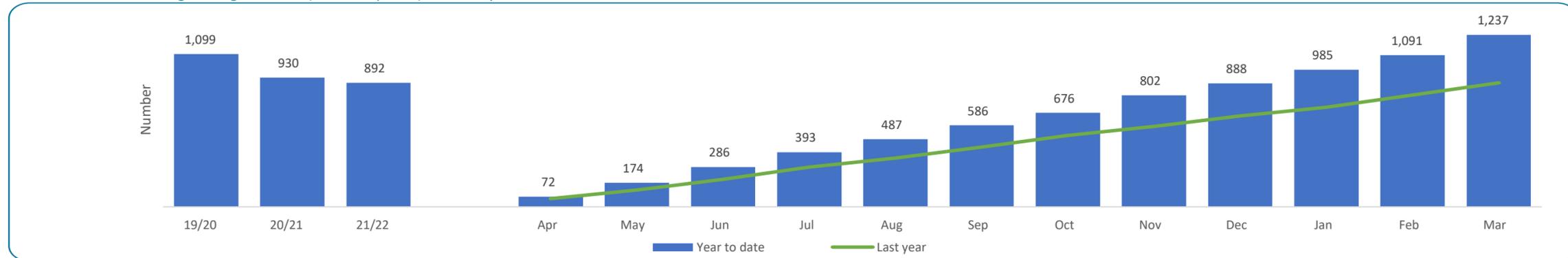
The number of clients being referred to RIACT as part of a hospital discharge has continued to increase year on year. The total number of hospital discharges between April - March 22 was 1,013, whilst for the same period during 2021-22 the total was 766. Although not all these referrals then progress to receive a service, it does demonstrate the increase the service area is currently experiencing. At the end of year figure, it was reported that 24.4% had decreased needs, 17.6% needs had increased and 6.1% stayed the same. The remaining 51.9% are those who no longer had ongoing care needs.

ASC 019: % of people who have no ongoing care needs following completion of provision of a reablement package at the end of the month.



Safeguarding	
<b>Definition</b>	209 - Number of Safeguarding concerns (initial enquiries) started - year to date
<b>PERFORMANCE ANALYSIS</b>	There have been 1,237 initial safeguarding enquiries started since April, which is significantly higher than the same period during the past 2 years. A review of safeguarding practice has been carried out which has resulted in higher than usual numbers of concerns started, due in part to the backlog of historical cases being reviewed.
	During 2021-22 there was an average of 74 initial enquiries started each month. In contrast, the average number of initial enquiries started since April 2022 was 102. The LA has some specific pressures with some providers, particularly private hospitals who have their own policies and procedures which they apply when making safeguarding referrals, which don't meet the LA threshold. We have implemented proactive engagement with some providers where meetings are taking place regularly to discuss the threshold. The Safeguarding Project has highlighted the immediate need for additional resources to offer more training in relation to triaging referrals. Three temporary experienced workers have been obtained to offer this support, along with additional external bespoke training.
	The amalgamation of both Adult's and Children's safeguarding under the Darlington Safeguarding Partnership umbrella was designed to strengthen partnership working across both areas, ensuring everyone in Darlington can live their lives safely. Work is ongoing to make the website more user-friendly and to include further resources and information over the coming weeks. Alongside this, the internal review of safeguarding practices will further strengthen the processes carried out when safeguarding concerns are initially reported, to ensure these are managed appropriately.
	The Safeguarding Team are also reviewing how referrals are taken and feel moving to a telephone referral system would be a more efficient way of taking and screening referrals, and this would also mirror the system operated by Children Services.

ASC 208: Number of Safeguarding concerns (initial enquiries) started - year to date



ASC 209: Number of Safeguarding concerns (initial enquiries) started - per month



## Safeguarding

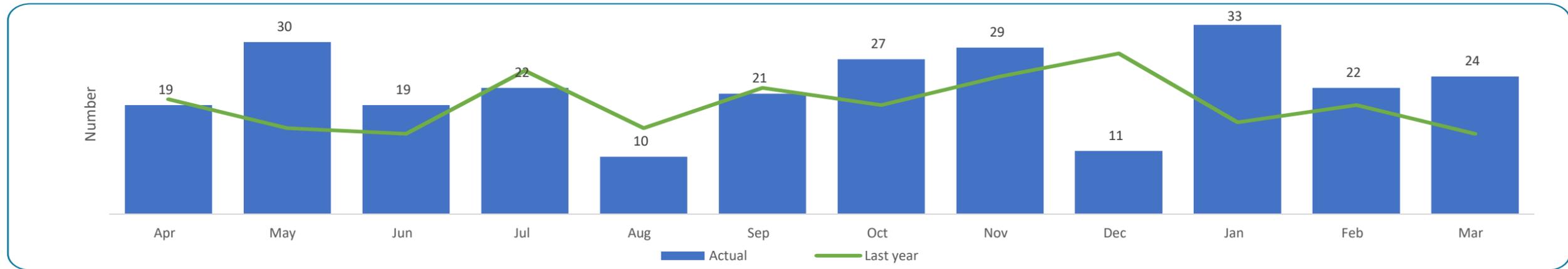
**Definition** ASC 211 - Number of strategy meetings undertaken / initial enquiries progressed to strategy per month

**PERFORMANCE ANALYSIS**

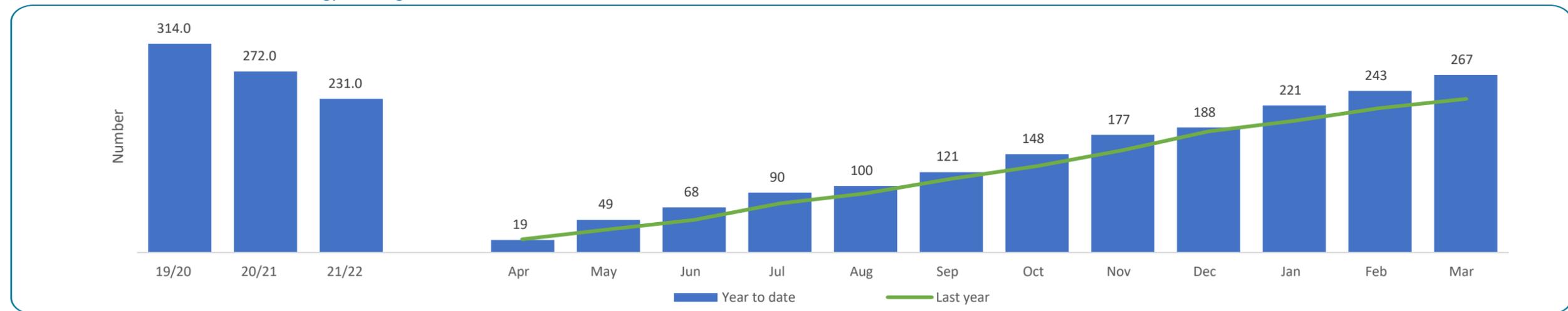
Of the 1,237 initial safeguarding enquiries started during 2022/23, 267 have progressed to strategy which represents a 21.5% conversion rate. Reviews of approximately 80 cases have taken place during the safeguarding project, which identified a number of cases which hadn't progressed to strategy despite the criteria suggesting that they should have. As a result of this, all staff have been required to attend a 4-day intense training course to develop their skills. Whilst this training has been taking place, additional resource and management oversight has been provided to support the Safeguarding Team.

Work is also ongoing to improve the quality of professional safeguarding practice to embed 'Making Safeguarding Personal' further, and to make sure that the voice of the person is listened to and at the heart of decision-making, and that safeguarding processes ensure that people feel safe.

ASC 211: Monthly number of strategy meetings



Year to date number of strategy meetings undertaken

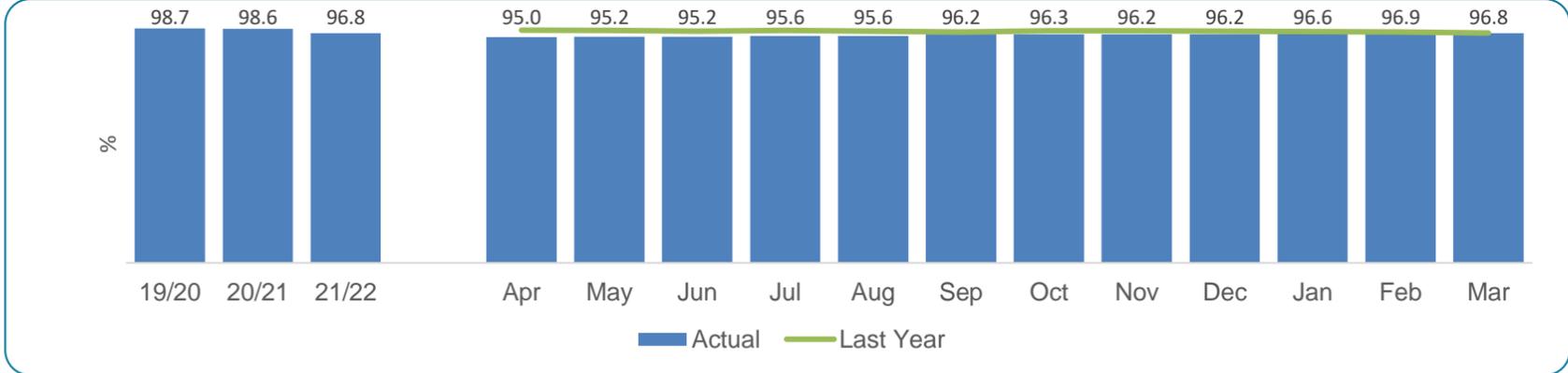


## Quality of Life - Self Directed Support

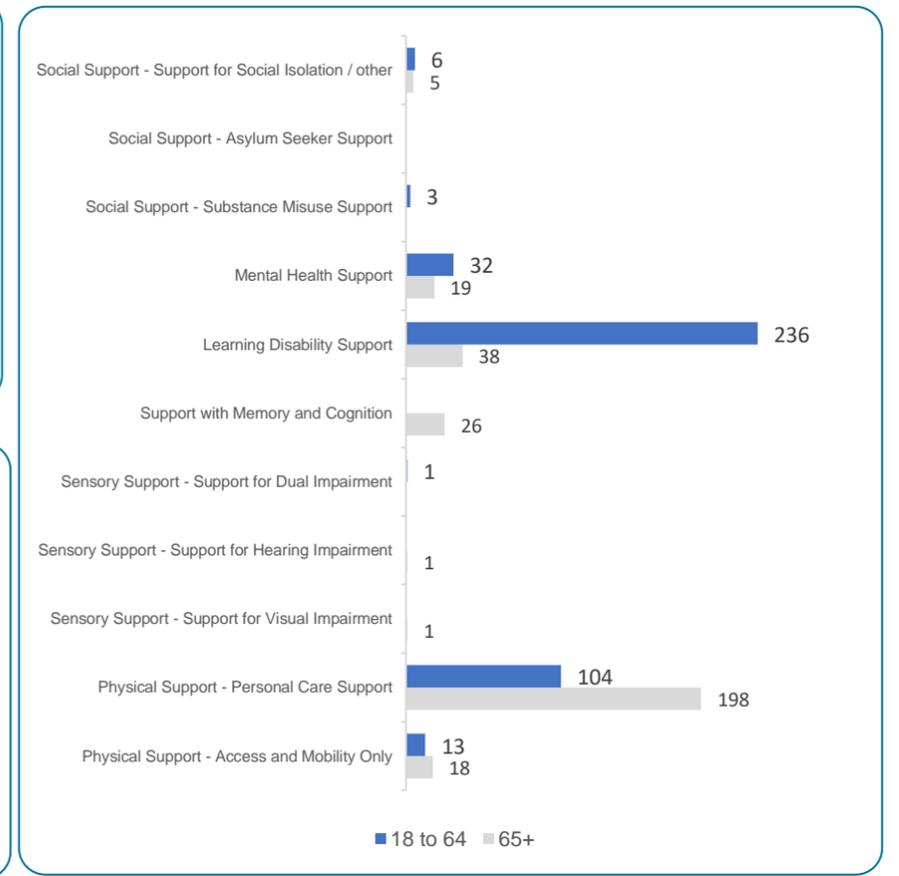
**Definition** Proportion of people using social care who receive self-directed support (Bigger is better). Numerator: The number of users receiving either a) Direct Payment, b) Part Direct Payment or c) CASSR managed Personal Budget at the year-end 31st March. Denominator: Clients (aged 18 or over) accessing long term community support at the year end 31st March:  
Source SALT

**PERFORMANCE ANALYSIS** The proportion of people using social care who receive self-directed support remains at 96.8%, this equates to 701 individuals currently receiving self-directed support. During 2021-22 the average standard hourly cost of external home care was £15.89, an increase of £1.41 from 2018-19. In comparison the average hourly cost for in-house home care was £19.50, a decrease from 2018-19 when the cost was £20.32.

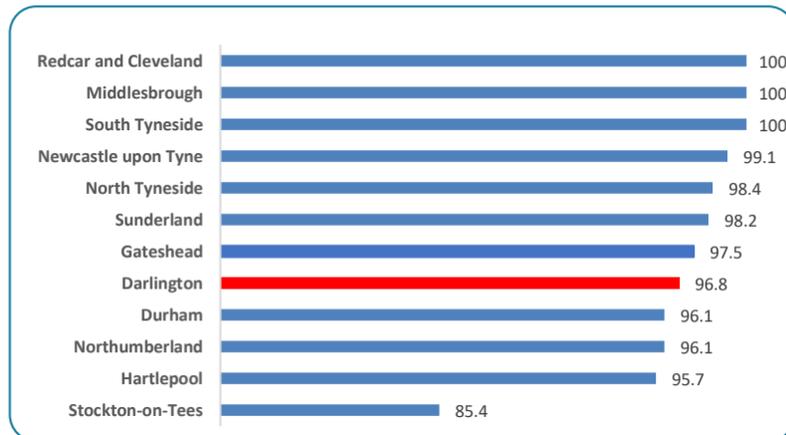
ASC 049: Proportion of people using social care who receive self-directed support



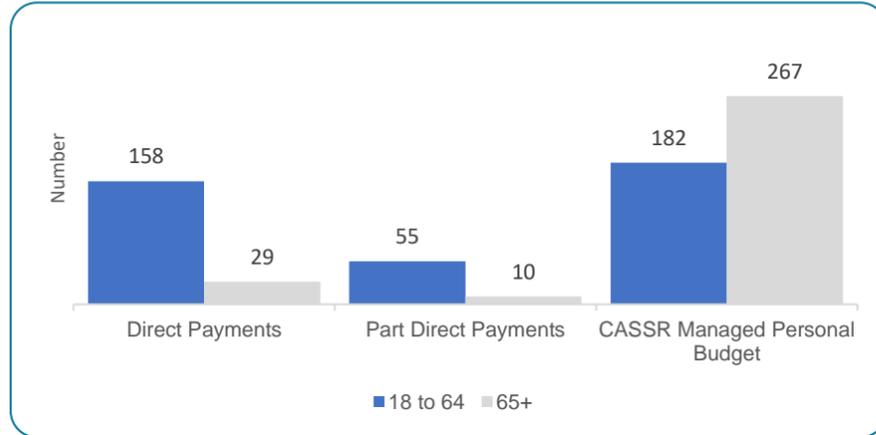
Primary Support Reason



Regional Breakdown 2021-22



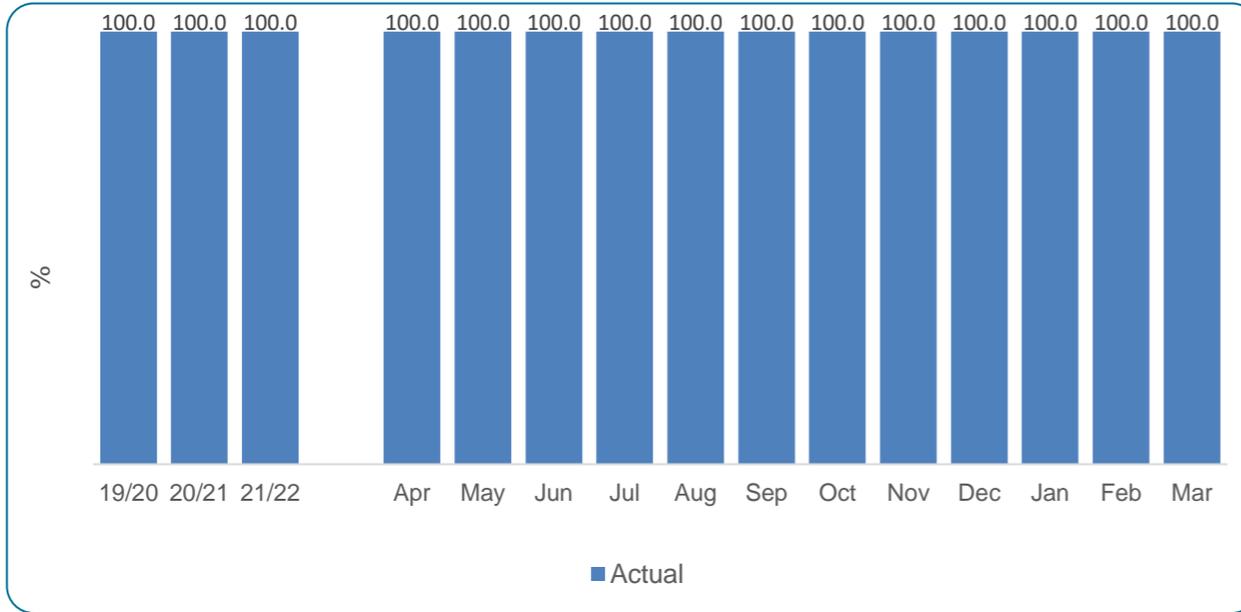
Breakdown of self-direct support



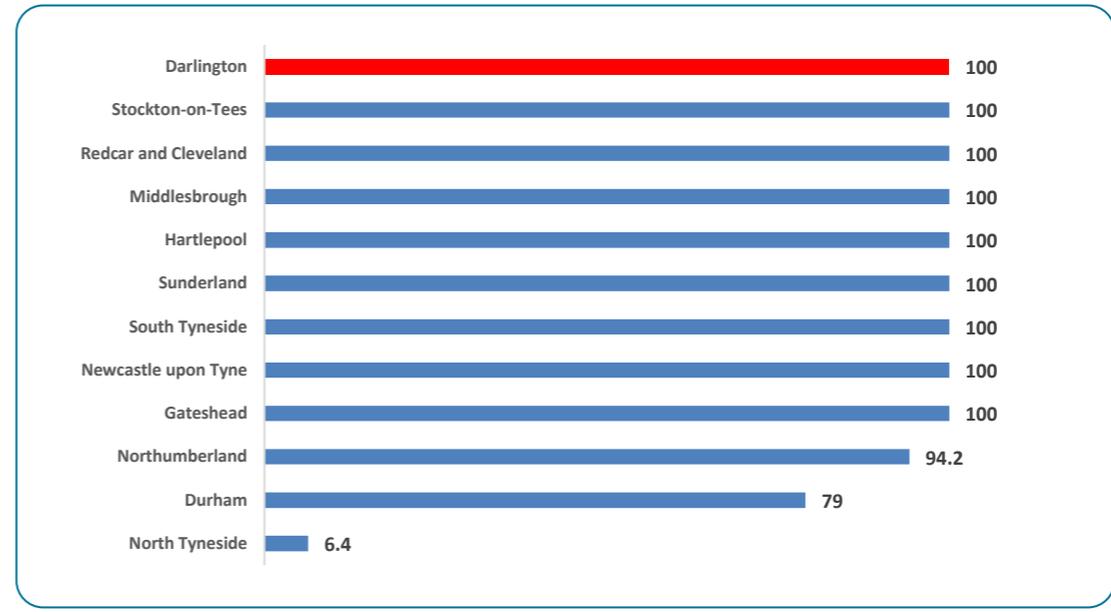
## Quality of Life - Self Directed Support

**Definition** Proportion of carers using social care who receive self-directed support (Bigger is better). Numerator: The number of users receiving either a) Direct Payment, b) Part Direct Payment or c) CASSR managed Personal Budget at the year-end 31st March. Denominator: Carers (caring for someone aged 18 or over) receiving carer-specific services in the year to 31st March:  
Source: SALT

ASC 050: Proportion of carers using social care who receive self-directed support



Regional Breakdown 2021-22



## Quality of Life - Accommodation

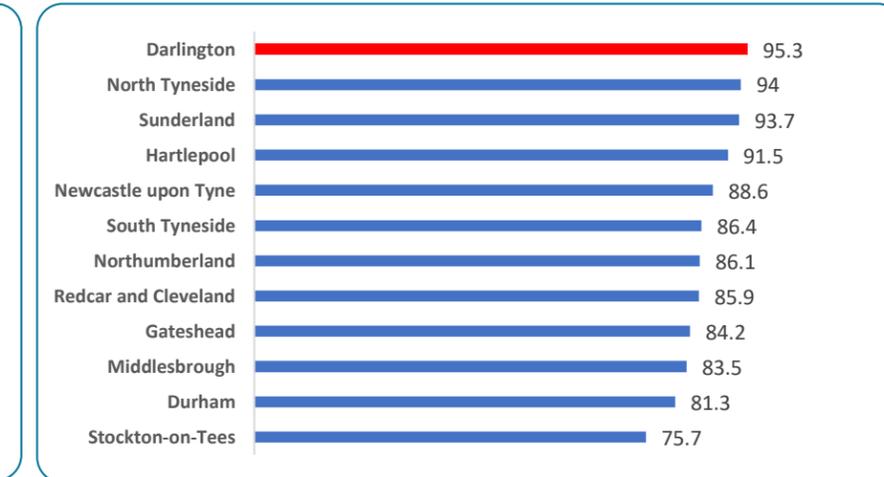
**Definition** Proportion of adults with a learning disability who live in their own home or with their family (Bigger is better). Numerator: All people within the denominator who are "living on their own or with their family". Denominator: Number of working-age learning-disabled clients known to CASSRs during the period. This includes clients who received long term support during the year and with a primary support reason of learning disability support. All support settings should be included (i.e. residential, nursing and community settings)  
Source: SALT

**PERFORMANCE ANALYSIS** Since April 2022, 274 adults aged between 18-64 have had their accommodation status updated following on from their reviews (95.2).  
The increase in the number of reviews being carried out is due to the reviewing officer being freed up to focus attention to the reviews within the team. The reviewing officer is currently looking at 5 reviews per week with an additional 2-3 reviews being looked at by a new social worker. All reviews are also being uploaded onto Liquid Logic at the time of completion rather than in groups. With the new procedures now in place, this indicator should start to see a more gradual increase in the number of reviews carried out each month rather than the spike usually seen during March.

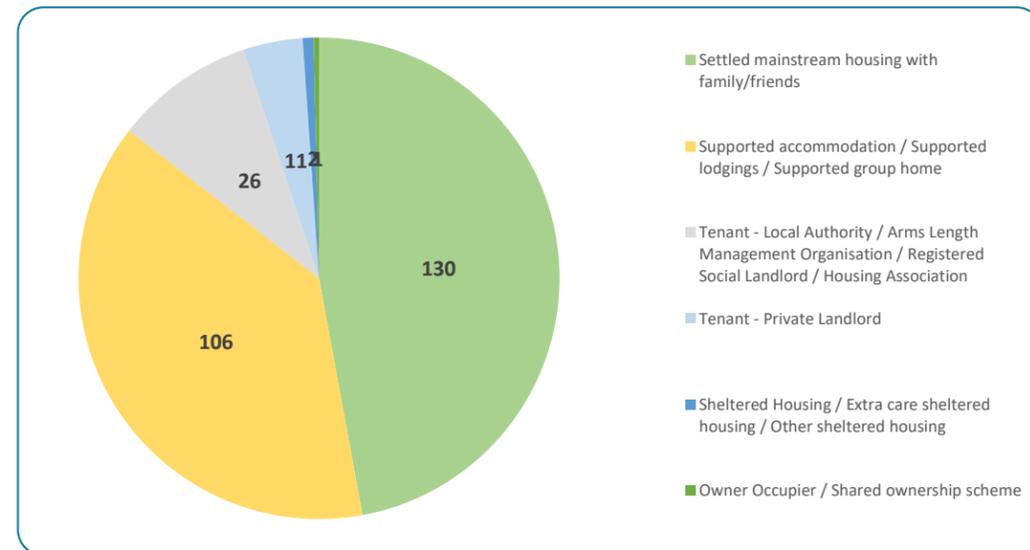
ASC 045: Proportion of adults with a learning disability who live in their own home or with their family



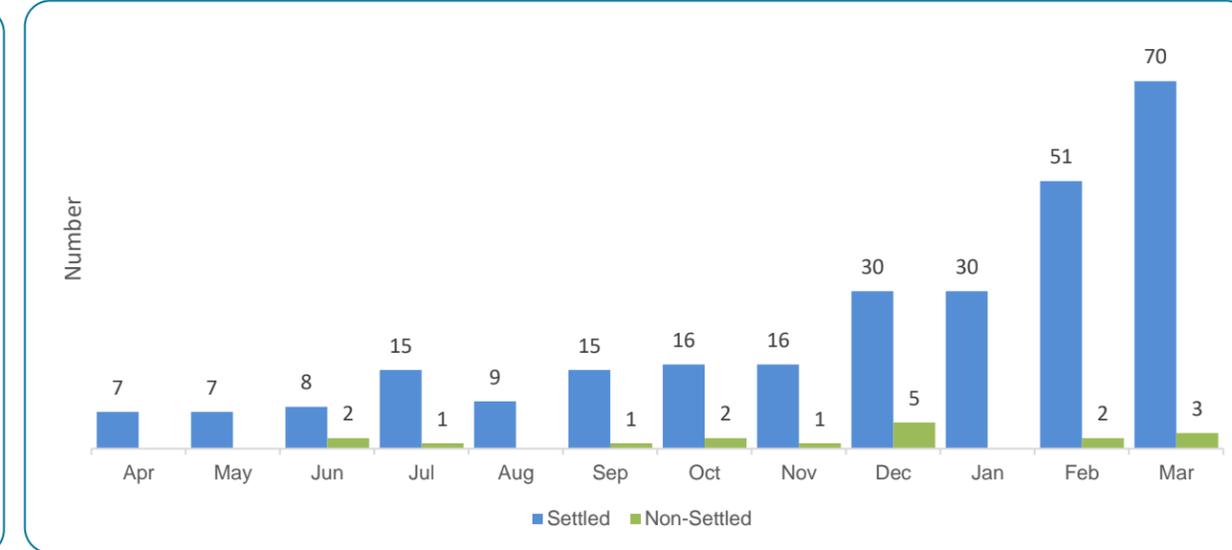
Regional Breakdown 2021-22



Type of Settled Accommodation - Number



Reviews Completed - Type of Accommodation

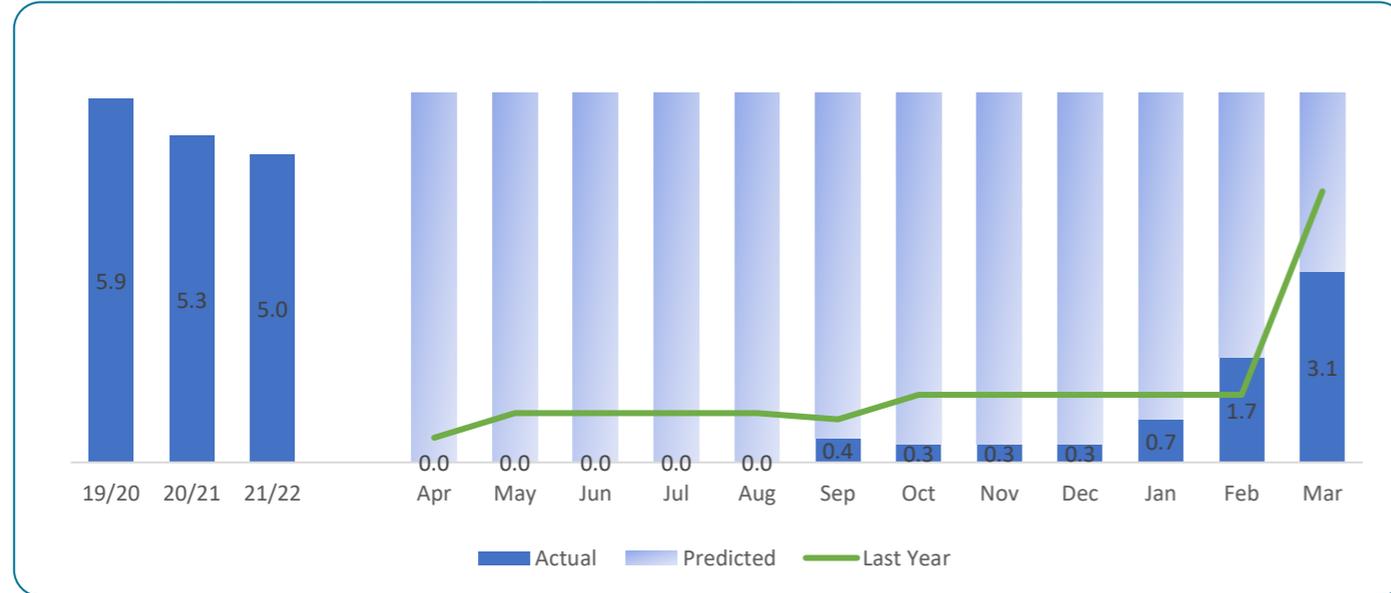


## Quality of Life - Employment

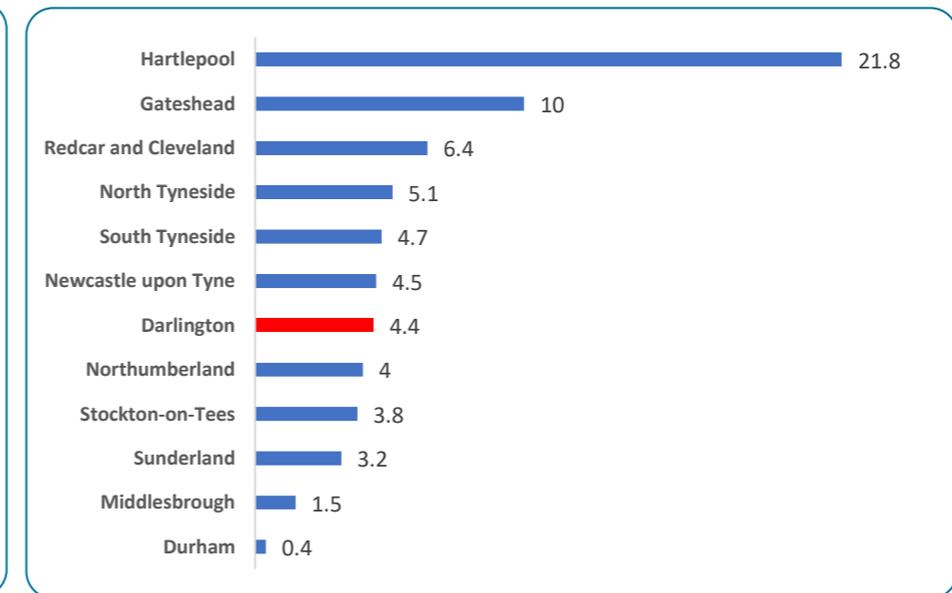
**Definition** Proportion of adults with learning disabilities in paid employment. (Bigger is better) Numerator: All people within the denominator, who are in employment. Denominator: Number of working-age learning-disabled clients known to CASSRs during the period. This includes clients who received long term support during the year and with a primary support reason of learning disability support. All support settings should be included (i.e. residential, nursing and community settings).  
Source: SALT

**PERFORMANCE ANALYSIS** The Learning Disability Team are now working with Project Choice to utilise their supported internship programme for the upcoming academic year (Sep 2023 - Aug 2024). The programme supports individuals with a learning disability and or autism, who are aged 16 to 24 with a supported internship. This consists of three, twelve-week work placements, alongside college learning. We are supporting individuals to consider this option with the aim of using 2-4 places on the next available intake. This will help progress individuals for employment readiness and potentially into paid employment in the near future.

ASC 046: Proportion of adults with a learning disability in paid employment



Regional Breakdown 2021-22



## Reduce the Need - Residential and Nursing Care

**Definition** The number of adults aged 65 and over whose long-term support needs are met by admission to residential and nursing care homes (per 100,000 population). (Smaller is better) Numerator: The sum of the number of council-supported permanent admissions of adults (aged 65 and over) to residential and nursing care during the year (excluding transfers between residential and nursing care). Denominator: Size of 65+ population in area (ONS mid-year population estimates). Source: SALT

**PERFORMANCE ANALYSIS**

163 individuals have moved into permanent care, which is higher than the number of individuals moved to permanent care in the previous 2 years. The average age of individuals currently in permanent care is 82.2 years and the average length of stay in permanent care for this age group is 28 months which is similar to pre-Covid levels. Source: North East Landscape database.

During 2022-23, 91% of individuals who moved to permanent care came straight from a short break stay, which is an increase from the same period last year where the figure was 83%. Of those individuals who did move to permanent care from an SBS, the average length of stay in an SBS setting was 133 days (19 weeks), which compares to 143 days (20 weeks) during the same period last year.

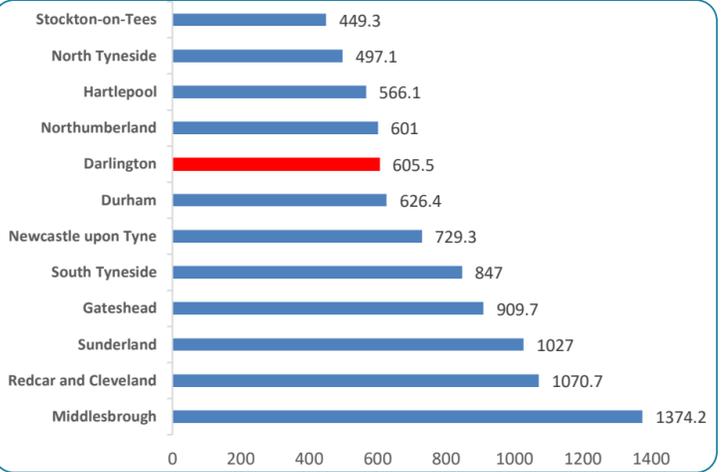
The table below shows the unit cost of residential / nursing care for the past 4 years and shows that unit costs have remained fairly consistent. Source: ASC-FR Collection.

	Residential	Nursing
2021-22	£594	£477
2020-21	£662	£532
2019-20	£548	£482
2018-19	£520	£473

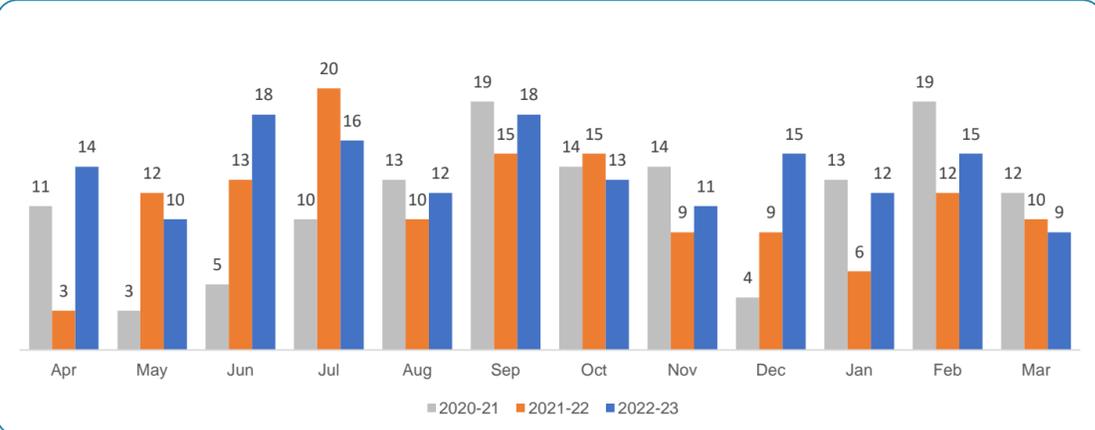
ASC 002: The number of adults aged 65 and over whose long-term support needs are met by admission to residential and nursing care homes



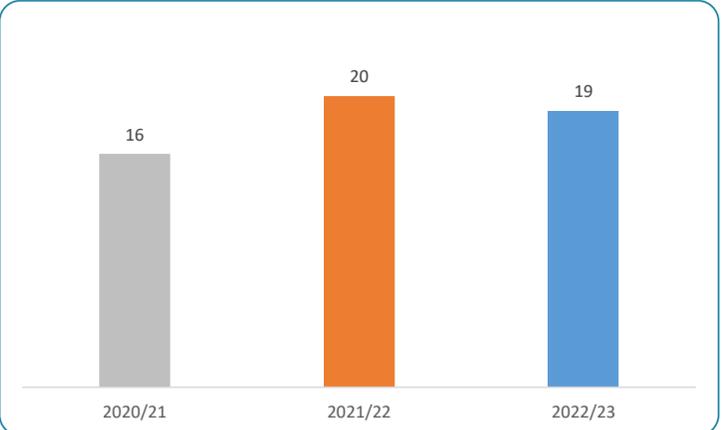
Regional Breakdown 2021-22



ASC 002a: Number of monthly permanent admissions



Average number of weeks in SBS prior to permanent care - YTD



## Reduce the Need - Residential and Nursing Care

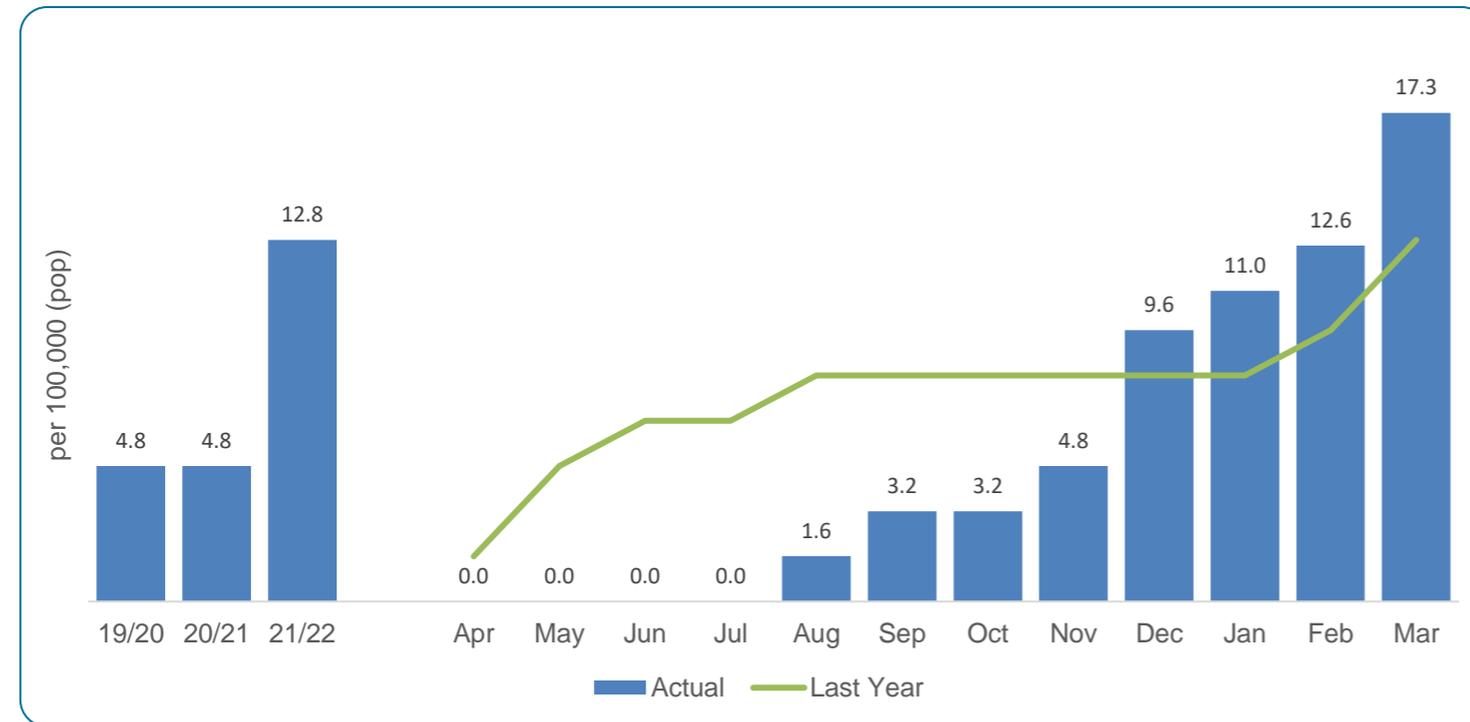
**Definition** Adults aged 18-64 admitted on a permanent basis in the year to residential or nursing care homes (Smaller is better). Numerator: The sum of the number of council-supported permanent admissions of adults (18-64) to residential and nursing care during the year (excluding transfers between residential and nursing care). Denominator: Size of population (aged 18-64) in area (ONS mid-year population estimates). Source: SALT

**PERFORMANCE ANALYSIS** Since April, 11 individuals aged 18-64 have moved to permanent residential care, which is a significant increase when compared with the previous 3 years. All individual cases have been scrutinised to confirm placements are appropriate. Currently the average age of individuals in permanent care aged between 18-64 is 45. The average length of stay in permanent care for this age group is 79 months, which is less than the 83-month average pre-Covid levels. Source: North East Landscape database.

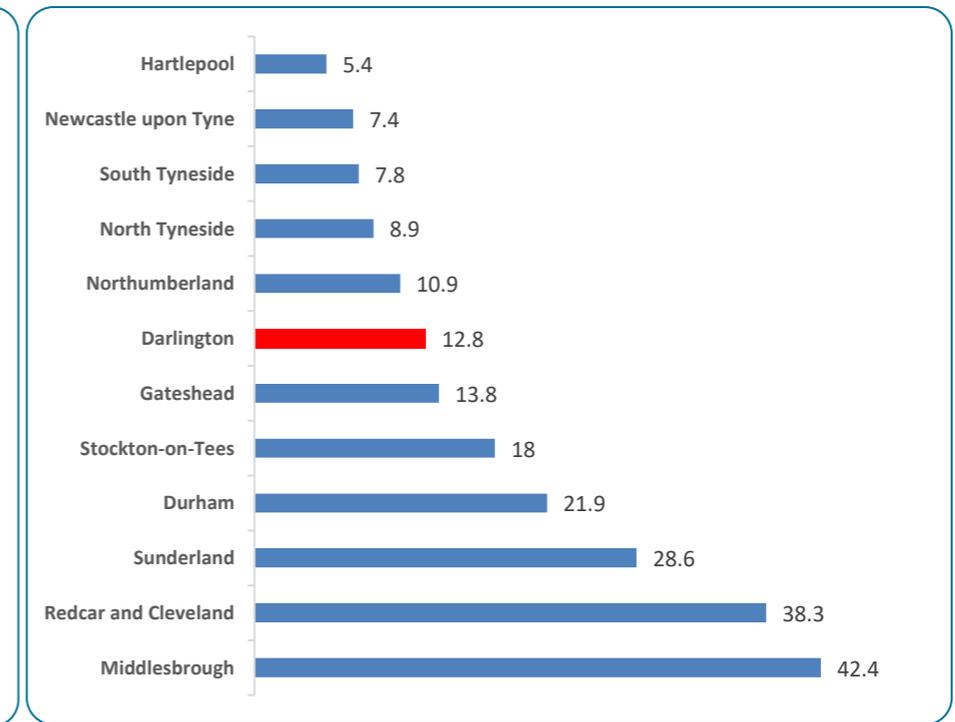
The table below shows the unit cost of residential / nursing care for the past 4 years and indicates that the unit cost for residential during 2021-22 was the lowest it had been for the past 4 years.

	Residential	Nursing
<b>2021-22</b>	£929	£663
<b>2020-21</b>	£1,181	£586
<b>2019-20</b>	£1,026	£721
<b>2018-19</b>	£986	£520

ASC 003:Adults aged 18-64 admitted on a permanent basis in the year to residential or nursing care



Regional Breakdown 2021-22



**ADULTS SCRUTINY COMMITTEE  
24 OCTOBER 2023**

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**QUALITY STANDARDS MONITORING OUTCOMES 2023-2024**

**AGREEMENT FOR THE PROVISION OF RESIDENTIAL CARE FOR ADULTS AND OLDER PEOPLE  
WITH MENTAL HEALTH PROBLEMS 2013-2024**

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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 2023-2024. 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 2023 – 2024 demonstrates an increase in the number of homes who have achieved an A Grade, with 16/19, (84%) achieving an A Grade compared to 13/19, (68%) in 2022. 0 homes achieved 8 standards or less.

**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 2024 as the Council has extended the Agreement for a further 1 year. This has been agreed with all of the Providers.
5. **Appendix 1** provides an overview of the Quality Standards Process.

### Current Market Position

6. The exercise was completed this year using a self assessment process combined with clarification meetings/visits to the care homes.
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 2023 Providers were informed that the visits for 2023-2024 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 84%. Whilst we previously reported the impact of Covid-19 on care homes remains significant the average occupancy over the last 16 months has been 83.72%.

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.
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 915. 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 excellent quality staff who will stay, and we continue to see the impact of the increases in the cost of living, utilities, and fuel costs. As nursing beds are de-registered, we are also hearing about the impact this is having on the care sector, especially in the recruitment of senior carers who are becoming extremely hard to source.
13. In 2022 there was a reduction in the number of homes achieving an A Grade with 13/19 homes achieving an A Grade, compared to 15/19 the previous year (2021).
14. Each home is required to provide information to the contracts section 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 (or a delegate nominated by them) 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 clarification session, 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 become known 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 2023/24

18. Individual Quality Standard (QS) outcomes have been detailed in **Appendix 2** of this report.

19. Reference (**Table Appendix 3**):

- (a) 16/19 Care Homes gained 10 standards
- (b) 3/19 Care Homes gained 9 standards
- (c) 0/19 Care Home gained 8 or less standards

20. The table below shows the outcomes over the last 7 years.

Grade	2016-17	2017-18	2018-19	2019-20	2021-22	2022-23	<b>2023-24</b>
A	12/19	9/19	11/18	13/19	15/19	13/19	<b>16/19</b>
B	2/19	5/19	2/18	1/19	2/19	4/19	<b>3/19</b>
C	5/19	5/19	5/18	5/19	2/19	2/19	<b>0/19</b>

21. 12 of the previous A graded homes have maintained this grade. 1 home has reduced their overall rating. 5 homes have improved on last year's ratings.

22. 1 home (Care Home 3) that was an A Grade in 2022 has reduced their rating to a B Grade.

23. 1 home (Care Home 9) that was a B Grade in 2022 has maintained that grade and failed the same standard.

24. 3 homes that were a B Grade in 2022, (Care Homes 12, 16 & 18) and 1 home that was C Grade in 2022 (Care Home 1) have improved their rating to an A Grade. 1 home that was a C Grade in 2022 (Care Home 7) has improved their rating 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 encouraging, given the decrease in compliance last year.

- (a) Care Home 9 has failed to show an improvement on last year's gradings and has failed the same standard again.
- (b) Care Home 3 has also failed 1 standard.

- (c) 1 home that has performed well is Care Home 1, (who failed 3 standards last year). This home has had the stability of a consistent manager and management support.
  - (d) Care Home 7 failed 1 standard this year, an improvement on their position in 2021.
  - (e) None of the homes failed Standard 5 (Nutrition), that is independently verified by the dietician service, which is an improvement on the last 2 years results.
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 2023 – 2024.
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 budget pressure on this year's budget of circa £193k. As in previous years amendments to fee levels will be communicated to our partners in the integrated Care Board.

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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:

Grading	Environmental Compliance Level	Number of Care Homes
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 2023- 2024**  
**APPLICABLE FROM 1 APRIL 2023 – 31 MARCH 2024**  
**(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>726</b>	<b>690</b>	<b>653</b>
<b>2</b>	<b>721</b>	<b>685</b>	<b>649</b>
<b>3</b>	<b>689</b>	<b>655</b>	<b>620</b>
<b>4</b>	<b>674</b>	<b>640</b>	<b>607</b>

## INDIVIDUAL QUALITY STANDARDS OUTCOMES

1. In relation to the individual standards:

- (a) 17/19 homes passed standards 3,4,5,6,7,8,9 and 10.
- (b) 1 care home failed standard 1
- (c) 1 care home failed standard 2, which they failed last year.

### 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. 1 home failed this standard, (Care Home 3). The shortfall in this standard was that there was no evidence that staff had completed the Care Certificate (Skills for care common induction programme).

### 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. 1 home failed this standard (Care Home 9). The shortfall in this standard is in relation to compliance with staff training requirements including end of life care, support planning and risk assessment and NVQ qualifications. The Manager is also still working towards her NVQ Level 5 qualification, which has been the case for some time. We have also considered shortfalls in relation to completion of the Care Certificate induction programme.

### Standard 3 – Social and Leisure Outcomes.

- 6. 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.
- 7. All homes passed this standard.

### Standard 4 – Plan of Care Requirements.

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

### **Standard 5 – Nutrition.**

10. All homes passed this standard.

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

11. 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.

12. 1 home failed this standard (Care Homes 7) and have failed this for the last 3 years due to not being able to demonstrate that all staff responsible for the administration of medication have had competency checks carried out in line with the contractual requirements.

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

13. 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.

14. All homes passed this standard.

### **Standard 8 – Health & Safety.**

15. 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.

16. All homes passed this standard.

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

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

18. All homes passed this standard.

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

19. 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.

20. All homes passed this standard.

	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
HOME	1	2	3	4	5	6	7	8	9	10	
1											10
2											10
3											9
4											10
5											10
6											10
7											9
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18											10
19											10
<b>19 homes</b>	<b>18</b>	<b>18</b>	<b>19</b>	<b>19</b>	<b>19</b>	<b>18</b>	<b>19</b>	<b>19</b>	<b>19</b>	<b>19</b>	
<b>% homes met standard</b>	<b>95%</b>	<b>95%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>95%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	

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Name of home	2015	2016	2017	2018	2019	2020/21	2022	2023	Management changes
Care Home 1					1A	1B/C*	1C	1A	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	1B	1B	1A	1A	1A	1A	
Care Home 7	1C	1C	1C	1C	1C	1B	1C	1B	Yes
Care Home 8	2A	2A	2A	2A	2A	2A	2A	2A	
Care Home 9	1B	1B	1A	1C	1C	1C	1B	1B	
Care Home 11	1B	1A	1A	1A	1A	1A	1A	1A*	Yes
Care Home 14	2A	2A	2A	2A	2A	2A	2A	2A	
Care Home 15	1B	1A*	1A	1A	1A	1A	1A	1A	
Care Home 16	1B	1A*	1A	1A	1A	1A	1B	1A	
Care Home 17	2A	2A	2B	2A	2A	2A	2A	2A	
Care Hime 18	1C	1A	1B	1C	1C	1A	1B	1A	
Care Home 19	2B	2C	2C	2A	2A	2A	2A	2A	
Care Home 2	2A	2A	2A	2A	2A	2A	2A	2A	
Care Home 3	2B	2C*	2C	2B	2A	2A	2A	2B	Yes
Care Home 10	4C	4C	4C	4C	4C	4A	4A	4A	
Care Home 12	2C	2B*	2C	2C	2C	2C	2B	2A	
Care Home 13	3A	3A	3B	3A	3A	3A	3A	3A	



\*

## Residential Fee Levels Comparison table 2017

Agreement for Residential Care 2013-2018								
Name of home	2016 - 2017				2017 - 2018			
	Grade	Fee Level	EMI	Date rates apply	Grade	Fee Level	EMI	Date rates apply
Eden Cottage	2A	£493	N	01 April 2016	2A	£504	N	01 April 2017
Elderwood	2A	£493	N	01 April 2016	2A	£504	N	01 April 2017
Grosvenor Park	1A	£496	Y	01 April 2016	1B	£482	Y	01 April 2017
Hundens Park	1C	£446	N	01 April 2016	1C	£456	N	01 April 2017
Moorlands	2A	£493	N	01 April 2016	2A	£504	N	01 April 2017
North Park	1B	£471	Y	01 April 2016	1A	£507	Y	01 April 2017
Riverside	1A	£496	Y	01 April 2016	1A	£507	Y	01 April 2017
St Georges H & L	1C	£446	Y	01 April 2016	1B	£482	Y	01 April 2017
The Gardens	2A	£493	N	01 April 2016	2A	£504	N	01 April 2017
The Grange	1A	£496	Y	01 April 2016	1A	£507	Y	01 April 2017
The Lawns	1A	£496	Y	01 April 2016	1A	£507	Y	01 April 2017
Ventress Hall	2A	£493	N	01 April 2016	2B	£479	N	01 April 2017
Willow Green	1A	£496	Y	01 April 2016	1B	£482	Y	01 April 2017
Wilton House	2C	£444	N	01 April 2016	2C	£454	N	01 April 2017
Darlington Manor	2A	£493	Y	01 April 2016	2A	£504	Y	01 April 2017
Eastbourne	2C	£444	N	01 April 2016	2C	£454	N	01 April 2017
Oaklodge	4C	£412	N	01 April 2016	4C	£423	N	01 April 2017
Rydal	2B	£468	Y	01 April 2016	2C	£454	Y	01 April 2017
Springfield	3A	£470	Y	01 April 2016	3B	£457	Y	01 April 2017
There is a supplement of £10 for Service users requiring EMI placement								



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

## 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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**ADULTS SCRUTINY COMMITTEE  
24 OCTOBER 2023**

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**WORK PROGRAMME 2023-2024**

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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 2023/24 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, 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.

### Forward Plan and Additional Items

9. 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.
10. A copy of the index of the Forward Plan has been attached at **Appendix 3** for information.

**ADULTS SCRUTINY COMMITTEE WORK PROGRAMME 2023/24**

<b>Topic</b>	<b>Timescale</b>	<b>Lead Officer</b>	<b>Link to PMF (metrics)</b>	<b>Scrutiny's Role / Notes</b>
Performance Indicators End of Year Report 2022-23	24 October 2023	Joss Harbron / Sharon Raine / Wendy Excell	ASC 002 ASC 003 ASC 019 ASC 045 ASC 046 ASC 049 ASC 050 ASC 208 ASC 209 ASC 211	To monitor Key Performance Indicators.  To receive six-monthly monitoring reports and undertake any further detailed work into particular outcomes if necessary.
Reforms to Adult Social Care - Update	24 October 2023	Joss Harbron		To receive an update on progress in relation to the reforms to Adult Social Care.
<b>Annual Older Persons Quality Standards</b>	<b>24 October 2023</b>	<b>Sukhdev Dosanjh</b>		<b>To receive the annual monitoring report.</b>
Adult Social Care – Budget Overview	24 October 2023	Joss Harbron		To receive an overview of the Adult Social Care budget, highlighting in year pressures.
<b>Medium Term Financial Plan (MTFP)</b>	<b>9 January 2024</b>	<b>Brett Nielsen</b>		<b>To scrutinise those areas of the MTFP within the remit of this Scrutiny Committee.</b>
Reforms to Adult Social Care - Update	9 January 2024	Joss Harbron		To receive an update on progress in relation to the reforms to Adult Social Care.
<b>Review of Adult Care Services during Covid – Final Report</b>	<b>9 January 2024</b>	<b>Councillor Holroyd</b>		<b>To receive the final report of the Review of Adult Care Services during Covid Task and Finish Group.</b>  <b>(Deferred per request from Councillor Holroyd, with permission of the Chair).</b>

<b>Substance Misuse Service Update: Support Treatment and Recovery In Darlington through Empowering (STRIDE) (invitation to Health and Housing Scrutiny Committee)</b>	<b>9 January 2024</b>	<b>Gary Besterfield / Sarah Allen (We Are With You). Link in with Abbie Kelly, Public Health Portfolio Lead</b>		<b>To receive an update on the proposed actions reported to the Ordinary Meeting of this Committee in February 2023.</b>
Coercive Control and Domestic Abuse Policy	9 January 2024	Christine Shields / Hannah Wilson (Safeguarding Partnership lead of self-neglect Task and Finish Group)		To receive an overview to understand what actions the Council are taking in relation to the new legislation around coercive control, and to receive an overview of the Domestic Abuse Policy.
Transitional Services (SEND) – Parental Support (invitation to Children and Young People Scrutiny Committee)	20 February 2024	Tony Murphy / David Watson		To receive an update on the support available for parents in relation to Transitional Services (SEND).
Care Homes in Executive Strategy Measures / Arrangements	20 February 2024	Rachel Watt / Sukhdev Dosanjh		Recommendation from the ‘Nursing Care Homes in Special Measures Task and Finish Group’ – six monthly report to this Committee.
Reforms to Adult Social Care - Update	20 February 2024	Joss Harbron		To receive an update on progress in relation to the reforms to Adult Social Care.

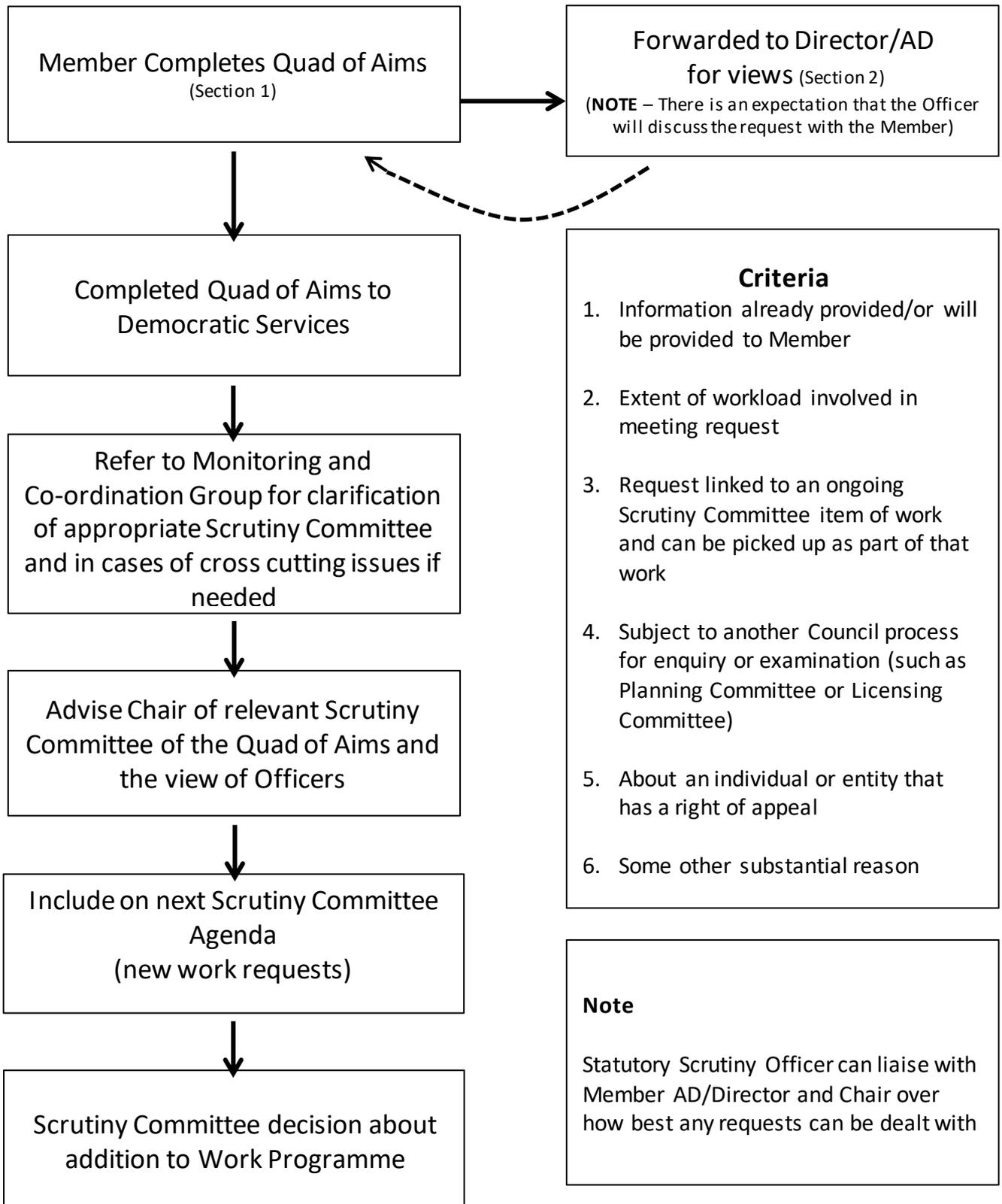
Performance Indicators Quarter 2 2023/2024	20 February 2024	Joss Harbron / Sharon Raine / Wendy Excell	ASC 002 ASC 003 ASC 019 ASC 045 ASC 046 ASC 049 ASC 050 ASC 208 ASC 209 ASC 211	To monitor Key Performance Indicators.  To receive six-monthly monitoring reports and undertake any further detailed work into particular outcomes if necessary.
Darlington Safeguarding Partnership - Annual Report	20 February 2024	Ann Baxter / Amanda Hugill	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	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.  To be advised of the key issues for the Board and funding.
Reforms to Adult Social Care - Update	16 April 2024	Joss Harbron		To receive an update on progress in relation to the reforms to Adult Social Care.

**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.

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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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	<b>Criteria</b>
1. (a) Is the information available elsewhere? Yes ..... No ..... 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: FOR THE PERIOD: 4 OCTOBER 2023 – 29 FEBRUARY 2024**

Title	Decision Maker and Date
Auditors Annual Audit Letter 2020/21	Cabinet 7 Nov 2023
Clean Neighbourhoods and Environment Act 2005 - Fixed Penalty Notices	Cabinet 7 Nov 2023
Consultation on Renewal of Dog Public Space Protection Order	Cabinet 7 Nov 2023
Council Tax Changes to Empty Property Premiums from 2024	Cabinet 7 Nov 2023
Council Tax Support - Scheme Approval 2024/25	Council 30 Nov 2023 Cabinet 7 Nov 2023
Delivery of New Homes at Neasham Road	Cabinet 7 Nov 2023
Housing Services Repairs and Maintenance Policy	Cabinet 7 Nov 2023
Procurement Plan Update	Cabinet 7 Nov 2023
Project Position Statement and Capital Programme Monitoring - Quarter Two 2023/24	Cabinet 7 Nov 2023
Revenue Budget Monitoring 2023/24 - Quarter Two	Cabinet 7 Nov 2023
Schedule of Transactions	Cabinet 7 Nov 2023
Special Free School at West Park, Darlington	Cabinet 7 Nov 2023
Complaints to Local Government Ombudsman	Cabinet 5 Dec 2023
Housing Revenue Account - Medium Term Financial Plan 2024/25 to 2027/28	Council 25 Jan 2024 Cabinet 5 Dec 2023
Land at Faverdale - Burtree Garden Village - Proposed Infrastructure Development Agreement	Cabinet 5 Dec 2023
Medium Term Financial Plan (MTFP)	Council 25 Jan 2024 Cabinet 5 Dec 2023
Mid-Year Prudential Indicators and Treasury Management 2023/24	Council 25 Jan 2024 Cabinet 5 Dec 2023
Council Tax and Business Rates Debt Recovery Strategy	Cabinet 9 Jan 2024
Council Tax and Business Rates Discretionary Relief Policy	Cabinet 9 Jan 2024
Discretionary Housing Payment Policy	Cabinet 9 Jan 2024
Housing Services Asset Management Strategy	Cabinet 9 Jan 2024
Housing Services Climate Change Strategy	Cabinet 9 Jan 2024
Maintained Schools Capital Programme - Summer 2024	Cabinet 9 Jan 2024
Revised Climate Change Action Plan	Council 25 Jan 2024 Cabinet 9 Jan 2024
Calendar of Council and Committee Meetings 2024/25	Cabinet 6 Feb 2024
Housing Revenue Account - Medium Term Financial Plan 2024/25 to 2026/28	Cabinet 6 Feb 2024
Medium Term Financial Plan (MTFP) 2024/25 to 2027/28	Council 21 Mar 2024

**DARLINGTON BOROUGH COUNCIL  
FORWARD PLAN**

	Cabinet 6 Feb 2024
Project Position Statement and Capital Programme Monitoring - Quarter 3	Cabinet 6 Feb 2024
Prudential Indicators and Treasury Management Strategy	Cabinet 6 Feb 2024
Revenue Budget Monitoring - Quarter 3	Cabinet 6 Feb 2024
Schools Admissions 2025/26	Cabinet 6 Feb 2024
Asset Management Plan	Cabinet