



**DARLINGTON**

Borough Council

# Adults Scrutiny Committee Agenda

9.30 am, Tuesday, 16 April 2024

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 20th February 2024 (Pages 3 - 6)
4. Social Care Reforms - Update – Verbal Update from the Assistant Director, Adult Services
5. Council Plan 2024-27 - Draft for Consultation – Report of the Chief Officers Executive (Pages 7 - 24)
6. Adult Social Care during the Covid Pandemic Task and Finish Review - Final Report – Report of the Assistant Director, Adult Services (Pages 25 - 192)
7. Work Programme 2023/24 – Report of the Assistant Director, Law and Governance (Pages 193 - 202)
8. 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.
9. Questions



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

**Monday, 8 April 2024**

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

**Membership**

Councillors Anderson, Crumbie, 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

## ADULTS SCRUTINY COMMITTEE

Tuesday, 20 February 2024

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

**APOLOGIES** – Councillor Renton.

**ALSO IN ATTENDANCE** – Councillors Curry and Snedker.

**OFFICERS IN ATTENDANCE** – Joss Harbron (Assistant Director - Adult Social Care), Rachel Watt (Service Manager (Safeguarding and ACT)), Paul Dalton (Democratic and Elections Officer) and Olivia Hugill (Democratic Officer).

### AD28 DECLARATIONS OF INTEREST

There were no declarations of interest reported at the meeting.

### AD29 TO APPROVE THE MINUTES OF THE MEETING OF THIS SCRUTINY COMMITTEE HELD ON 9 JANUARY 2024

**Submitted** – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 9 January 2024.

**Resolved** – That the Minutes of the Ordinary Meeting of this Committee held on 9 January 2024, be approved as a correct record.

### AD30 SOCIAL CARE REFORMS - UPDATE

The Assistant Director, Adult Social Care, advised Members that there was no further update in relation to Darlington subsequent to the previous meeting.

Members were informed that Care Quality Commission (CQC) will be completing an inspection of Adult Services at Durham County Council within the next six months, with their self-assessment being provided to the CQC over the course of the coming weeks.

**RESOLVED** - That the update be noted.

### AD31 CARE HOMES IN EXECUTIVE STRATEGY MEASURES / ARRANGEMENTS

The Service Manager, Safeguarding and ACT, provided an update on Care Homes in Executive Strategy Measures. The presentation advised Members on the Executive Strategy process, the specific providers and services that had come out of Executive Strategy, the current providers and services within Executive Strategy, and the preventative steps being taken.

Members entered into discussion in relation to staffing levels in care homes and the arrangements in place to ensure that appropriate levels are maintained. The Committee were keen to learn more about staff training, whether training logs could be requested, who is able to access this training, and the training available for unpaid carers, and how unpaid

carers can access this. Members acknowledged the upskilling and collaborative work that had been undertaken throughout this period.

Discussion ensued on the financial implications of those residents of Darlington who are presently residing in homes in another authority area, whether there was any financial redress from those authorities taking places in the Darlington area, and whether Darlington Borough Council could reserve block placements with its providers.

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

### **AD32 PERFORMANCE INDICATORS QUARTER 2 2023/2024**

The Assistant Director of Adult Services submitted a report (previously circulated) to provide Members with performance data against key performance indicators for 2023/24.

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.

The submitted report stated that the indicators were aligned with key priorities and the majority are used to monitor the Council Plan. It was stated that other indicators may be referenced when appropriate in narrative provided by the relevant Assistant Directors, when providing the Committee with performance updates. Twelve indicators were reported to this committee, ten on a six-monthly basis and two annually.

It was reported that eight of the twelve indicators were reported on at the end of Quarter 2 of 2023/24, of which two indicators were showing performance better than the same period as of last year. Two indicators indicated that performance had declined in comparison to the same period as last year, however, were still being monitored and managed. One indicator remained the same as last year, and three indicators were not comparable and would be reviewed at a point in time.

The submitted report also stated that due to recent ASCOF/Client Level Data (CLD) changes there were four indicators that were no longer being reported, and that the new indicators that will replace them were currently under development.

Concerns were expressed as to whether residents were being discharged from hospital too soon, and discussion ensued on the conflicting national and local pressures involved. Members noted the increase in younger adults (aged 18-64) presenting with increased complex needs, and ascertained whether this was an ongoing trend. Members scrutinised the support available for families and unpaid carers looking after people within a domiciliary setting. Members were keen that the Carers Strategy was shared with carers. Discussion ensued on why Darlington has the third highest proportion of people using social care services, and the reasons for this.

**RESOLVED** – That the performance information provided in the submitted report be noted.

### **AD33 DARLINGTON SAFEGUARDING PARTNERSHIP - ANNUAL REPORT**



The Assistant Director, Adult Social Care, submitted a report (previously circulated) to enable the Committee to receive and comment upon the Annual Report of the Darlington Safeguarding Partnership (DSP) for the period of 2022/23.

The submitted report highlighted that Local Safeguarding Partnerships are required to produce an Annual Report to account for that Partnership's achievements over the previous year and assess the effectiveness of multi-agency safeguarding arrangements within the local area. The submitted report summarised and reflected the work of the Partnership over the 2022/23 period.

The Chair of the Darlington Safeguarding Partnership was unable to attend the meeting and Members were advised that any questions on the report could be forwarded to the Chair accordingly.

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

#### **AD34 WORK PROGRAMME 2023/24**

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 2023/24, and to any additional areas that Members would like to be included.

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

This page is intentionally left blank

**ADULTS SCRUTINY COMMITTEE  
16 APRIL 2024**

---

**COUNCIL PLAN 2024-27 – DRAFT FOR CONSULTATION**

---

**SUMMARY REPORT**

**Purpose of the Report**

1. To introduce the draft Council Plan to the Committee and seek comments.

**Summary**

2. The Council Plan is an official document that outlines the long-term ambitions for Darlington and priorities of the council to deliver over the next three years (2024-2027).
3. The plan gives strategic direction to the Council - and council services - defining priorities and shaping delivery. It gives clarity to residents, businesses and stakeholders on our values, what is important and what we will do.
4. The public consultation for the draft plan is now open and runs from 6 March to 25 April. The council is seeking views from residents, businesses, charities and key stakeholders. It is intended that the final plan goes to Cabinet and Council in May for approval and adoption.

**Recommendation**

5. It is recommended that the Committee:-
  - (a) Review the plan and provide feedback views in the meeting
  - (b) Share the plan with your networks and encourage people to complete the survey.

**Chief Officers Executive**

**Background Papers**

Draft Council Plan and Survey available at: <https://www.darlington.gov.uk/councilplan>

Author: Lynne Davies, Extn: 5070

S17 Crime and Disorder	The Council Plan prioritises the safety of our residents and communities. The Communities Priority identifies key actions that we will deliver in partnership. The performance monitoring framework will include measures to demonstrate progress against this outcome.
Health and Wellbeing	The Council Plan prioritises the health and wellbeing of our residents and communities. The Health and Wellbeing Priority identifies many actions and good health will be an important outcome across the plan. The performance monitoring framework will include measures to demonstrate progress against this outcome improving health and reducing health inequalities.
Carbon Impact and Climate Change	The Council Plan prioritises addressing carbon impact and climate change. Addressing climate change is a core value and will be considered in everything the council does. The performance monitoring framework will include measures to demonstrate progress against this outcome.
Diversity	Addressing inequalities is a core value within the plan. A desktop Equality Impact Assessment has not identified any significant negative impacts on protected characteristics. The key deliverables referenced in the plan will be progressed through other strategies and plans and will involve separate equality impact assessments where appropriate.
Wards Affected	All
Groups Affected	All
Budget and Policy Framework	The Council plan will be part of the policy framework and will be the primary strategy that strategies and plans demonstrate their contribution to the vision, ambition and priorities of the Council Plan
Key Decision	This is a key decision because following consultation, agreement to the recommendations will result in the Local Authority adopting a plan which will have an effect on the communities living or working in an area comprising two or more wards within the area of the local authority.
Urgent Decision	This is not an urgent decision as it will require adoption by full Council after consultation.
Council Plan	This is the draft Council Plan for 2024-2027 for consultation.
Efficiency	The draft Council Plan prioritises efficient and effective resources as a key value and will be considered in all council business.
Impact on Looked After Children and Care Leavers	The Council remains committed to ensuring the best outcomes for Looked After Children, and contains a number of priorities and actions that will have a positive impact on this group.

## MAIN REPORT

### Information and Analysis

#### Council Plan – Draft for Consultation

6. The draft Council Plan is a strategic document that gives direction to the Council and council services by defining priorities and shaping delivery; and gives clarity to residents, businesses and stakeholders on our values, what is important and what we will do.
7. The draft plan proposes a long term vision and ambitions for Darlington, and priorities for delivery over the life of the plan. Three core values feed into the plan: addressing inequalities, tackling climate change and efficient and effective use of resources. These are important principles we'll consider in everything we do.
8. The six priorities are given equal importance:
  - (a) Economy: A strong, sustainable economy and highly skilled workforce with opportunities for all.
  - (b) Homes: Affordable and secure homes that meet current and future resident need.
  - (c) Living well: A healthier and better quality of life for longer supporting those who need it.
  - (d) Children and young people: best start in life, realising potential and raising aspirations.
  - (e) Communities: Healthier, safer and more engaged communities.
  - (f) Environment: A well connected, clean and sustainable borough.
9. Each priority has a number of key deliverables to be progressed over the life of the plan. The plan is ambitious and requires a Team Darlington approach by strengthening our relationships and building new partnerships with our stakeholders and communities.
10. The public consultation for the draft plan is now open and runs from 6 March to 25 April. The council is seeking views from residents, businesses, charities and key stakeholders.
11. A survey has been published alongside the plan allowing for feedback. It is on the consultations page of the Darlington Borough Council website alongside a Questions and Answers paper. Printed copies of the plan and survey are available in Darlington Library, Cockerton Library and the Dolphin Centre and upon request. The March edition of One Darlington which is distributed across the borough also contains an article on the Council Plan with information on how to complete the survey.
12. Awareness raising will primarily take place through social media, ward surgeries of local councillors, at relevant stakeholder meetings and other suitable opportunities that arise. The outcome of the consultation will be reported to Cabinet in May. It is intended that the final plan goes to Cabinet and Council in May for approval and adoption.

## Monitoring the Council Plan

13. Delivery is structured around the six priorities and three core values and will be progressed in a cross-council collaborative approach through key strategies and plans. The deliverables in the plan will be owned by key strategies and plans, in particular those highlighted in the council plan:

- (a) Climate change action plan
- (b) Inclusive economy strategy
- (c) Homes strategy
- (d) Health and wellbeing strategy, and
- (e) Children and young people’s plan.

14. Political accountability for the priorities and core values will be collaborative with a Cabinet member leading each priority and core value, working with relevant portfolio leads to deliver.

<b>Priority / Core Value</b>	<b>Lead Cabinet member</b>	<b>Portfolio Holders</b>
Economy	Cllr McEwan	Adults Children and Young People Economy Local Services Stronger Communities
Homes	Cllr Roche	Adults Children and Young People Health and Housing Stronger Communities
Living Well	Cllr Curry and Cllr Porter	Adults Health and Housing Resources
Children and Young People	Cllr Wallis	Children and Young People Economy Resources Stronger Communities
Communities	Cllr Riley	Adults Children and Young People Economy Local Services Stronger Communities
Environment	Cllr McCollom	Adults Economy Local Services
Addressing inequalities	Cllr Riley	All
Tackling climate change	Cllr McEwan	All
Efficient and effective resources	Cllr Porter	All

15. Progress will be reported in a six monthly report to Cabinet. The process for reporting is currently in development whilst the public consultation is ongoing. It is expected to:
  - (a) Structure around the 6 priorities and 3 core values
  - (b) Include a core set of longer term indicators with a wellbeing approach designed to reflect the plan's focus on thriving, fair and sustainable lives and places. Taking a life course approach with a focus on understanding inequalities and their causes
  - (c) Contain a clear narrative for the priorities, deliverables and core values that demonstrate progress.
  
16. This performance report will be supplemented annually by a refreshed Darlington profile report that analyses the most up to date published data and intelligence, including feedback from key surveys. We are in the process of evolving the Darlington profile report to align with the proposed new structure of the Council Plan. It will provide a more detailed analysis of key data to help us understand how lives are improving now and in the future. This will be prepared for use as a shared evidence base for the core strategies and plans that will deliver this council plan.

### **Outcome of the Consultation**

17. There will be regular reporting to Chief Officers Executive and members of Cabinet on consultation feedback throughout the consultation period and a final report will be produced when the consultation closes. It is intended that that final plan will go to Cabinet and Council for approval and adoption in May 2024.

This page is intentionally left blank



# Council Plan 2024-27

Draft For Consultation  
6 March 2024



**DARLINGTON**  
Borough Council

# Foreword

It is an honour to be Leader of Darlington Borough Council and to have the opportunity to share with you our draft Council Plan for 2024-2027. This plan sets out our long term ambitions for Darlington and priorities for the next few years. We want to hear your views.

Darlington is a great place to live and work. We are committed to making Darlington fairer and greener for everyone, building on opportunities and successes and facing up to the difficult challenges.

However, over the previous decade inequalities across our communities have worsened. The North East has seen the highest increase in child poverty over much of the previous decade. Child poverty restricts the chances for children to flourish. This is just a one example of inequalities that results in not everyone having the same life opportunities.

At the heart of the plan is our vision to be one of the best places in the UK to live, learn, work and invest - with a strong economy, healthy thriving communities and opportunities for all.

This means Darlington will have an inclusive and sustainable economy; people living well and staying healthy; thriving places and connected communities. This is a long term vision and the beginning of our journey that we want to make together.

Three core values feed into this plan:

- **Addressing inequalities** - Darlington is a wonderful place to live and work and we want these opportunities to be accessible to everyone. We will develop a long term focus on understanding and addressing the causes of inequality ensuring our communities are safe and can thrive.
- **Tackling climate change** - the changing climate will impact all our lives. We will play our part by making the council carbon neutral by 2040 and working with others to deliver a more resilient Darlington.
- **Efficient and effective resources** - we will remain focussed on the financial sustainability of the council, ensuring good governance and delivering the best services possible with the resources we have for our residents, communities, and business.

The Council faces unparalleled financial challenges. Reductions in public spending between 2010 and 2019 meant the Council's budget was reduced by £46m in real terms, a 36% reduction in budget. After covid, we have seen the cost of living increasing, income deprivation and poverty rising, high inflation and interest rates along with a significant increase in demand for adult and children's services consuming over two thirds of our budget.

You will see the plan sets out six priorities for the Council for the next three years: economy, homes, living well, children and young people, communities and the environment.

This is ambitious and requires collaborative effort to deliver with existing partnerships such as the Health and Wellbeing Board, Public Sector Executive Group and Voluntary and Community Sector Executive Steering Group to new partnerships focussed on the economy.

The health, wealth and wellbeing of our residents is really important to us. At the heart of our Council Plan is a determination to have a focus on addressing inequalities. This can only be achieved by the Council working in partnership with our communities.

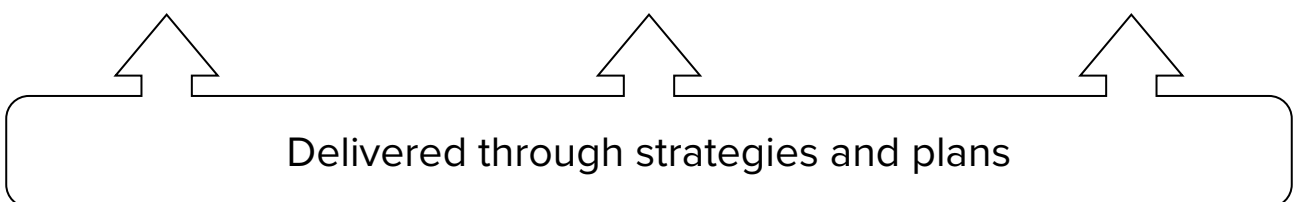
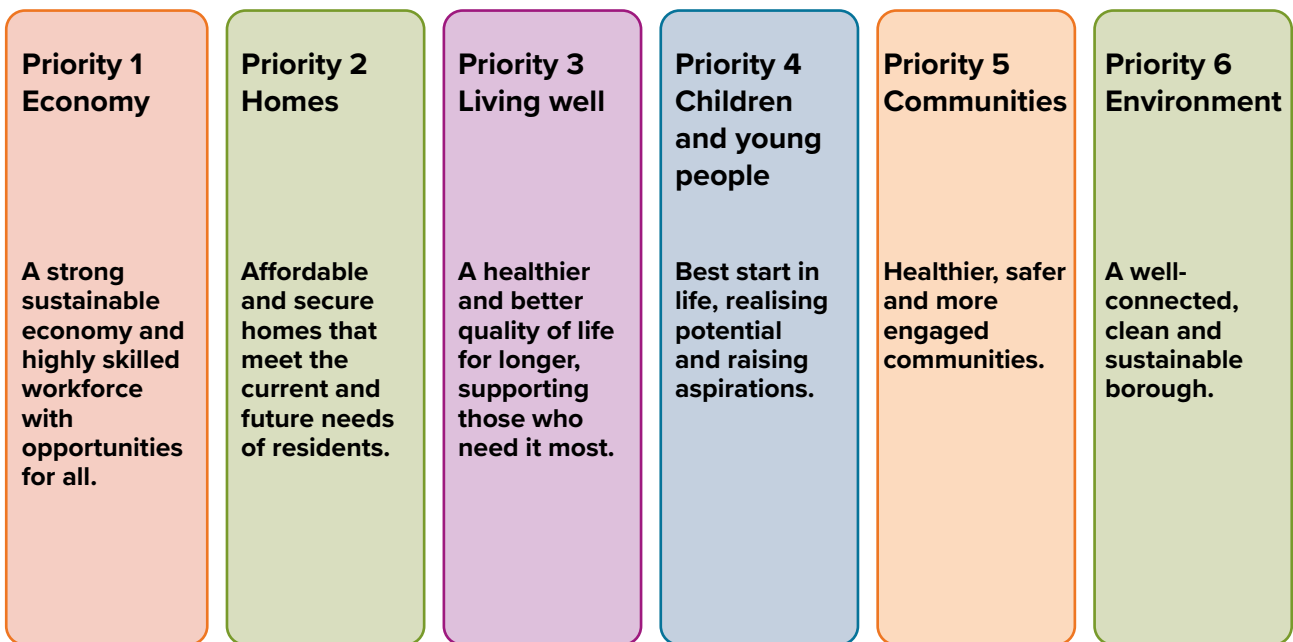
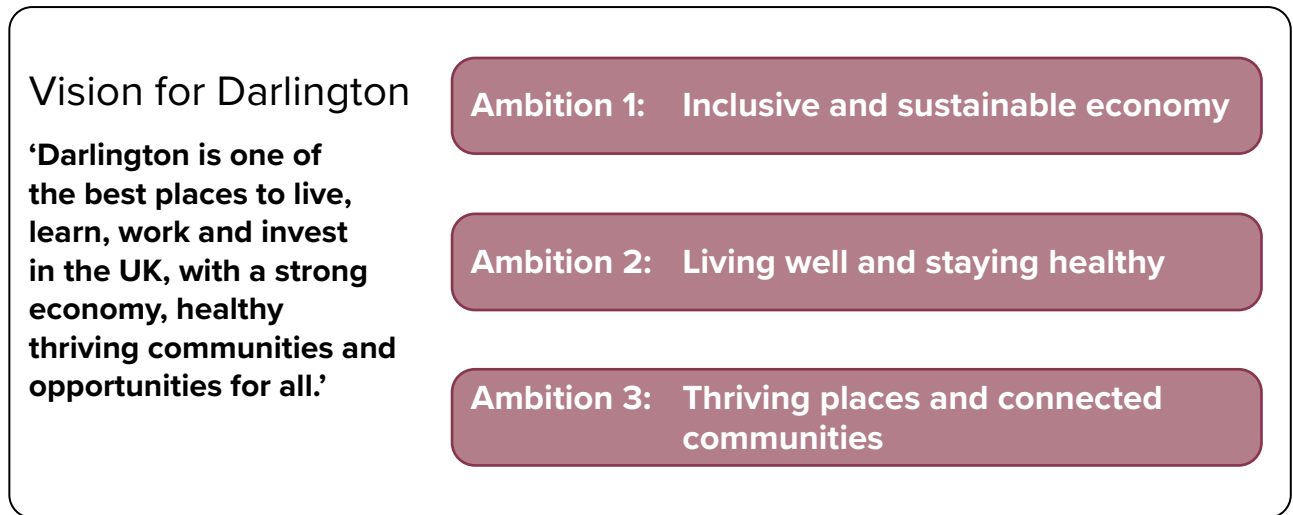
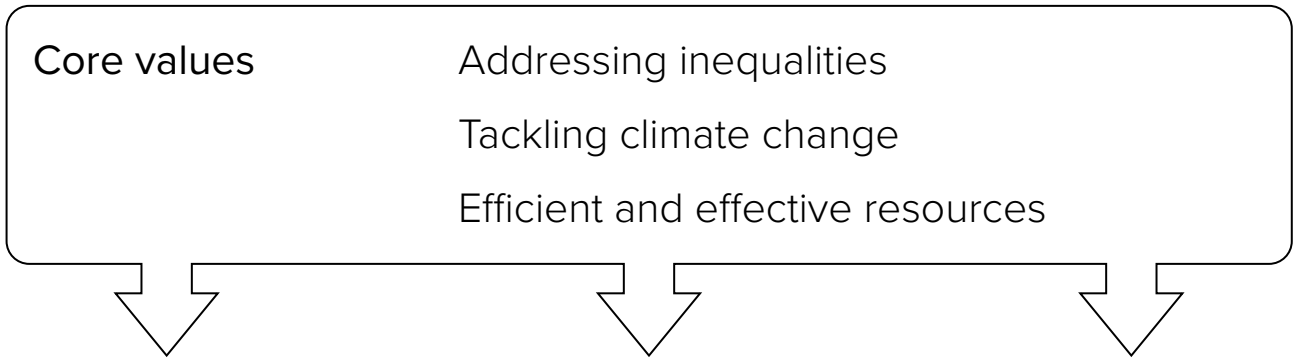
These are both exciting and challenging times for Darlington, and we want your views on our proposals in this plan to help shape our priorities and how we deliver.



# Contents

Our plan for Darlington	3
What long term success looks like	4
Core values	5
Key deliverables	7
Monitoring the plan	10
Have your say	10

# Our Plan For Darlington



# What long term success looks like

## **An inclusive and sustainable economy will have:**

- More people of all ages in good work
- Key sectors and sites innovating and growing by creating jobs, attracting more business and investment
- A healthy, productive and vibrant business community
- A business friendly public sector supporting businesses to locate and grow
- Increased skills levels in the resident labour market
- Vibrant town and neighbourhood centres providing services, retail and work for all generations
- A growing economy that supports our environment and heritage.

## **Living well and staying healthy will mean:**

- Health outcomes are improved and inequalities reduced
- Children and young people have the best start in life
- People are supported to be independent
- Homes are affordable, healthy, secure and meet needs
- Households are more financially secure
- Residents live longer, healthier, more productive lives
- People are active and involved.

## **Thriving places and connected communities will have:**

- Climate resilience where places are prepared for change and can adapt, with reduced CO<sub>2</sub> emissions
- Access to good services
- Happy, safe and secure communities with improved safety in public spaces
- Cultural, heritage and community assets
- Well-connected people and communities, with links to places within and outside the borough
- Digitally connected residents who are benefitting from opportunities offered online
- Attractive, relevant and welcoming places
- Sustainable and integrated transport across the borough and beyond.

# Core values

We are committed to making Darlington a fairer and greener place for everyone. We are focussed on ensuring everyone has the opportunity for a good job, home and social connections. Our three core values are important principles we will consider in everything we do.

## Addressing inequalities

Darlington is a wonderful place to live and work. We have a high quality of life and our economy is resilient and growing, but this is not felt by everybody. There are widening inequalities, and the gap between the people and places with the best and worst outcomes is unacceptably high. There are unacceptably high levels of child poverty and disadvantage, demonstrated by 25% of Darlington's children living in low income families, with the highest ward reaching nearly 47%. We want opportunities to be accessible to everyone. To achieve this will require a collaborative approach with our partners. We will:

- Develop a cross-council approach based on an in-depth understanding of inequalities and their causes, with a focus on local communities experiencing disadvantage
- Ensure all new strategies and plans consider inequalities, starting with the development of an inclusive growth strategy and a review of the health and wellbeing strategy
- Strengthen partnership working with key stakeholders and the voluntary and community sector with a long term focus on opportunity and addressing the causes of inequality; and short term focus on reducing the burden of the cost of living.

## Tackling climate change

The climate is changing, which has an impact on our lives from the risk of flooding and more extreme weather to health impacts for our most vulnerable residents. We are also all facing increasing energy costs and potential threats to energy security. We cannot address these challenges alone, but we know we have an important role to play. One of the first things we did when we came to office was bring forward by 10 years the Council's commitment to being carbon neutral. We will:

- Deliver the climate change action plan to make Darlington Borough Council carbon neutral by 2040
- Involve all parts of the council in a cross-council approach to sustainability and climate change
- Work alongside our business community collaborating with groups such as the Darlington Employers Environmental Partnership to transition to net zero
- Work with partners, government, public and private sectors and residents for a resilient Darlington so we are able to respond and adapt to change.

## Efficient and effective resources

The council is facing unparalleled financial challenges with rising costs and a significant increase in demand for services. We have a responsibility to ensure residents get value for money for their council tax and that every pound is spent efficiently and effectively. We will remain focussed on the financial sustainability of the council, ensuring good governance and delivering the best services possible with the resources we have for our residents, communities, and businesses. Our people are our best asset and will lead a culture of collaboration, innovation and creativity, and compassion, whilst maintaining focus on continuous improvement. We will:

- Deliver a balanced Medium Term Financial Plan and positive Value For Money outcome
- Deliver high quality governance and decision making
- Review and refresh the Asset Management Plan and Procurement Strategy
- Build on the Capital Project Management process by introducing an enhanced ICT system to improve efficiency and effectiveness
- Review and deliver the workforce strategy
- Maximise income through new joint venture companies, increase levels of business rates by growing the local economy; and maximising grant opportunities
- Explore opportunities to exploit digital assets to create efficiencies and increase productivity, including online delivery
- Continue to build strong relationships with partners, residents and communities.

# Key deliverables

## Priority 1 - Economy

- Develop and deliver an inclusive economic growth strategy to create the conditions for businesses and the economy to thrive and provide good work opportunities for residents
- Establish a place-based partnership to support the continued renewal of the town centre delivering more jobs and more homes
- Complete the refurbishment of the historic indoor market
- Accelerate bringing key sites to the market to attract private sector investment including Central Park, Ingenium Parc and Symmetry Park
- Deliver the Towns Fund projects, including the refurbishment of the Northern Echo building to secure new business occupiers
- Provide more education and skills opportunities for residents by delivering the Adult Skills Centre and collaborating with providers and Tees Valley Combined Authority (TVCA)
- Ensure that the borough is safe, clean and maintained to levels that support the economy and encourage inward investment
- Work with employers, national and local employability providers, and TVCA to promote good jobs and career opportunities for all, particularly young people and those with barriers to work, to access good employment outcomes.

## Priority 2 - Homes

- Develop and deliver a new homes strategy to deliver current and future housing needs including social and affordable homes across the borough, in accordance with the Local Plan
- Review and refresh the preventing homelessness and rough sleeping strategy, working with partners to ensure the provision of the right support and services to help people avoid homelessness and support those who are
- Review our approach to empty homes across the town so more quality homes are available
- Support the delivery of more social houses and supported accommodation by building more council homes and working with other social landlords and charities
- Continue to improve the quality of housing through healthy home design principles, ensuring developers meet the new Building Regulations requirements to create greater energy efficiency in new homes. Continue investment in the Council's existing and new housing stock to ensure greater energy efficiency
- Introduce additional licencing for homes of multiple occupation, a voluntary landlords charter and work towards the introduction of selective licencing in areas with a high number of private rented sector homes
- Ensure effective use of the Disabled Facilities Grant to enable people to remain independent in their own homes for as long as possible.



### **Priority 3 - Living well**

- Health and Wellbeing Board to agree and deliver a new strategy to improve health outcomes and reduce inequalities, and lead the creation of a health and wellbeing network
- Develop and implement a new public health strategy, focussed on tackling health inequalities. Including developing strategies on domestic abuse, drugs, alcohol and physical activity
- Continue to develop joint working with the NHS and key partners to support people to lead healthier lives, stay in their homes for longer and reduce hospital stays
- Widen participation in recreation and leisure facilities including the Dolphin Centre and Eastbourne Sports Complex
- Shape a sustainable and accountable care market which delivers support focussed on promoting, regaining and maintaining people's independence and wellbeing
- Develop an Adult Social Care engagement strategy to ensure people requiring care and support, and their carers are involved in service development and commissioning activity
- Deliver the key aims of the adult social care transformation plan to prevent, reduce and/or delay the need for care by supporting people to manage their own independence and wellbeing.

### **Priority 4 - Children and young people**

- Refresh and deliver the Children and Young People's Plan working with services across the council, key stakeholders in Darlington, and children and young people
- Develop more meaningful services by ensuring children and young people are involved in service development and commissioning activity
- Work with the Department for Education and the successful academy trust sponsor to ensure the free school for children with Special Educational Needs and Disabilities (SEND) is developed on schedule providing vital additional specialist capacity in Darlington
- Continue the successful management of the Safety Valve plan to improve outcomes for young people with SEND, eliminate the historic deficit on funding and deliver a financially sustainable system
- Work with multi-academy trusts and schools to develop a high quality and inclusive education sector in Darlington
- Widen access for children in receipt of benefits related school meals to the Holiday Activities and Food Programme with a focus on health, wellbeing and raising aspirations
- Work in partnership with the early years sector and health services to promote school readiness and the delivery of the expansion of funded childcare entitlement
- Increase the number of local in-house placements for looked after children who are cared for by the council.

## Priority 5 - Communities

- Support and strengthen partnership working with voluntary and community groups with a focus on addressing the causes of inequality, financial inclusion, social exclusion, and vulnerable families with children and young people
- Work with partners to reduce the burden of the cost of living with a focus on food and fuel insecurity
- Work with the voluntary and community sector to develop a strategy for informal volunteering which empowers people to volunteer and directs volunteering to areas of greatest need, including working with Darlington Cares to deliver an enhanced volunteering programme
- Support communities to remain safe and resilient by working with key agencies and communities to address anti social behaviour and crime issues in the community
- Support a strong Community Safety Partnership to ensure the issues affecting the safety and security of our communities are addressed collectively, including addressing hate crime
- Ensuring business activity is regulated, licensed and enforced effectively to protect the health and wellbeing of residents, visitors and businesses.

## Priority 6 - Environment

- Celebrate the opening of Hopetown and deliver a successful 2025 festival programme that helps to promote Darlington as a destination for visitors and investment
- Work with local stakeholders and businesses to promote a diverse and accessible programme of events that maximises footfall in the town centre and has a positive impact on the local economy
- Deliver revised supplementary planning documents that guide better design in new developments and contribute to a sense of pride in place
- Enable improvements in transport systems by working in partnership with TVCA and public transport operators to deliver the City Region Sustainable Transport Settlement programme, including the improvement of bus facilities and the reliability of services
- Introduce food waste collections and encourage residents to increase overall recycling rates to move towards the national average
- Work with statutory bodies to progress studies of flood risk in Darlington and enable funding to be sought to mitigate the impact of climate change.

# Monitoring the plan

Progress in delivering the plan will be regularly reported to Cabinet. It is anticipated this will include a combination of qualitative and quantitative indicators that demonstrate progress against the long-term ambitions, priorities and deliverables. Some long-term indicators, which we know will take time to move, are likely to be included.

The Council Plan performance report will be supplemented annually by the Darlington Profile report that analyses the most up to date published data and intelligence, and feedback from surveys.

## Have your say

We want to support the Borough to be the best it can be and have set out our long term ambitions and short term actions for you to review and have your say. This consultation is the beginning of a conversation with you on the future of Darlington and our priorities.

We want to know what you think of the plan and what is most important to you.

Follow the link below or scan the QR code to complete the short survey:



**<https://www.darlington.gov.uk/consultations/>**

The survey is open from 6 March 2024 and closes on 25 April 2024.

Printed copies of the plan are available to view and comment on at Darlington Library, Cockerton Library and the Dolphin Centre. Please email **[strategy@darlington.gov.uk](mailto:strategy@darlington.gov.uk)** if you would like a copy of the draft Council Plan in an alternative format.



**DARLINGTON**  
Borough Council

**ADULT SCRUTINY COMMITTEE  
16 APRIL 2024**

---

**REVIEW OF ADULT SOCIAL CARE DURING THE COVID PANDEMIC TASK AND FINISH GROUP –  
FINAL REPORT**

---

**SUMMARY REPORT**

**Purpose of the Report**

1. To provide the final report of the Review of Adult Social Care during the Covid Pandemic Task and Finish Group, established by this Scrutiny Committee on 20<sup>th</sup> April 2021.

**Summary**

2. At a meeting of the Adults Scrutiny Committee held on 20<sup>th</sup> April 2021, Members gave consideration to a Quad of Aims submitted by Councillor Holroyd, which aimed to ascertain how Adult Social Care services coped during the pandemic, how service users and their families felt about the services provided, and identify any changes needed in relation to future waves of Coronavirus and associated restrictions / lockdowns, or any other future disease outbreak response which may be required, or identify any ongoing need. Members of the Scrutiny Committee agreed that a Task and Finish Group be established to examine the areas identified within the Quad of Aims.
3. An initial meeting of the Task and Finish Group was held on 21<sup>st</sup> May 2021, with further meetings being held on 11<sup>th</sup> June 2021, 9<sup>th</sup> July 2021, 14<sup>th</sup> January 2022, 11<sup>th</sup> March 2022, 9<sup>th</sup> August 2022, 4<sup>th</sup> November 2022 and culminated in a series of hearings held on 24<sup>th</sup> February 2023. The notes of these meeting are appended to the submitted report.
4. The final report of the Review of Adult Social Care during the Covid Pandemic Task and Finish Group is appended at **Appendix 1** of this report.

**Comments of the Assistant Director, Adult Services**

5. The findings of the Task and Finish Group report are noted. It is acknowledged in the report that staff, providers, and people were experiencing unprecedented challenges during the covid pandemic. These challenges have continued in the following years with demand and complexity for care required increasing. Adult Social Care services will endeavour to learn from the feedback received and continue to strive to improve outcomes for people to retain and/or regain their independence where possible by working closely alongside people, their carers and the wider community.

**Acknowledgements**

6. The Task and Finish Group acknowledges the support and assistance provided in the course of their investigations and would like to place on record its thanks to the following :-

- (a) Christine Shields, Assistant Director, Commissioning, Performance and Transformation;
- (b) Joss Harbron, Assistant Director, Adult Social Care;
- (c) Linda Thirkeld, former-Assistant Director, Adult Social Care;
- (d) Sharon Raine, Head of Performance and Transformation;
- (e) Phillipa Pacey (now Layfield), Quality Assurance Lead;
- (f) Yvonne Hall, Service Manager, Contracts and Brokerage;
- (g) Neale Kipling, Data and Performance Analyst;
- (h) Hannah Fay (now Miller), Democratic Support Officer; and
- (i) Paul Dalton, Democratic and Elections Officer.

### Recommendation

7. It is recommended that the Adults Scrutiny Committee considers, recognises and endorses the work of the Review of Adult Social Care during the Covid Pandemic Task and Finish Group.

**Joss Harbron**  
**Assistant Director, Adult Services**

### Background Papers

None

Paul Dalton : Extension 5805

S17 Crime and Disorder	This report has no implications for Crime and Disorder
Health and Wellbeing	This report has implications on the Health and Wellbeing of residents of Darlington.
Carbon Impact and Climate Change	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	All wards
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	Not a key decision
Urgent Decision	Not an urgent decision
Council Plan	This report does not impact directly on the Council Plan.
Efficiency	The outcome of this report does not impact on the Council efficiency agenda
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers

## Adult Social Care during the Pandemic Task & Finish Group Final Report

Members: Cllr Bryony Holroyd (Chair); Cllr Mary Layton; Cllr Anne-Marie Curry; Cllr Eddie Heslop (for part of the T&F group period)

Support & minutes: Paul Dalton

### Introduction

The intention of this Task & Finish Group work was to assess the view of both Adult Social Care (ASC) staff and end users of the changes that were required to be made because of Covid and its lockdowns. This was in order to ascertain which they liked, and did not like, so the council can manage it better if another lockdown were required for the same or other reasons in future. Also, if there were new ways of working that staff and care recipients particularly liked, so the council can consider if they should continue to be used / offered as an option even now the period of Covid lockdowns has ended.

### Methodology

Work was already underway to assess Darlington Borough Council's own ASC staff wellbeing, as part of routine assessment. This was previously done every 2 years, until 2018. However, this was not done in 2020 due to Covid workload pressures, but it was then carried out annually, in 2021 looking back over the pandemic period, and again post-pandemic in 2022. It is therefore possible to see trends in staff satisfaction & wellbeing across the pandemic period.

The group therefore set out to additionally assess the views of (a) commissioned services ASC staff, and of (b) ASC end users (and/or their families / carers), via a questionnaire. This was adapted from the DBC staff survey, so that the results might be comparable. This was advertised via the One Darlington magazine in November 2021, and via the council's social media & website. Response rates were relatively low, however still give an indication of issues experienced by both groups. Results were collected anonymously, unless the person indicated that they were willing to take part in a further "hearing" session (and provided contact details in order to invite them to that).

Following those responses, respondents who indicated that they would be willing to contribute to a public hearing, were invited to attend an afternoon session on 24<sup>th</sup> February 2023. The Task & Finish group members had drafted questions to ask, based on further information we hoped to gather - to flesh out the experiences detailed in the questionnaire – as a structure. However, questions were not limited to those which had been pre-prepared. In addition to the commissioned services staff and end users, DBC's own ASC staff were also invited to contribute to this session.

Finally, it was learned after the main part of this work was completed, that Healthwatch Darlington also covers Adult Social Care user experiences. Information from their Pandemic Experiences report was also incorporated, where this was relevant to ASC users.

### Summary of Findings

#### 1. DBC Staff Wellbeing surveys

In the first 2 cases, the survey was sent electronically for anonymous returns, to the Social Work workforce. Social Care staff were given 3 weeks to complete the survey. For the final survey – which was much longer and more detailed, staff were initially given 8 weeks to complete it, which was then extended for a further 2 weeks. All reports relate to Adult Services social workers' responses only.

In 2018:

- 49 Adult Social Care staff responded, 74% response rate overall (combined with Children's social workers)

- 76% feel their skills as a social worker are being utilised (increase from 62% in 2017), 81% feel confident their practise is evidence-based (up from 75% in 2017), 83% of staff access Community Care for research to inform their practise, 89% of these at least monthly – a sign that staff recognise & use research to play an important role in their practise.
- 87% staff have regular good quality supervision at least monthly – an improvement, but must identify barriers to those who don't have regular supervision. Staff are happy with the quality of supervision: opportunity to discuss cases with complex risk, safeguarding, policy.
- There's no agreed caseload structure but 36% staff have caseloads of <18, 30% have caseloads <35. 63% say caseloads are mostly manageable (increase from 46% in 2017).
- 55% now feel happy with levels of communication by & visibility of senior managers (up from 17% in 2017). But 38% of social workers report they do not always feel supported – impact of anxiety after feedback from Validation forum, and for staff who are working after hours, support from senior managers would be welcomed. Could be further improved.
- Improved morale: 80% of staff feel enthusiastic about their job (30% increase from 2017), and 86% of staff enjoy their job – staff feel valued and motivated in work.
- 64% of staff felt access to learning & development opportunities had not improved, many felt there were fewer opportunities for Adult training compared to Children's training offer: they'd like opportunities in Leadership & specialist knowledge of Benefits system, Court of Protection, Legislation changes and support plans.
- Decrease in number of staff having to cancel training due to work pressures, but still issues where arranged training must be cancelled/rearranged due to workload for small nos. staff.
- Issues regarding the amount of time staff spend doing routine admin tasks (dealing with brokerage queries, non-payment of service users' bills, routine letters, impact of Universal Credit & changes in Benefits system) taking them away from "core" social work tasks / face-to-face interaction with service users & lack of admin support. Also concerns re. data input into IT systems.
- On staff retention, 82% said annual leave was the greatest factor when considering staying with DBC, other important factors reported were agile working, and flexi leave.

#### In 2021:

- There was a 66% response rate to the Health Check survey (44 staff)
- 97% of staff felt confident that their skills & knowledge are valued in their team,
- 90% reporting that their practise is evidence-based, and 88% access Community Care to research & inform their practise.
- Increased IT-skills confidence, with 93% say they are confident & competent in the use of IT and the Liquid Logic recording system.
- 87% of staff report that they have regular good supervision & appraisals. 72% say cases are allocated by a manager and include a case discussion.
- 94% of staff report practise education is valued, with CPD, and training & development encouraged to support learning.
- Improved morale, 94% feeling supported & encouraged to look after emotional wellbeing, 91% enthusiastic about working for Darlington, and 97% feeling cared for by their team & managers. 91% report having good relationships with partner agencies outside DBC.
- On the impact of working during Covid, 94% of staff reported feeling safe, 97% said the organisation protected staff from the risk of infection. 94% said good technology enabled them to work from home, and 100% of staff surveyed felt supported both formally and informally throughout, and have continued to practise in a strength-based way.
- However, issues remained around accessing training or having to cancel/rearrange it due to workload pressures. 79% also reported they have cancelled leave, worked in their own time or cancelled training, due to workload.
- 75% of social workers felt senior leaders are supportive, but there have been some concerns around their visibility for a small number of staff. Also comments around staffing



capacity and its impact on morale/workload pressures. Others highlight issues with flexi system (capacity to carry hours over) and validation & admin tasks such as finance.

- On recruitment & retention, 91% said an effective flexi system would be the most effective factor in retention (previously the largest proportion, 82% said annual leave was the biggest factor), 82% still stated annual leave important, 64% looked for supported blended working.

In 2022 (a much more detailed survey):

- 120 completed it, of 257 staff (adult social care service), 47% response rate. This is formed of 24% social workers, 11% business support, 5% OT's and 6% team managers.
- 95.8% were confident in their role and practise, 91% say they are supported by their teams to be creative.
- Statements show staff know and are encouraged to build positive networks and work in partnership with partner organisations – other agencies and the community.
- 97% felt they made a positive difference to people who use our services, and many report a feeling of pride in being able to serve Council and community. 93% felt confident talking to managers and/or others if working practises were feeling difficult or unsafe.
- 83% of managers felt confident as a leader/manager.
- However, of 99 respondents, over the last 12 months, 63% stated that they had worked additional hours, 14% had to cancel annual leave, 25% had to cancel training (totalling 69% for all 3), and only 31% had not had to do any of the above. This reflects high levels of service pressures, staff gaps & demand against available capacity, impacting on staff health & wellbeing and missing out on training & continued professional development.
- 94% of staff attributed any health absences due to workplace stress as linked to not being supported, or work demand. Staff appreciate supportive managers & shared accountability.
- 76% feel valued in the organisation, 91% feel cared for by their line manager, and 96% feel informal support is recognised and valued in their service area, and 96% say informal support and peer-to-peer team discussions are encouraged in their team. 75% say they are encouraged to take regular breaks away from a screen. This is attributed to teams' support & encouragement of each other, and re-establishment of staff connections post-Covid.
- 71% feel there is flexibility in our model of working, and 29% say this is only partly the case due to operational pressures & priorities, staff shortages, support of all peers during absences, and voluntary overtime (but they can claim this back as flexi-time).
- 48% of staff felt safe, and 52% did not, when lone working: an urgent need to review lone working assessment, and support put in place to manage staff safety including out of hours.
- On workload management, 38% felt their current workload is manageable, 29% say theirs is just manageable, and 24% said their caseload was nearly impossible, or impossible. Case complexity requires consideration. However, 67% said their tasks allocated by a team manager involved prior discussion re. outcomes, and 27% said this "sometimes" happens.
- On appraisals & personal development planning/reviews (PDP/R), 71% had had this in the last 12 months, but 29% had not. This matched the performance team's figures.
- On IT confidence and competence, there was a significant drop from 90% in 2021 to 48% in 2022 – audit is needed to identify why this is, and support / training required.
- On relational practise, 84% of staff said adopting this type of working produced a positive shift in culture, 96% agreed they were confident in their practise and 91% said they are able to adopt a creative approach in working with people.
- On supervision, most agreed it was a supportive process enabling them to be reflective (94%), contact their manager for informal advice & support outside supervision (93%), discuss learning & development (86.5%), develop their practise (87%) and consistency & frequency (79%).
- Learning & Development: 82.5% of staff skipped the question. Responders suggested: regular peer sessions on Teams with manager; stronger communication channels between different service branches being needed to help spread knowledge & joint working; and

upskilling business support staff to carry out admin tasks for clients under financial protection (e.g. contents insurance, utilities) which are time consuming for a social worker, are not considered high priority so may otherwise not get done. Comments that training is focussed on children's services, and needs to be increased for those in adult services.

- On support during Covid and going forward, 94% of staff who responded said they'd felt safe over the last 12 months, 97% said the organisation ensured staff were appropriately protected by risk reduction measures. 90% said they felt emotionally supported during this period, with 83% of staff saying they still had regular supervisions during that period. IT was available as was the opportunity to participate in training. 90% said they felt able to be more creative during Covid, adopting safe working with service users that still ensured people's safety & welfare was promoted, and their needs met. It identified we need to build on efficiency & best-practise e.g. virtual assessments which worked well. Some comments were around opportunities to work in roles across other teams, having a larger caseload during that time – with increased referrals - and that they were more complex, leading to a larger workload, and that some families haven't been seen during that period, leading to concerns about unobserved risks.
- 59% said there was nothing they would change about their job. Where people said they'd make changes this included more pay, more manageable caseload, more protected time for development, better career progression, working more cohesively across teams not each department working in isolation, reducing barriers to case progress, and a need for more staff resources / provider services.
- Positive comments were made about DBC being a great place to work – feeling valued, caring culture & team spirit, supportive managers, good training, and a good reputation. 81% of staff looked forward to going to work & felt enthusiastic about their jobs, and 78% felt valued by the organisation. On a supportive environment & looking after emotional wellbeing, 90% said they knew where to get help if feeling worried or stressed. 74% said the Adults senior leadership team was visible and engaged (also 44% for Directorate managers and 30% for the CEO).

#### Overall survey trends:

The Staff Health Check survey in 2022 was far more detailed, making it harder to pick out trends. Not all of these will be related to Covid as significant effort has also gone into improving practises over recent years.

- There's been an increase in respondents feeling their skills and knowledge as a social worker are utilised, evidence-based and valued by their team, from 76% up to over 90%.
- Supervision & support: generally positive trends. In 2018, 38% of staff responding did not feel supported, whereas a very high 98% did feel supported in 2021, and 91% in 2022.
- Workload management: surveys cover this differently: in 2018, 63% of staff reported caseloads were mostly manageable. In 2022, 67% felt their current caseload was manageable or just about manageable – an increase despite high demand pressures.
- Only a small number of staff had to cancel training in 2018. In 2021, 79% reported having to cancel training, leave or work in their own time due to workload, and 69% in 2022 - staying high, due to high demand (may partly be as a result of Covid) vs. available capacity.
- Training: there remain concerns of fewer opportunities for Adult training than the Children's training offer. More peer knowledge-sharing, within and between teams, was suggested.
- IT skills: during 2021 when Covid required its more frequent use, a high proportion of staff reported confidence / competence in IT systems, but this has significantly decreased again.
- Morale & job satisfaction has generally increased from 80% enjoying their job in 2018 to around 97% in 2021, this has reduced again to 81% feeling enthusiastic about their jobs in 2022, though other measures around feeling valued remain higher.
- Satisfaction with communications with & visibility of senior staff has improved from 55% in 2018 to 75% in 2021 and 74% in 2022.

- In terms of safety, this wasn't asked about in 2018. 94% felt safe from Covid in both 2021 and 2022, and 97% said that the organisation protected them from infection risk, and were supported formally & informally, emotionally and with technology. In 2022, the detailed survey highlighted opportunities for increased creativity, and efficiency & best practise in terms of Covid adaptations which worked well and could be continued.
- However, in 2022, 52% did not feel safe when lone working, highlighting a need for risk assessment and more support, especially for out-of-hours workers.

### Public hearing

3 DBC staff attended the public hearing, one occupational therapist and 2 social workers.

One social worker was doing a Step Up to Social Work placement during Covid, the other joined in 2021. They both spoke together about their experiences. All staff were sent to work from home, there were no visits to care homes, all assessments & provision were by phone in the early stages of the pandemic, all were worried about service users. Key points:

1. Each privately operated care home had a different interpretation of (changing) government guidance. The **social worker became the overseer / primary contact**: Families getting frustrated with social workers as a result. Different rules for care homes and hospitals.
2. **Covid welfare checks were of variable usefulness for those with cognitive impairment** - didn't understand why they were being called. Reliant on if they could pick up the phone, or use Lifeline. Not practical to do holistic person-centred assessment if you can't see them.
3. **Safeguarding** – staff could go into care homes and families' homes later with PPE, but early on there were window/doorstep visits. Some things e.g. assessing capacity, **you can't do through a window**.
4. A lot of people don't come out of hospital completely fixed – the **RIACT (reablement) team** are doing a very good job.
5. Staff pay, conditions & morale: The **care sector in Darlington is on its knees, they can't get enough people**. (Amazon offered a £1000 incentive initially.) It's hard work, high responsibilities, long hours, people need an incentive, also TLC themselves. With the NHS struggling, this results in a greater drag on Adult social care. They're STILL dealing with Covid and its aftermath, **firefighting**:
  - a. High levels of referrals (no normal summer lull for last few years),
  - b. very limited care offer,
  - c. hard to recruit,
  - d. increased complexity, so
  - e. **not getting to the preventative aspects**.

They're doing lots of initial assessments (not so many reviews). They used to be able to get care packages quite quickly, now there are often significant delays. Staff get frustrated that they don't have and can't get the answer. They as staff often don't know all the services available until they have a relevant case, so they often find out only as needed. They always continue until they got to the answer, but there may be a delay.

6. **Reliance on voluntary services is increasing** for early intervention services, trying to do more with less - **but their funding is decreasing**, will it continue next financial year? Makes service vulnerable. They're also **SO reliant on informal & family carers**.
7. Knock-on effects / complexity: People deteriorate because of the impacts of Covid. Lose job, mobility, lots of people **abused alcohol due to isolation**, e.g. having to place people in care homes because they can't take care of themselves due to alcohol, which de-skills them. There's lots of "dual diagnosis" e.g. "Alzheimer's with alcohol issues", it is having an impact on care providers. **Complex cases did occur before but in far greater numbers now**. Can we promote more interventions to reduce this need? We Are With You can't do home visits – a problem for people who can't get into town. The Access team are very good.
8. Issue of **people not asking for care because they don't know it exists** – so being missed. We need more advertising about Adult Social Care, and what it is, what help people can get.

Address outdated connotations around social work: “Children’s services take away your kids, Adults’ put you in a care home”. How to find people who need help? Darlington Connect. Perhaps need drop-ins in places like councillor ward surgeries? The realisation that people need help is often the first and hardest step.

9. Regarding increases in smoking, drinking & drugs during the pandemic, whether We are With You could help, they don’t do outreach, people present to social workers.
10. **The biggest issue is self-neglect** – trying to access to deep-clean in hoarding cases.
11. Wider impact on staff – the team moved from Central House to the Town Hall. There were **time savings by not having to travel to every meeting**. But Teams ethics: support was accessible, but if the person had a “busy” red dot on Teams, could you contact them?
12. For **new starters**, it was **difficult to integrate during Covid**. Only 2 people were allowed in one office, so hard to learn the processes, gain experience & support necessary. But they’re a supportive social team.
13. Morale depends on the team you’re in. For the person who started in 2021, every meeting they went to, another person was leaving, then the manager. **Home-working has enabled staff to work for another council - staying in Darlington, but getting better pay**. However, recruitment & retention has turned a corner – now no shortages for OTs or Lifeline. **Not enough trained social workers across the country**. Is a more experienced person more likely to move on? Is social work mentioned as a career option in education? Undergraduate training, DBC have their Step up to Social Work programme.
14. Ongoing training provision is improving, but **still a large discrepancy between Adults and Childrens services CPD training**. A lot more scope for holistic therapies.
15. Workload varies per person, they refer back to manager if it’s too much.
16. Feeling valued: they **“found the Care Badge an insult”**. From their peers, they’re supported by the team, managers & wider care sector. They do get complaints more from families.
17. Wider learning and best practise sharing – do we share it with other local authorities, to try to deal with things as best as possible?
18. Risk to health from Covid: They got PPE, but social workers doing visits **didn’t have access to Covid tests** (needed for the job). No regular access to tests until July 2021 (home visits started Spring 2021), then had to order their own as individuals (2 boxes at a time), or obtain from care homes. It caused delays if they had to test at a care home: wait 30 mins for result.
19. Other impacts: workers off sick, it’s still impacting staff – a carer can’t work if they get Covid. Volunteers, carers, domiciliary staff now get statutory sick pay – there’s a **risk of people not testing if they won’t get paid**. It is slowing down things like getting care packages, which is now very hard. Delays getting people out of hospital to home or care homes.
20. **Continuity of care couldn’t be maintained**. They could only do so much / were restricted in what they could do, then couldn’t always get people to help. It was very difficult – everyone was feeling it. They were so reliant on people’s families & informal carers during that period. Not always possible for a carer to move in if they were a frontline worker (putting the vulnerable person at greater risk). **They always felt like they were letting people down**.

A third member of staff works as an occupational therapist, in the occupational assessment team, usually doing blue badge assessments in the Customer Services centre. They were sent home before others due to asthma, having already been working from home periodically.

21. They experienced difficulty – anxiety “off the scale” – with no anchor point. Initially they were temporarily involved in making welfare calls to help other teams, which worked initially, but they rapidly showed that lots of people were not coping, which exacerbated the anxiety, so this staff member was unable to work for a period, and required crisis intervention. **AbleFutures helped in supporting them to stay at work**.
22. Staying in touch with the team was hard, it was previously very cohesive, social. They were able to meet in a park, socially-distanced, and have Teams quiz nights. Hardest was not being allowed to be in the office for contact with the team.

23. They lost a colleague in the OT team to Covid – until then, they didn't register how serious it was. A lot of staff in OT had anxiety, but continued to do visits for adaptations, home visits.
24. In 2019 the workload increased to include hidden disabilities, they keep doing **telephone-based assessments** – it may not be THE best way of assessing it, but gets it done.
25. There were **issues obtaining PPE initially**, also MedEquip equipment – drivers ill with Covid, so staff **had to go and collect and deliver medical equipment**. Colleagues were managing PPE as they could e.g. storing it in someone's garage. They were NOT feeling safe, people were frightened. No staff stock: **had to order lateral flow tests themselves**.
26. Nobody has found the "new normal" yet – the office has moved twice, so it's changed the morale, but they do socialise quite a bit.
27. They **buddied up in Covid**, as it wasn't realistic for the manager to phone everyone daily. They used an **"ask twice" policy** so they were not just relying on visual cues that people are ok, as these can be misleading. They got better at looking after each others' mental health.
28. APT/ACT team – with new starters there is normally lots of chat, low-key social gathering – it is harder to bring people in online. People rallied around and helped. But in an office-based team with others you're able to share expertise, information, tips more easily.
29. They **wouldn't consider going to work for other authorities as HR were brilliant**, with their graded return to work, and **excellent support**, really appreciated it.
30. Anything that could have been done better: No, nothing – **they were very well supported**, it was the wider situation, not the local / work situation that caused the anxiety, and very little could have been done about that. There were **staff wellbeing videos about resilience** on the DBC intranet, **staff champions** who work to maintain mental health. They felt very supported, managers were very good. They feel very valued because of the support that is in place. Personally they feel better for the future, are vaccinated, did get Covid once (it was bad, but not too bad).
31. In terms of continuity of service, there was **one delay to blue badges** when the company which produce them had a Covid outbreak, but other than that, service continued throughout.

#### Public hearing key points:

- Social worker became the sole/key contact for families, coordinating care: high pressure.
- Some things can't be done remotely: capacity assessments, safeguarding, in care capacity breakdown continuity of care couldn't be delivered – they did the best they could.
- Telephone-based services may not be best for all e.g. Covid welfare checks for those with cognitive impairment, but helped maintain continuity of care for blue badge assessments.
- Struggling with recruitment, under-paid for level of responsibility, work getting harder.
- They're still firefighting so not getting to preventative aspects of social care.
- Reliant on third sector for early interventions: very vulnerable due to threats to funding.
- Complexity of cases increased, particularly due to abuse of alcohol. More self-neglect.
- Need to improve advertising of social care: help available, public perception & outreach services to reach those in need.
- Home working enables staff to work for better-paid local authorities without moving house. Excellent staff support & training / CPD opportunities help retain staff. Wider best practise sharing need? Step up to Social Work helps to bring new staff in locally – turning a corner.
- Access to PPE and LFTs was critical requirement to the job, social workers were on the front line and needed stocks in order to maintain safe service – government priority list.
- People who don't get paid when sick are less likely to test, continue to spread Covid keeping sickness in the sector high – government policy.
- Innovations: staff buddying, champions & resilience support to maintain mental health.
- Still to find "new normal" after move to more remote working – harder to integrate new starters & share knowledge with team, but more socialising possible again.

## 2. Commissioned Services ASC staff questionnaire

The first issue to highlight is that respondents were mainly managers of care homes, rather than more “frontline” staff. This may be due to inadequate advertising to other staff members, time constraints / priorities etc., but must be borne in mind. However, many managers did become very hands-on, so may have answered “globally”. At least one also have a domiciliary care element to their business, so could comment on that aspect of ASC service provision too.

### Summary of Survey responses

The survey received 13 responses. The majority (9, 69%) worked in the care home sector, with 2 respondents (15%) working in domiciliary care, 1 (8%) in mental health, and 1 (8%) in extra care. All were Managers, except one who was a regional manager. Clearly, they may have a different perspective than frontline workers, but they should be well aware of the challenges faced by their frontline staff. 8 of 10 who responded to the equality and diversity section were women, all white, no disabilities, and 5 of those 10 were 45-59, with the remainder distributed around that most frequent age. All but one had professional qualifications, in management, health and social care, or both, and one was a registered nurse. All were permanent staff – so the survey did not capture experiences of agency staff in the sector. There was a good spread of timespans that they had worked for their current employer, with the largest proportion (4 respondents, 31%) falling into the 0-5 years range. However, most – 6 people, 45% - had been working in the sector for more than 20 years, with a further 23% having worked in the care sector for 16-20 years. This may be expected for Managerial level roles, but one or two people each had been working in the care sector only 0-5, 6-10 or 11-15 years.

Asked whether their role changed as a result of the pandemic and its lockdowns, 5 respondents (38%) said it did not change, 3 people (23%) said it changed in a way which was neutral (neither good nor bad), whilst 2 (15%) said it changed in a negative way. 3 respondents (23%) said their role changed in a way which was positive. 6 comments about the impact on the staff member: two covered increased stress on staff and residents/family, one having mental health impacts, others mentioned lots more paperwork, the need to provide health information to staff as well as service users, and the inability to receive training. One said a positive impact was they no longer had to spend long hours travelling to meetings, leaving them with more time to do other responsibilities to a good standard. Comments on the impact on service users (and carers/families): 2 highlighted residents not being able to have visitors, one commented on the lack of training. However, one respondent said there was no impact on the people they support. 2 people said it was positive: one that it increased health education, and another that as they had to help in the different services, so they could find out what wasn't working well to improve that area. For example, it helped them to identify when the information they held about a service user wasn't good enough to support that person, and fed this experience back to management, so they had a better understanding of what it was like for an agency worker coming to the service for the first time.

Asked if they would have changed / done anything differently, regarding the changes required due to Covid, one would not have stopped visits as they've seen lots of residents decline; one person wanted to reduce the paperwork – that there were lots of external agencies wanting the same statistics; one said it was important for training to continue; a fourth said they should have a choice about attending meetings face-to-face or via Teams, as 3hrs round-trip isn't good use of their time.

Of 11 respondents, 10 (91%) said their workload increased during the pandemic period, with only 1 (9%) saying it stayed about the same. Nobody said their workload decreased. Asked if this was manageable, 4 (36%) said it was, but 7 (64%) said it was not. Comments left about why it wasn't, 3 people mentioned extra pressures such as hard work, long hours and stress due to staff sickness / changing staffing levels, two saying they had to cover shifts in frontline services as well as their usual work - increasing working hours and leaving little / no time off; one mentioned testing, managing visits and communication via electronic devices; 3 people listed constantly changing guidelines and needing to do risk assessments; also additional paperwork around Covid testing. Asked if these changes to their role affected service users, 9 people responded, 5 said their



specific role change didn't affect residents, however 3 commented around wider changes and workload affecting the amount of staff time available to spend with service users. Another stated (apparently from a domiciliary care point of view) that there were changes to visits, reduced times, and alternative times allocated. One respondent felt in some cases they had let care users down, but at the same time understood that they had to keep the people in their care safe. 2 people commented specifically on their role: that patients saw an increased focus on physical health, and legal framework around community access; and that they were carrying out audits on services to ensure people were supported well, spending time with service users getting involved in new activities, seeing them more engaged and proud of achievements.

On the impact of Covid on their work, all 10 respondents said their organisation appropriately protected staff from risk of Covid infection, and that they had continued to practise in a strength-based way. 9 of 10 said they had felt safe during the Covid / lockdown period, that supervision sessions continued during Covid, and partnership working had a good impact during Covid – in the latter case one respondent was unsure. 8 of 10 felt supported informally, and training had been able to continue. 7 in 10 had access to technology to help them work at home if relevant, though 3 in 10 said this was not relevant.

The majority felt they had received adequate supervision/support, with all 10 saying they'd received support on service user feedback. 2 in 10 felt they didn't have enough support in workload management, and one person for each hadn't received enough support on compliments and complaints, training requirements, or personal learning & career development.

All 10 staff who responded, said they had worked in their own time, or cancelled leave or training due to workload pressures. None said they'd taken sick leave due to the impact of stress at work, however 7 in 10 said they had not taken sick leave due to the impact of stress at work. This may have been "interpretable" wording of the question, or a worrying suggestion that staff were working whilst ill due to work pressures. One person commented that there's been a huge impact on their lack of work-life balance over the 2-year Covid period: they are burnt out, questioning their role and considering leaving the profession.

Having said this, in terms of staff feeling valued and supported, all 10 respondents said they feel valued in their organisation, and informal support is valued in their service area. 9 out of 10 said they feel cared for by their line manager, they're encouraged to take regular breaks away from stressful situations, informal discussions and peer-to-peer support is encouraged in their team, they feel positive about working for their employer, and about providing commissioned services for Darlington Borough Council. However, 4 said they were not encouraged to take regular breaks away from a computer screen, and 6 said there were things they'd change about their job if they could during the pandemic period. Of things they would have changed, 3 mentioned reducing paperwork, 2 stated spending more time visible in services / supporting other staff, changing the policy on compulsory vaccination (now removed), not stopping family visits, receiving information on guidance changes sooner – before public announcements, a wage increase for carers to reflect the vital work they do, spending less time travelling to meetings, and wishing they hadn't had to be flexible with their leave due to staff shortages & sickness. All 10 said they are able to contact someone to discuss urgent issues, 9 in 10 are satisfied with their job, expect to remain in it for the coming year, enjoy their job, look forward to going to work, and feel their job is valued by service users. Only 7 in 10 feel their job role is valued by Darlington Borough Council (but 2 of the remaining 3 were unsure either way). Concerningly, 7 in 10 feel stressed, and 4 in 10 feel overwhelmed in their job. Only 5 in 10 feel their job is valued by wider society, with 2 feeling it is not valued, and 3 being unsure.

On asking about staff engagement, all 10 felt well supported, informed and consulted about proposed changes, however one felt their views / concerns weren't adequately listened to around any proposed changes, or their feedback/opinion listened to after service changes, and another was also unsure on the latter.

8 of 10 respondents said that there was nothing more that Darlington Borough Council, as the service commissioner, could have done to improve the situation during the pandemic: 3 of these said that the support they received was excellent. 2 suggested better recognition and thanks to staff working tirelessly – one that this should have been financial (distributing excess Covid funding received), the other that it could have been financial or communicating with individuals personally to thank them for their work. Asked how they felt about providing Adult Social Care services to Darlington Borough Council, all who responded were positive, using words such as confident, excited, supportive, understanding, listened-to, they “couldn’t ask for a better team” to work with, “supported fully, and comfortable seeking assistance/advice”, and one stated that the pandemic had improved relationships. However, 2 commenters mentioned that the fee rates paid are not high enough to reflect the true cost of care, and one mentioned struggling to recruit as a result. The other recognised this was a government issue rather than the council. 4 commenters added final information, mentioning the impact of their workload needing to be recognised, that it was very difficult and their small team is very proud of what they managed to achieve. 2 mentioned the high pressure and stress of the job, particularly *“The social care sector will struggle to keep staff in the current climate. Pay doesn’t reflect the skills they need to do their role. They give medication, deal with health issues, support with finances and usually work over their contracted hours to try and ensure consistent support. After over 35 years in this sector, I’m looking for a less stressful role.”*

#### Survey key points:

The survey was only completed by managers, so may have missed some perspectives, however, from that snapshot we can learn that:

- Only 15% felt their role changed in a negative way as a result of Covid / lockdowns, with more (23%) feeling there were positives.
- 91% said their workload increased. 64% said their workload was not manageable. There were high levels of stress (60%) and overwhelm (40%), extra hours to cover gaps in shifts / staff sickness etc., having to work in their own time, cancel training or leave.
- Most felt well supported by their employers, feel valued, enjoy their job.
- But stress and long working hours have left a few considering leaving the profession and concerned at pay levels to recruit new workers.
- Only 50% feel their role is valued by wider society, with a further 30% not being sure.
- Action on staff’s concerns and feedback might be improved when changes must be made in one case.
- Government should have streamlined paperwork, given advance warning on guidance changes or been clearer so not such a need for risk assessments.
- On support from Darlington Borough Council, 80% felt there was nothing more the council could have done to improve the situation, 20% suggested thanking staff with extra pay, or personal thank you’s to workers. All felt positive about delivering services for the council.
- 20% said fees didn’t cover the true cost of care, causing financial problems for them, and affecting recruitment. Government needs to increase funding to raise pay in the sector, to reflect the skills and vital work done, increase morale and thank workers for their efforts.

#### Public hearing:

Managers of one care home attended the public hearing. It’s a small care home (Moorlands) with 19 beds, and had no vacancy when the Covid outbreak occurred. Key issues they reported were:

1. When the outbreak happened, they had to take patients, but could take extra precautions with them. **As the care home was already full**, they didn’t take in any new residents, or lose any. **No Covid case until 2021 after residents had had their jab and booster** (so much lower impact). The NHS were trying to send people to them without a test – the care home had to ask them to document the date & time of the Covid test, as some proof they’d done one.



2. **Staff retention is an issue**: they've been covering shifts, **not had a full rota for 3 years**. But they haven't had to use agency staff. However, everyone chipped in, they saw the **managers living-in, morale increased** – they felt very valued for a short time, but now it's dropping off – feel forgotten & “flat” again. They socialise together to keep morale up now.
3. Mask-wearing: the first summer, they had lots of trouble getting stocks – they wore them the whole time for 12hr shifts. Had no colds, flu, sickness in past 2 years, but lots of rashes etc. They had to **ration masks – one per shift (4hrs) during which staff couldn't have a drink, touch the mask** etc. as had to make them last. Now it's not so hard as able to source them better. They once paid £4000 for a box of 1000 masks. They were having to spend a long time to find cheaper masks: “it was like buying on the black market!” Initially, there were a lot of short-term incentives to recoup costs, but nothing available now. The home were still testing and wearing PPE later than everyone else (Dec 22). Since then, people have started picking up bugs and getting anxious.
4. Fair Cost of Care review: Management put many hours into it, now it's shelved.
5. They felt **well supported by the council** - had daily telephone calls 7 days per week to offer support, and helped to arrange activities when appropriate, it was brilliant. They always felt they could pick up the phone to the council. N.B. living in the care home, it helped to speak to someone outside. The PCN provided free counselling for the care home.
6. There were issues with **delayed medication delivery** due to short-staffing by suppliers – it's an ongoing issue, sometimes only getting medication in a day before it is required (insufficient time for checks, training etc.).
7. The biggest issue was **food supplies** – they were ordering online via supermarkets (which worked for them as a small home), but were not eligible for vulnerable slots. They got a deal with Iceland to buy more than the normal quota, but had to fight for this. They never ran out of food, but there was worry of what could happen.
8. They were keeping staff safe, but it was not ideal. It was as much down to good luck as good practise. Living with fear of what might happen.
9. The government “guidelines” were guidance, homes always needed to risk assess on the needs of their residents. The guidance ALWAYS stipulated that you could have end of life visits for anyone in the last year of life. **Their care home never stopped end of life visits**, but staff were waiting for a finger to be pointed! The managers heard horror stories, but families of residents in their care home were on board with the actions & precautions they took. It was Ken Ross in Public Health who was pragmatic about people entering the home.
10. In terms of workload, there was LESS to do but it changed – they were not dealing with trips out, or families so much, but there was extra cleaning, full PPE changing took extra time, taking food round to residents who wanted to stay in their rooms.
11. The rate of depression amongst residents soared through residents staying in rooms - they were also losing fitness. However conversely, it brought out some innovations e.g. making a music video. It was good for relationships with the council and other partners.
12. Staff wellbeing was ok - as good as could be expected. There was good morale. Some staff initially shielded which pushed up the workload for others. Older staff have stepped back now. Staffing levels are currently adequate.
13. Recruitment is so difficult – when you're desperate it's easy to take “just anybody” on board, even if you know they're not really interested / invested in the job. The amount of job applications is a huge challenge – now get 40 applications for each role, only half answer the phone, only a few turn up for interview. This is probably because people have to prove that they've applied for a certain number of jobs, but it wastes their time sifting through them – **a negative impact of Jobcentre rules**. What's been more successful is a **£250 bonus for people who could recommend a friend or family member to work there**,
14. Because it's low waged, care work is classed as “unskilled / unqualified”, however there are 14 or 15 mandatory training courses people have to do before they can work in the sector. It's valued very much by the residents and their families, but on a national level, they don't feel the sector is valued.

15. On integrating new starters, they recruit already-skilled staff or work with DBC's apprenticeship programme. They found new staff integrated better than before as it was more hands-on.
16. Residents also bonded really well too, as they weren't seeing their families as much. They got help with iPads etc. – they didn't accept but were offered it. Residents' families purchased an intercom so they could speak to residents in the segregated visiting room that was built from their store-room (with access from exterior).
17. What could have been done better:
  - a. **More clarity from central government:** it was often very vague guidance given, they had to do their own risk assessment – which placed all the risk and work onto care homes - and throw it out every time something changed.
  - b. They felt forced to sign a contract saying they HAD to accept Covid positive people. It was just fortuitous that they didn't have to accept people from hospital at the riskiest time because the home was already full.
  - c. The Nursing team put DNR (**Do Not Resuscitate**) orders in place for all 19 residents – this was definitely not person-centred.
18. Continuity of care WAS maintained, but mostly down to luck.
19. They also have a domiciliary side to the business, 40-50 staff, no cross-over between them:
  - a. They found it was **taking longer** trying to **get shopping** for the service users, and **put PPE on**. But there was no traffic on the roads so it was quicker & easier to get about.
  - b. It was lonely / **isolated being a domiciliary care-worker**. They were always available on a mobile phone, but staff lost the ability to come into the care home and have a chat, vent & act as a drop-in centre. They had to collect PPE from outside.
  - c. There has always been a higher turnover in the domiciliary side of the business, nobody specifically left due to the Covid situation.
20. They **didn't get government guidance before anyone else – this was not helpful** as they were having to respond to queries from families immediately announcements were made, when they couldn't have a plan in place immediately to respond - it often took them a day or so to risk-assess the situation. Caused upset / frustration.
21. They did try to do Teams / video calls, however some residents didn't have the capacity to interact with it, thought it was a (pre-recorded) video of their family and didn't understand that it was live. It was seen as a novelty that they enjoyed for the most part.
22. It's changed some of their working practises e.g. Teams – it has freed up time to attend meetings and deal with residents, so more likely they can attend than if they had to travel.
23. It is now very hard to get a doctor to visit – they have a multi-disciplinary team (MDT) visit annually, from the PCT they get more support. They are not lacking in medical care in general, it's more a generational issue where people insist they must be seen by "a doctor".
24. NHS workers got slots at supermarkets, but care home staff sometimes couldn't get food.
25. It was a legal requirement that people working in care homes had to have the **Covid vaccination**, but when this requirement was rolled out to the NHS, government back-tracked. This caused resentment: they lost some good staff who refused to have the jab.

#### Public hearing key points:

- It was mainly down to luck that the home was full that they didn't suffer a Covid outbreak and were able to maintain care as they did.
- They needed prior warning of changes to government guidance, to risk assess it.
- They always maintained end of life visits.
- They were well supported by the council & the situation improved this relationship
- They struggled to obtain food and PPE – care homes should have been defined as priority.
- Staff retention & recruitment is challenging, but morale was high, now dropping away. The perverse impact of Jobcentre rules wastes their time dealing with excess applications. More successful to offer "refer a friend" incentives.

- Issues imposed – contract re. accepting Covid patients, DNR orders, vaccination legal requirement (but dropped for NHS): resentment & concern.

### 3. End users of Adult social care (& their families / carers)

#### Summary of Survey responses

It is important to highlight that there were only 19 responses (this reduced during the relatively long survey), so any comments can only be indicative. The number of respondents to each question are listed. The majority of respondents were official carers, or other people who help informally, only 26% were adult social care users themselves.

A wide range of services were used: home adaptations, reablement, respite / temporary stay in a care home, permanent moves to a care home, extra-care facility or sheltered accommodation – some will have used multiple services. The largest proportion (63%) of respondents used in-home domiciliary care. Of 15 respondents, only 1 in 5 were dissatisfied with the service received, with almost 60% extremely satisfied or satisfied. 10 comments were left on this topic: 4 were overall positive. One raised significant delays in receiving home carers, so their relative had to go into a hospice (and never received home care). 4 raised issues of communication (between different staff / departments regarding care needs resulting in difficulties, with hard-of-hearing / deaf care users who could not hear, and another who could not lip-read due to staff wearing masks, lack of willingness to communicate with a service user during a “sitting service”, and lack of contact with family members awaiting a care service), or that care was disjointed. Concerningly, 2 mentioned basic care failings (ensuring fluids to drink were left nearby, adequate cleaning of commode), and 2 mentioned variability of time, professionalism / care, and knowledge of the care user’s situation by staff. One stated that carers did not turn up, another that only 1 turned up when 2 were required so the care task could not be completed (yet notes implied it had been done).

62% of respondents said their quality of life during the Covid period was very good, good, or alright – but 38% said it was bad, or so bad it could not be worse. Similarly, 62% said care and support services had helped them / the care users have a better quality of life during the Covid period, while 38% said it had not. Of the 4 comments left on this topic 2 related to the care user feeling isolated, one stating the person was left alone in a care home. One sought extra services over-and above the personal care received, which were not given (speech / conversation and exercise / physio resulting in the person cared for being left “locked” and stiff). Another comment mentioned communication issues – it being hard to contact the RIACT team, varying professionalism, and that they found their care worker to be very poor.

In terms of choices over care, 8 of 13 respondents (62%) said they had enough choice in their care, 1 said they didn’t need choice, but the remaining 4 (31%) said they didn’t have enough choice. Of 4 comments left, one listed being unable to obtain care, another to having no choice of care due to capacity issues during Covid (so their family member had to move out of the area, and be moved many times), one related to an issue with a particular carer who the family didn’t get on with so didn’t want to visit (it didn’t say whether this choice was respected / enacted or not).

Asked whether care recipients received “as much as they could want”, or “adequate” access to all elements of a good life, 13 of 19 responded, and 9 (69%) of these said the care recipient had good levels of both control over their daily life, and feeling safe (in their home or outside). 10 (77%) said this was the case for both being clean and presentable, and getting enough food and drink at times they wanted / needed it. 11 (85%) said this was true for the comfort and cleanliness of their home. These are all high, but still leave significant minorities who felt they (or the person they cared for) did not get enough, or any of these elements of life. 8 people (52%) said they had high or adequate levels of contact with people that they like, but only 6 (46%) said they could spend a good amount of time doing what they enjoyed. The latter two categories are likely to have been severely impacted by lockdown rules, but could the adult social care system could have done more to combat this, or provide suitable alternatives?

It was stated that adult social care services helped 85% of people to be clean and presentable, 77% of care-users to have control over their daily life, to have a clean and comfortable home, and to spend time doing what they enjoy. They help 69% to get adequate food and drink when they need it, to feel safe, and to have contact with people they like. Again, whilst high, these figures leave a significant minority who did not feel that adult social care helped them or the people they care(d) for to achieve these things. Of 4 comments made on this topic, 2 stated they could not get care that was needed, another mentioned the variability in amount that carers cared about the role / for the service-user, and a final comment mentioned carers not being careful enough with a fragile bed-bound care-user, causing bruising and pain, and missing areas when washing them.

On the psychological impact of receiving adult social care, 13 people responded, with 7 (54%) saying it helped them to think and feel better about themselves, 4 (31%) said it doesn't affect how they think or feel about themselves, but 2 (15%) said it undermines the way they think or feel about themselves. Probing this further, 8 people (62%) said that the way they are helped and treated helps them to feel better about themselves, and 3 (23%) said the way they're helped or treated doesn't affect how they feel about themselves, but 2 (15%) said the way they're helped/treated sometimes undermines the way they feel about themselves. 2 comments were left on this topic – one related to communication being essential, higher pay being required, and learning from best practise in other countries; the other that staff wore masks so the care-user didn't know what they were saying (presumably deaf / hard-of-hearing), and needed them to wear see-through visors.

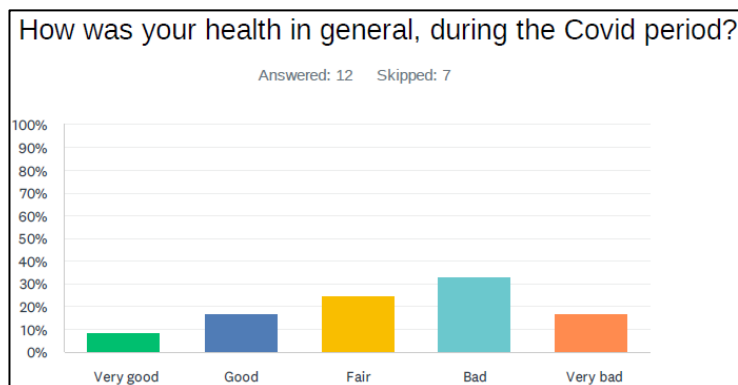
On ease of finding information or advice about services, support or benefits that was new to them, 31% (7 of 13 respondents) had never tried to find this type of information. 6 (46%) found such information difficult or very difficult to find, with only 3 (23%) finding it easy or very easy to find. This should be a key aspect to seek to improve for the council.

Regarding finding out information about changes to support, services or benefits that they already received as a result of Covid, of the 13 respondents, 2 (15%) said they never required this type of information, 6 (46%) said they were kept well informed in a timely manner, or fairly well informed within a reasonable time. However, a further 5 (38%) said they were kept badly informed in too long a time, or they were not kept informed and had to chase up / find out information themselves. Again, this should be a key learning point for the future, to always ensure care users are kept well informed of any changes necessary.

62% (8 respondents of 13) said there were negatives to the changes required as a result of Covid, however 38% (5 respondents) said there were not. If people thought there were negatives, they were asked to state what these were: of the 7 comments left, one related to being unable to obtain care, 2 related to poor communication and/or support, one related to being unable to lip-read through face masks, and 3 related to not being able to get out, or see family resulting in isolation. One comment stated that testing patients should have been required before moving between hospitals and care homes, and not being moved so much. 10 respondents (77%) said there were no positives from the changes due to Covid. However, 3 people (23%) said there were positives, or options that they would like to see continue. Only one comment was left describing these, of healthcare working together across the board.

Comments were asked for around things we as a council should learn, or that might work better. 5 responded: one said they didn't know what the service was like before as they only became a service-user during Covid (so couldn't compare back). One stated that better communication was required, and easy access to information with more resources in one place; another said carers needed to look back at previous logged comments about the care-user to look for changes during the day; one had 2 separate experiences of using the RIACT/re-enablement team but found them both stressful due to lack of communication, and lack of knowledge by the social worker. Another commenter said training and communication needed to be kept up to date, that feedback was needed from all sides (employee and patient or their carer) to create a "snag list" that there are issues with that must be dealt with, so as to work together to resolve problems.

People’s health status was asked about, as this may have influenced their earlier responses. This breakdown is provided in the image to the right.



2 of 12 respondents said they had no pain or discomfort, but 5 (42%) said they had moderate pain / discomfort and a further 5 (42%) had extreme pain or discomfort. 7 of 12 respondents (58%) stated that they were moderately

anxious or depressed during the Covid period, with 4 (33%) reporting they were extremely anxious or depressed, and only 1 person (8%) stating they were not anxious or depressed.

In terms of the respondents’ needs, of 12 respondents, 8 (67%) could usually manage to feed themselves easily, with only 2 (17%) saying they had difficulty doing this themselves, and 2 (17%) saying they could do this by themselves. In terms of mobility, 7 (58%) respondents said they had difficulty both getting around indoors, and getting in and out of bed or a chair by themselves, with 3 people (25%) saying they couldn’t do either of these things at all on their own, and only 2 (17%) saying they could easily do this. For dealing with finances and paperwork, no respondents said they could do this easily themselves, and 3 (25%) said they had difficulty doing this on their own, but 9 (75%) said they could not manage this at all by themselves. For cleaning themselves, 8 of 12 (67%) said they could easily wash their hands and face, but 2 (17%) said they could do this with difficulty and 2 (17%) said they could not do this themselves. 6 (50%) could usually use the toilet easily by themselves, but 2 (17%) had difficulty, and 4 (33%) could not do this at all, alone. For dressing and undressing, only 3 (25%) could do this easily on their own, 4 (33%) had difficulty, and 5 (42%) could not do this by themselves. To wash all over, using a bath or shower, only 2 (17%) reported being able to do this easily, with 5 (42%) reported having difficulty doing this themselves, and 5 (42%) saying they couldn’t get fully washed on their own.

Suitability of people’s homes can also impact their care needs. 5 of 12 (42%) respondents said their home meets their needs very well, and 3 (25%) said their home meets most of their needs, but 2 (17%) said their home meets only some of their needs, and 2 (17%) said it is totally unsuitable for their needs.

Behaviours during the Covid period were asked about, again of 12 respondents, 7 (58%) said they didn’t leave their home at all during the Covid lockdowns, and 6 (50%) said they didn’t leave their home at all during the entire Covid period. (One person clearly ticked both boxes.) One comment left on this topic stated the person is bed-ridden.

Asking about help received, of 11 respondents, 1 (9%) said they received no practical help on a regular basis from anyone else. 4 people (36%) said they got regular help from someone living in their household, and 6 people (55%) said they had help from someone living in another household.

6 of 11 respondents (55%) said they did not pay more to top-up care during the Covid period, but 45% said that they did buy more care and support at their own cost. Of this small sample, nobody replied that they had reduced their care, or stopped it completely due to Covid risks.

#### Survey key points:

Generally, end users were satisfied with care, but repeated comments were made about:

- **Carers who “didn’t really care”**, did the minimum – improved training & monitoring need,
- **Poor communication** between different carers / teams can result in serious problems: care system needs to work holistically, to be well-informed and person-centred.
- The full or partial **unavailability of care** that was needed to keep people well for longer.
- **Lack of knowledge by social workers**, training on solutions available may be needed.

Recruitment issues, and the high workloads & stresses of working in Covid won't have helped, but makes it all the more critical to get processes right.

- **Adjusting care to patients' needs** is important, e.g. for deaf or hard of hearing: PPE changes may be required to enable communication and reduce feelings of isolation.
- **Isolation was a key issue** for many, finding ways to keep people interacting with others maintains their mental health, and helps physical health too. Highlight best practise to provide engaging activities & conversation to care home and domiciliary care recipients.
- **Keeping service users and their families well informed** was important if services changed, especially if home carers couldn't visit, and for **those waiting for care**.
- **Many found it difficult to find information**, particularly for services that were new to them, so improving ease of finding this (via website and phone signposting) is important.
- Service users appreciated seeing the **care and health sectors working closely** during Covid and want to see it continue, and want to see **better integration between teams / departments** within adult social care.
- Suggestions made to make a **"snagging" list** to address between end-user / family and care provider, so they **work together to improve service**.
- End-users' inability to manage finances / paperwork, and unsuitability of some of their homes may be issues that they will need assistance with to help reduce care needs.

### Public hearing

A couple, who had both lost their parents during the Covid period:

His mum was diagnosed with terminal cancer at Darlington Memorial Hospital (after a fall at home) the week before Covid lockdown. She was moved to St Teresa's Hospice, where she was found to have Covid (source unknown, untested in hospital), moved to Barnard Castle. Then a race to get her back to Darlington before she died. She eventually got a place in Rydal care home, then Eastbourne care home where she died in summer 2020. Key findings:

1. **She should never have been put into the hospice without testing** – guilt that his mum maybe caused the outbreak at St Teresa's hospice (reducing capacity due to staff sickness).
2. **Lack of capacity / availability of spaces in Darlington**, hence her having to go elsewhere.
3. Family weren't allowed to go and see her because of Covid, even gowned-up, before she died. **In terminal circumstances, provision should have been made to let family in.**
4. **Safety vs. duty to care**: His mother was on her own from diagnosis in March to her death in August (was meant to have a carer in the room) – **she was scared**. She tested positive for Covid for the whole period until she died. Once in Darlington they could see & speak to her through 1" gap in window, sitting in the car park – no physical contact, purely small-talk until the day she died as you can't really have a serious conversation in that situation.
5. **Staff were great**. Everyone was learning and frightened. He felt staff were shattered. But they were jolly in Eastbourne care home & cheered her up – did her hair & sent photos.
6. **They weren't contacted during her last hours of life** – they were told she had died during the night – only then they did they get to sit with her body for 20 mins. Staff couldn't touch her after she'd died due to their Covid regulations.
7. **Individuals weren't at fault**: systemic failures & inflexibility of protocols they had to follow.
8. **Communication is key**: Hospital & St Teresa's were great, but while she was in Barnard Castle there was no communication – they only got updates through a friend of a friend who worked there! **Better communication is needed**, especially when someone has to be moved out of town. They were told when she was moved.

Her dad had dementia, and had care assistants. He didn't believe her about Covid. He kept falling at home so they got equipment (camera) installed to monitor him. He went into Wilton House after a fall, then later into Dalkeith House (sheltered living). He died during the Covid period. Key points:

1. They were struggling to get him food & make meals. **AgeUK food service were excellent!**



2. He kept falling down the stairs at home – they got a camera fitted to see if & how he had fallen. No delays re. getting MedEquip equipment fitted to help prevent future falls – **innovative & useful ideas.**
3. He had carers attending – some were professional and truly cared, others only did the basics, it was just a job – need to find a way to find & keep more of the former.
4. When he was in Wilton House, they managed to get him downstairs – they had a section of the dining room cordoned off with perspex, so she could visit. Later she could visit with PPE (apron and mask). **Much more human interaction possible.** When she got him into Dalkeith House, there were staff around to care, she couldn't fault it.
5. **Lifeline were very good** – if you pressed the buzzer, you got a phone call, once they unplugged the landline and got a call on the mobile phone - all worked very well.
6. It's about knowing where to look / go for help for families – **need a one-stop-shop to help to identify services.** (Age UK suggested to them where to try.)
7. They had a **problem with Inform All / Tell us Once system** – it DIDN'T work seamlessly when it came to registering his death.
8. It took too long to work out rent owed for his flat – 6 months after his death they finally got a bill! **It would help with the grieving process for DBC to calculate rent dues promptly!**

#### Public hearing key points:

- Testing should have been prioritised before moving people into care homes.
- Is care capacity in Darlington adequate? (Could restrictions due to Covid sickness repeat?)
- End-of-life visits for terminal issues should have been facilitated – government guidance.
- One-stop-shop required to help users / families find services they need.
- Better communication was needed with families, especially when they couldn't visit - but facilitating safe visits is best.
- Issues with Tell Us Once and delays in Housing Services billing for rent need resolving.
- Thanks to excellent social workers, AgeUK, Lifeline, Eastbourne House, Wilton House, Dalkeith House.

#### 4. Healthwatch report

This report also covered elements of Adult social care, although much of it relates to the healthcare sector. Many similar concerns were raised as in the information gathered above, particularly:

- Good communication, keeping people informed of changes or access to existing services
- Digital exclusion from being kept up to date, or finding information about services, for those not online
- Service users wanted to see more availability, to improve access to services,
- Need for face-to-face visits in some circumstances, rather than telephone contact (mainly but not solely for medical appointments).
- Wearing masks causes barriers to communication for some service users with hearing impairment – need to find solutions to this.
- Ensure that carers and loved ones are not overlooked - they can provide invaluable emotional and practical support to patients (especially in appointments),
- Support for mental health of care users

#### Conclusions

This period was highly traumatic for many, characterised by illness or risk / fear of it, limited PPE and lateral flow tests, and even access to food, and isolation for many staff, and service users, and changes, restrictions and interruptions to their care. Whilst staff morale was kept high during the Covid period, it is now dropping as is their perception of value to the wider public, and as the heavy workload and stress may result in burnout for some. Given this, the sector is in surprisingly good shape, with local measures to recruit and retain social workers being successful, but private sector services are still struggling to recruit, and need assistance to get on a sustainable footing.

20% of end users were not satisfied with the care that they received, and a further 20% were neither satisfied nor dissatisfied – this is rather high, and only 62% felt care provided helped them to have a better quality of life – so checks are needed to ensure care is good quality and meeting end-users' needs. 38% of those cared for felt they were kept badly informed, in too long a time, which suggests a key need to improve communication and processes. **Communication & training** are key aspects requiring improvement from service users' point of view.

## Recommendations

For national government:

- **People should not have been discharged to care homes without testing** (or worse, homes told that they'd been tested when they hadn't): seeded outbreaks in care homes.
- Essential care staff doing home & care home visits should have been prioritised for LFT tests and PPE. Care homes also sometimes struggled for PPE.
- Government needed to make **clear guidance** / rules for care homes, **with less room for interpretation**, so there wasn't so much variability between them. Especially:
  - Rules on terminal & end of life visits which should have been maintained.
  - Pre-warning of changes in the rules, so they could prepare responses to the public.
- Care homes themselves, and essential care staff should have been **prioritised for food** (in person and online), by liaising with supermarket sector.
- Overwhelming feeling that the **care badges were offensive**, many are still in the envelope – so also a waste of money.
- Recognition that people who won't get sick pay are less likely to test & isolate – **statutory sick pay for all workers** would cut spread of illness & speed up care plan delivery.
- **Revive Fair Cost of Care review**: Increase in pay is needed, to improve recruitment, retention, reduce workload and improve status of social work and make it sustainable.
- Greater funding of councils is required to cover the necessary increase in Adult social care costs, and so they can provide secure funding for third sector organisations they rely on for outreach, early intervention and support services.
- Jobcentre rules have increased numbers of applications for social care roles, yet most don't want the job, wasting staff time sorting them – this perverse incentive should be addressed.
- Review of concerning / coercive issues during Covid – contract re. accepting Covid positive patients, Do not resuscitate (DNR) orders, and compulsory Covid vaccination – the latter was retracted before being rolled out to the NHS, but resulted in some good carers leaving.

For DBC:

- **Communication is key** – ensure processes are set up to contact end-users & families promptly / at regular “touch-point” intervals, to keep them informed of what's going on & how their relative is - essential to feel connected, especially for those placed out of town when visits were not allowed. Also regular updates to those **awaiting care** & facing delays.
- Social workers must check back to ensure care is (fully) meeting end-users' needs, if they need further care or referral, and that they're aware of the choices available.
- **Care must be holistic and cohesive**, seeking to keep people well physically & mentally, not just address their immediate, e.g. personal care, needs. More types of care may need to be offered. Better integration is required across departments / teams including NHS.
- Would greater (care home) capacity in Darlington mean people didn't need to be sent elsewhere? Or severe restrictions on service due to staff illness, unlikely to reoccur?
- Very high demand, high level of vacancies in care providers due to sickness & recruitment issues (& low pay), significant delays in obtaining care packages – firefighting, not getting to long term / preventative actions. Need to **ensure preventative aspects are tackled**.
- Greater case complexity: DBC need to reach people sooner, **outreach to find those with complex needs** & signpost to early intervention services to reduce future service needs.



- People being missed: advertising of what services are available and help change attitudes. A **One-Stop-Shop** is required for care needs – Is **Darlington Connect** meeting this need?
- Improve information available via Darlington Borough Council Adult Social Care website, and telephone call handlers – factsheets, referral pathway etc. Provide factsheet on extra or additional help on the website, should people need top-up care.
- Ensure Tell Us Once system works, and Housing bill promptly for rent dues.
- Consider provision / signposting to further assistance services around finances/paperwork, and ensuring people's homes are suitable for their needs, or helping them to move. Liaise with Planning to ensure more disabled adapted homes are built.
- Greater training of social workers in the options available, so they're not only finding out about them as they are needed, to help them advise on and find solutions for end-users.
- Assist community and third sector services relied upon to assist with ASC outcomes, to obtain steady funding by providing direct grants, commissioning service contracts with them, or providing assistance in relevant funding bids e.g. via Healthwatch DOT network.
- Significant numbers of staff still cancel leave, training or work in their own time due to workload pressures – further action is needed to reduce this.
- Concerns raised over safety when lone-working, work required to improve training, risk assessments, and manager availability to provide support, especially out of hours. Could the staff mental health buddy system used in Covid, be adapted for this?
- Staff appreciate the mental health & HR support in place, this helps with staff retention. Ensuring pay remains competitive relative to nearby local authorities will help too, especially now home working means they can work anywhere in the wider region.
- Continue to support the care sector, nurturing relationships improved by the close working of Covid daily calls and support.
- Would the council consider starting its own care provider service, to increase capacity have more control and address some issues raised: recruitment, retention, attitude, and reduce costs of care?

For the commissioned services sector:

- Communication is critical, to service users and their families, to inform of any changes, or if carers cannot attend,
- Maintenance of end-of-life visits could be managed safely and was greatly appreciated by service users and their families,
- Care tasks should be clearly & fully described, with regular supervision/review to ensure carers know what is expected, to avoid misunderstanding.
- Request feedback from service users to check care is meeting their needs, pick up on those carers who lack professionalism (cut corners / do the minimum) during (annual) review, with training for those who lack knowledge. End users/families recommend making a "snag list" to work together to improve care.
- Ensure adaptations are made to care as required by service users' communication needs e.g. wearing a visor / face shield to care for someone who is hard of hearing rather than a mask, for best outcomes and to reduce their feelings of isolation.
- Urge best practise sharing for best quality and cost-effective care, and good staff morale, particularly around care home resident engagement, reducing isolation and associated deterioration
- Continue to work closely with council on recruitment issues.

In general:

- Much appreciation was shown to all the staff who worked through this period despite everyone being frightened: care home workers, domiciliary staff, Lifeline, council social workers & voluntary organisations such as AgeUK.

- Ask the Director of Adult Social Care to pass on Recommendations relating to national government to the appropriate department.
- Work with local care providers to disseminate the Recommendations relating to them.

## References

Quad of Aims – or include in Appendices if needed / not able to refer directly to link

Link to [Healthwatch Darlington Pandemic Experiences](#) report

## Appendices (or links to website as appropriate)

1. DBC Adult Social Work staff Health Check survey results November 2018
2. DBC Adult Social Work staff Health Check survey results July 2021
3. DBC Adult Social Work staff Health Check survey results 2022-23
4. Questionnaire responses (summary) for Commissioned Services staff
5. Questionnaire responses (summary) for ASC end-users and their families/carers
6. Notes of meeting on 04/11/22 containing questions for hearings
7. Notes from public hearing session [anonymised], staff, commissioned services & end-users mixed in together.

# The Adults' Social Work 'Health Check' Survey Summary Report 2018

**Author:** Paige Thomason – Principal Social Worker

**Published:** November 2018

# Contents

- Introduction page 3
  
- Executive Summary page 4
  
- Sections of report
  - 1. Your role within the directorate
  - 2. Effective workload management
  - 3. Social work Skills and Evidenced Based Practice
  - 4. Learning & Development
  - 5. Supervision & Appraisal
  - 6. Retention
  - 7. General views
  
- Key findings for action page 7

## Introduction

The annual social work health check survey is a recommended action from the 2009 Social Work Task Force. Its aim was to develop standards for social work employers and this included a **'health check'** process for assessing practice conditions; **Standard 1** states

*"All employers should: complete, review and publish an annual 'health check' or audit to assess whether the practice conditions and working environment of the organisation's social work workforce are safe, effective, caring, responsive and well-led."*

This was seen as valuable tool to consult with social workers and give them an opportunity to raise issues about practice issues. This health check will need to be viewed in conjunction with other Council and Departmental reporting and feedback mechanisms; for example Council staff survey, service user feedback and wider performance and data analysis about staffing and workloads. This will give the full picture and 'check' on the health of the social work workforce.

The survey was devised into Sections covering questions which are shown as follows in this Report

1. Your role within the directorate
2. Effective workload management
3. Social work Skills and Evidenced Based Practice
4. Learning & Development
5. Supervision & Appraisal
6. Retention
7. General views

## What will we do?

- The Principle Social Worker (PSW) has led on the implementation of this survey and the PSW networks with SMT will provide the opportunity to feedback the results, develop and review actions raised by the workforce to the Director.
- We will review and learn and develop from this survey to ensure it meets its purpose; we have already identified the need to refine some of the questions.
- We will undertake this health check annually and consider how we can increase take up

## Context

The survey was sent electronically for anonymous returns, to the Children's Service Social Work workforce on the 17<sup>th</sup> September 2018 by the Principal Social Worker. Social Care staff were given 3 weeks to complete the survey. Darlington had approximately 164 Social Workers employed at this date.

A total of 122 employees completed the survey - of the 122 completed:

49 were employed within Adults Social Care

73 were employed within Children's Social Care

For the purpose of this report the data will only be analysed from the responses submitted by Adult's Services - there is a separate report and data for responses from Children's Social Care

## Executive Summary

The feedback from the survey shows that overall Darlington has made some improvements to ensure that staff feel valued and are better supported to do their job. This year's health check evidences that some of the issues raised in 2017 have improved for staff. Other issues raised will inform discussions with SLT and will look at strategies and actions to address these. The results evidence that some issues are still prevalent for social workers in relation to routine admin tasks and data input into IT systems. Other issues raised from the Health Check will inform discussions with SLT and the PSW and will look at strategies and actions to address these.

### Key Messages from the Health Check:

There are many positive messages which are evidenced within the report which include:

76% of staff report they feel their skills as a social worker are being utilised this is an increase from last year from 62%. A further increase of staff reporting that practice is evidence based, 81% feel confident that practice is evidenced based compared to 75% in 2017. There has also been a decrease in the number of staff having to cancel training due to work pressures which is a good indicator. There are still issues with some staff where arranged training has to be cancelled or re-arranged due to workload pressures, whilst this is a relatively small number of staff it is important that we understand the barriers to overcome this.

Staff report that in Adult Services there is not an agreed case load structure, however 36% of staff have caseloads of 18 and under and a further 30% have caseloads under 35. 63% of those staff maintain most of the time caseloads are manageable which again an increase from 46% is in 2017.

76% of staff feel confident that their skills as a social worker are being utilised which again is an increase from 62% in 2017 and 81% advise that their practice is evidenced based. 83% of staff access Community Care for research to inform practice and of those 89% access this at least monthly. This is a positive indicator that staff recognise and utilise that research plays an important factor in practice.

Staff report that they have regular good quality supervision 87% have at least monthly supervision. Whilst this is an improvement, again it's important to understand any barriers for staff who may not have monthly supervision. Staff report they are happy with the quality of supervision and the opportunity to discuss cases involving complex risk and safeguarding alongside policy, procedures and good practice. This is a positive indicator that staff recognise that Darlington continues to support a reflective learning culture.

Communication and visibility of managers has improved from 2017, 55% of staff now feel they are happy with levels of communication from Senior Managers compared to 17%.

There are many positive messages which are evidenced within the report which include

There has been improved moral in adult services, 80% of staff feel enthusiastic about their job which is a 30% increase from 2017 and 86% of staff enjoy their job. There were a number of positive comments made by staff which include: *feeling supported by Team Managers, changes to some areas are improving, supportive teams and positive team working*. This is a positive indicator that social workers in Darlington are feeling valued and motivated in work.

## **Further considerations from the Health Check:**

One of the biggest and most referenced problems identified was in relation to the amount of time social workers spend doing routine admin tasks. Social workers describe admin tasks such as Brokerage queries, dealing with non-payment of bills for service users, routine letters, and dealing with the impact of Universal Credits and changes in the Benefits System takes them away from the face to face interactions with service users. Staff reference in response to the questions a lack of administrative support and see this taking them away from their core social work tasks.

When staff were asked if access to learning and development opportunities had improved 64% felt that it had not improved. There were a high proportion of staff members who commented that they thought opportunities for adult training was not comparative compared to the Children`s training offer. Staff identified that they would like to have further training opportunities in Leadership and specialist knowledge of the Benefits system, Court of Protection, Legislation changes and support plans and would welcome this in the future.

Whilst there has been a good increase in social workers and levels of communication with Senior Managers, 38% of social workers are still reporting that they do not always feel supported. Some comments from staff relate to the impact of anxiety following feedback from Validation forum and for those social workers who are AMHP`s support from senior managers when working after hours would be welcomed.

This year the Health Check had an additional focus in the questions in relation to the factors that would retain staff. 82% of staff said that annual leave would be the greatest factor when considering staying with the Local Authority. The second most important factor for retention was agile working followed by flexi leave.

## **In summary our health check tells us that**

- ✓ Darlington Council is making really good progress as a supportive employer with an experienced workforce. The work force enjoy their job with over 86% of respondents telling us they always or often enjoy their job and 80% feel enthusiastic.
- ✓ Social workers are part of a supportive team with regular supervision and receive support in working with complex decision making.
- ✓ Social workers are confident that their practice is evidenced based and they access Community Care to ensure research is up to date.
- ✓ Communication from senior management has improved since 2017, but this could be improved further especially when staff are working out of hours.
- ✓ Social workers do identify that better access to admin support would enable them to spend more direct time with service users.

- ✓ Not all staff feel the training offer is specialist enough and have offered thoughts on specific training they would like to see, including Leadership and Management, Legislative changes and specialised knowledge in areas such as Mental Health and Benefit changes.

Comments from staff:

“ I don’t feel there are enough training opportunities for Adult Services, when the training e-mails come around it is mostly for children`s services”.

*Comments from staff*

*“It’s a small authority so you can make relationships easy. Its great to know who you are talking to, or who you can go to for advice.*

*Comments from staff*

*“Very supportive local authority where everyone is welcoming. Great training and learning opportunities available.”*



## Key findings for action

1. Staff across all levels to continue to be actively involved in the Transformation Plan. Staff to continue to be engaged in any further service changes via staff forums.
2. Comments about admin business support to be considered in SLT
3. Feedback to SLT and Workforce Development around training and support in specialist areas .
4. Case load management to be discussed and a plan of action achieved in SMT and shared with staff.
5. SLT to consider how communication with staff can be more regular and meaningful to staff.
6. Discussion with SLT and Workforce Development in relation to Leadership Training.
7. SLT to consider how staff are supported for out of hours visits when Team Managers are not available.
8. The health check report is used and reflected in SLT to ensure that messages from social workers are evident in service delivery.



# The Adults' Social Work 'Health Check' Survey Summary Report 2021

**Author:** Paige Thomason – Head of Practice

**Published:** July 2021

## Contents

- Introduction page 3
  
- Executive Summary page 4
  
- Sections of report
  - 1. Your role within the directorate
  - 2. Effective workload management
  - 3. Social work Skills and Evidenced Based Practice
  - 4. Learning & Development
  - 5. Supervision & Appraisal
  - 6. Retention
  - 7. General views
  
- Key findings for action page 7

## Introduction

The annual social work health check survey is a recommended action from the 2009 Social Work Task Force. Its aim was to develop standards for social work employers and this included a **'health check'** process for assessing practice conditions; **Standard 1** states

*"All employers should: complete, review and publish an annual 'health check' or audit to assess whether the practice conditions and working environment of the organisation's social work workforce are safe, effective, caring, responsive and well-led."*

This was seen as valuable tool to consult with social workers and give them an opportunity to raise issues about practice issues. This health check will need to be viewed in conjunction with other Council and Departmental reporting and feedback mechanisms; for example Council staff survey, service user feedback and wider performance and data analysis about staffing and workloads. This will give the full picture and 'check' on the health of the social work workforce.

The survey was devised into Sections covering questions which are shown as follows in this Report

1. Your role within the directorate
2. Effective workload management
3. Social work Skills and Evidenced Based Practice
4. Learning & Development
5. Supervision & Appraisal
6. Impact of Covid
7. Retention
8. General views

### What will we do?

- The Head of Practice has led on the implementation of this survey and the PSW networks with SLT will provide the opportunity to feedback the results, develop and review actions raised by the workforce to the Director.
- We will review and learn and develop from this survey to ensure it meets its purpose; we have already identified the need to refine some of the questions to enable managers to have further input.
- We will undertake this health check annually and consider how we can increase take up

## Context

The survey was sent electronically for anonymous returns, to the Adult's Service Social Work workforce on the 15<sup>th</sup> June 2021 by the Head of Practice. Social Care staff were given 3 weeks to complete the survey. Darlington had approximately 66 Adult Social Workers employed at this date.

A total of 44 employees completed the survey which equates to 66% of adult social workers.

For this report the data will only be analysed from the responses submitted by Adult's Services, there is a separate report and data for responses from Children's Social Care

## Executive Summary

The feedback from the survey shows that overall Darlington has continued to ensure that staff feel valued and are well supported to do their job. This year's health check evidences that some of the issues raised in previous health checks have improved for staff, especially around IT skills and case management. There has been a specific focus on the impact of Covid in the health check which has evidenced that staff have continued to feel well supported, they have been able to adapt to working from home and that they have continued to be creative in their practice, ensuring good partnership working with a strength based model of practice. There are some issues which have been raised in the Health Check around capacity and the flexi time system which will inform discussions with SLT and the PSW and will look at strategies and actions to address these.

### Key Messages from the Health Check:

There are some significant strengths identified in the health check which are evidenced within the report which include:

72% of staff confirm that cases are allocated by a manager and include a case discussion. 97% of staff are confident that their skills and knowledge are valued in the team, this is a significant increase from the previous years at 62%. A further increase of staff reporting that practice is evidence based, 90% feel confident that practice is evidenced based compared to 81% in 2017.

There has been an increase from 62% in 2017 to 90% of staff who feel their practice is evidence based and 88% of staff continue to access Community Care for research to inform practice. This is a positive indicator that staff recognise and utilise that research plays an important factor in practice.

There has been an increase in confidence in IT skills which was a previous concern in the 2017 Health Check with 93% of staff reporting they are now confident and competent in the use of IT and the recording Liquid Logic system.

Staff report that they have regular good quality supervision which allows development and reflection and there is good evidence that social workers understand the practice framework and are encouraged to be creative in their practice. This is an improvement from previous years with over 87% of social workers now reporting that having regular good supervision and appraisals is promoting safe practice. Staff report they are happy with the quality of supervision and the opportunity to discuss cases involving complex risk and safeguarding alongside policy, procedures and good practice. There is strong evidence that CPD is encouraged in teams and training and development continue to support learning. There has been a significant rise in practice education being valued within Darlington with 94% of staff reporting that Practice Education is valued within the service area. This is a positive indicator that staff recognise that Darlington continues to support a reflective learning culture.

There are many positive messages which are evidenced within the report which include

There has been improved moral in adult services, 94% feel supported and encouraged to look after their emotional wellbeing, 91% of staff feel enthusiastic about working for Darlington which is a further increase from 2017 and 97% feel cared for by the team and their managers. 91% of practitioners feel they have good relationships with partner agencies outside of the organisation.

There were a number of positive comments made by staff which include: *feeling supported and valued by Team Managers, changes to some areas are improving, supportive teams and positive team working.* This is a positive indicator that social workers in Darlington are feeling valued and motivated in work.

Social workers were asked specifically about the impact of Covid on case loads, emotional wellbeing and practice in this health check. There are some positive messages from staff around working during Covid. 94% of staff report feeling safe and 97% feel the organisation has protected staff from the risk of infection. 94% of staff report that good technology has enabled them to work from home. 100% of staff who completed the survey report that they have felt supported both informally and formally throughout the Covid period and have continued to practice in a strength based way. The evidence would support that Darlington has implemented both safe and effective systems during Covid that have promoted good staff self-care, safe practice and supervision has ensured that staff have continued to feel safe and valued.

### **Further considerations from the Health Check:**

There are still issues with some staff where arranged training has been cancelled or re-arranged due to workload pressures. 79% of practitioners have reported that over the last year they have cancelled leave, worked in their own time or cancelled training and its important that we understand the barriers to overcome this.

Whilst there has been a good increase in 75% of social workers feeling that Senior Leaders are supportive there are still some concerns over the last 12 months around visibility albeit this is small numbers of staff. There are some comments from practitioners which relate to staffing capacity and the impact of this on moral and workload pressures and some staff who advise that they have not always been able to use the flexi system efficiently due to capacity issues. There are also some practitioners who feel that processes such as validation and administration tasks such as finance could be more streamlined rather than duplicated, again its important that we reflect and review systems and talk to staff to help us understand how we can improve this.

As in previous years the Health Check continued to ask practitioners about recruitment and retention. In previous years 82% of staff said that annual leave would be the greatest factor when considering staying with the Local Authority, however this year 91% of staff said that having an effective flexi system would be the most important factor to consider in regards to retention. Practitioners expressed a number of issues with regards to they way in which the flexi system could be improved, this includes the number of hours that can be carried over in the period. The second most important factor for retention was 82% annual leave and 64% who would supported blended working.

### **In summary our health check tells us that**

- ✓ Darlington Council is making really good progress as a supportive employer with an experienced workforce. The work force enjoy working in Darlington with over 85% of respondents telling us they always or often enjoy their job and 79% feel enthusiastic.
- ✓ Social workers are part of a supportive team, they have regular supervision and receive support in working with complex decision making.
- ✓ Social Workers have felt safe and supported during Covid and practice has continued to be creative and strength based.

- ✓ Social workers are more confident that their practice is evidenced based and they access Community Care to ensure research is up to date.
- ✓ Communication from senior management has improved since 2017, but this could be improved further with more visibility from Senior Leaders.
- ✓ Social workers would like consideration to be given to reviewing processes and the flexi system
- ✓ Some staff feel capacity issues have impacted on workloads and pressures.

Comments from staff:

“ I feel the team provide a pro-active learning environment”.

*Comments from staff*

*“Workloads are sometimes unmanageable and staff turnover has unsettled people”.*

*Comments from staff*

“My manager and supervisor provide positive feedback.”

*Comments from staff*

*“DBC offers a very supportive AYE programme, I particularly enjoy group supervision”.*



## Key findings for action

1. SLT to consider how communication with staff can be more regular and meaningful to staff.
2. SLT to consider and talk to frontline practitioners about visibility and what this means for them .
3. SLT to consider and talk to frontline practitioners about the use of the flexi system and to look at how this could improve.
4. SLT to consider processes such as administration tasks and validation with input on practitioners around how it works in practice.
5. SLT to look at the barriers in place which are preventing staff accessing training and cancelling flexi or leave.
6. The health check report is used and reflected in SLT to ensure that messages from social workers are evident in service delivery.



## Annual Staff Survey Summary 2022-23 Highlights

### 1. Introduction

The Annual Staff Health check survey 2021-22 enabled a staff temperature check with staff within the DBC Adult Social Care Service on an annual basis using the principles of the previous 2009 annual survey for social workers including the **Standard 1** statement that.

***“All employers should: complete, review and publish an annual ‘health check’ or audit to assess whether the practice conditions and working environment of the organisation’s social work workforce are safe, effective, caring, responsive and well-led.”***

The Adult Social Care Service survey provided an opportunity for staff to feedback about how they feel the service values them, their welfare and practice management and development issues.

#### **Staff survey response**

This survey was for ASC staff only with 120 staff responses to 54 questions which represented 46% of the workforce. The breakdown of staff included.

- 24% Social workers, 11% Business Support, 5% OT’s and 6% Team Managers. 21% did not state role or team and those that did respond 24% were ACT and 11% LD Service.

The Health and Care Act 2022 has the new requirement that Adult Social Care should be inspected by the CQC from April 2023 including how we deliver statutory services and support staff under 4 themed headings.

**Element 1 – Working with people- Assessing needs-** we maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, well-being, and communication needs.

**Element 2- Providing Support-** we understand the diverse health and care needs of people and our local communities, so care is joined up, flexible and supports choice and continuity.

**Element 3 – How the local authority ensure safety within the system** -we work with people and partners to establish and maintain safe systems of care which are safely monitored and assured.

**Element 4 - Leadership** – we have clear responsibilities, roles and systems of accountability, good governance and we use these to manage and deliver good quality, sustainable care, and support.

These will be looked at in terms of Quality Statements under the Key Lines of Enquiry – KLOE

\* Safe \* Effective \*Caring\* Responsive \* Well led.

#### **Workforce Equality, Diversity, and Inclusion**

DBC remains committed to valuing diversity in our workforce including more responsive recruitment approaches so less staff gaps in teams as were at the time of the survey. There is full access training and new Pillars of Practice and Training Plans operate an inclusive and fair culture with managers making reasonable adjustments for staff with protected characteristics. This is part of monitoring wellbeing in Supervisions so uphold compliance with Equalities legislation and Local Authorities Equality Duty.

We encourage creative ways of delivering equality and equity in practice which enhances the quality of our practice which improves practice improved experience, outcome, and quality of life for people and have representation at the DBC Equality Reference Group.

**Overall Feedback statements given by staff.**

The survey produced many examples of positive and constructive feedback from staff regards with a feeling of pride that by serving the Council and the community that 97% of staff that responded felt that they:

***‘Made a positive difference to people who use our services’.***

***92.8% felt they felt confident talking to managers and/or others if working practices were feeling difficult or unsafe.***

***Staff felt DBC was a great place to work.***

**2. Headlines of staff feedback- themes**

**1.Partnerships**

Feedback was that staff worked with partner organisations and are encouraged to build networks and working in partnership with other agencies.

- Felt the need for all information being available to enable necessary care and support and the importance of engagement and effective communication.

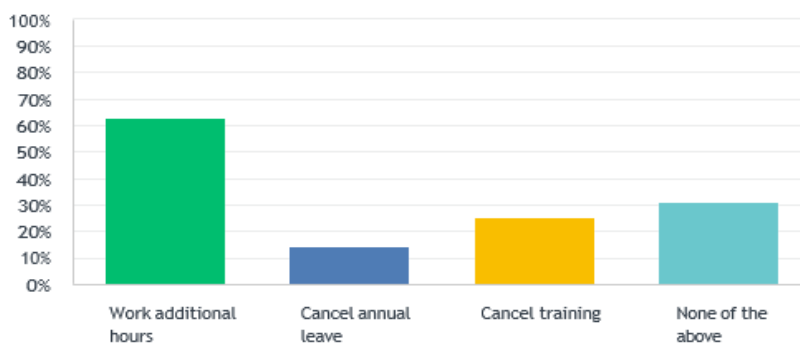
**2.Leadership**

Staff asked what skills they needed to be more effective in role.

- additional resources and time to manage influx of work.
- personal development time to build on skills.
- appreciate supportive senior managers and shared accountability.

**3. Staff Resilience**

Concern to staff cancelling training, leave and working additional hours mainly due to staff gaps and surge of work, though performance statistics do not highlight year to year significantly increased numbers of referrals.



ANSWER CHOICES	RESPONSES	
Work additional hours	62.63%	62
Cancel annual leave	14.14%	14
Cancel training	25.25%	25
None of the above	31.31%	31
Total Respondents: 99		

#### 4. Appraisals and PDP

Staff were asked whether their appraisals and PDRs had taken place in the last 12 months with a response of resulting in 70.83% agreeing, where 29.17% disagreed. This corresponds with DBC Performance Team’s data of 71% of PDR completion in 2022-23. The action plan suggests a 10% increased target.

It is acknowledged the need to support both employees and managers deliver higher levels of appraisal and PDP process completion aligned with ASC and service objectives and the vision of our organisation. This will be addressed within the revised Adult Supervision and new PDP Policy.

#### 5. Supervision

A high percentage strongly agreed that supervision was a supportive process enabling them to:

- being reflective –94%
- being able to contact their manager for informal advice and support- 93%
- learning and development- 86.5%

New Supervision Policy and audit launch in September 2023 and team managers part of Task and Finish group to develop templates and audit questions.

#### 6. Lone Working – Feeling Safe

Staff feeling safe at work. - 48% of staff felt safe and therefore 52% did not

Recommendation Managers need to review staff and team risk assessments with regards lone working and support in place including out of hours and deliver Health and Safety at work Duty.

Lone working and checklists with details of information/ training under the Suzy Lamplugh Trust links so improved rating next year by minimum 25%.

#### 7. IT skills

Staff felt they wanted to improve their IT confidence and competence using work-based IT and need for a further analysis to what support is needed, appropriate to role to review need so people feel more effective.

Linking in with Digital Strategy and Be digital new ambition and build on current training.

#### 8. Feeling Valued



	AGREE	DISAGREE	TOTAL	WEIGHTED AVERAGE
I feel valued in my organisation.	76.09% 70	23.91% 22	92	1.24
I feel cared for by my line manager.	91.30% 84	8.70% 8	92	1.09
Informal support is recognised and valued in my service area.	95.65% 88	4.35% 4	92	1.04
I am encouraged to take regular breaks away from a screen.	75.00% 69	25.00% 23	92	1.25

## 9. Your Role

We asked whether there was anything you would change about your job and 58.7% answered no but where said would change the comments were captured below.

- Pay levels and progression.
- Manageable caseload
- Protected time for development.
- Work as one council as each department works in isolation.
- need more staffing resources and flexibility around workload.
- Staff were asked whether DBC provide a supportive environment and that they were encouraged to look after their emotional wellbeing. 89.89% and staff advised that they knew where to get help if they were feeling worried or stressed.

## 10. Visibility – Senior Staff

When asked - *Do you feel that our management teams are visible and engaged?* 74.16% said that the adult senior leadership team bracket was visible and engaged. The percentages for engagement and visibility appear to decrease from Directorate Leadership Team (DLT) to the Chief Executive Officers (COE).

ASLT- 74%

Directorate- 44%

CEO – 30%

## 11. Great place to work

In conclusion there were 58 positive answers 23% of who responded to this question felt that Darlington Borough Council is 'a great place to work' because it.

- Provides a caring environment to work in
- Both managers and colleagues are supportive
- Feeling valued as a staff member
- Good training opportunities
- Fantastic team spirit
- A sense of belonging
- Established and has a good reputation.

## Next steps

a) Feedback to SLT to sign off 2022-23 document

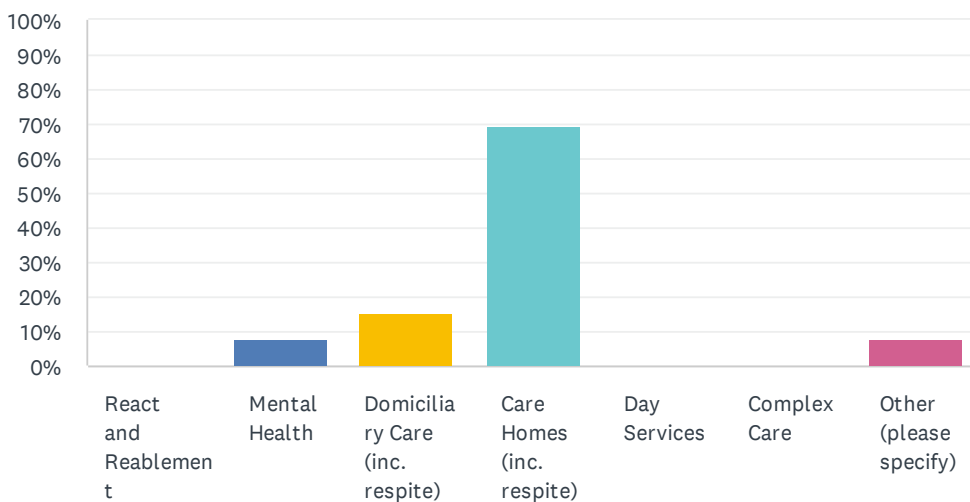
b) Feedback to Staff – DLT with priorities and updated action plan.

c) \_Seek staff engagement to develop shortened and inclusive action plan for 2023-24

d) Monitoring of progress with the Staff action plan- Workforce Development/ Quality Assurance Team.

## Q1 What Adult Social Care sector do you work in?

Answered: 13 Skipped: 0

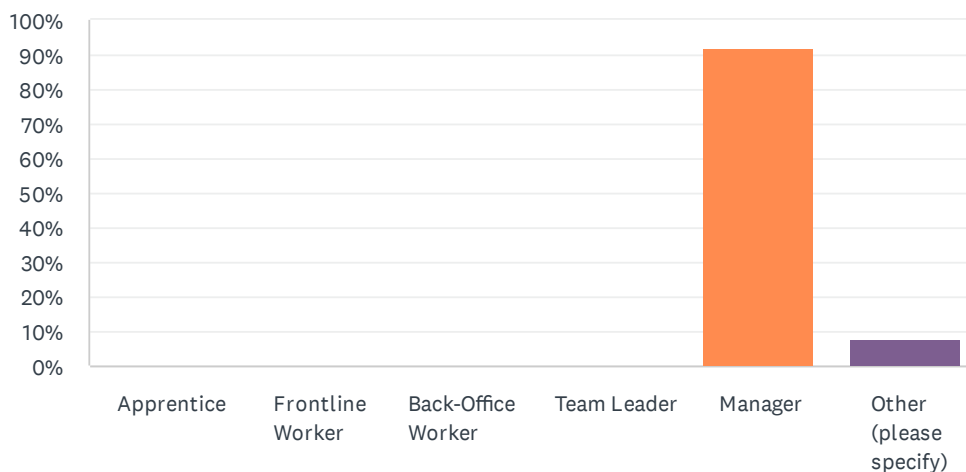


ANSWER CHOICES	RESPONSES
React and Reablement	0.00% 0
Mental Health	7.69% 1
Domiciliary Care (inc. respite)	15.38% 2
Care Homes (inc. respite)	69.23% 9
Day Services	0.00% 0
Complex Care	0.00% 0
Other (please specify)	7.69% 1
<b>TOTAL</b>	<b>13</b>

#	OTHER (PLEASE SPECIFY)	DATE
1	Extra Care	3/22/2022 9:22 AM

## Q2 What Level do you work at?

Answered: 13 Skipped: 0



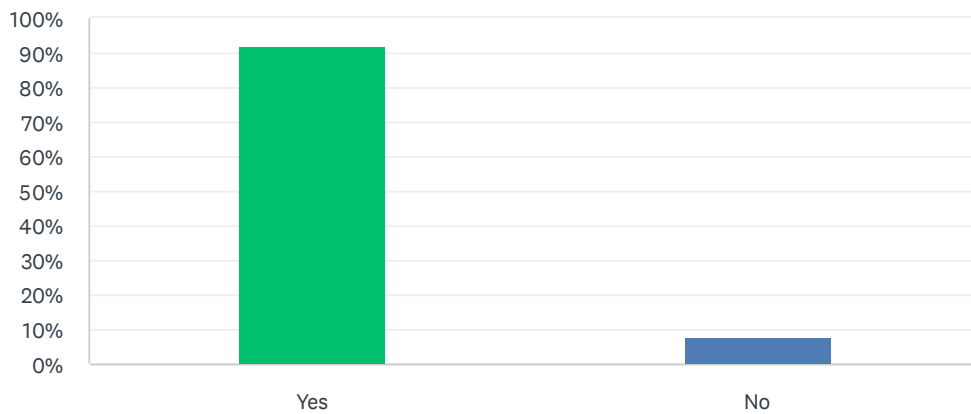
ANSWER CHOICES	RESPONSES
Apprentice	0.00% 0
Frontline Worker	0.00% 0
Back-Office Worker	0.00% 0
Team Leader	0.00% 0
Manager	92.31% 12
Other (please specify)	7.69% 1
<b>TOTAL</b>	<b>13</b>

#	OTHER (PLEASE SPECIFY)	DATE
1	Regional Manager	3/22/2022 10:41 AM



### Q3 Do you have a professional qualification?

Answered: 13 Skipped: 0

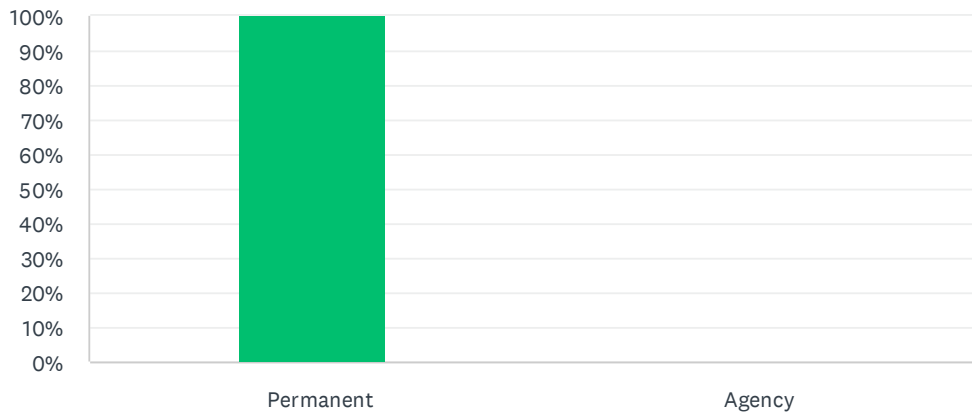


ANSWER CHOICES	RESPONSES
Yes	92.31% 12
No	7.69% 1
Total Respondents: 13	

#	IF SO, PLEASE SPECIFY:	DATE
1	nmc	3/24/2022 11:52 AM
2	Level 5 RMA	3/22/2022 1:18 PM
3	NVQ 5 in Health and Social Care	3/22/2022 11:12 AM
4	NVQ level 5 Leadership & Management.	3/22/2022 10:41 AM
5	NVQ Level 5 diploma in management	3/22/2022 10:01 AM
6	NVQ 5	3/22/2022 9:22 AM
7	Registered Nurse	3/22/2022 9:20 AM
8	NVQ 4 care NVQ 4 Management Registered Managers award Level 4 Positive Behaviour support	3/22/2022 9:08 AM
9	Certificate in Management - NVQ4 in Management- NVQ3 Health and Social Care	3/22/2022 9:00 AM
10	NVQ level 5	3/22/2022 8:59 AM

## Q4 Are you permanent staff or agency?

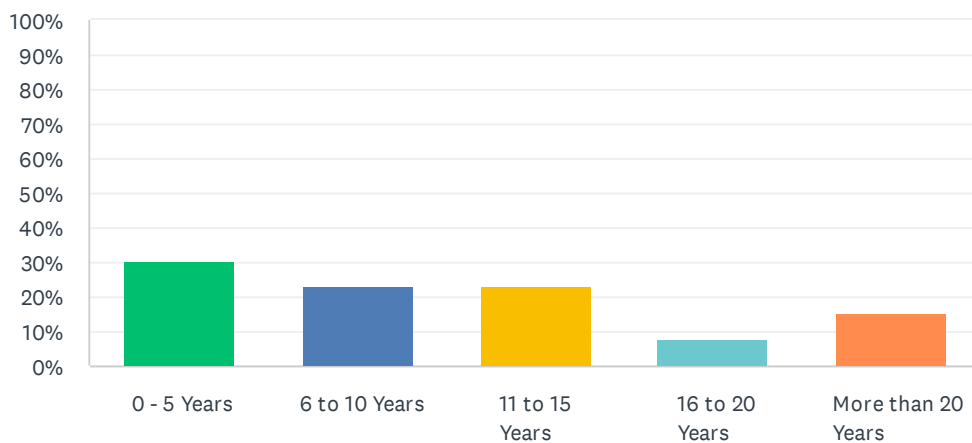
Answered: 13 Skipped: 0



ANSWER CHOICES	RESPONSES	
Permanent	100.00%	13
Agency	0.00%	0
TOTAL		13

## Q5 How long have you worked for your employer?

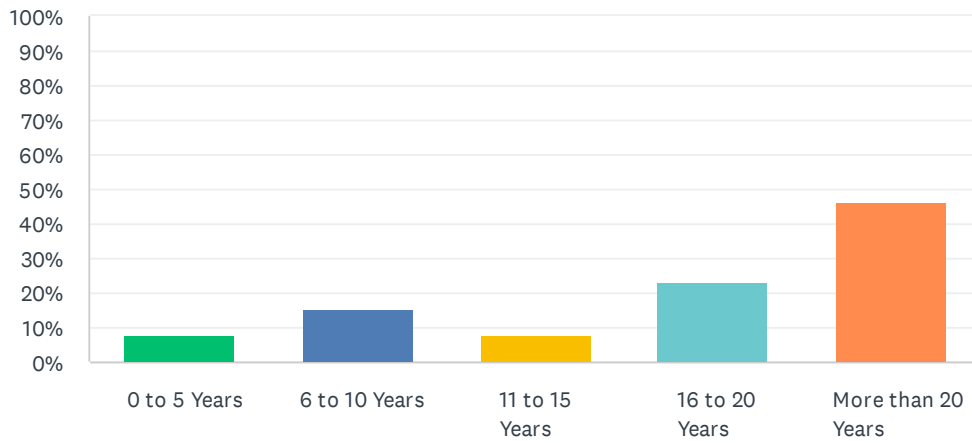
Answered: 13 Skipped: 0



ANSWER CHOICES	RESPONSES	
0 - 5 Years	30.77%	4
6 to 10 Years	23.08%	3
11 to 15 Years	23.08%	3
16 to 20 Years	7.69%	1
More than 20 Years	15.38%	2
<b>TOTAL</b>		<b>13</b>

## Q6 How long have you been practicing in your current profession?

Answered: 13 Skipped: 0



ANSWER CHOICES	RESPONSES	
0 to 5 Years	7.69%	1
6 to 10 Years	15.38%	2
11 to 15 Years	7.69%	1
16 to 20 Years	23.08%	3
More than 20 Years	46.15%	6
<b>TOTAL</b>		<b>13</b>

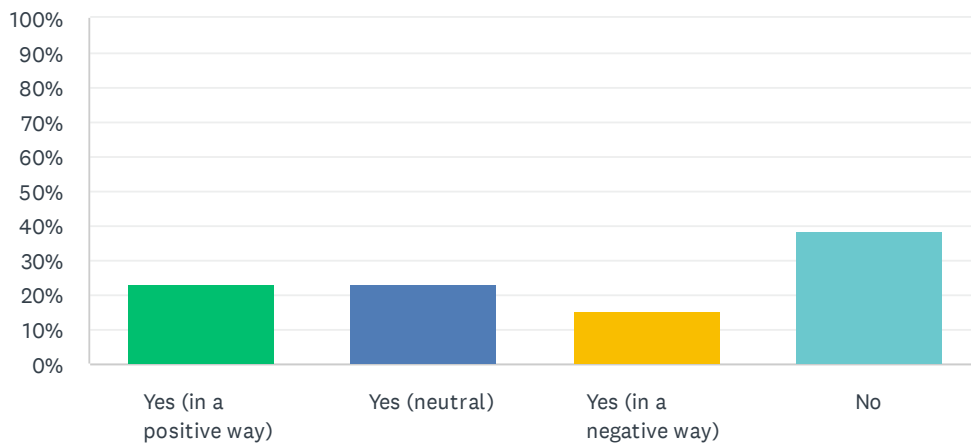
## Q7 Which role do you currently work in?

Answered: 13 Skipped: 0

#	RESPONSES	DATE
1	home manager operation manager	3/24/2022 11:52 AM
2	Manager	3/22/2022 3:41 PM
3	General Manager	3/22/2022 1:18 PM
4	Service Manager	3/22/2022 11:12 AM
5	Senior management team	3/22/2022 10:41 AM
6	Home Manager	3/22/2022 10:01 AM
7	Registered Service Manager	3/22/2022 9:22 AM
8	Deputy Manager	3/22/2022 9:20 AM
9	Home Manager	3/22/2022 9:12 AM
10	Area Manager	3/22/2022 9:08 AM
11	Care Home Manager	3/22/2022 9:00 AM
12	Now manager but commenced as carer in the beginning	3/22/2022 8:59 AM
13	Manager	3/22/2022 8:44 AM

## Q8 Did your role change as a result of the pandemic / lockdowns?

Answered: 13 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes (in a positive way)	23.08%	3
Yes (neutral)	23.08%	3
Yes (in a negative way)	15.38%	2
No	38.46%	5
<b>TOTAL</b>		<b>13</b>

## Q9 If your role changed and you felt that this was positive or negative for you personally, please give details of why:

Answered: 6 Skipped: 7

#	RESPONSES	DATE
1	lockdown caused stress for staff and family	3/24/2022 11:54 AM
2	Increased need to provide physical health information in professional life not just to service users but also to colleagues.	3/22/2022 9:23 AM
3	I used to spend a lot of hours travelling to meetings which impacted upon having sufficient time to carry out other responsibilities to a good standard	3/22/2022 9:17 AM
4	The pressure within the workplace has been difficult and has impacted upon my mental health seeing residents and staff struggle has been the worst thing that I have ever experienced	3/22/2022 9:04 AM
5	Lots more paperwork	3/22/2022 9:02 AM
6	Unable to receive more training	3/22/2022 8:47 AM

Q10 If your role changed and you felt that this was positive or negative for the Service Users (and their carers and families), please give details why:

Answered: 6 Skipped: 7

#	RESPONSES	DATE
1	for families and residents who could not have visitors	3/24/2022 11:54 AM
2	I felt that it was positive for increased health education.	3/22/2022 9:23 AM
3	I had more time to listen to people find out what wasn't working well so that we could improve in that area. I had to support in the services at times so was able to identify when the information we held for a person we support wasn't good enough to support that person. I then fed back to the management team my findings so that we had a better understanding of what it would be like for an agency worker coming to the service for the first time.	3/22/2022 9:17 AM
4	I feel that the lack of visiting has impacted greatly on all of the above	3/22/2022 9:04 AM
5	no impact on people we support	3/22/2022 9:02 AM
6	Due to training not been held	3/22/2022 8:47 AM



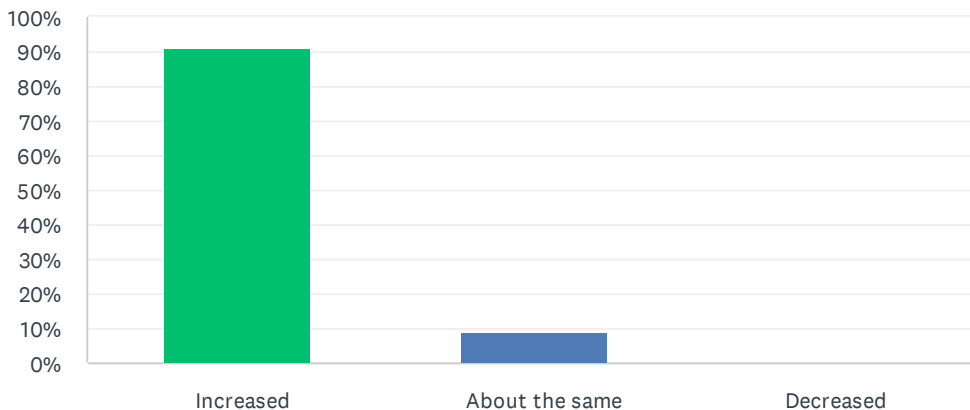
**Q11 Please state one or two things that you would change about CHANGES to your role - or lack of them - during the pandemic period if you could (and explain why if possible)**

Answered: 6 Skipped: 7

#	RESPONSES	DATE
1	none	3/24/2022 11:54 AM
2	None come to mind.	3/22/2022 9:23 AM
3	I believe that I should have a choice dependant upon my workload as to whether I attend a meeting face to face or via teams. 3 hours travelling to and from a meeting out of area is not a good use of my time.	3/22/2022 9:17 AM
4	The stopping of visits as this was the awful side of covid as we have witnessed the decline in the residents	3/22/2022 9:04 AM
5	reduce additional paperwork - too many external agencies wanting the same statistics and paperwork	3/22/2022 9:02 AM
6	Training it is important to understand everything about the building your company and your role within the care home	3/22/2022 8:47 AM

### Q12 During the pandemic period, how was your workload affected (compared to normal)

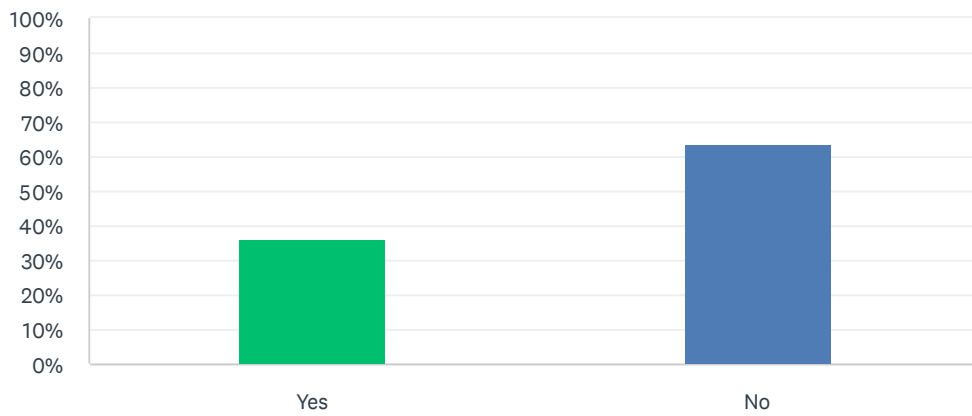
Answered: 11 Skipped: 2



ANSWER CHOICES	RESPONSES	
Increased	90.91%	10
About the same	9.09%	1
Decreased	0.00%	0
<b>TOTAL</b>		<b>11</b>

### Q13 During the pandemic period, has your workload been manageable?

Answered: 11 Skipped: 2



ANSWER CHOICES	RESPONSES	
Yes	36.36%	4
No	63.64%	7
TOTAL		11

## Q14 If you feel you workload is/was unmanageable, please give details of why.

Answered: 7 Skipped: 6

#	RESPONSES	DATE
1	Keeping up with policy changes etc was very difficult and constantly creating new risk assessments was very time consuming. On top of that having to cover shifts on the floor meant i had no time to complete "normal" day to day jobs. This was managed however by increasing working hours and risk assessing jobs to not complete certain aspects of the job role during covid.	3/22/2022 1:21 PM
2	Daily at times hourly changes with staffing levels, constant changes to guide lines.	3/22/2022 10:42 AM
3	There were times that I had to support on shift usually over a weekend period. I then had my work to complete which didn't allow any time off. We received constant multiple requests for information internally and external. I was constantly completing risk assessments for things that I was not sure could happen. For example if we could not safely staff services could we group people together in another venue and support together? I think support staff and management did a brilliant job keeping people safe however I think others in the organisation should have been re-deployed to assist them.	3/22/2022 9:24 AM
4	.	3/22/2022 9:12 AM
5	The extra pressures of testing managing visits or communication via electronic devices has meant that i have been constantly chasing my own tail trying to ensure that everything is completed in a timely manner	3/22/2022 9:06 AM
6	additional paperwork due to COVID testing, risk assessing, support guidance etc.. combined with periods of staff shortage impacted from time to time	3/22/2022 9:04 AM
7	Work load was hard long hours due to sickness stressful	3/22/2022 8:47 AM

## Q15 How do you think changes to your role during the pandemic/lockdowns affected service users?

Answered: 10 Skipped: 3

#	RESPONSES	DATE
1	didnt	3/24/2022 11:59 AM
2	I dont believe any changes affected service users although at times the level of work affected the time available to spend with service users	3/22/2022 3:49 PM
3	I dont believe the residents were directly affected by the change in my role. I believe they were affected by the change covid had on the home but not directly as a change of my role	3/22/2022 3:06 PM
4	Changes to visits reduced times, alternative times allocated.	3/22/2022 10:48 AM
5	At first I was not visible in services due to the possible risks but then I started to carry out audits in services and observations to ensure that people were being supported well and I spent time with people looking at the new activities poeple were doing and how they were more engaged in everyday tasks and visibly being proud of their acheivement	3/22/2022 9:45 AM
6	They saw an increased degree of focus upon physical health as well as increased need to reflect upon legal framework around community access.	3/22/2022 9:30 AM
7	.	3/22/2022 9:18 AM
8	I feel that we have let them down in some cases but I also fully understand why as we had to keep people in our care safe	3/22/2022 9:18 AM
9	no impact although would have like to spend more time with them	3/22/2022 9:15 AM
10	Service user did not know as changes were happening every day with agency usage	3/22/2022 8:52 AM

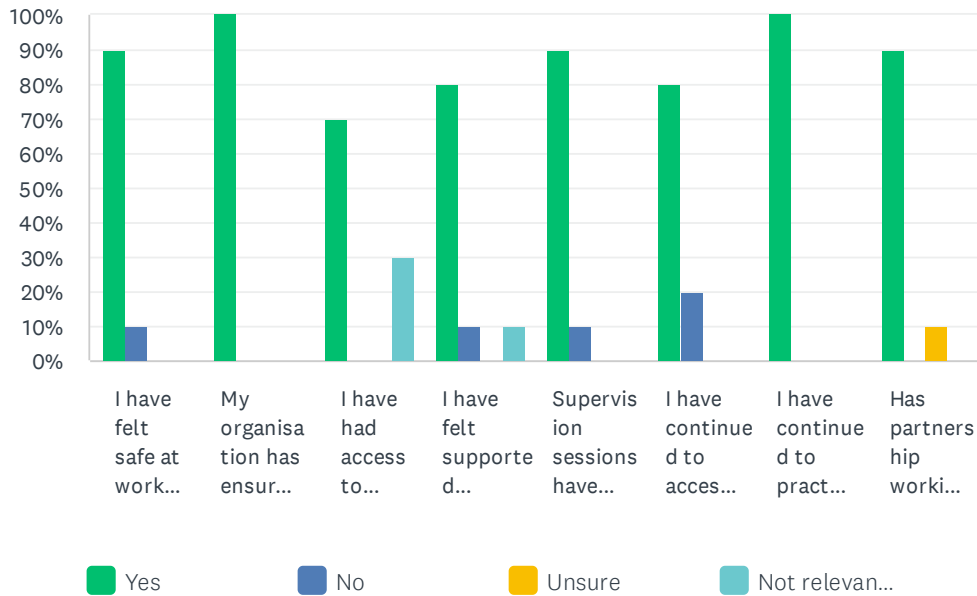
## Q16 Is there anything that Darlington Borough Council - as the service commissioner could do/have done to improve the situation during the pandemic?

Answered: 10 Skipped: 3

#	RESPONSES	DATE
1	no	3/24/2022 11:59 AM
2	I feel that the extra funding received - if the provider couldn't use it, should have been distributed amongst all staff for working tirelessly and as a thankyou	3/22/2022 3:49 PM
3	Darlington borough council have been excellent during the pandemic and provided excellent support.	3/22/2022 3:06 PM
4	No, the LA have been very supportive throughout the pandemic and continue to do so.	3/22/2022 10:48 AM
5	I think that social care staff could have been better recognised for the amazing support they provided and their commitment to the people we support. Whether this be financially or by communicating to individuals personally to thank them for their hard work.	3/22/2022 9:45 AM
6	None identified.	3/22/2022 9:30 AM
7	.	3/22/2022 9:18 AM
8	I cannot fault the support that I have received from DBC they have been amazing throughout	3/22/2022 9:18 AM
9	no	3/22/2022 9:15 AM
10	no	3/22/2022 8:52 AM

## Q17 Please respond to the following questions about the impact of Covid on your work.

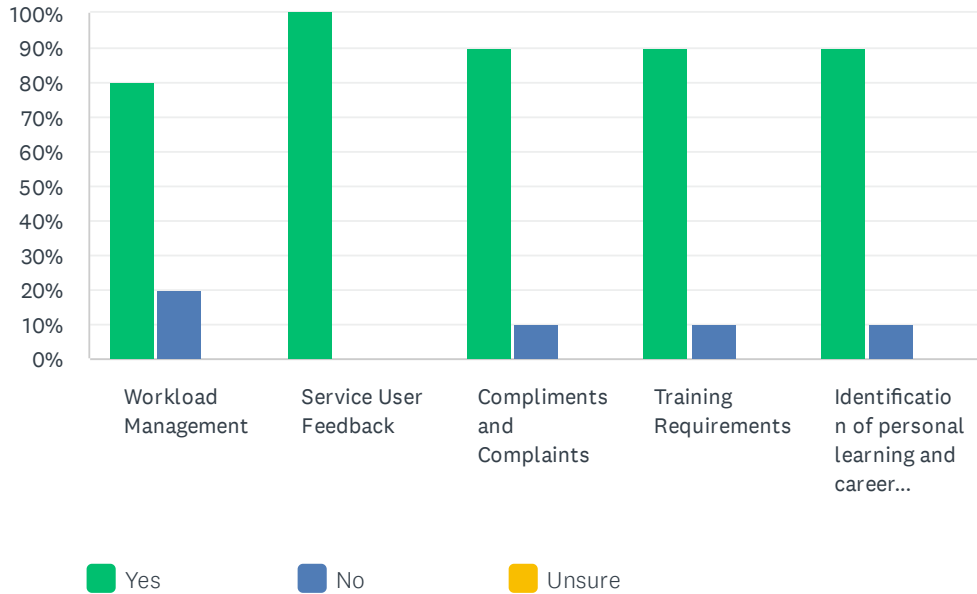
Answered: 10 Skipped: 3



	YES	NO	UNSURE	NOT RELEVANT TO MY ROLE	TOTAL
I have felt safe at work during the Covid/lockdown period.	90.00% 9	10.00% 1	0.00% 0	0.00% 0	10
My organisation has ensured that staff are appropriately protected from the risk of infections from Covid from an individual and team perspective.	100.00% 10	0.00% 0	0.00% 0	0.00% 0	10
I have had access to technology to support me working from home (if relevant).	70.00% 7	0.00% 0	0.00% 0	30.00% 3	10
I have felt supported informally during Covid, and this has helped by emotional wellbeing.	80.00% 8	10.00% 1	0.00% 0	10.00% 1	10
Supervision sessions have continued throughout Covid on a regular basis.	90.00% 9	10.00% 1	0.00% 0	0.00% 0	10
I have continued to access training and development throughout Covid.	80.00% 8	20.00% 2	0.00% 0	0.00% 0	10
I have continued to practise in a strength-based way throughout Covid.	100.00% 10	0.00% 0	0.00% 0	0.00% 0	10
Has partnership working had a good impact throughout Covid, both internally and externally?	90.00% 9	0.00% 0	10.00% 1	0.00% 0	10

## Q18 During the pandemic, did you receive sufficient supervision and support on:

Answered: 10 Skipped: 3

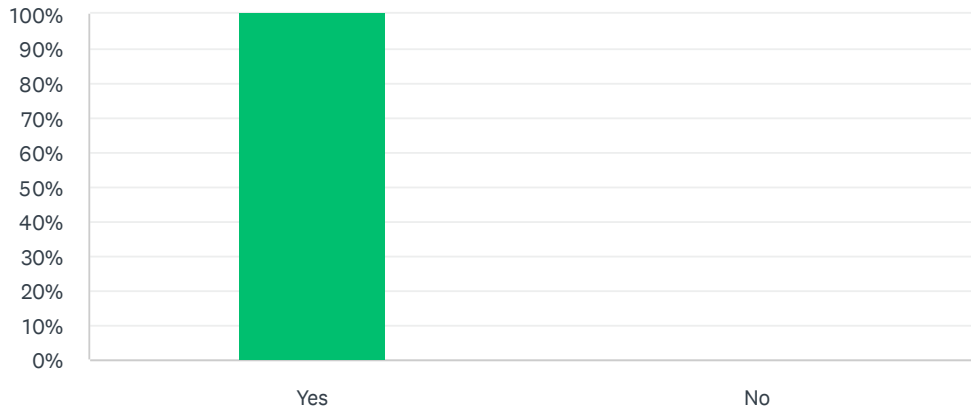


	YES	NO	UNSURE	TOTAL	WEIGHTED AVERAGE
Workload Management	80.00% 8	20.00% 2	0.00% 0	10	0.00
Service User Feedback	100.00% 10	0.00% 0	0.00% 0	10	0.00
Compliments and Complaints	90.00% 9	10.00% 1	0.00% 0	10	0.00
Training Requirements	90.00% 9	10.00% 1	0.00% 0	10	0.00
Identification of personal learning and career deveopment	90.00% 9	10.00% 1	0.00% 0	10	0.00



### Q19 Impact on your health, stress, work-life balance, etc. During the pandemic period, have you worked in your own time, or cancelled leave or training?

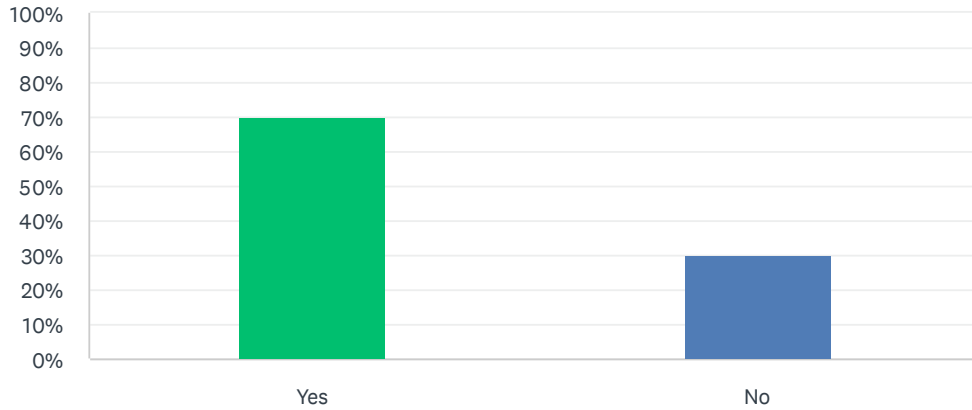
Answered: 10 Skipped: 3



ANSWER CHOICES	RESPONSES	
Yes	100.00%	10
No	0.00%	0
TOTAL		10

### Q20 I HAVE NOT had sick leave during the pandemic period due to the impact of stress at work.

Answered: 10 Skipped: 3



ANSWER CHOICES	RESPONSES	
Yes	70.00%	7
No	30.00%	3
TOTAL		10

## Q21 I HAVE taken sick leave during the pandemic period due to the impact of stress at work.

Answered: 10 Skipped: 3



ANSWER CHOICES		RESPONSES	
Yes		0.00%	0
No		100.00%	10
TOTAL			10

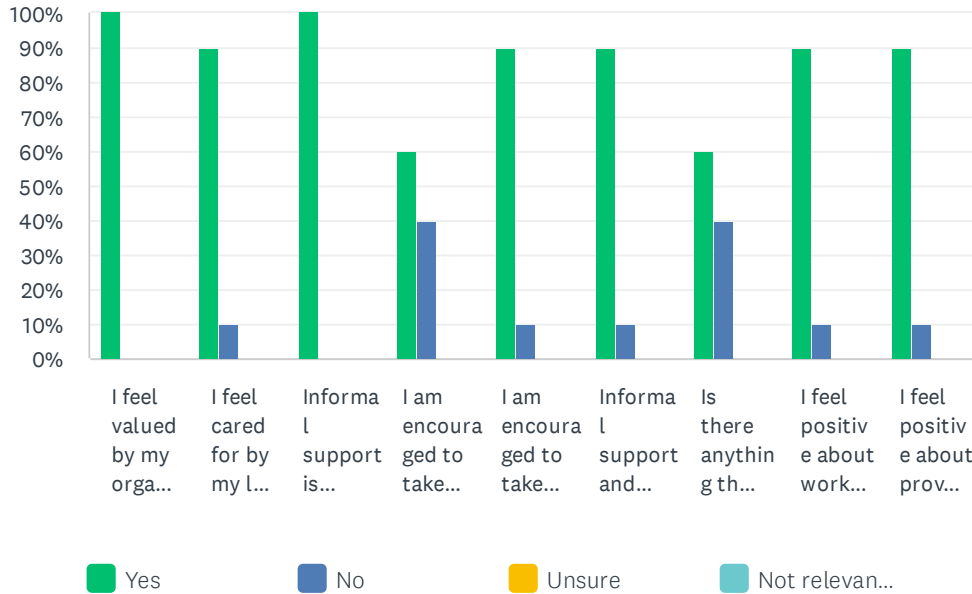
Q22 If you would like to make further comments on any of the above statements, please give them here, starting with the question number e.g. Q19.

Answered: 3 Skipped: 10

#	RESPONSES	DATE
1	no	3/24/2022 11:59 AM
2	Q19 The pandemic has had a huge impact upon my work life balance or lack of it. It has been over 2 years now and I believe I am burnt out, so much so I am questioning my role and considering leaving the profession	3/22/2022 9:45 AM
3	I have had to cancel leave to support service during outbreaks as other nurses have been unwell.	3/22/2022 9:30 AM

## Q23 Please answer the following questions about how valued and supported you feel in your role.

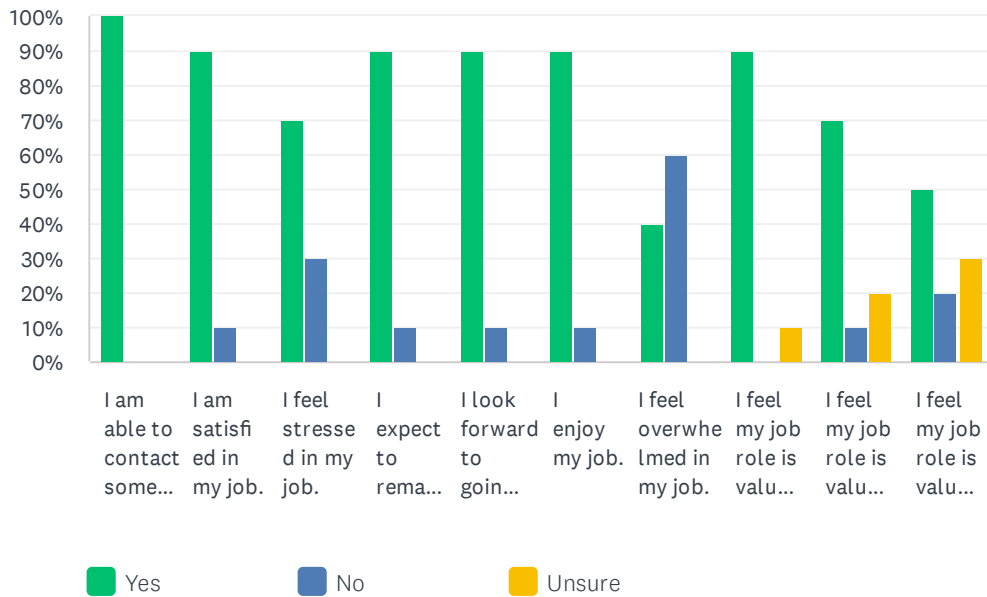
Answered: 10 Skipped: 3



	YES	NO	UNSURE	NOT RELEVANT TO MY ROLE.	TOTAL
I feel valued by my organisation.	100.00% 10	0.00% 0	0.00% 0	0.00% 0	10
I feel cared for by my line manager.	90.00% 9	10.00% 1	0.00% 0	0.00% 0	10
Informal support is recognised and valued in my service area.	100.00% 10	0.00% 0	0.00% 0	0.00% 0	10
I am encouraged to take regular breaks away from - a screen.	60.00% 6	40.00% 4	0.00% 0	0.00% 0	10
I am encouraged to take regular breaks away from - stressful situations.	90.00% 9	10.00% 1	0.00% 0	0.00% 0	10
Informal support and peer-to-peer team discussions are encouraged in my team.	90.00% 9	10.00% 1	0.00% 0	0.00% 0	10
Is there anything that you would change about your job if you could?	60.00% 6	40.00% 4	0.00% 0	0.00% 0	10
I feel positive about working for my employer.	90.00% 9	10.00% 1	0.00% 0	0.00% 0	10
I feel positive about providing commissioned services for Darlington Borough Council.	90.00% 9	10.00% 1	0.00% 0	0.00% 0	10

## Q24 Please respond to the following statements:

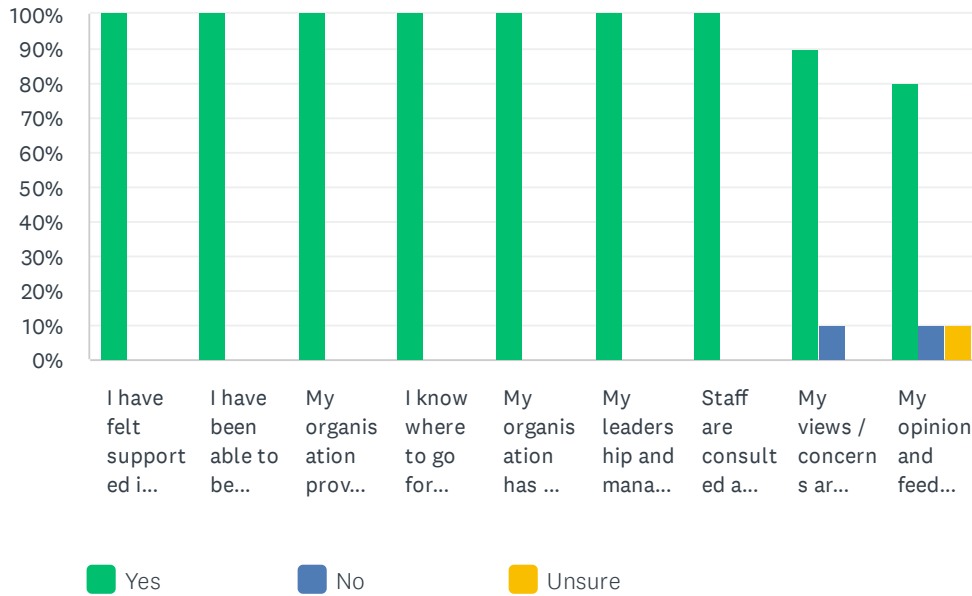
Answered: 10 Skipped: 3



	YES	NO	UNSURE	TOTAL
I am able to contact someone to discuss urgent issues.	100.00% 10	0.00% 0	0.00% 0	10
I am satisfied in my job.	90.00% 9	10.00% 1	0.00% 0	10
I feel stressed in my job.	70.00% 7	30.00% 3	0.00% 0	10
I expect to remain within my role for the next year.	90.00% 9	10.00% 1	0.00% 0	10
I look forward to going to work.	90.00% 9	10.00% 1	0.00% 0	10
I enjoy my job.	90.00% 9	10.00% 1	0.00% 0	10
I feel overwhelmed in my job.	40.00% 4	60.00% 6	0.00% 0	10
I feel my job role is valued by the service users.	90.00% 9	0.00% 0	10.00% 1	10
I feel my job role is valued by Darlington Borough Council (as service commissioner).	70.00% 7	10.00% 1	20.00% 2	10
I feel my job role is valued by wider society.	50.00% 5	20.00% 2	30.00% 3	10

Q25 Thinking about during the whole pandemic/lockdown period, and any changes that had to be made, please select a response to each of the statements below:

Answered: 10 Skipped: 3



	YES	NO	UNSURE	TOTAL
I have felt supported in my team during the Covid/lockdown period.	100.00% 10	0.00% 0	0.00% 0	10
I have been able to be creative and practice Covid safe working to ensure that service users' welfare has been promoted.	100.00% 10	0.00% 0	0.00% 0	10
My organisation provides resources and tools to help with the emotional demands of the role.	100.00% 10	0.00% 0	0.00% 0	10
I know where to go for help within my organisation if I feel worried or stressed.	100.00% 10	0.00% 0	0.00% 0	10
My organisation has a supportive environment and I am encouraged to look after my emotional wellbeing.	100.00% 10	0.00% 0	0.00% 0	10
My leadership and management team keeps me well informed about changes affecting my work.	100.00% 10	0.00% 0	0.00% 0	10
Staff are consulted and included in proposed changes to the service.	100.00% 10	0.00% 0	0.00% 0	10
My views / concerns are adequately listened to re. proposed changes.	90.00% 9	10.00% 1	0.00% 0	10
My opinion and feedback is adequately listened to following changes to the service.	80.00% 8	10.00% 1	10.00% 1	10

## Q26 Please state one or two things that you would change about your job as a whole during the pandemic period, if you could.

Answered: 9 Skipped: 4

#	RESPONSES	DATE
1	n/a	3/24/2022 11:59 AM
2	The need for vaccination - although it has now changed Having to stop visits from family members	3/22/2022 3:49 PM
3	Information could be given to us sooner regarding changes in policy from the government before its released to the press and we have family members asking about the changes they have seen on the news. A wage increase for carers to reflect the vital work we do everyday.	3/22/2022 3:06 PM
4	Spending less time on paperwork and being more visible in services Spending less time travelling to meetings which is waste of resources	3/22/2022 9:45 AM
5	I would change the need to be flexible around my leave/time off due to service sickness alongside staff shortages.	3/22/2022 9:30 AM
6	Support understanding	3/22/2022 9:18 AM
7	Maybe if we could have condensed the paperwork expectations during the pandemic that would have helped	3/22/2022 9:18 AM
8	less paperwork	3/22/2022 9:15 AM
9	Manager should of had more free time to support staff on floors	3/22/2022 8:52 AM



## Q27 How do you feel about providing Adult Social Care services to Darlington Borough Council (both positive and/or negative)? Please describe which aspects and why.

Answered: 10 Skipped: 3

#	RESPONSES	DATE
1	n/a	3/24/2022 11:59 AM
2	No issues, i feel that the pandemic has improved relationships	3/22/2022 3:49 PM
3	I feel very comfortable providing adult social care services to DBC. They have shown great support to us with the daily ring rounds and the continuation of the forum meetings via teams. I do feel listened too and if we raise a concern this would be actioned and response given and followed up. I believe the fee rates could be higher to reflect the true cost of care, but that is not a direct criticism of DBC but government as a whole	3/22/2022 3:06 PM
4	Positive, LA are understanding and supportive.	3/22/2022 10:48 AM
5	I do find Darlington BC supportive. They do listen and offer support when they can Darlington hourly rates for support are not adequate to ensure well trained staff support. Beacuse fo this we are struggling to recruit and questioning the financial viability of our services which we are unable to recruit into	3/22/2022 9:45 AM
6	I feel confident in being able to provide adult social care services to Darlington Borough Council. Relationship has been difficult however this is developing and I am excited to develop service provision together.	3/22/2022 9:30 AM
7	I have felt since i became a manager in the darlington area i have been supported fully, welcomed and i feel comfortable seeking assistance/advice of any nature.	3/22/2022 9:18 AM
8	I couldn't really ask for a better team to be working with and always knew that the team was at the end of the phone	3/22/2022 9:18 AM
9	I feel we provide an excellent service and myself and my team are passionate about delivering great quality services to people we support and are proud of the positive impact we have upon people's lives both during the pandemic and before	3/22/2022 9:15 AM
10	positive	3/22/2022 8:52 AM

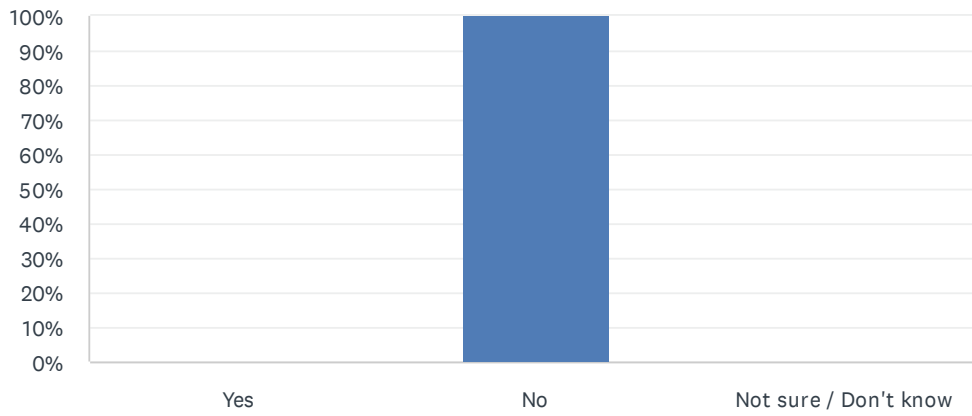
## Q28 Are there any other details you'd like to give / think we should know about your role and work was affected by the pandemic and lockdowns, to further explain any of your answers above?

Answered: 7 Skipped: 6

#	RESPONSES	DATE
1	no	3/24/2022 11:59 AM
2	I just feel that the impact of workload should be recognised	3/22/2022 3:49 PM
3	Being a manager responsible for vulnerable adults during a pandemic was very very difficult emotionally. Our small team pulled together and we were immensely proud of what we managed to achieve.	3/22/2022 3:06 PM
4	None	3/22/2022 10:48 AM
5	The Social care sector will struggle to keep staff in the current climate. The pay does not reflect the skills they need to do their role. They give mediation, deal with health issues, support with finances and usually work over their contracted hours to try and ensure consistent support. After over 35 years in this sector I am looking for a less stressful role	3/22/2022 9:45 AM
6	No	3/22/2022 9:30 AM
7	Whilst I have been fully supported during the pandemic I have debated at times if I should change my role as the added pressures have been a lot and now when staff are leaving care it is a struggle as I have worked many extra shifts and have been mentally and physically drained however now that new staff are filtering in I can see light at the end of the tunnel	3/22/2022 9:18 AM

## Q29 Do you consider yourself to have a disability?

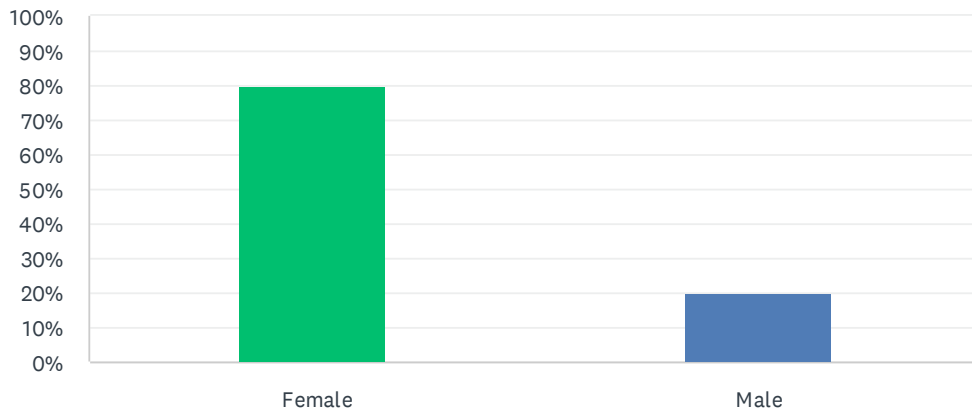
Answered: 10 Skipped: 3



ANSWER CHOICES	RESPONSES	
Yes	0.00%	0
No	100.00%	10
Not sure / Don't know	0.00%	0
<b>TOTAL</b>		<b>10</b>

### Q30 What is your sex?

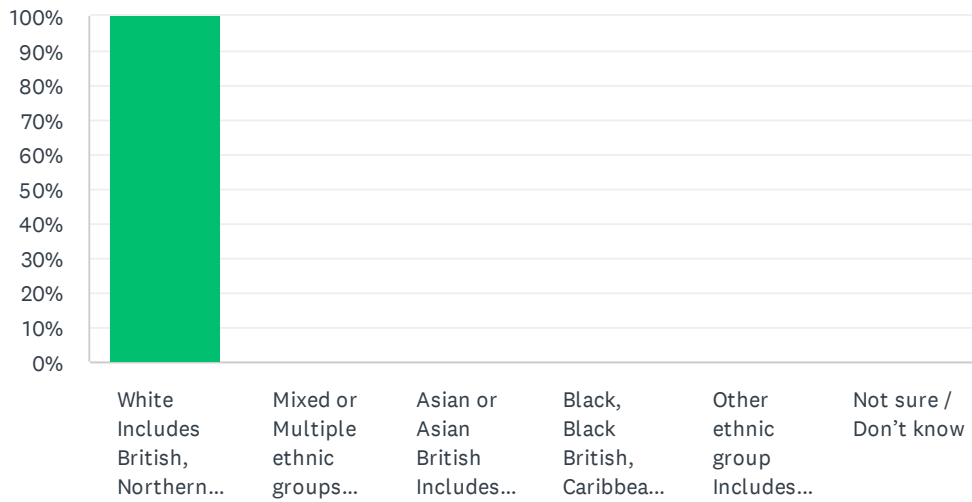
Answered: 10 Skipped: 3



ANSWER CHOICES	RESPONSES	
Female	80.00%	8
Male	20.00%	2
TOTAL		10

### Q31 What is your ethnic group?

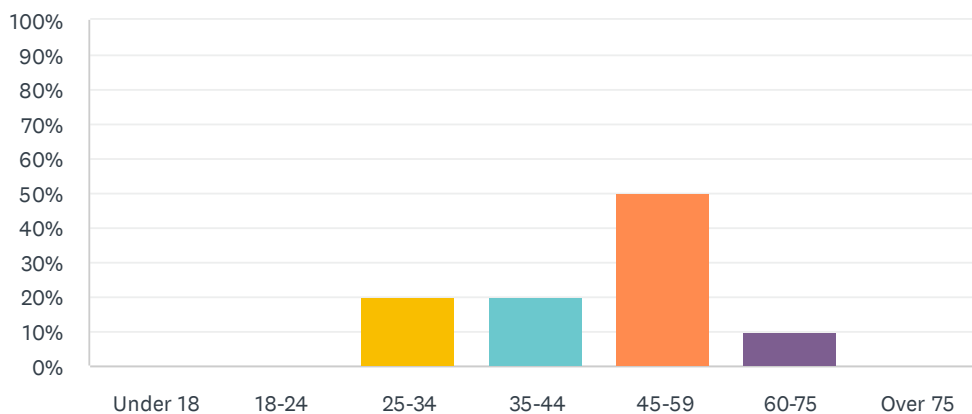
Answered: 10 Skipped: 3



ANSWER CHOICES	RESPONSES
White Includes British, Northern Irish, Irish, Gypsy, Irish Traveller, Roma or any other White background	100.00% 10
Mixed or Multiple ethnic groups Includes White and Black Caribbean, White and Black African, White and Asian or any other Mixed or Multiple background	0.00% 0
Asian or Asian British Includes Indian, Pakistani, Bangladeshi, Chinese or any other Asian background	0.00% 0
Black, Black British, Caribbean of African Includes Black British, Caribbean, African or any other Black background	0.00% 0
Other ethnic group Includes Arab or any other ethnic group	0.00% 0
Not sure / Don't know	0.00% 0
<b>TOTAL</b>	<b>10</b>

### Q32 What age were you on your last birthday?

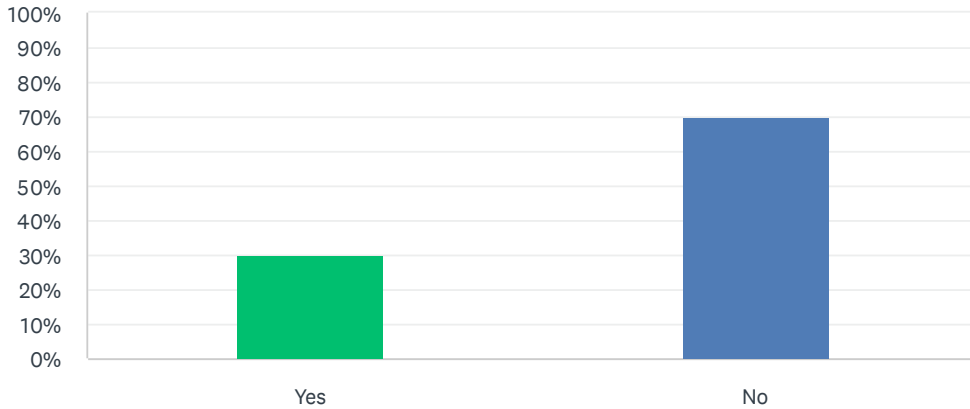
Answered: 10 Skipped: 3



ANSWER CHOICES	RESPONSES	
Under 18	0.00%	0
18-24	0.00%	0
25-34	20.00%	2
35-44	20.00%	2
45-59	50.00%	5
60-75	10.00%	1
Over 75	0.00%	0
<b>TOTAL</b>		<b>10</b>

**Q33 Would you like to take part in a "Hearing" to give further verbal evidence about your experience of how Adult Social Care Services were impacted by the pandemic in Darlington? (Can be in person or online). Ticking yes now does not commit you to appearing, you can change your mind later - it just means we will send you further details.**

Answered: 10 Skipped: 3



ANSWER CHOICES	RESPONSES	
Yes	30.00%	3
No	70.00%	7
TOTAL		10

## Q34 If yes, please leave your contact details.

Answered: 4 Skipped: 9

ANSWER CHOICES	RESPONSES	
Name	100.00%	4
Company	0.00%	0
Address	100.00%	4
Address 2	75.00%	3
City/Town	100.00%	4
State/Province	0.00%	0
ZIP/Postal Code	100.00%	4
Country	100.00%	4
Email Address	100.00%	4
Phone Number	100.00%	4

#	NAME	DATE
1	karen cousins	3/24/2022 11:59 AM
2	Greg Smith	3/22/2022 3:09 PM
3	Angela Hutchinson	3/22/2022 9:20 AM
4	Sharon Daghish	3/22/2022 8:54 AM

#	COMPANY	DATE
	There are no responses.	

#	ADDRESS	DATE
1	OAKLODGE	3/24/2022 11:59 AM
2	9 Heslop Drive	3/22/2022 3:09 PM
3	Grosvenor Park Care Home	3/22/2022 9:20 AM
4	The Lawns Care Home	3/22/2022 8:54 AM

#	ADDRESS 2	DATE
1	STOCKTON ROAD	3/24/2022 11:59 AM
2	Burnside Road	3/22/2022 9:20 AM
3	Ridsdale Street	3/22/2022 8:54 AM

#	CITY/TOWN	DATE
1	DARLINGTON	3/24/2022 11:59 AM
2	DARLINGTON	3/22/2022 3:09 PM
3	Darlington	3/22/2022 9:20 AM
4	Darlington	3/22/2022 8:54 AM



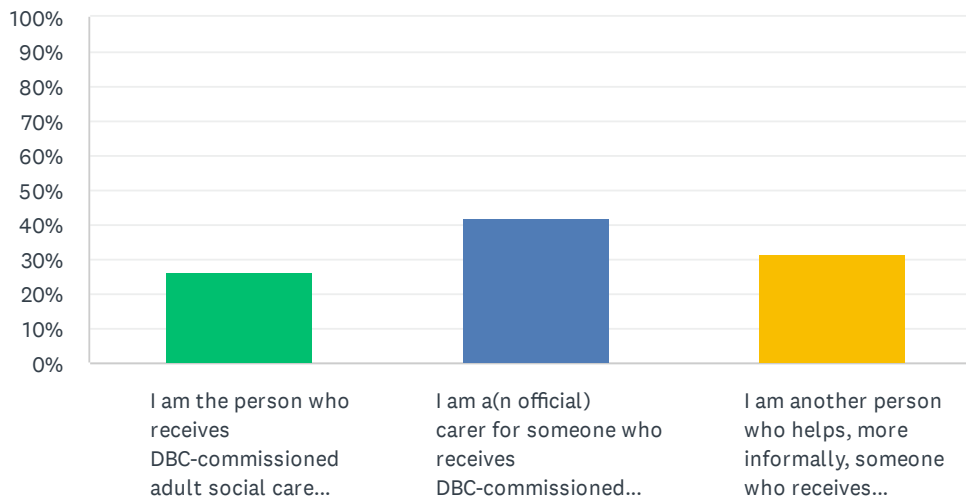
Adult Social Care Commissioned Service Staff Survey

#	STATE/PROVINCE	DATE
	There are no responses.	
#	ZIP/POSTAL CODE	DATE
1	DL1 2RY	3/24/2022 11:59 AM
2	DL1 5TQ	3/22/2022 3:09 PM
3	DL1 4SU	3/22/2022 9:20 AM
4	DL1 4EG	3/22/2022 8:54 AM
#	COUNTRY	DATE
1	United Kingdom	3/24/2022 11:59 AM
2	United Kingdom	3/22/2022 3:09 PM
3	United Kingdom	3/22/2022 9:20 AM
4	durham	3/22/2022 8:54 AM
#	EMAIL ADDRESS	DATE
1	oaklodgecarehome01@gmail.com	3/24/2022 11:59 AM
2	greg.smith6@nhs.net	3/22/2022 3:09 PM
3	manager.grosvenor@martoncarehomes.co.uk	3/22/2022 9:20 AM
4	manager@thelawnscahome.co.uk	3/22/2022 8:54 AM
#	PHONE NUMBER	DATE
1	01325381135	3/24/2022 11:59 AM
2	07850339860	3/22/2022 3:09 PM
3	01325366897	3/22/2022 9:20 AM
4	07483846911	3/22/2022 8:54 AM

This page is intentionally left blank

## Q1 Please tick this box to let us know in what capacity you are completing the questionnaire:

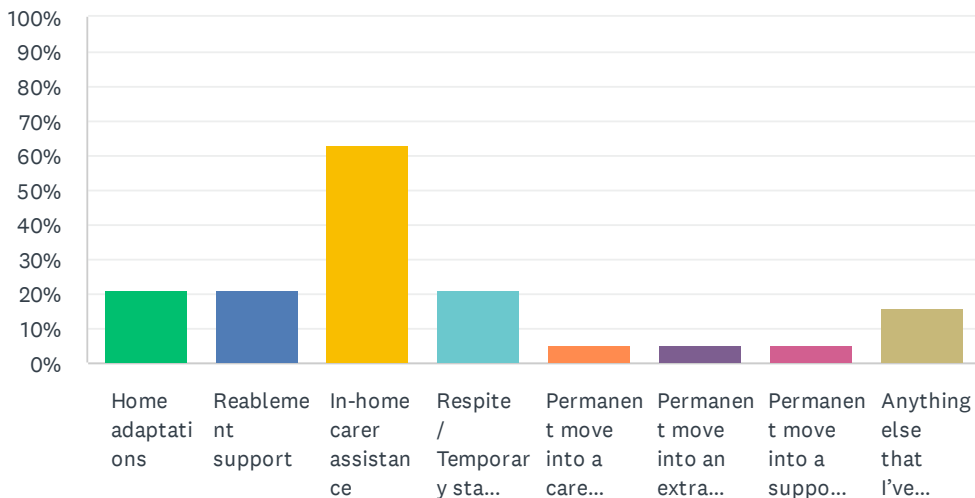
Answered: 19 Skipped: 0



ANSWER CHOICES	RESPONSES	
I am the person who receives DBC-commissioned adult social care services	26.32%	5
I am a(n official) carer for someone who receives DBC-commissioned adult social care services	42.11%	8
I am another person who helps, more informally, someone who receives DBC-commissioned adult social care services	31.58%	6
<b>TOTAL</b>		<b>19</b>

## Q2 What type of Adult Social Care Services did you receive (tick all that apply)

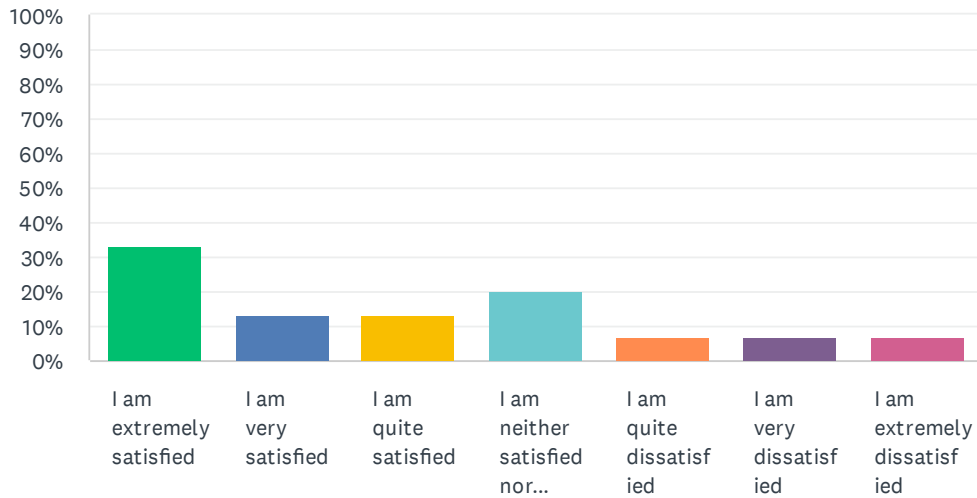
Answered: 19 Skipped: 0



ANSWER CHOICES	RESPONSES	
Home adaptations	21.05%	4
Reablement support	21.05%	4
In-home carer assistance	63.16%	12
Respite / Temporary stay in a care home	21.05%	4
Permanent move into a care home	5.26%	1
Permanent move into an extra care facility	5.26%	1
Permanent move into a supported living facility	5.26%	1
Anything else that I've missed	15.79%	3
Total Respondents: 19		

Q3 During the whole Covid period, overall, how satisfied or dissatisfied were you with the care and support services you receive?(By 'care and support services' we mean any equipment or care provided by staff who are paid to help you. The staff could be from Adult Social Care, an agency, a care home or bought by you using money from Adult Social Care through a Direct Payment.)

Answered: 15 Skipped: 4



ANSWER CHOICES	RESPONSES
I am extremely satisfied	33.33% 5
I am very satisfied	13.33% 2
I am quite satisfied	13.33% 2
I am neither satisfied nor dissatisfied	20.00% 3
I am quite dissatisfied	6.67% 1
I am very dissatisfied	6.67% 1
I am extremely dissatisfied	6.67% 1
<b>TOTAL</b>	<b>15</b>

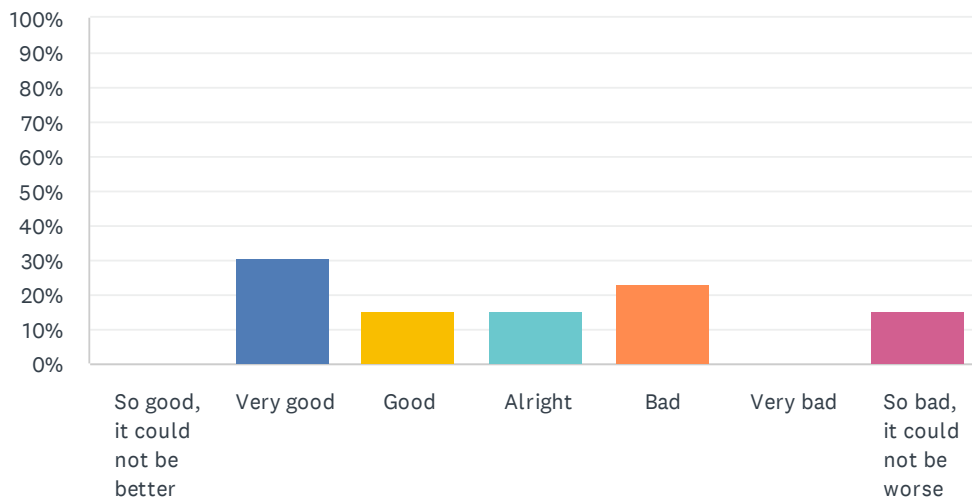
## Q4 If you have any other comments you'd like to add about how satisfied or dissatisfied you are with your care during the Covid period, please add them here:

Answered: 10 Skipped: 9

#	RESPONSES	DATE
1	I looked after a family member and I can't 'Thank You' enough. During the lockdowns my family member had various hospital admissions, when discharged a reablement care service was already waiting when family member came home. Home adaptations were carried out over a period of time and eventually family member was placed in a care home for respite before permanently moving to 'Supported accommodation with extra care'. Throughout these ordeals I have felt anxieties but felt I had an army of support at the end of the phone line when I needed someone or just for advice. My only concern was the communication between district nurses regarding my family members additional care (dressing of wounds). Also the home helpers, some basic care of the elderly were not addressed, ie, ensuring there was fluids to drink near them. I did raise this with the contact name I'd been given. Overall, it was a difficult time for everyone and I appreciate the help that was received just a few tweaks here & there required.	7/12/2022 9:32 AM
2	Carers did a very good job in difficult circumstances.	7/10/2022 7:43 AM
3	people variable in time given and knowledge of situation. Cleanliness of emptying comode varied. Rinsing round is not enough.	5/26/2022 2:09 AM
4	Poor communication. Lack of facilities to aid communication with resident who was extremely hard of hearing and couldn't hear us. Left alone. Unable to visit despite restrictions lifting. Adults social care helpful, riverside view care home diabolical.	5/25/2022 8:32 PM
5	My Dad died of cancer in March 2022. In November 2021 his health deteriorated and he needed home caters in twice a day which he never received and ended up in the hospice. The system is so confusing- who to go to in the first instance waiting for phone calls , lack of communication, care not being available for weeks ( which was never received. In what was already a very stressful time the difficulty in trying to access care compounded the stress	5/25/2022 1:54 PM
6	1.Dissatisfied that the carers wear face masks that make their mouths not visible to someone who lip reads. 2.That the sitting service the carer would look at her own magazine and phone and not engage in any conversation with the person she was looking after. 3.There was suppose to be 2 carers calling and only 1 turned up. She waited in the house for 10 minutes, then left. Went outside around the corner of the house and waited for the other carer who picked her up and she got in the back of her car and left. In the file was written dry pad but it wasn't checked because the person needs to be rolled over that is why there are 2 carers.	5/25/2022 10:26 AM
7	I'm so grateful adult care services have helped me so much	5/25/2022 6:34 AM
8	Grateful for the help but it was very disjointed and care & professionalism from staff varies greatly from good to very poor	5/24/2022 9:36 PM
9	The people who helped were helpful and reliable	5/24/2022 8:30 PM
10	Carers didn't show up.	5/24/2022 7:39 PM

### Q5 Thinking about the good and bad things that made up your quality of life, during the Covid period, how would you rate the quality of your life as a whole?

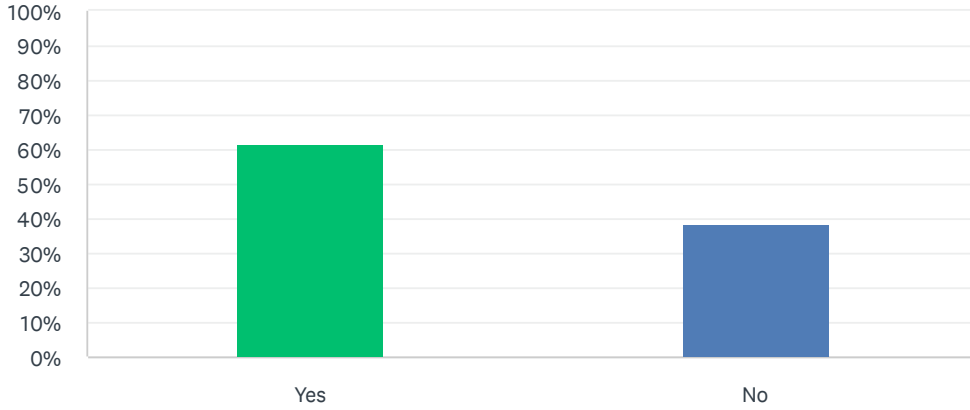
Answered: 13 Skipped: 6



ANSWER CHOICES	RESPONSES	
So good, it could not be better	0.00%	0
Very good	30.77%	4
Good	15.38%	2
Alright	15.38%	2
Bad	23.08%	3
Very bad	0.00%	0
So bad, it could not be worse	15.38%	2
<b>TOTAL</b>		<b>13</b>

## Q6 Have care and support services helped you to have a better quality of life during the Covid period?

Answered: 13 Skipped: 6



ANSWER CHOICES	RESPONSES
Yes	61.54% 8
No	38.46% 5
TOTAL	13



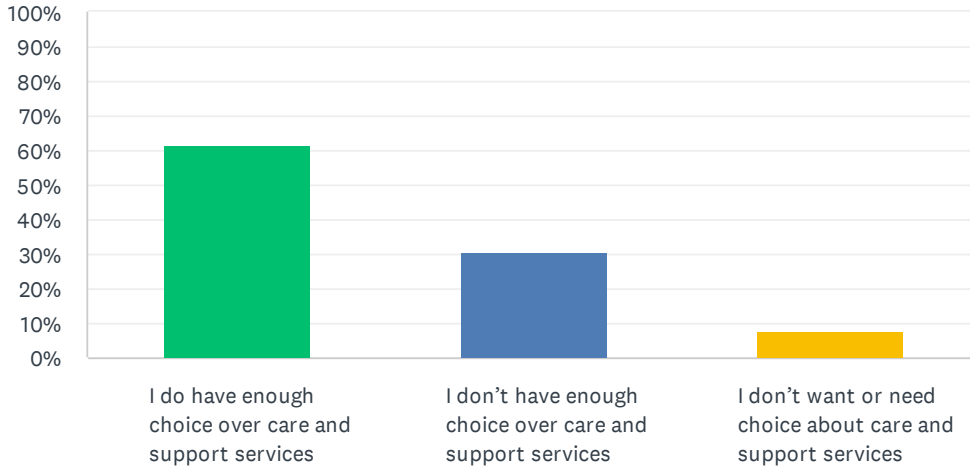
Q7 If you have any other comments you'd like to add about your quality of life during the Covid period, please add them here:

Answered: 4 Skipped: 15

#	RESPONSES	DATE
1	Family member like many felt isolated but lifeline checked in on them regularly as did Age UK.	7/12/2022 10:08 AM
2	Based on person in care. Left isolated and alone in care home.	5/25/2022 8:35 PM
3	No help at all other than personal care. No speech, bed ridden with no exercise given, hands and knees are now locked in place, now arms are stiffening up	5/25/2022 11:14 AM
4	Difficult to communicate with RIACT staff. Varying degrees of professionalism. Adult social care worker very poor	5/24/2022 9:41 PM

**Q8 Which of the following statements best describes how much choice you have over the care and support services you receive?(By 'choice' we mean being able to choose from a range of care providers and services and make changes as and when required)**

Answered: 13 Skipped: 6



ANSWER CHOICES	RESPONSES	
I do have enough choice over care and support services	61.54%	8
I don't have enough choice over care and support services	30.77%	4
I don't want or need choice about care and support services	7.69%	1
<b>TOTAL</b>		<b>13</b>

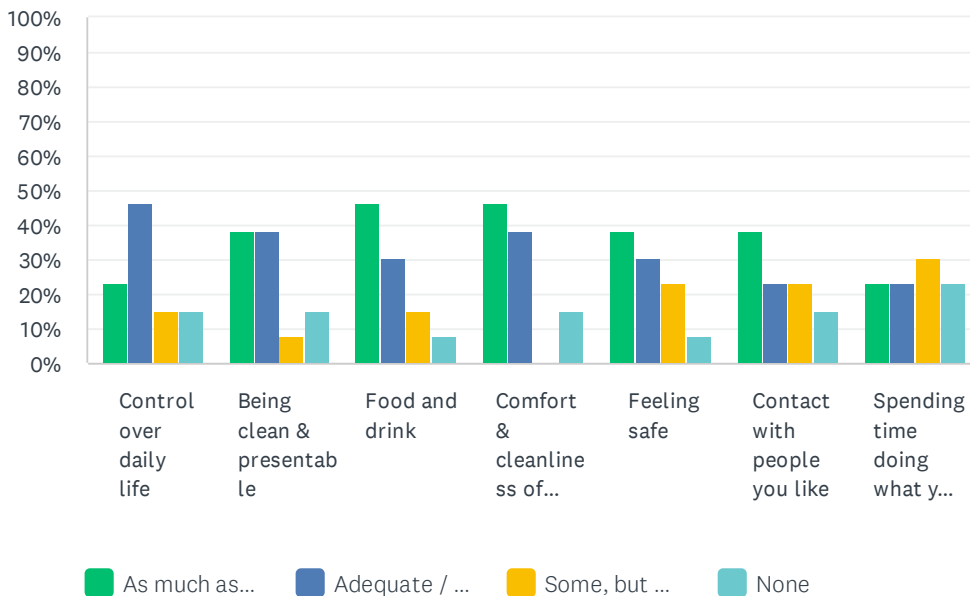
Q9 If you have any other comments you'd like to add about the level of choice you had about the care and support services you received during the Covid period, please add them here:

Answered: 4 Skipped: 15

#	RESPONSES	DATE
1	A family member admitted to hospital after a fall at home on the weekend of the lockdown, transferred out of hospital after a period of time and sent to St. Teresa's Hospice Darlington for palliative care then moved again as Covid infected the hospice (Communication was great as we knew what was happening on a regular basis) then transferred to Richardson's Hospital (Barnard Castle) where communication was terrible. There was no one in Darlington able to take family member. After a period Richardson's transferred family member back to Rydal care home in Darlington but was moved into Eastbourne care home (Cobden Street) where she passed away. A difficult time & situation for all but I find that all the moving around for an ill 83yrs old is not the best way to care for someone on palliative care. The social workers did there best for the family member.	7/12/2022 10:08 AM
2	My daughter wasn't able to stay in the room with me. The carer had issues with my daughter. We didn't want that particular carer to call to the house as it was causing problems with my daughter and her husband due to the carer splashing my water over her husband.	5/25/2022 11:14 AM
3	Not much choice was offered. Confusing situations arise from lack of communication and lack of cohesion between different departments involved	5/24/2022 9:41 PM
4	I couldn't get a carer over the pandemic time.	5/24/2022 7:50 PM

Q10 Please tick the most appropriate box for how much you feel you get of the following aspects of your social care and daily life during the Covid period. (By 'control over daily life' we mean having the choice to do things or have things done for you as you like and when you want. By "food and drink" we mean whether you get enough to eat and drink at times when you want or need it. By feeling safe we mean how safe you feel both inside and outside the home. This includes fear of abuse, falling or other physical harm. When you are thinking about how you spend your time, please include anything you value or enjoy including leisure activities, formal employment, voluntary or unpaid work and caring for others)

Answered: 13 Skipped: 6

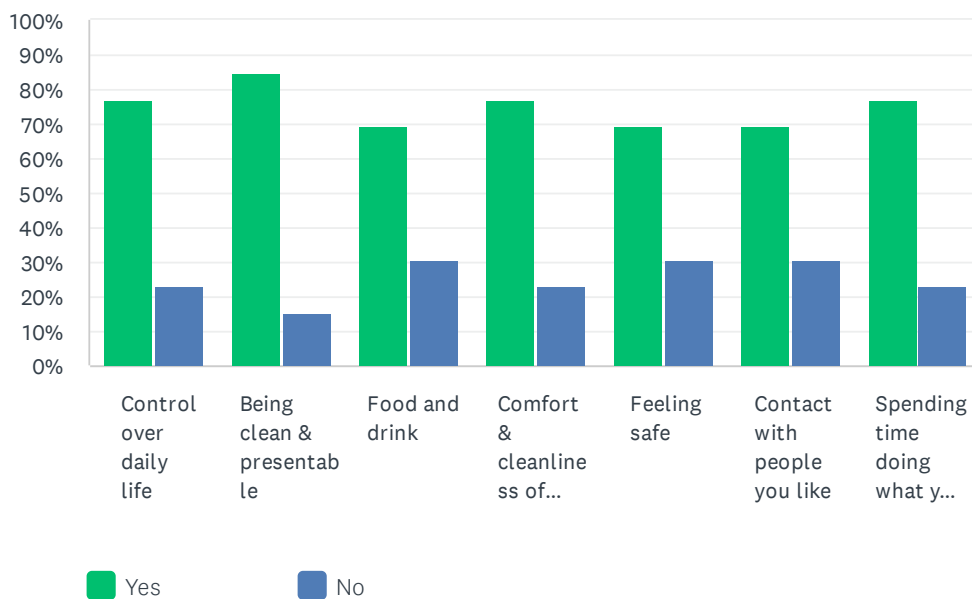


Adult Social Care - End User Survey

	AS MUCH AS I COULD WANT	ADEQUATE / ENOUGH	SOME, BUT NOT ENOUGH	NONE	TOTAL	WEIGHTED AVERAGE
Control over daily life	23.08% 3	46.15% 6	15.38% 2	15.38% 2	13	2.23
Being clean & presentable	38.46% 5	38.46% 5	7.69% 1	15.38% 2	13	2.00
Food and drink	46.15% 6	30.77% 4	15.38% 2	7.69% 1	13	1.85
Comfort & cleanliness of your home	46.15% 6	38.46% 5	0.00% 0	15.38% 2	13	1.85
Feeling safe	38.46% 5	30.77% 4	23.08% 3	7.69% 1	13	2.00
Contact with people you like	38.46% 5	23.08% 3	23.08% 3	15.38% 2	13	2.15
Spending time doing what you enjoy	23.08% 3	23.08% 3	30.77% 4	23.08% 3	13	2.54

## Q11 Do care / support services help you get this?

Answered: 13 Skipped: 6



	YES	NO	TOTAL	WEIGHTED AVERAGE
Control over daily life	76.92% 10	23.08% 3	13	1.23
Being clean & presentable	84.62% 11	15.38% 2	13	1.15
Food and drink	69.23% 9	30.77% 4	13	1.31
Comfort & cleanliness of your home	76.92% 10	23.08% 3	13	1.23
Feeling safe	69.23% 9	30.77% 4	13	1.31
Contact with people you like	69.23% 9	30.77% 4	13	1.31
Spending time doing what you enjoy	76.92% 10	23.08% 3	13	1.23

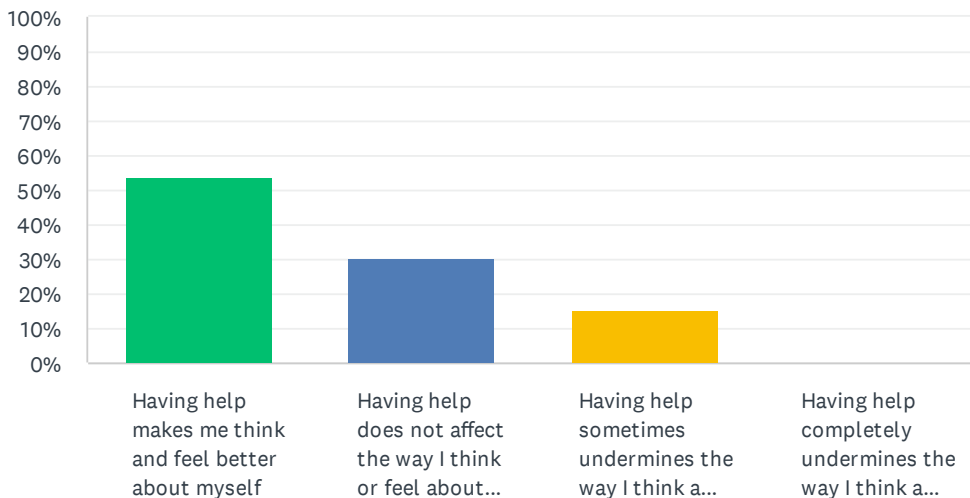
Q12 If you have any other comments you'd like to add about how changes to your care and support services changed how much you were able to do / get of any of the above aspects during the Covid period, please add them here:

Answered: 4 Skipped: 15

#	RESPONSES	DATE
1	Difficult situation during covid, but some carers aren't 'carers,' some it was just paid employment. Others absolutely loved being a carer and it showed. Grateful	7/12/2022 10:08 AM
2	I'm answering this on behalf of my Dad who has since passed away he had no help from social services We had to wait weeks for a social worker to be allocated and also for him to access cater support We middled through my sister and I with help from Macmillan nurses	5/25/2022 1:58 PM
3	1.Noticed the carers passing the water across the bed.Head and knee was bruised, due to the cream being passed over to the carer across the bed and the carer not paying attention. 2.The carer being rough when removing nightie, bruised fingers. 3.Being rocked by the carer, to help her urinate, she was hurting and was told this. 3.Scared of falling, I don't like the bars on the bed fully down as a carer said if I fall then I would have to go to hospital it is not their job to pick me up. They would watch the TV and roll me toward them dropping the side down. 4 Morning and nightly wash. The carers wash my torso and put on my nightie. Roll me over and wash my back with my nightie on. My neck and shoulders don't get washed.	5/25/2022 11:14 AM
4	I couldn't get support because there were no carers at the agency to cover my care.	5/24/2022 7:50 PM

### Q13 Which of these statements best describes how having help to do things makes you think and feel about yourself?

Answered: 13 Skipped: 6

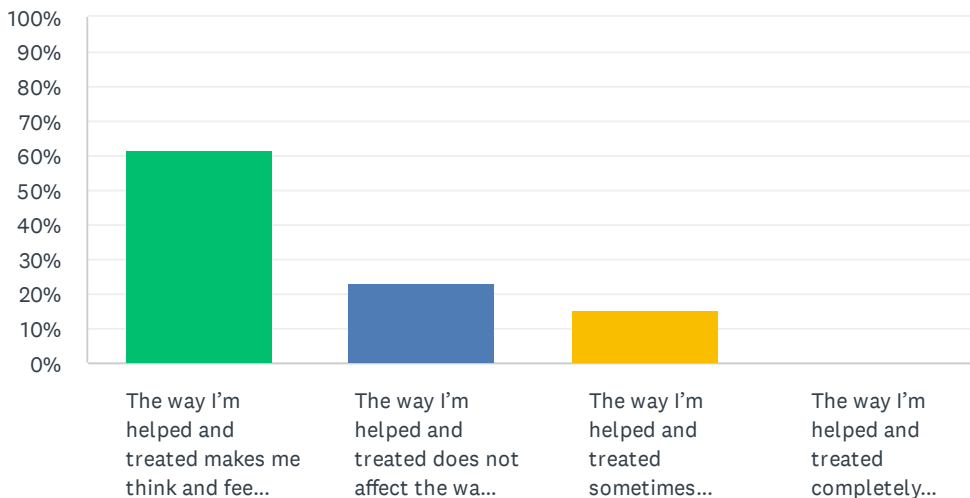


ANSWER CHOICES	RESPONSES	
Having help makes me think and feel better about myself	53.85%	7
Having help does not affect the way I think or feel about myself	30.77%	4
Having help sometimes undermines the way I think and feel about myself	15.38%	2
Having help completely undermines the way I think and feel about myself	0.00%	0
<b>TOTAL</b>		<b>13</b>



### Q14 Which of these statements best describes how the way you are helped and treated makes you think and feel about yourself?

Answered: 13 Skipped: 6



ANSWER CHOICES	RESPONSES	
The way I'm helped and treated makes me think and feel better about myself	61.54%	8
The way I'm helped and treated does not affect the way I think or feel about myself	23.08%	3
The way I'm helped and treated sometimes undermines the way I think and feel about myself	15.38%	2
The way I'm helped and treated completely undermines the way I think and feel about myself	0.00%	0
<b>TOTAL</b>		<b>13</b>

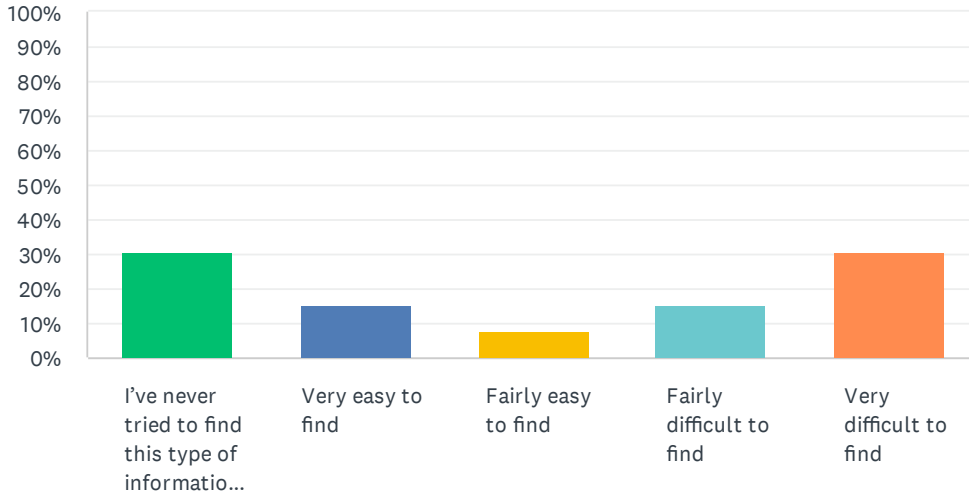
**Q15 If you have any other comments you'd like to add about how changes to your care and support services changed you felt about yourself during the covid period, please add them here:**

Answered: 2 Skipped: 17

#	RESPONSES	DATE
1	Communication & training is the most important thing all round. Personally I feel that you should be paid a lot lot more and raise the bar for Adult Social Care and be the best in the world. Are there any aspects of how other countries practices can be picked up are adaptable here?	7/12/2022 10:08 AM
2	The carers communicate to one another across the bed. They still wear the masks so I don't know what they say or who they are. Wearing a see through shield would have been better.	5/25/2022 11:14 AM

**Q16 In the past year, have you generally found it easy or difficult to find information and advice about NEW (to you) support, services or benefits? (Please include information from different sources, such as voluntary organisations, and private agencies as well as Adult Social Care.)**

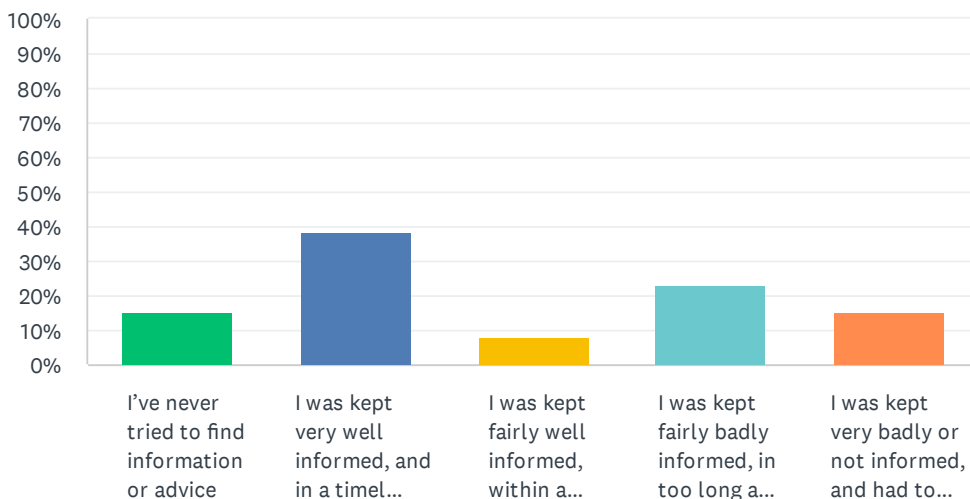
Answered: 13 Skipped: 6



ANSWER CHOICES	RESPONSES	
I've never tried to find this type of information or advice	30.77%	4
Very easy to find	15.38%	2
Fairly easy to find	7.69%	1
Fairly difficult to find	15.38%	2
Very difficult to find	30.77%	4
<b>TOTAL</b>		<b>13</b>

**Q17 During the Covid period, how well informed were you kept of information and advice about CHANGES to the support, services or benefits that you already received, as a result of Covid?(Please include information from different sources, such as voluntary organisations, and private agencies as well as Adult Social Care.)**

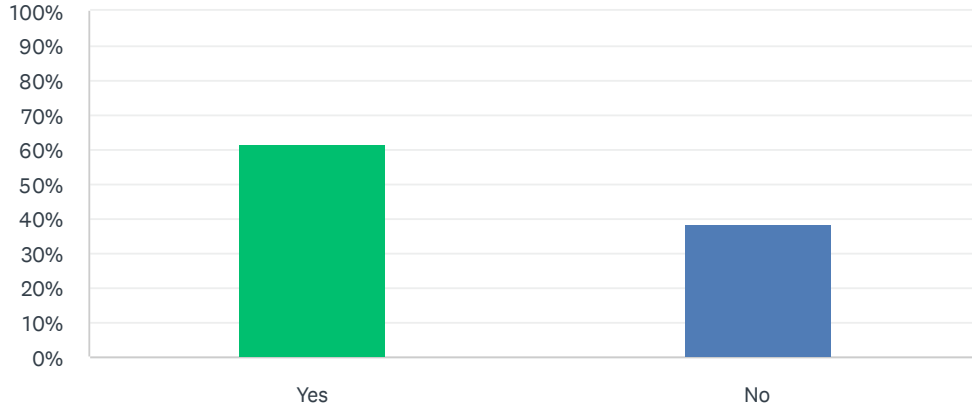
Answered: 13 Skipped: 6



ANSWER CHOICES	RESPONSES	
I've never tried to find information or advice	15.38%	2
I was kept very well informed, and in a timely manner	38.46%	5
I was kept fairly well informed, within a reasonable time	7.69%	1
I was kept fairly badly informed, in too long a time	23.08%	3
I was kept very badly or not informed, and had to chase up to find out the information myself (or my carers)	15.38%	2
<b>TOTAL</b>		<b>13</b>

## Q18 Would you say there were negatives to the changes made as a result of Covid?

Answered: 13 Skipped: 6



ANSWER CHOICES	RESPONSES	
Yes	61.54%	8
No	38.46%	5
TOTAL		13

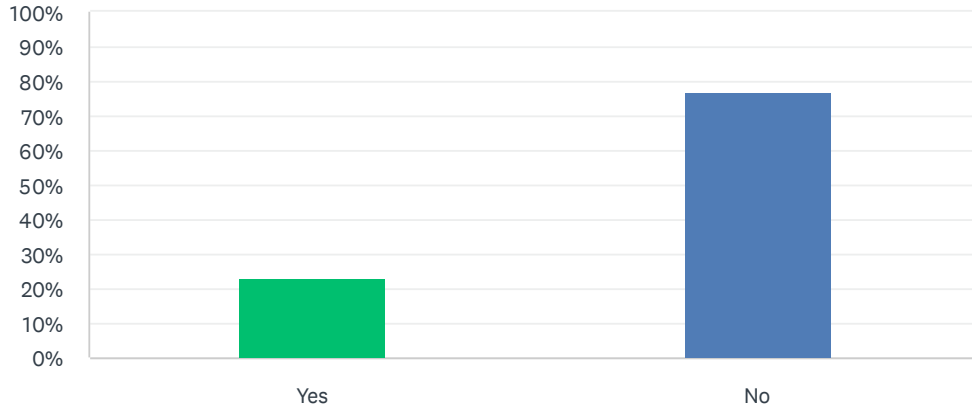
## Q19 If yes, please describe these:

Answered: 7 Skipped: 12

#	RESPONSES	DATE
1	New & unknown territory but patients should have all been tested prior to entering/ leaving hospitals, homes etc and not been moved from one place to another.	7/12/2022 10:25 AM
2	Just because she couldn't go out as much as she wanted	7/12/2022 12:53 AM
3	Not seeing family made my mum feel she was in prison	7/10/2022 12:50 PM
4	Lack of communication and support. Once in care home no reviews involving family to see how things really were. Left alone.	5/25/2022 8:36 PM
5	Because of the face masks, mumbling was heard, can't lip read through the mask	5/25/2022 11:19 AM
6	Poor communication	5/24/2022 9:42 PM
7	Lack of care.	5/24/2022 7:52 PM

## Q20 Would you say there were any positives to come out of the changes made because of Covid – particularly any options that you would like to continue?

Answered: 13 Skipped: 6



ANSWER CHOICES	RESPONSES	
Yes	23.08%	3
No	76.92%	10
TOTAL		13

## Q21 If yes, please describe these:

Answered: 1 Skipped: 18

#	RESPONSES	DATE
1	Health care working together across the board.	7/12/2022 10:25 AM



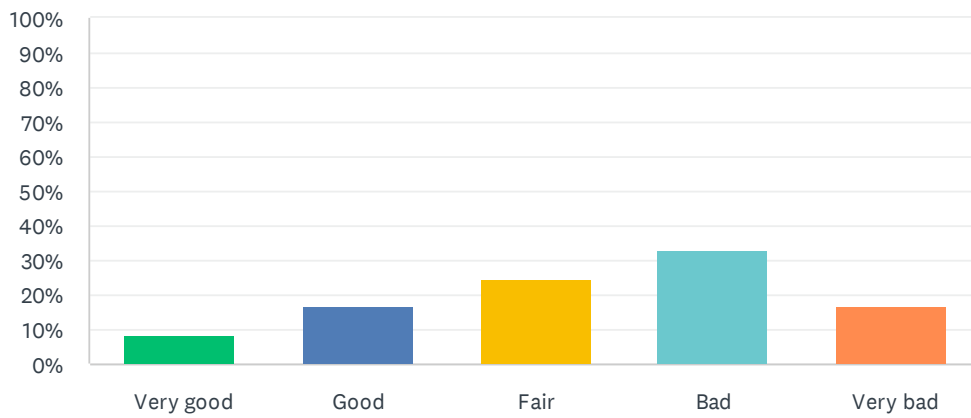
**Q22 If you have any other comments you would like to make about anything extra that we can learn that you think would work better, please add them below:**

Answered: 5 Skipped: 14

#	RESPONSES	DATE
1	Just keep training & communication up to date across the board and get feedback from all sides (Emoyees & Carers/Patients) Create a 'snag list' which employees have issues with and deal with them. Everyone is in it together as we are all going to get old so rather than dread it we need to embrace it.	7/12/2022 10:25 AM
2	Difficult to answer above question as only became a service user during covid so don't know any difference.	7/10/2022 7:48 AM
3	Better communication , easy to access information and more resources in place	5/25/2022 1:59 PM
4	The carers need to look at previous comments to see if any changes throughout the day.	5/25/2022 11:20 AM
5	We had the experience of RIACT/Enablement twice during covid and both experiences were stressful due to lack of communication and lack of knowledge by the social worker	5/24/2022 9:43 PM

## Q23 How was your health in general, during the Covid period?

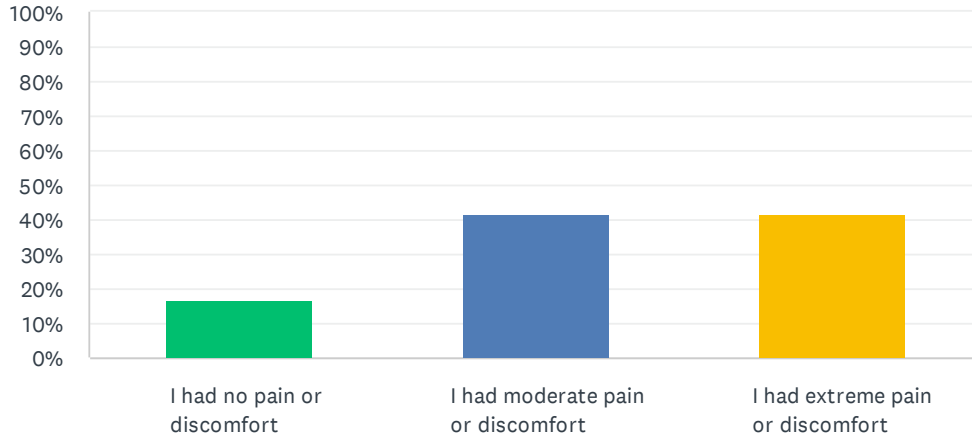
Answered: 12 Skipped: 7



ANSWER CHOICES	RESPONSES
Very good	8.33% 1
Good	16.67% 2
Fair	25.00% 3
Bad	33.33% 4
Very bad	16.67% 2
<b>TOTAL</b>	<b>12</b>

Q24 By placing a tick in one box in each group below, please indicate which statements best described your own health state during the Covid period. a. Pain or discomfort

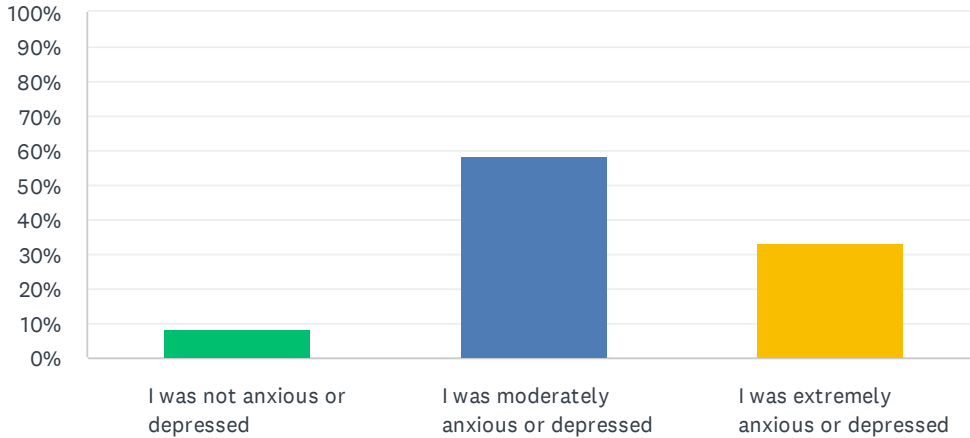
Answered: 12 Skipped: 7



ANSWER CHOICES	RESPONSES	
I had no pain or discomfort	16.67%	2
I had moderate pain or discomfort	41.67%	5
I had extreme pain or discomfort	41.67%	5
TOTAL		12

Q25 By placing a tick in one box in each group below, please indicate which statements best described your own health state during the Covid period.  
 a. Anxiety or depression

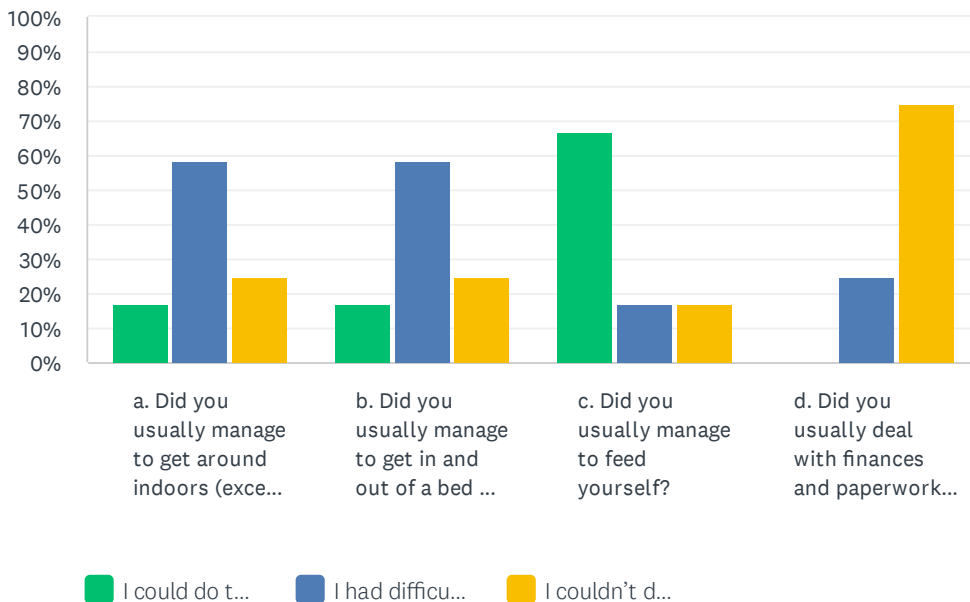
Answered: 12 Skipped: 7



ANSWER CHOICES	RESPONSES	
I was not anxious or depressed	8.33%	1
I was moderately anxious or depressed	58.33%	7
I was extremely anxious or depressed	33.33%	4
TOTAL		12

Q26 Please place a tick (ü) in the box that best described your abilities during the Covid period, for each of the following questions.

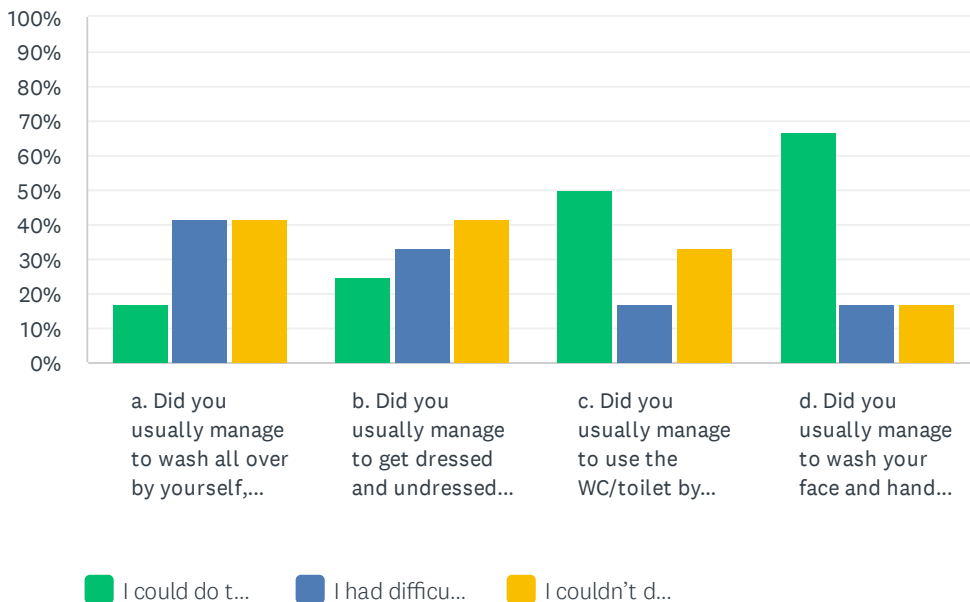
Answered: 12 Skipped: 7



	I COULD DO THIS EASILY BY MYSELF	I HAD DIFFICULTY DOING THIS MYSELF	I COULDN'T DO THIS BY MYSELF	TOTAL	WEIGHTED AVERAGE
a. Did you usually manage to get around indoors (except steps) by yourself?	16.67% 2	58.33% 7	25.00% 3	12	2.08
b. Did you usually manage to get in and out of a bed (or chair) by yourself?	16.67% 2	58.33% 7	25.00% 3	12	2.08
c. Did you usually manage to feed yourself?	66.67% 8	16.67% 2	16.67% 2	12	1.50
d. Did you usually deal with finances and paperwork - for example, paying bills, writing letters - by yourself?	0.00% 0	25.00% 3	75.00% 9	12	2.75

Q27 Please place a tick (ü) in the box that best described your abilities during the Covid period for each of the following questions.

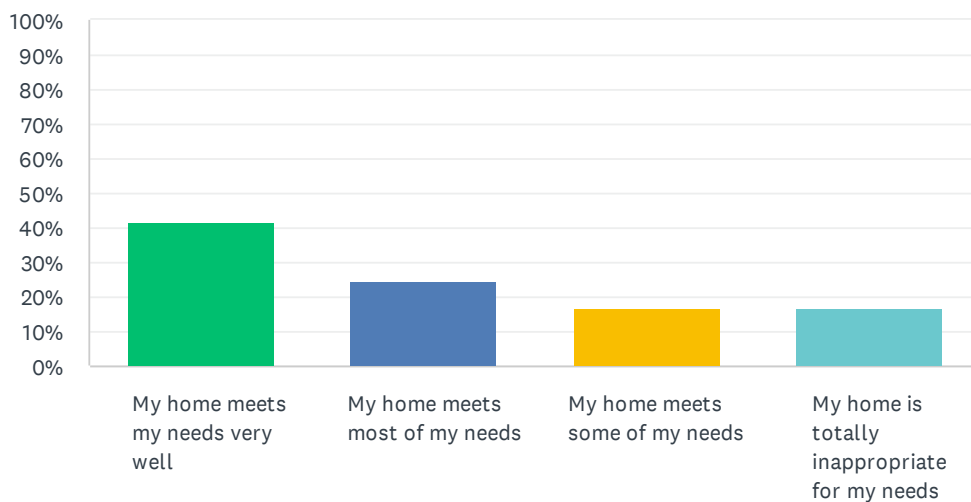
Answered: 12 Skipped: 7



	I COULD DO THIS EASILY BY MYSELF	I HAD DIFFICULTY DOING THIS MYSELF	I COULDN'T DO THIS BY MYSELF	TOTAL	WEIGHTED AVERAGE
a. Did you usually manage to wash all over by yourself, using either a bath or shower?	16.67% 2	41.67% 5	41.67% 5	12	2.25
b. Did you usually manage to get dressed and undressed by yourself?	25.00% 3	33.33% 4	41.67% 5	12	2.17
c. Did you usually manage to use the WC/toilet by yourself?	50.00% 6	16.67% 2	33.33% 4	12	1.83
d. Did you usually manage to wash your face and hands by yourself?	66.67% 8	16.67% 2	16.67% 2	12	1.50

## Q28 How well do you think your home is designed to meet your needs?

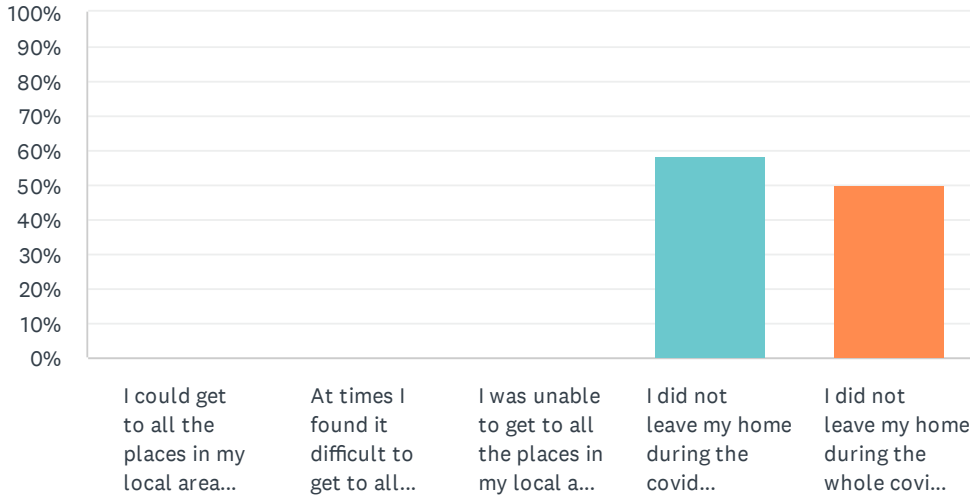
Answered: 12 Skipped: 7



ANSWER CHOICES	RESPONSES	
My home meets my needs very well	41.67%	5
My home meets most of my needs	25.00%	3
My home meets some of my needs	16.67%	2
My home is totally inappropriate for my needs	16.67%	2
<b>TOTAL</b>		<b>12</b>

Q29 Thinking about getting around outside of your home during the whole Covid period, which of the following statements best described your situation? You can include getting around by yourself or with help from someone else

Answered: 12 Skipped: 7



ANSWER CHOICES	RESPONSES	
I could get to all the places in my local area that I wanted	0.00%	0
At times I found it difficult to get to all the places in my local area that I wanted	0.00%	0
I was unable to get to all the places in my local area that I want	0.00%	0
I did not leave my home during the covid lockdowns	58.33%	7
I did not leave my home during the whole covid period	50.00%	6
Total Respondents: 12		



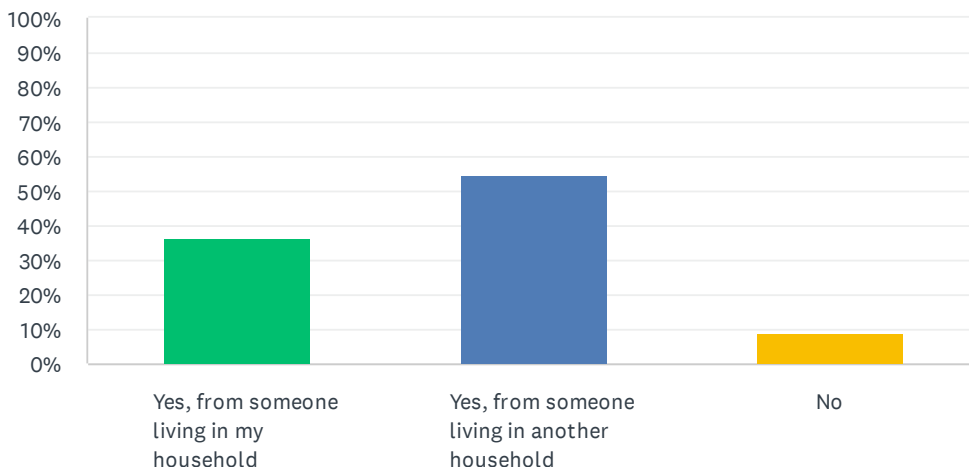
Q30 If you have any other comments you would like to make about getting around outside your home during the Covid period, including the lockdown restrictions, please add them below:

Answered: 1 Skipped: 18

#	RESPONSES	DATE
1	Bed ridden so don't leave my bed	5/25/2022 11:23 AM

### Q31 During the covid period, did you receive any practical help on a regular basis from your husband/wife, partner, friends, neighbours or family members?

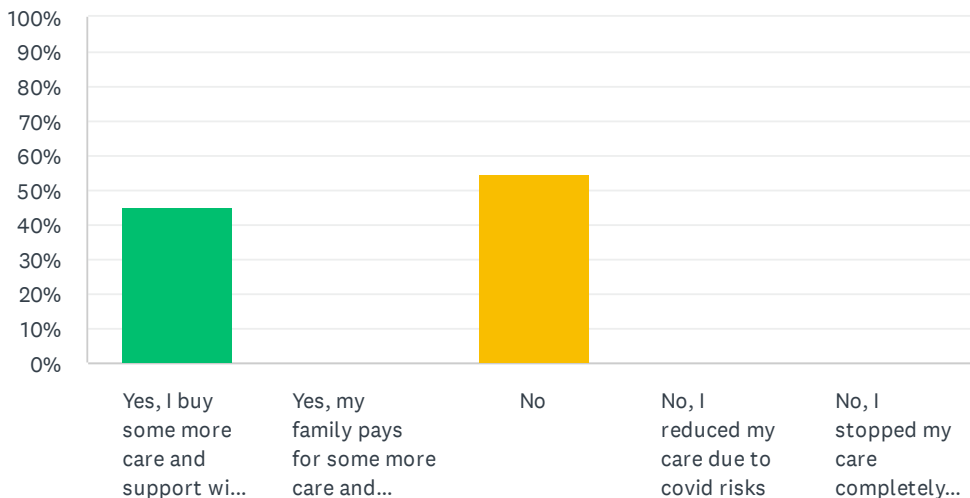
Answered: 11 Skipped: 8



ANSWER CHOICES	RESPONSES	
Yes, from someone living in my household	36.36%	4
Yes, from someone living in another household	54.55%	6
No	9.09%	1
<b>TOTAL</b>		<b>11</b>

### Q32 Do you buy any additional care or support privately or pay more to 'top up' your care and support during the covid period?

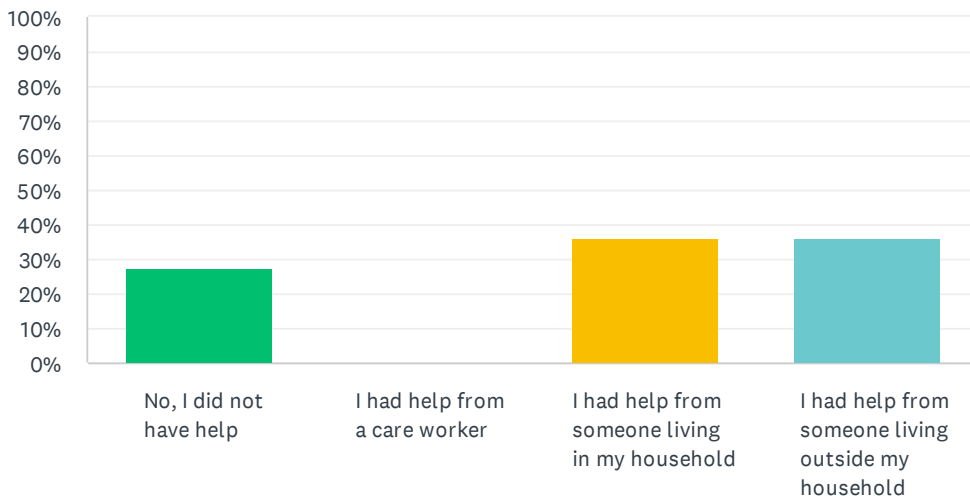
Answered: 11 Skipped: 8



ANSWER CHOICES	RESPONSES	
Yes, I buy some more care and support with my own money	45.45%	5
Yes, my family pays for some more care and support for me	0.00%	0
No	54.55%	6
No, I reduced my care due to covid risks	0.00%	0
No, I stopped my care completely due to covid risks	0.00%	0
<b>TOTAL</b>		<b>11</b>

### Q33 Did you have any help from someone else to complete this questionnaire?

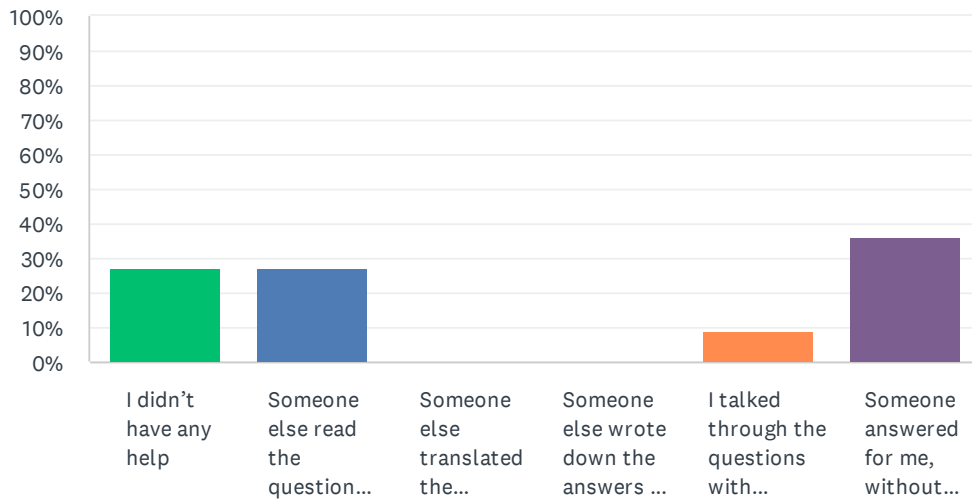
Answered: 11 Skipped: 8



ANSWER CHOICES	RESPONSES	
No, I did not have help	27.27%	3
I had help from a care worker	0.00%	0
I had help from someone living in my household	36.36%	4
I had help from someone living outside my household	36.36%	4
<b>TOTAL</b>		<b>11</b>

### Q34 What type of help did you have?

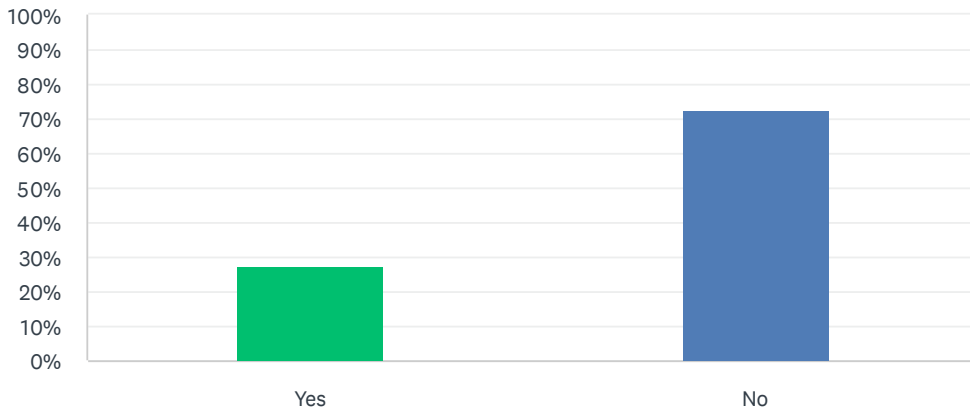
Answered: 11 Skipped: 8



ANSWER CHOICES	RESPONSES	
I didn't have any help	27.27%	3
Someone else read the questions to me	27.27%	3
Someone else translated the questions for me	0.00%	0
Someone else wrote down the answers for me	0.00%	0
I talked through the questions with someone else	9.09%	1
Someone answered for me, without asking me the questions	36.36%	4
<b>TOTAL</b>		<b>11</b>

Q35 We may be asking some people to take part in a follow-up “hearing” session (either online or in person, as you prefer) in the next few months. Would you be happy to be invited to take part in this hearing? Note that even if you say “yes” there will be no obligation to take part in the future.

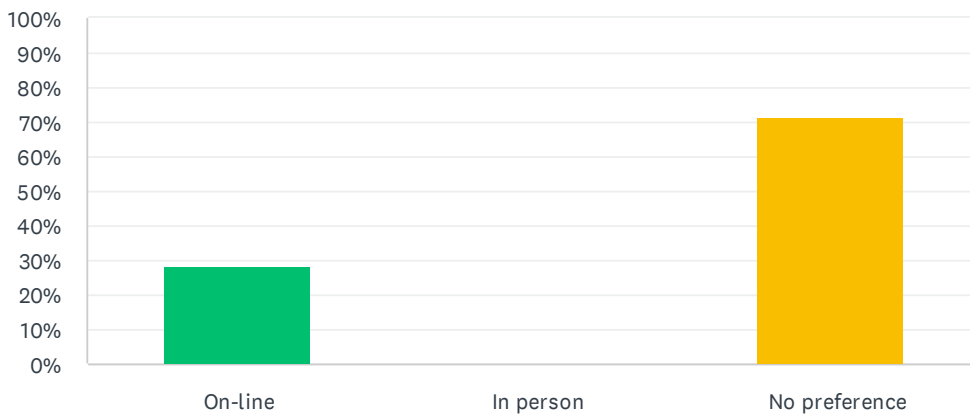
Answered: 11 Skipped: 8



ANSWER CHOICES	RESPONSES	
Yes	27.27%	3
No	72.73%	8
TOTAL		11

### Q36 Would you prefer to take part:

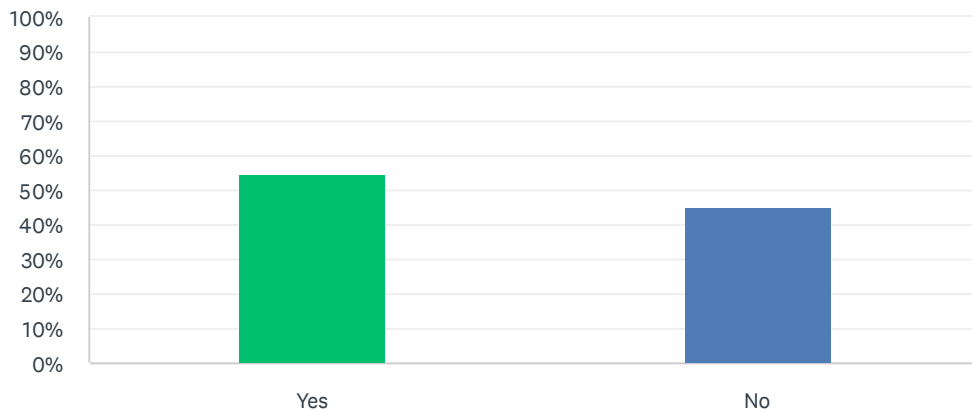
Answered: 7 Skipped: 12



ANSWER CHOICES	RESPONSES	
On-line	28.57%	2
In person	0.00%	0
No preference	71.43%	5
<b>TOTAL</b>		<b>7</b>

Q37 Please tick the 'Yes' box if you would like to receive a copy of the local authority report on the results of this survey.

Answered: 11 Skipped: 8



ANSWER CHOICES	RESPONSES	
Yes	54.55%	6
No	45.45%	5
TOTAL		11



### Q38 Please enter your contact details if you indicated "Yes" to any of the previous questions and your happy to be contacted.

Answered: 6 Skipped: 13

ANSWER CHOICES	RESPONSES	
Name	83.33%	5
Company	0.00%	0
Address	83.33%	5
Address 2	33.33%	2
City/Town	100.00%	6
State/Province	0.00%	0
Postal Code	100.00%	6
Country	0.00%	0
Email Address	100.00%	6
Phone Number	83.33%	5

#	NAME	DATE
1	Carol	7/12/2022 12:57 AM

2	Aaron jack	7/10/2022 8:36 AM
---	------------	-------------------

3	Sue Davison	5/25/2022 2:15 PM
---	-------------	-------------------

4	Louise Duffus	5/24/2022 9:47 PM
---	---------------	-------------------

5	Carol Greenwood	5/24/2022 8:38 PM
---	-----------------	-------------------

#	COMPANY	DATE
There are no responses.		

#	ADDRESS	DATE
1	Raper	7/12/2022 12:57 AM

2	27 Grainger Street	7/10/2022 8:36 AM
---	--------------------	-------------------

3	24 Oakwood Drive	5/25/2022 2:15 PM
---	------------------	-------------------

4	5 Hilston Close	5/24/2022 9:47 PM
---	-----------------	-------------------

5	17 Lakeside	5/24/2022 8:38 PM
---	-------------	-------------------

#	ADDRESS 2	DATE
1	31 Jedburgh drive	7/12/2022 12:57 AM

2	Darlington	5/24/2022 8:38 PM
---	------------	-------------------

#	CITY/TOWN	DATE
1	Darlington	7/12/2022 10:32 AM

2	Darlington	7/12/2022 12:57 AM
---	------------	--------------------

Adult Social Care - End User Survey

3	Darlington	7/10/2022 8:36 AM
4	Darlington	5/25/2022 2:15 PM
5	Stockton-on-Tees	5/24/2022 9:47 PM
6	County Durham	5/24/2022 8:38 PM

#	STATE/PROVINCE	DATE
---	----------------	------

There are no responses.

#	POSTAL CODE	DATE
1	DL30DT	7/12/2022 10:32 AM
2	DL3 9xb	7/12/2022 12:57 AM
3	DL15ES	7/10/2022 8:36 AM
4	DL13TB	5/25/2022 2:15 PM
5	TS17 5AG	5/24/2022 9:47 PM
6	DL15TH	5/24/2022 8:38 PM

#	COUNTRY	DATE
---	---------	------

There are no responses.

#	EMAIL ADDRESS	DATE
1	supernum94@gmail.com	7/12/2022 10:32 AM
2	kt4eva_62@hotmail.com	7/12/2022 12:57 AM
3	mccarthy.aaron999@gmail.com	7/10/2022 8:36 AM
4	sdavison1968@msn.com	5/25/2022 2:15 PM
5	mlduffus@gmail.com	5/24/2022 9:47 PM
6	greenwoodpack4@gmail.com	5/24/2022 8:38 PM

#	PHONE NUMBER	DATE
1	07837435835	7/12/2022 12:57 AM
2	07305295128	7/10/2022 8:36 AM
3	07888826280	5/25/2022 2:15 PM
4	07557286998	5/24/2022 9:47 PM
5	07971073396	5/24/2022 8:38 PM

## **REVIEW OF ADULT CARE SERVICES DURING COVID TASK AND FINISH GROUP**

**3.30pm - Friday, 21 May 2021  
Via Microsoft Teams**

**PRESENT** – Councillor Holroyd (in the Chair); Councillors Curry and Heslop.

**APOLOGIES** – Councillor Layton.

**OFFICERS IN ATTENDANCE** – Christine Shields, Assistant Director Commissioning Performance and Transformation; Linda Thirkeld, Assistant Director Adult Social Care and Hannah Fay, Democratic Officer (Democratic Services).

The purpose of the meeting was to discuss the process, as detailed in the Quad of Aims, and next steps for the review.

The following issues were discussed:-

- Members agreed that the review should seek to identify any services that residents would have liked to have access to during the pandemic but were not available.
- Members agreed that operational frontline staff and provider organisations, care homes, domiciliary care and mental health services should be invited to participate in the review. It was suggested that an invitation be extended to representatives from the care home provider forums. Members were informed that the majority of mental health services were voluntary sector organisations; that these organisations had service user feedback available in respect of the pandemic and that a number of these organisations had adapted how they delivered their services.
- Members questioned the impact of NHS TEWV services on adult social care as a result of the pandemic and whether there had been an increase in referrals to adult social care that would have ordinarily been dealt with by NHS; and agreed that staff from mental health services should be invited to participate in the review to provide their experience from a frontline perspective.
- The Assistant Director Commissioning Performance and Transformation made reference to the counselling services provided by TEWV for frontline care staff during the pandemic.
- Following a question in respect of services which were stopped completely during lockdown, the Assistant Director Adult Services advised Members that no services were stopped completely but were adapted, risk assessed and managed. Day services were paused whilst risk assessments were completed and some interventions were successfully implemented via Teams/telephone. Reference was made to the challenge around public confidence to start home visits again.

- Members entered into a discussion on the next steps of the review including a staff questionnaire and a workshop/feedback session. Reference was made to the adult social care staff survey and that this should be used as a basis for a questionnaire for providers; and that Managers be requested to provide an appraisal of adaptations made to services including mental health, care homes, domiciliary care, day services, respite, DAD direct payment support services and personal assistants.

**IT WAS AGREED –** (a) Questions from the adult social care staff survey be obtained and circulated to Members.

(b) That the Assistant Director Adult Social Care and Assistant Director Commissioning Performance and Transformation provide a detailed breakdown of changes/adaptations made to key areas of adult care services.

(c) That a further meeting to be arranged to discuss the staff survey questions.

## **REVIEW OF ADULT CARE SERVICES DURING COVID TASK AND FINISH GROUP**

**11.00am - Friday, 11 June 2021  
Via Microsoft Teams**

**PRESENT** – Councillor Holroyd (in the Chair); Councillors Heslop and Layton.

**APOLOGIES** – Councillor Curry.

**OFFICERS IN ATTENDANCE** – Christine Shields, Assistant Director Commissioning Performance and Transformation; Linda Thirkeld, Assistant Director Adult Social Care and Hannah Fay, Democratic Officer (Democratic Services).

The following issues were discussed:-

- Members discussed the Health Check – Social Care – Adults questionnaire which had been circulated to Members prior to the meeting. The questionnaire was due to be circulated to staff for completion and as such Members were not able to have an input into the questions. Members queried when the results from the survey would be available.
- Following a question, the Assistant Director Commissioning Performance and Transformation advised Members that the questionnaire was not appropriate for external providers, however some questions could be included in the survey for providers.
- Members were reminded of the Provider Forums which continued to take place throughout the pandemic; that these were well attended during the pandemic, with health staff also present; and that the forums would continue to take place virtually going forward. Members requested an invite to a provider forum.
- Regarding the information provided in respect of changes/adaptations made to key areas of adult care services Members were advised that whilst face to face quality assurance visits to care homes could not be undertaken by the Commissioning and Contracts Team, staff worked closely with health and CQC colleagues and care homes completed self-assessments which would be validated by the Commissioning and Contracts Team in July.
- Members entered into a discussion on the next steps and agreed to review the Health Check – Social Care – Adults questionnaire and Family Valued Pilot survey questions to identify any questions that may be relevant to providers and to identify any further questions for inclusion in the survey for providers.

**IT WAS AGREED** – (a) That Members review the Health Check – Social Care – Adults questionnaire and Family Valued Pilot survey questions to identify any questions relevant to providers and any further questions for inclusion in the survey for providers and that these be forwarded to Councillor Holroyd for collation.

(b) That the Assistant Director Adult Social Care and Assistant Director Commissioning Performance and Transformation liaises with the Service Manager, Contracts and Brokerage to extend an invite to Members to a Provider Forum.

(c) That the Assistant Director Adult Social Care provides Members with details of the Health Check – Social Care – Adults questionnaire completion date.

## **REVIEW OF ADULT CARE SERVICES DURING COVID TASK AND FINISH GROUP**

**11.00am - Friday, 9 July 2021  
Via Microsoft Teams**

**PRESENT** – Councillor Holroyd (in the Chair); and Councillor Curry.

**APOLOGIES** – Councillor Layton.

**OFFICERS IN ATTENDANCE** – Linda Thirkeld, Assistant Director Adult Social Care, and Paul Dalton, Elections Officer (Democratic Services).

The following issues were discussed:-

- Councillor Holroyd referred to the list of questions (Family Valued) circulated on 8<sup>th</sup> July 2021, and stated that she would amalgamate the two questions highlighted by Councillor Curry, and thanked Councillor Curry for her responses. Councillor Holroyd clarified that the questions highlighted in green were those suggested by the Assistant Director Commissioning Performance and Transformation and the Acting Assistant Director – Adult Social Care, and that those questions in yellow had been tweaked to make them more appropriate.
- The Acting Assistant Director – Adult Social Care stated that she felt that question 17 featured some duplication, and Councillor Holroyd agreed to remove it from the proposed questionnaire.
- Councillor Holroyd proposed that there be a list of seven service areas, from which respondents could select from a ‘drop down menu’, and the Acting Assistant Director – Adult Social Care agreed, as this would help to orientate respondents.
- Councillor Curry enquired whether the questionnaire would be going to hospices and those services providing end of life care. Councillor Holroyd stated that she felt that it should if they are commissioned by the Council. The Assistant Director – Adult Social Care stated that she felt that there might be a challenge around the parameters, and could look to extend it wider, however Councillor Holroyd was keen to focus on areas where Members could provide influence, and was not sure that Members would find information from contractors useful or relevant.
- Discussion continued about commissioning of end of life care, and Members were advised that this would generally be an area in terms of health. Councillor Holroyd was keen to keep the remit of the questionnaire narrow and focused on Adult Social Care, but perhaps encourage Health and Housing Scrutiny Committee to take up a similar exercise.
- Members entered into discussion on how questions were presented – use of drop down menus and free text boxes. Members also considered asking

whether respondents were Management or Front Line Staff. The Acting Assistant Director – Adult Social Care suggested that Members should remain mindful as to the length of the questionnaire. Councillor Holroyd felt that it might be useful to know whether an individual was Management or Front Line Staff, as she felt Management staff had more control over situations, which might have an influence on stress levels. Managers might be less stressed as they were in a position to influence decisions.

- Councillor Curry felt it might be useful to have a General Box for respondents to provide feedback of their experience - ie. 'Is there anything else that you would like to add?'. The Acting Assistant Director – Adults Social Care felt that this would be an opportunity to collect qualitative data.
- The Acting Assistant Director – Adults Social Care stated that the only question that she had a query about was 'How do you feel?' Please describe positive or negative – felt that we should emphasise that we welcome both positive and negative. Councillor Curry stated that we should also remind about confidentiality.
- It was suggested that the survey should be set up on a formal Council platform, and that the Communications Team be approached to do this.
- Members felt that there was too little focus on end users, and too much focus on staff, though recognised that they were trying to capture staff perceptions – was the service reduced or not meeting needs. The Acting Assistant Director – Adults Social Care felt that it was important to understand the perception of service users, but also important to understand the perceptions of service providers and staff delivery.
- Discussion ensued on a survey for Adult Social Care End Users, and the Acting Assistant Director – Adults Social Care highlighted that any such survey would need to be much simpler. Members stated that they would be interested to know what care/experience end users were receiving, was it reduced during the pandemic, did they receive alternative provision, did they cancel their services of their own volition, did families pick up shortfall, etc. Members discussed how best to structure questions to capture feelings, with Councillor Curry suggesting open questions.

**IT WAS AGREED** – (a) That Councillor Holroyd would revise the questions for the Commissioned Services Staff Survey in light of the suggestions received, and recirculate to invite further edits or establish final agreement.

(b) That Councillor Holroyd would discuss with the Head of Strategy, Performance and Communications, the best way to produce the Commissioned Services Staff Survey, and establish how best to circulate to Commissioned Services Staff.

(c) That Councillor Holroyd would establish whether any survey of Adult Social Care End Users was undertaken, and bring thoughts back to a future meeting.



## **REVIEW OF ADULT CARE SERVICES DURING COVID TASK AND FINISH GROUP**

**2:00pm - Friday, 14 January 2022  
Via Microsoft Teams**

**PRESENT** – Councillor Holroyd (in the Chair); Councillor Mrs. Culley, Councillor Curry and Councillor Layton.

**OFFICERS IN ATTENDANCE** – Joss Harbron, Assistant Director - Adult Social Care, Christine Shields, Assistant Director - Commissioning, Performance and Transformation, Yvonne Hall, Services Manager, Contracts and Brokerage, and Paul Dalton, Elections Officer (Democratic Services).

The following issues were discussed:-

- An overview of work, to date, was provided, with Members advised that the agreed Adult Social Care Commissioned Staff Survey had been circulated to commissioned partners in late-October 2021, however as at the established deadline of Monday, 13<sup>th</sup> December 2021, no responses had been received. Members were advised that this meeting had been convened to establish the next steps.
- Discussion ensued on how the Group could best publicise the Survey further, and encourage staff to complete the Survey, if the Survey was sent out again.
- The Assistant Director – Commissioning, Performance and Transformation suggested that the Survey could be promoted during the next ‘Provider Forum’, however did highlight that the providers of Commissioned Services were still working in highly-pressured and challenging situations, with many staff isolating, and that nineteen settings were currently managing outbreaks of Covid infection. The Assistant Director – Commissioning, Performance and Transformation suggested that staff focus was very much elsewhere at the moment.
- Councillor Holroyd stated that she was very keen not to overload staff with additional work, however asked whether the Survey could be undertaken in bite-sized chunks.
- Councillor Mrs. Culley, attending her first meeting of the Group, enquired as to the purpose and value of the Survey, and what the Group hoped to be able to do with the responses. The Chair suggested that the Group hoped to ascertain whether there had been any service improvements through alternative ways of working, or identify areas where improvements could be made. Councillor Mrs. Culley cautioned that Survey Monkey sometimes posts directly to ‘Spam Folders’ in inboxes.
- The Services Manager, Contracts and Brokerage, advised that whilst the Group hoped to contact multiple members of staff, the reality was that the

circulated Survey was sent to a number of generic e-mail address, with the requirement then being for providers to circulate/distribute wider amongst their staff. The Services Manager, Contracts and Brokerage, expressed great concern in relation to the current pressures around the Omicron wave, explaining that whilst there was not wholesale staff absence, there was a continual 'dribble' of absence and isolation, which increased work pressures.

- The Services Manager, Contracts and Brokerage also expressed concerns that, should a Survey be circulated at the current time, it may illicit a 'reactive response', rather than a 'measured response', and advised waiting a further month before re-circulating the Survey.
- The Services Manager, Contracts and Brokerage advised that a Provider Forum was being held on 16<sup>th</sup> March 2022, and that this may provide an opportunity to have a further dialogue with Commissioned Services providers.
- Councillor Layton recalled that this was a similar piece of work to the work undertaken by the Children and Young People Scrutiny Committee, however recognised that this situation was a 'moveable feast', and wondered rather than putting a timescale on the Survey, could it be requested on an ad hoc basis so that staff could complete it when they felt appropriate. Further discussion ensued, and Members felt that this wasn't a good time, and that it may be more appropriate to wait until the next lull in infections.
- Members gave consideration to approaching commissioned services providers for a steer on what and when might be the best approach, and it was reported that the Strategic Commissioning Manager had regular meetings with the two primary Commissioned Services providers, and it may be useful for her to have a discussion at such a meeting to gain an insight as to the best approach and the timing of this, and encourage 'buy in'.

**IT WAS AGREED** – (a) That the Strategic Commissioning Manager be asked to liaise with the two primary Commissioned Services providers to gain an insight as to the best approach and the best timing in terms of circulating the Survey, and encouraging 'buy in' from Commissioned Staff.

## **REVIEW OF ADULT CARE SERVICES DURING COVID TASK AND FINISH GROUP**

**2:00pm - Friday, 11 March 2022**  
**Via Microsoft Teams**

**PRESENT** – Councillor Holroyd (in the Chair); Councillor Mrs. Culley, Councillor Curry and Councillor Layton.

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

The following issues were discussed:-

- Members were advised that the Strategic Commissioning Manager had liaised with the two primary Commissioned Services providers to gain an insight as to the best approach and the best timing in terms of circulating the Survey, and to encourage 'buy in' from Commissioned Staff.
- It was reported that the two primary providers were very supportive of the opportunity for their staff to feedback to Adults Scrutiny Committee, and that both had agreed to offer their staff access to a computer within their registered office base in Darlington to enable them to complete the survey on-line.
- Members entered into discussion on when best to circulate the Survey, and to determine how long the Survey would remain 'live' for. It was agreed that the Survey would go on-line on Monday, 21st March 2022, and be available for completion up until Monday, 2<sup>nd</sup> May 2022, with a reminder circulated around Monday, 18<sup>th</sup> April 2022.
- Discussion ensued on whether the Survey could be circulated to staff's personal e-mail addresses, and to staff who had recently left the service/profession. Members were also keen that the Survey was sent to all providers once again, not just the two primary providers and all care homes.
- Members entered into discussion on the best way to distribute the 'End User Survey', given the fact that individual e-mail addresses were not collated for End Users.
- It was agreed that an article, with a link to the Survey, should be placed in the 'One Darlington' magazine (May/June 2022), with a suggestion that those who do not have access to a computer or smartphone could access the survey via the library, or by contacting their local Councillor. It was also suggested that the 'End User Survey' be promoted via social media.
- The initial questions of the Survey should include reference to whether the individual completing the Survey was an End User, or a Carer. It was also suggested that there be a breakdown on the basis of age.

**IT WAS AGREED –** (a) That the deadlines for the next ‘One Darlington’ magazine be established and circulated.

(b) That the End User Survey be reviewed once again prior appearing in the ‘One Darlington’ magazine.

(c) That the ‘ASC Commissioned Staff Survey’ be circulated to the two primary providers, all other providers and all Care Homes on Monday, 21<sup>st</sup> March 2022, with a closing date of Monday, 2<sup>nd</sup> May 2022.

(d) That a reminder be e-mail to the two primary providers, all other providers and all Care Homes on, or around, 18<sup>th</sup> April 2022.

.

## **REVIEW OF ADULT CARE SERVICES DURING COVID TASK AND FINISH GROUP**

**10:00am - Tuesday, 9<sup>th</sup> August 2022  
Via Microsoft Teams**

**PRESENT** – Councillor Holroyd (in the Chair); Councillor Curry and Councillor Layton.

**OFFICERS IN ATTENDANCE** – Yvonne Hall, Service Manager – Contracts and Brokerage, and Paul Dalton, Elections Officer (Democratic Services).

The following issues were discussed:-

### **Commissioned Services Staff Survey**

- Members of the Task and Finish Group noted that only thirteen responses had been received from Commissioned Services Staff, that most responses had been received from Care Homes, and that it was evident that only Managers had responded, and therefore the response was not necessarily wholly representative, or reflect the views of 'grass roots' staff.
- The Service Manager – Contracts and Brokerage suggested that this may have been due to the fact that the Survey was initially sent to Managers for distribution, who may have taken it upon themselves to complete the Survey, and there may have been a different response if paper copies had been sent to all staff.
- Councillor Holroyd stated that Members still needed to recognise the bias within the responses. Members analysed the respondents in terms of qualifications, job status and length of service.
- Question 8 – Members noted that only 15% of respondents identified a negative change to their role.
- In terms of Question 9, Members noted the benefits of reduced travelling times, however remained conscious of the emotional weight and stress borne out in two of the responses. Discussion ensued on the increased paperwork, with the Service Manager – Contracts and Brokerage outlining the mandatory required functions in the Care Sector during the pandemic, including the daily ring around, which (although useful) was resource intensive. It was noted that this subsequently reduced to three times per week, and had now reduced to once per week. It was noted that there was also a degree of urgency attached to the provision of information which may have contributed to feelings of stress. It was mentioned that some staff looked forward to the calls and dialogue as this provided contact with others.
- It was suggested that Managers became support mechanisms for members of staff, but Managers themselves didn't have that support network.

- Question 10 – Members were concerned to learn that training was not being held, with speculation that some physical elements of training could have been missed. The Service Manager – Contracts and Brokerage stated that she wasn't aware of any issues around training, noting that even during lockdown training was provided by technological solutions. The Service Manager – Contracts and Brokerage stressed that training was monitored.
- Members were pleased to note that front line working enabled solutions to be found, noting that technological improvements played a large part in delivery. Concerns were expressed that non-ICT literate staff may not have been able to manage, however the Service Manager – Contracts and Brokerage stated that she wasn't aware of any issues in this area as a lot of work had previously been undertaken, and there is an expectation that staff are ICT-literate.
- Members entered into discussion on the restrictions around family visitations and the end of life, and enquired as to what we did in Darlington. The Service Manager – Contracts and Brokerage explained that there was no straight answer, with many responses taking place on a day-by-day basis. Again, it was noted that technological solutions played a great part in communication between relatives. There was much empathy in such situations from staff, recognising that it was not the same for relatives as physically being with one another, however it was pleasing to hear that there were no complaints to investigate.
- Councillor Curry asked whether it was possible to signpost services to assist those suffering from mental health issues following the loss of a family member in such circumstances, and Councillor Layton advised that St. Theresa's Hospice had started accessing 'Talking Therapy'. A suggestion was made to establish support groups.
- Councillor Layton enquired whether Officers were concerned about the current level of Covid cases, and the Service Manager – Contracts and Brokerage observed that restrictions had been relaxed, not many people were wearing masks, and that it would be interesting to note any figures following the Commonwealth Games, however note that citizens were essentially now expected to live with Covid now, as they would with any other illness.
- Question 12 – Councillor Holroyd stated that it was unsurprising that workload was increasing.
- Question 13 – Members noted that 7/13 respondents felt that their workload was not manageable, speculating that policy changes, cover arrangements, a lack of time off all contributed to this feeling.
- Question 14 (Response No. 3) – The Service Manager – Contracts and Brokerage highlighted that there were limited options in Care Homes for cover arrangements, with no extra staff available. Many homes worked as a family,

with some staff moving into the care home. It was stated that, essentially, staff had to rely on each other.

- Councillor Holroyd enquired as to whether any staff were furloughed within the Care Sector, and was assured by the Service Manager – Contracts and Brokerage that none had been furloughed in Darlington.
- Question 15 – Councillor Holroyd felt that it was unsurprising that the changes to staff roles during the lockdown/pandemic period did not affect Service Users.
- Question 16 (Response 2) – It was noted that there were strict rules in relation to the grant funding allocated, with the grant conditions outlining what money could be spent on. It was not possible to distribute it to staff as a ‘thank you’. Councillor Holroyd enquired as to whether the monies could have been used to pay for additional shifts, and was advised that the grant funding could’ve have been used in different ways. Further discussion ensued on providing greater recognition and acknowledgement to staff for their efforts and support, with a suggestion that an article appear in the ‘One Darlington’ magazine. The Service Manager – Contracts and Brokerage outlined that comments had been made in staff PDRs. Councillor Holroyd enquired as to how we could ensure external providers acknowledged their staff.
- Question 17 – Councillor Holroyd observed that it was important to top up training that was missed.
- Question 18 – It was noted that this response was no worse than might have been expected given the circumstances.
- Question 19 – It was observed that it was reflective of the impact that 100% of respondents had you worked in their own time, or cancelled leave or training during the pandemic period.
- Members questioned the wording around Questions 20 and 21, noting that staff may have been sick for other reasons.
- Question 22 (Response 2) – Members expressed concern in terms of this response, however not sure what we could do to assist with the rebalancing of the work life balance.
- Question 24 – Members were disappointed to note that 40% of respondents felt overwhelmed in their job, and that 50% of respondents did not feel, or were unsure, that wider society valued their role. Members wondered whether a public acknowledgement in the ‘One Darlington’ magazine might improve people’s perceptions.
- Question 26 (Response 3) – It was noted that this issue was a national one.

- Question 27 – Members were pleased to read of the positive feedback in terms of providing Adult Social Care services on behalf of Darlington Borough Council.
- Question 28 – Members noted the emotional stress of managing Adult Social Care during the pandemic, and were concerned, but not surprised, to read of staff leaving the profession (Responses 5 and 7).

### **Adult Social Care End User Survey**

- Question 2 – Members noted that more than 60% of respondents received in home carer assistance to complete the Survey.
- Question 3 – Members noted that 40% of respondents were not satisfied with the care and support services they received.
- Question 4 – Members noted comments around the lack of fluid provided (Response 1); the cleanliness of the commode (Response 3); the lack of communication (Response 4); the comments in relation to face masks, and the possibility that carers could have worn visors (though it was noted that these could have been less protective) (Response 6). Members were disappointed that the carer providing the sitting service in Response 6 did not engage with the person she was looking after. Councillor Layton noted that communication was one of the things residents missed more than anything during the pandemic. In terms of Response 6, Councillor Holroyd expressed particular frustration with the poor quality of the sitting service, and suggested that there should be an expectations / requirements list, as residents needed social interaction, highlighting that loneliness was a particular issue during the pandemic. It was observed that managers should be checking quality.
- In terms of Response 3, Members were keen to know whether incontinence checks were being carried out, and in terms of the non-attendance highlighted in Response 10, Members felt that it was appropriate that Carers should be letting people know.
- Members were concerned about the lack of information seemingly provided in Response 5, and questioned whether checkpoints could be outlined on the Council's website.
- In terms of Question 6, Members felt that the 61.54% of people who felt that care and support services helped them have a better quality of life during the Covid period was a little low, and requested that some feedback be built in. Councillor Layton stated that she felt that it might be difficult to tease out the strands as perceptions will depend on circumstances, which would inevitably colour judgement.



- Question 7 – Members were concerned by the apparent level of isolation reflected in the responses, and Councillor Curry observed that it may have been governed by the policy in the individual care home, noting some residents got regular checks whereas residents in other homes were left on their own. Councillor Holroyd suggested that we accentuate best practice.
- In terms of Question 7 (Response 3), Members felt that there was a miss in terms of providing care, and highlighted that there perhaps should have been a referral to the GP or a physiotherapist, or certainly some signposting to such services. Members were keen to ensure that a process support package was made available to client and family at contact points.
- Question 7 (Response 4) – Members felt that staff annual reviews should be used to address the disparities in professionalism.
- Question 8 – Members noted that four respondents felt that they didn't have enough choices over care and support services, and wondered whether they were aware of the choices that they have.
- Question 9 (Response 1) – Members were concerned about the amount of moving around outlined in the initial response.
- Question 9 (Response 2) – Members felt that the concerns expressed in Response 2 were worrying, and speculated as to the rights and individual had to refuse a carer or flag up concerns. Councillor Layton suggested that the autonomy should be with the individual.
- Question 10 – Concerns were expressed about 'Food and Drink', with Councillor Curry noting that sometimes a carer may not have time to cook meals, but just prepare a ready meal. Councillor Curry was interested to know whether alternatives have been offered (Age UK, for instance), which provided cooked meals. Members were also keen to know if an individual did not eat what was prepared, was this reported back anywhere.
- Members were also keen to know whether those residents who suggested that they did not 'Feel Safe' were receiving help. Councillor Curry suggested that any good carer should ask individuals how they feel, but was aware that some don't. Councillor Layton suggested that the same level of care as previous had been provided, with no thought to the fact that an informal carer or family member was unable to attend. It seemed that the normal care package didn't take into consideration the pandemic. Councillor Layton also asked whether people were aware of how to access extra or additional help, suggesting that an additional care fact sheet should be available on the Darlington Borough Council website.

- Question 11 – Councillor Layton noted that food and drink was not always provided in every package. Members were pleased to note that most of the responses were positive.
- Question 12 (Response 2) – Councillor Curry felt that it would be important to advertise the process wider, and build in checkpoints to ensure that individuals and relatives were kept informed.
- Question 12 (Response 3) – Councillor Curry felt that the carer involved was milking the situation, taking the user feedback into consideration.
- In terms of Questions 13 and 14, Members were concerned to note that two respondents sometimes felt undermined by the way in which they were helped and treated, though Members acknowledged that we needed to help people.
- Question 15 - Members recognised and echoed the sentiments expressed in by the respondents, feeling that both communication and training were fundamental the success of service delivery during the pandemic.
- Question 16 – Members were very concerned in terms of the responses to Question 16, and were very focused that we needed to improve access to information, suggesting Adult Social Care Call Handlers, or Fact Sheet. Members were keen to know whether a referral pathway was offered or available.
- Question 17 – Members were concerned to discover that 38% of respondents felt that they were kept badly informed, in too long a time, or had to chase up to find out information for themselves (or their carers). Members felt that this was another indication of a need to improve communication.
- Question 18 – Members found the outcome of this surprisingly positive, possibly expecting that a greater number of people would have stated that there were negatives to the changes made as a result of Covid.
- Question 19 (Response 4) – Members wondered how, if families were not able to visit loved ones, comments could be made. Members were keen to know what the situation was now in terms of families and care homes, and whether families could have greater involvement now.
- Question 22 – Based on the answers received, Members felt that the creation of a ‘snag list’ would be a good idea, and again the responses to this question echoed the need for a greater emphasis on communication and training (particularly in relation to Response 5). Members also like the suggestion of a checklist for visits.

- Question 26 – Members were concerned in relation to the number of respondents who had difficulty, or were not able, to deal with finances and paperwork, and wondered whether more help could be offered.
- Question 28 – Members acknowledged that there was little scope for interventions in terms of Private Homes, however expressed the view that more suitable homes should be built. Members felt that there was a role in terms of a change in Planning Policy. Councillor Layton commented that the Council had a good reputation for putting adaptations in place.
- Members felt that Question 29 demonstrated that respondents felt very isolated during the Covid pandemic.
- Members noted that all bar one respondent received additional practical help on a regular basis from someone else.
- Members were interested to note that five of the respondents (45.45%) to Question 32 paid for additional care or support privately from their own money. Members entered into discussion in relation to whether this was nice to have, or essential.

**IT WAS AGREED** – The key issues identified from the Surveys revolved around ‘Communication’ and ‘Training’.

Members felt that more could be done to signpost End Users to the services that they required, and would like to receive more information about existing arrangements, together with thoughts around potential improvements.

Members were also concerned about certain incidents identified through the Surveys, and were keen to receive more information around the training provided to ensure a more consistent service.

This page is intentionally left blank

## **REVIEW OF ADULT CARE SERVICES DURING COVID TASK AND FINISH GROUP**

**2.00pm - Friday, 4 November 2022  
Via Microsoft Teams**

**PRESENT** – Councillor Holroyd (in the Chair); Councillor Curry and Councillor Layton.

**OFFICERS IN ATTENDANCE** – Christine Shields, Assistant Director – Commissioning, Performance and Transformation, Phillipa Pacey, Quality Assurance Lead, and Paul Dalton, Elections Officer (Democratic Services).

The following issues were discussed:-

- Councillor Holroyd began by explaining that this session was to prepare some questions for those individuals who had expressed an interest in attending a hearing. Councillor Holroyd suggested that the first question should be “How do you feel overall?” (as more of a holistic question).
- Councillor Layton suggested that a potential follow on could be “If there was one thing that could have been done better, what would it be?”, or “Is there something else we could have done?” to elicit a more positive response rather than a negative one.
- The Quality Assurance Lead felt that obtaining individual experience was important, and that it would be a nicer gesture to make contact personally with open questions. In Phillipa’s experience, this provided much richer information. Phillipa stated that she would be happy to be involved in any work going forward.
- Councillor Holroyd was keen that we contacted everyone who left contact information, and that we put a Press Release out to thank those who took part. The Assistant Director – Commissioning, Performance and Transformation advised that thanks could be passed through the Providers Forum.
- Councillor Holroyd noted that the responses were mostly from Managers and felt that it would have been nice to have heard from staff on the front-line. Councillor Holroyd suggested that we could ask Managers how working during the pandemic affected the wider staff. The Assistant Director – Commissioning, Performance and Transformation suggested that staff would have learnt about continuity planning and infection prevention and control.
- Councillor Holroyd relayed her own experience of a family member who caught Covid whilst in a care home, and noted that staff seemed to be suffering from burn-out and being overworked.

- The Assistant Director – Commissioning, Performance and Transformation highlighted that the biggest struggle currently was the recruitment and retention of staff, and that one of the impacts of the pandemic was that staff were initially buoyed up and considered keyworkers, however that status has been quickly forgotten. The Assistant Director – Commissioning, Performance and Transformation stated that the local authority were not in a position to remunerate staff how we might like to. Councillor Holroyd suggested that lack of funding might be considered similar to constructive dismissal.
- Councillor Curry speculated that payment of the minimum wage was the reason that many people were leaving the sector. Councillor Holroyd agreed, highlighting people get paid more working in supermarkets than Care Workers receive. The Assistant Director – Commissioning, Performance and Transformation reiterated that it wasn't within our gift to recognise the work of Care Workers financially, though Councillor Holroyd did suggest that there were other mechanisms for expressing gratitude for the work undertaken. The Assistant Director – Commissioning, Performance and Transformation stated that there was a National Enquiry taking place.
- Councillor Curry asked whether there were any charity organisations who were able to assist carers, noting that we now had two years of post-Covid poverty. The Assistant Director – Commissioning, Performance and Transformation stated that there was a volunteer cohort meeting, which pulled together and signposted to all services. Councillor Curry suggested that we should look to promote that further. The Assistant Director – Commissioning, Performance and Transformation advised that Margaret Vaughan sat on the CDDFT Working Group.
- Councillor Holroyd recapped the questions identified for Care Home Managers to this point:
  - Describe the affect of Covid within the environment;
  - What could have been done better?
  - How it affected staff?
- In terms of the End User Survey, it was noted that the majority of respondents were not the person who received care. Questions that may want to ask include 'How did the person feel?', 'How did the carer feel?', 'What was the impact?'
- Councillor Layton suggested that it might be difficult for care recipients, and that older people were more accepting. It was stated that care recipients may become dependent on the service received, and more accepting, especially as they wouldn't want to lose that service. Councillor Layton felt that it may, therefore, be difficult to get an authentic voice.
- Councillor Holroyd suggested that the Group contacted Darlington Borough Council's Care Staff to establish if they wanted to contribute (Care / Domiciliary / Extra / Sheltered). Councillor Curry stated that she felt that it was

important to hear the voices of those in domiciliary care. The Assistant Director – Commissioning, Performance and Transformation stated that those working in domiciliary care were moving from crisis to crisis, and that domiciliary care was much more pressurised. The Assistant Director – Commissioning, Performance and Transformation felt that a written question to those working in domiciliary care would be much more appropriate.

- The Quality Assurance Lead again highlighted the benefits of personal contact, stating that she felt that you could get much more out of a conversation.
- The Assistant Director – Commissioning, Performance and Transformation stated that it was important to remember that continuity of care remained, that people were understanding of the difficulties faced, that staff and teams kept going and didn't stop working due to fear. It was also noted that, other than due to Covid, there was very little staff absence. It was acknowledged that visitation was initially an issue until funding was provided, however the actual continuity of care continued.
- The Quality Assurance Lead felt that whilst it was important to talk about experiences, it was also important to recognise that many elements were out of the hands of those staff dealing with the situation directly. Councillor Holroyd highlighted supply issues as an example, and noted that the Group had not really explored that aspect. Councillor Layton also highlighted delays in house modifications.
- Discussion continued on how best to engage with Darlington Borough Council staff, to establish whether the 'Your Social Care and Support Services' survey had been conducted within the last year, and whether the Group could e-mail Darlington Borough Council staff to talk about their experiences and answer questions. The structure of the Hearings was also discussed, with one hour set aside for Commissioned Staff, one hour set aside for Darlington Borough Council Staff, and one hour set aside for the End User respondents.
- Members of the Group determined questions that they may want to ask Darlington Borough Council staff – How working through the pandemic affected wider teams? Issues around PPE? How was staff morale? How integration was undertaken?
- Members were also keen to understand the impact on Day Care Centres, the impact of any closures, and whether any staff were furloughed. Members were also keen to understand the impact on Restart.
- The Quality Assurance Lead again reiterated that she felt that personal feedback was much richer, and more could be obtained via the personal touch. She felt that there were repeated themes.

**IT WAS AGREED** – (a) To establish Hearings with those respondents to the surveys who had expressed a willingness to attend a Hearing, preferably prior to Christmas 2022.

(b) To contact the Head of Performance and Transformation to establish whether a survey of Darlington Borough Council's own Adult Social Care staff had been undertaken within the last year, and the previous year it was undertaken to be able to compare back, and to compare that with the Commissioned Services staff questionnaire.

(c) To ask if Darlington Borough Council's Adult Social Care staff can be contacted to ask if they would wish to contribute to a Hearing session.



## REVIEW OF ADULT CARE SERVICES DURING COVID TASK AND FINISH GROUP

1.00pm - Friday, 24 February 2023  
Via Microsoft Teams

**PRESENT** – Councillor Holroyd (in the Chair); Councillor Curry and Councillor Layton.

**OFFICERS IN ATTENDANCE** – Paul Dalton, Elections Officer (Democratic Services).

The following issues were discussed:-

- Members heard from End User [REDACTED]. [REDACTED] advised Members that his mother had been diagnosed with terminal cancer in the week prior to lockdown, and believes that she contracted Covid whilst in Darlington Memorial Hospital, although his mother was not tested in hospital. His mother was then transferred to St. Theresa's Hospice where she was tested and it was determined that she had Covid.
- There was subsequently an outbreak of Covid in St. Theresa's Hospice, and as the hospice staff could not cope with the volume of ill patients, [REDACTED] [REDACTED]'s mother was removed from the hospice. Unfortunately, no alternative accommodation could be sourced locally, and [REDACTED] [REDACTED]'s mother was placed out of town in Barnard Castle. [REDACTED] was unable to visit or see his mother during this time, and his mother was on her own for much of the time. [REDACTED] received no information directly from the home, and only received updates regarding his mother through a friend of a friend who worked there. [REDACTED] felt that he should have been allowed to visit if he was 'gowned up', and that provision should have been made for those with short-term, terminal illnesses.
- [REDACTED]'s mother was then moved again, however nowhere in Darlington could take her, even though social workers were trying to get her back. Eventually, a place was found in Rydal Care Home, and subsequently at Eastbourne Care Home.
- Staff at Eastbourne Care Home permitted [REDACTED] to see, and speak to, his mother through a one-inch gap in a window (from the car park), however there was no physical contact, and it was purely small-talk, with no meaningful conversation, until the day [REDACTED]'s mother passed away. The only time [REDACTED] was in the same room as his mother following her hospitalisation was for twenty minutes after she passed away.
- [REDACTED] believes that the communication from the Darlington Memorial Hospital and St. Theresa's Hospice was great, however he received no communication from the placement in Barnard Castle.

- In terms of timescales, ██████████'s mother was moved into St. Theresa's Hospice in March, and passed away in Eastbourne Care Home on 6 August 2020, having been moved on four occasions. ██████████ does not blame staff at Darlington Memorial Hospital or St. Theresa's Hospice, as the situation was new to everyone and measures were not in place at that time to deal with the pandemic. ██████████ acknowledged that everyone was learning and that people, including staff, were frightened. ██████████ observed that staff were tired throughout the period, however noted that the staff at Eastbourne Care Home were particularly upbeat, doing their best to cheer his mother up, doing her hair, sharing photographs, etc.
- ██████████ does not believe that the individuals that he dealt with were at fault, however feels that there were systemic failings and an inflexibility in the protocols that people were required to follow.
- Members then heard from End User ██████████, who reported on her father's experience during the pandemic. ██████████ stated that her father struggled in terms of obtaining food and preparing meals, however Age UK became involved and the family couldn't thank them enough. ██████████'s father also had carers attending to him at home – some staff seemed to have the 'magic touch' and provided a professional service, whereas others perhaps only did the basics and 'were there just because it was a job'.
- ██████████ arranged for equipment to be placed into the house to assist her father, and a camera was installed so that the gentleman could be monitored. The gentleman would fall down the stairs, and they could therefore see how he had fallen enabling MediEquip to provide the appropriate equipment, and thankfully there were no delays in getting it fitted.
- After one fall ██████████'s father was admitted to Wilton House. A section of the dining room was cordoned off with perspex screens, to allow visits, so ██████████ was able to visit her father. Subsequently, she was able to visit him wearing PPE (an apron, mask, etc.). ██████████'s father was eventually moved into Dalkeith House (sheltered accommodation), so staff were on hand to care for him.
- ██████████ recognised and acknowledged once again that Care Home Staff were being asked to work in a new and rapidly changing environment, however felt that the key points from their perspective were that communication could have been better (especially when relatives were placed out of town and visits were not allowed); greater provision in Darlington, so that individuals did not need to be displaced during such a traumatic event; and the ability to visit those in the end stages of life should have been permitted (it was acknowledged that ██████████ was able to visit his mother, however this was in the later stages of the pandemic).
- ██████████ were both keen to praise Lifeline, stating that they were extremely responsive to ██████████'s father.

- A further issue was knowing where to find information and signposting additional help. Age UK again provided some assistance in this regard. [REDACTED] [REDACTED] also reported issues with the Tell Us Once system, following the death of [REDACTED]'s father.
- Members then heard from [REDACTED] and [REDACTED], Social Workers with Darlington Borough Council. [REDACTED] advised that she was part of the 'Step up to Social Work' programme at the start of the pandemic. [REDACTED] stated that at the start of the pandemic all staff were sent home, with there being no visits to Care Homes, no-one knew what was going to happen, and staff were worried about the service users.
- [REDACTED] reflected on how unfair on Care Homes the response appeared to be, with rules eventually relaxed in hospital, but not in Care Homes. It seemed that there was one rule for one, and one for others. [REDACTED] [REDACTED] also commented on how different Care Home interpreted Government guidance differently, leading to differing approaches. Individuals and families were getting frustrated with Social Workers because of the situation – Social Workers became the primary contact – though Social Workers recognised that the frustrations were not directed at them.
- Social Workers undertook Covid welfare checks, however the usefulness was variable for people with cognitive impairment, who didn't understand why they were being called. [REDACTED] stated that it was not practical to undertake a person-centred assessment when you can't see one another.
- Later in the lockdown period, Social Workers were permitted to enter Care Homes and family homes with PPE on, however there were still a lot of window / door-step visits, but some elements of the job, such as assessing capacity, cannot be done through a window.
- It was reported that the after-effects of the pandemic were now being seen, and this was also having an impact on the service. Many residents have abused alcohol due to isolation, and are no longer capable of looking after themselves requiring further support. Members were also informed that the Care Sector 'was on its knees', with huge issues in terms of staff recruitment and staff retention. Many staff from the Care Sector were being attracted to better wages and incentives in other sectors (the £1000 incentive from Amazon was cited), for perceived easier work. It was mentioned that the NHS was struggling as well, and this resulted in a greater pull on Adult Social Care to make up the shortfall. The staff feel that they are still fire-fighting:
  - Lots of referrals on a daily basis;
  - Limited Care offer;
  - Lack of recruitment;
  - Complexity of needs has increased;
  - Not getting to the preventative aspects;

- They do lots of initial assessments, however are reliant on voluntary services, such as 700 Club, to provide early interventions, and on informal carers and family carers. Concerns were expressed in relation to the financial support provided to these services, and whether this would come to an end at the end of the financial year. It was stated that services are trying to do more with less, and it was noted that residents used to be able to get Care packages quite quickly, however now there were much greater delays.
- Attention turned to how changes had affected the wider staff. During the pandemic period the Social Services teams relocated from Central House to the Town Hall. The use of TEAMS has saved time, with staff no longer having to travel to each meeting.
- Discussion ensued on staff morale, and it was stated that it very much depended on the team a Social Worker was in. ██████████ stated that he started working for the local authority in 2021, and it seemed that at every meeting there was another person leaving, and then the Manager left. Support was accessible via TEAMS, however managers were often 'busy' (red dot).
- Another competing factor was the fact that you can work for other councils from home, whilst physically remaining in Darlington, however receive better pay – home working has enabled this. ██████████ did suggest that he felt things had recently improved. There were currently no shortages, and teams were full.
- ██████████ stated that he felt sorry for Care Homes due to the varying guidance. ██████████ felt that lots of people were being missed, and not asking for care because they don't know that it exists. In his view there needed to be more advertising about Adult Social Care – not just about the staff but also what it is, what help people can get. He also felt that there was a need to address some of the outdated perceptions of a Social Worker.
- Councillor Layton noted that there had been an increase in smoking and drinking during the Covid pandemic, and wondered whether the 'With You' team could support social workers in reaching out to people.
- It was recognised that there was a risk to health in terms of the work undertaken by social workers during the pandemic, though it was acknowledged that social workers could obtain PPE, but that there was a struggle to obtain Covid tests, with tests not regularly available until July 2021. Needed LFT's to be able to do the role, so had to rely on own access to tests.
- It was noted that staff absence was still having an affect and impacting on all social services; that continuity of care was not maintained due to staff being absent with Covid; and that actions weren't necessarily maintained or accepted, staff were just doing all that they could.

- Members then heard from [REDACTED], who operated a small Care Home [REDACTED], and who had managed to ensure that there were no Covid cases within their Care Home until 2022. Members were informed that during lockdown, the Managers moved into the Care Home – they didn't lose any residents or take in any new residents during this period. If they did have a vacancy, [REDACTED] stated that they would have been made to take someone, whether they were positive or negative.
- [REDACTED] stated that the biggest problem that they have faced was staff retention, and noted that they had not had a full complement of staff for three years. It was stated that the morale of the team had gone up, however staff did feel forgotten and flat after Covid.
- [REDACTED] advised that they still lived in, tested regularly and wore PPE. Masks were worn for 12 hour shifts – asthmatics would have found it impossible – and this had only just relaxed in December 2022. For two years the home had no colds, no bugs, etc., however now everyone was picking up bugs and getting anxious. Staff weren't allowed to touch masks during a shift. For eight hour shifts there was one change after four hours. Once had to pay £4000 for a box of 1000 masks. Initially there were a lot of short-term incentives to recoup costs, however there is nothing now.
- [REDACTED] felt that they were supported really well, and received regular telephone calls. Masks weren't always bought from the same supplier – some were cheaper, however worse than others. [REDACTED] experienced no really shortages – as a small home they were able to get shopping from local supermarkets – didn't run out and managed to keep people safe. Being a small home worked for them, though did live in fear.
- [REDACTED] were asked about the wider staff. [REDACTED] recognised that the guidelines were only guidelines, and they never stopped end of life visits – carers were waiting for the finger to be pointed, but were very lucky. [REDACTED] spoke to all families and heard horror stories, however the families of the residents of Moorlands Care Home were on board with the actions and precautions put in place by [REDACTED].
- [REDACTED] were asked who they spoke to regarding the processes around end of life, and they advised that the first port of call was Public Health, in particular Ken Ross, who was particularly pragmatic about people entering the establishment. On the whole, the Council was very supportive, they rang daily seven days per week to offer support and helped to arrange activities when appropriate. Within the Care Home the workload was less as there was less to do – no trips out, no family visits, etc., however time was filled with cleaning, changing PPE, etc. Even made their own music video!
- Members enquired as to whether there was anything further that could have been done, or whether there was anything missing. [REDACTED] felt not, and were grateful for the support from Darlington Borough Council and Gordon Peacock. Members asked how the staff were, and received

assurances that the staff were as well as could be expected. It was reported that some staff had initially shielded. Members enquired if staffing levels were adequate – ██████████ advised that staffing levels in the home were currently adequate, however reiterated their concerns in relation to recruitment. ██████████ stated that they, and the staff, felt valued by residents and their families, and locally, but not necessarily at a national level.

- In terms of things that could have been done better, ██████████ would have welcomed greater clarity from Central Government – guidance was vague, and ██████████ had to do their own Risk Assessment, which placed all the risks and work onto care homes. ██████████ felt forced to sign to say that they would accept Covid positive people. Nursing teams putting DNR (do not resuscitate) Orders in place for all nineteen residents, which did not feel person-centred.
- Continuity of care was maintained, however ██████████ did feel fortunate that they were not forced to take anyone.
- **Domiciliary Care** - Were able to meet continuity of care to 40-50 people, no staff crossover, but found it was took longer to get shopping in for residents, putting PPE on, etc.
- There was a high turnover in terms of domiciliary staff, though no-one left specifically due to the Covid situation.
- Domiciliary staff did not receive Government guidance prior to anyone else, and this was not helpful. Staff were having to deal with residents and their families immediately after the advice was issued, when they did not, and could not, have had a plan in place to respond to it.
- Other issues included Teams/Video calls, as some residents didn't have the capacity to understand the technology and thought it was just a video of their family recorded previously.
- It has changed some working practises, especially the use of TEAMS meetings, which has freed up time to deal with residents.
- Members met ██████████, Occupational Therapist, who undertook the Blue Badge Assessments in the Customer Services Centre. ██████████ was already working from home periodically, however was sent home to work as she suffered from Asthma. ██████████ admitted that her anxiety was 'off the scale'.
- ██████████ was tasked with taking welfare calls, however this revealed that lots of people were in crisis, and this exacerbated ██████████'s own stress levels, leading to her taking time off work and requiring crisis intervention.

- ██████ adopted strategies to get back to work, however found it hard to remain in touch with work colleagues, after previously being in a very cohesive and social team. The team started meeting in the park, socially-distanced, and holding quiz nights on TEAMS. ██████ found it difficult to not being allowed to be in the office for contact with the team. ██████ praised the HR Team at Darlington Borough Council, who had worked with her to get her back to work, and back with the team. ██████ reflected on the fact that she had lost a colleague in the Adult Social Care team due to Covid, admitting that when she thought about it, it did trigger sadness.
- Members were keen to know whether ██████ was back at work conducting her usual role, which she confirmed, and explained that she undertook other duties too. ██████ explained that she was still undertaking assessments by phone, which worked for now, however was possibly not the best way.
- ██████ stated that she observed lots of anxiety within her team, however team members continued to undertake visits for adaptations, home visits, etc.
- ██████ reported that there were issues obtaining PPE initially, as well as Medequip Equipment collections, as drivers were off with Covid, so team members were having to go and collect and deliver medical equipment.
- Team Members buddied up in Covid, as apparently it was not realistic for the Manager to phone everyone daily. They were also told to “ask twice”, as it’s not so relying on visual cues that people are OK (as that can be misleading). ██████ felt that the team had got better at looking after each other’s Mental Health.
- ██████ reflected on new starters who started during the Covid period noting that there was normally lots of chat, low-key social gathering, however stated that it was harder to bring people in on-line.
- ██████ felt that there was nothing that could have been done better. She was very well supported – it was the wider situation that was the major cause of her anxiety, and ██████ recognised that there was nothing much that could have been done about that.
- ██████ felt colleagues were managing PPE as best they could, noting that some were storing it in their garages, etc. to dish out to others. She stated that they were NOT feeling adequately safe, and that people were frightened. Staff were having to order LFTs themselves individually.
- ██████ stated that she now felt better for the future she informed Members that she was vaccinated, did get Covid once, and that it was not too bad.

- In terms of continuity of service, there was a delay to Blue Badges when the company that produced them had an outbreak of Covid, however other than that there was continuity of service throughout.



# Adult Social Care during the Pandemic Task & Finish Group **Final Report - Summary**

Members: Cllr Bryony Holroyd (Chair); Cllr Mary Layton; Cllr Anne-Marie Curry;  
Cllr Eddie Heslop (for part of the T&F group period)

Support & minutes: Paul Dalton

# Introduction

The aims of this Task & Finish Group work were:

- To assess the views of Adult Social Care (ASC) staff (DBC & commissioned) and end users (& their families) of the changes that had to be made because of Covid and its lockdowns.
- To ascertain **which they liked, and did not like**, so the council can manage it better if another lockdown were required for the same or other reasons in future.
- Also, if there were **new ways of working** that staff and care recipients particularly liked, so the council can consider if they should **continue to be used / offered as an option** even now the period of Covid lockdowns has ended.

# Methodology

The way we gathered information was by:

- Work was already underway to assess Darlington Borough Council's own ASC staff wellbeing, as part of routine assessment. Comparisons were made between before (2018), during (2021) and after (2022) the pandemic period.
- Questionnaire to commissioned staff & ASC end users, adapted from DBC staff survey, so results might be comparable. Advertised in One Darlington magazine in Nov 2021, and via council's social media & website.
- Public hearing, on 24th February 2023. T&F group members drafted questions to ask as a structure, to flesh out experiences detailed in the questionnaire. DBC's ASC staff were also invited to participate in this session.

# Summary of Findings

## 1a. DBC Staff - Wellbeing Surveys (2018, 2021, 2022)

Not all trends are linked to Covid: effort has been made to improve practises

- More staff feel their skills & knowledge as a social worker are used (76% to 90%+).
- Improvement in staff feeling they had good supervision & support (62% up to 98% & 91%).
- More staff feel caseload is manageable, despite high demand pressure (63% to 67%).
- Large increase in staff having to cancel training, leave or work in their own time due to workload pressures. This remains high (“small number” to 79%, 2021 then 69%, 2022).
- Enduring opinion that there’s more training available for Children’s than Adult Social Care.
- IT confidence & competence reportedly increased during Covid, but now dropped again.
- Morale & job satisfaction increased 80% to 97%, now dropped again to 81%.
- Satisfaction re. communications & visibility of senior staff increased 55% to 74-5%.

# Summary of Findings

## 1b. DBC Staff - Public hearing (1)

Personal experiences of 3 staff - 2 social workers, one OT, from Covid period to Feb 2023:

- Social worker became **key point of contact** for families, coordinating care: high pressure
- Some things can't be done remotely: capacity assessments, safeguarding. In a care capacity breakdown, continuity of care couldn't be delivered – they did the best they could.
- Telephone-based services may not be best for all e.g. Covid welfare checks for those with cognitive impairment, but helped to maintain continuity of care for blue badge assessments.
- Struggling with recruitment, under-paid for level of responsibility, work getting harder.
- They're still firefighting so not (always) getting to **preventative aspects** of social care.
- Reliant on **third sector** for early interventions: very **vulnerable** due to threats to funding.
- Case **complexity increased**, particularly due to abuse of alcohol. More self-neglect.

# Summary of Findings

## 1b. DBC Staff - Public hearing (2)

- Need to **improve advertising of social care**: greater awareness of help available, public perception & outreach services to reach those in need.
- **Home working** enables staff to work for better-paid local authorities without moving house. **Excellent staff support & training / CPD** opportunities help retain staff. Wider best practise sharing need? **Step up to Social Work** helps to bring new staff in locally – turning a corner.
- **Access to PPE and testing** was critical requirement to the job, social workers were on the front-line and needed stocks in order to maintain safe service – government priority list.
- **Government sick pay policy** (for all, incl. private sector) - people who don't get paid when sick are less likely to test, spread Covid so sickness & risk level in the sector still high.
- Innovations: staff buddying, champions & **resilience** support to help maintain **mental health**.
- Still to find “new normal” after move to more remote working – harder to integrate new starters & share knowledge with team, but more socialising possible again.

# Summary of Findings

## 2a. Commissioned services staff - Survey

The survey was only completed by (mainly care home) managers. From that snapshot we can learn:

- Only 15% felt their role changed negatively from Covid / lockdowns, 23% felt there were positives.
- 91% stated **workload increase**: 64% said it wasn't manageable. High stress (60%), overwhelm (40%), extra hours to cover gaps in shifts / staff sickness, had to work in own time, cancel training or leave.
- **Stress & long hours** mean a few consider leaving care; concern at **pay levels** to recruit new workers.
- Most felt well supported by employer, feel valued, enjoy their job.  
Only 50% feel their role is valued by wider society, and 30% unsure.
- Suggested (government) streamlining of required paperwork, advance warning & clarity of guidance changes to reduce need for risk assessment could have helped.
- On support by DBC: 80% felt there was nothing more DBC could have done to help, 20% proposed thanking staff: extra pay, or personal messages. All felt positive about delivering services for council.
- 20% said fees didn't cover the true cost of care - causes financial problems & affects recruitment.  
Need increased funding to raise pay in the sector, to reflect the skills and vital work done, increase morale and thank workers for their efforts (government).

# Summary of Findings

## 2b. Commissioned services staff – Public hearing

A couple who manage a small care home of 19 beds. From their perspective:

- It was mainly down to luck - that the home was full - that they didn't suffer a Covid outbreak and were able to maintain care as they did, e.g. informed patients tested (& negative) when they hadn't been.
- They needed prior warning of changes to government guidance, to risk assess it.
- They **always maintained end of life visits**.
- They were well supported by the council & the **situation improved this relationship**.
- They **struggled to obtain food and PPE** – care homes should have been defined as priority.
- Greater risk to & isolation of domiciliary staff
- Staff retention & recruitment is challenging, but morale was high, now dropping away. The perverse **impact of Jobcentre rules** wastes their time dealing with excess applications. More successful to offer “refer a friend” incentives.
- Issues imposed – contract requiring acceptance of Covid patients, Do Not Resuscitate (DNR) orders, vaccination being a legal requirement in care (but dropped for the NHS): resentment & concern.



# Summary of Findings

## 3a. ASC End-users (& family) – Survey (1)

Generally, end users were satisfied with care, but repeated comments were made about:

- **Carers who “didn’t really care”**, did the minimum – improved training & monitoring need,
- **Poor communication** between different carers / teams can result in serious problems: care system needs to work holistically, to be well-informed and person-centred: checks & handover process.
- The full or partial **unavailability of care** that was needed to keep people well for longer.
- **Lack of knowledge by social workers**, training on solutions available may be needed.

Recruitment issues, and the high workload & stresses of working in Covid won’t have helped with all of the above, but makes it all the more critical to **get processes right** to prevent / catch these problems.

# Summary of Findings

## 3a. ASC End-users (& family) – Survey (2)

- **Adjusting care to patients’ needs** is important, e.g. for deaf or hard of hearing: PPE changes may be required to enable communication and reduce feelings of isolation.
- **Keeping service users and their families well informed** (& promptly) was important if services changed, especially if home carers couldn’t visit, and for **those waiting for care**.
- **Many found it difficult to find information**, particularly for services that were new to them, so improving ease of finding this (website & phone signposting) is important.
- Service users valued seeing **care & health sectors working closely** during Covid & want to see it continue. Also want **better integration between teams** / depts in adult social care.
- Suggestions made: to make a “**snagging**” list to address between end-user / family and care provider, so they **work together to improve service**.
- End-users’ inability to **manage finances / paperwork**, and some living in **unsuitable homes** may be issues that they will need assistance with to help reduce care needs.

# Summary of Findings

## 3b. ASC End-users (& family) – Public hearing

Experiences of a couple, whose parents both ailed then died during the Covid period:

- Testing should have been prioritised before moving people into care homes.
- Is care capacity in Darlington adequate? (Could restrictions due to Covid sickness repeat?)
- End-of-life visits for terminal issues should have been facilitated, with PPE – was always in government guidance, but not always in place in practise – especially in last hours of life.
- Better communication was needed with families, especially when they couldn't visit - but facilitating safe visits is best.
- One-stop-shop required to help users / families find services they need.
- Issues with Tell Us Once, and delays in Housing Services billing for rent, need resolving.
- Thanks to excellent social workers who went above & beyond (MedEquip & innovative solutions), AgeUK, Lifeline, Eastbourne House, Wilton House, Dalkeith House.

# Summary of Findings

## 4. Healthwatch

Report covered elements of adult social care, although much relates to the healthcare sector. Many similar concerns were raised as in the information gathered above, particularly:

- Good communication, keeping people informed of changes or access to existing services.
- **Digital exclusion** from being kept up to date, or finding information about services, for those not online.
- Service users wanted to see more availability, to improve access to services.
- Need for **face-to-face visits in some circumstances**, rather than telephone contact (mainly but not solely for medical appointments).
- Wearing **masks** causes **barriers to communication** for some service users with hearing impairment – need to find solutions to this.
- Ensure that carers and loved ones are not overlooked - they can provide invaluable emotional and practical support to patients (especially in appointments),
- Support for mental health of care users

# Conclusions

Very difficult period:

- Traumatic; illness & risk / fear of it; limited PPE, tests & food; isolation of staff & service users; changes, restrictions & interruptions to care.
- Staff morale kept high during Covid may be dropping with perception of value to wider public; heavy workload & stress can result in burnout for some.

Sector in surprisingly good shape:

- Local measures to recruit & retain social workers – successful.
- Private sector services still struggling to recruit – need assistance to get on sustainable footing.
- Risk to services delivered by voluntary sector

But always room for improvement:

- Need checks to ensure **good quality & meets service-users' needs**: 20% weren't satisfied with care received, 20% not satisfied nor dissatisfied. Only 62% felt care helped improve their quality of life.
- **Communication & training** process require improvement: 38% felt badly informed & took too long.

# Recommendations

## 1. National Government

- No discharge to care homes without testing (or homes told patient tested when not).
- Staff doing essential home & care home visits should have been prioritised for PPE & LFT tests
- Clear guidance for care homes with less room for interpretation, especially on end-of-life visits & pre-warning of changes to the rules, so they could (risk assess &) prepare responses to the public
- Care homes & care sector staff, should have been prioritised for food
- Care badges were felt to be offensive, not worn, so also a waste of money
- Need statutory sick pay for all workers, so all staff can afford to test/isolate, to cut cost of illness & speed up care plan delivery
- Revive Fair Cost of Care Review – to increase pay, improve recruitment, retention, status of adult social care, cut workload & make sector sustainable
- Greater funding need for councils for increased costs & funding for 3<sup>rd</sup> sector services they rely on.
- Address perverse incentive of Jobcentre rules – increased “forced” applications, wastes staff time.
- Review coercive issues: Covid care home contract, DNRs, compulsory vaccination (in care, not NHS).

# Recommendations

## 2. DBC's own Adult Social Care services (1)

- Communication is key: prompt & regular “touch-points” with end users & families, keep informed re. care & how service-user is. Regular updates for those awaiting care.
- Checks to ensure care (fully) meets needs of end-users & they're aware of choices available.
- Holistic, cohesive care: keep people physically & mentally well, not just immediate personal care needs. Integration across ASC depts. & with NHS.
- Review care home capacity (& probability of such severe restrictions re-occurring).
- Delays obtaining care packages due to high demand, high vacancy & sickness rate in care providers.
  - Redouble efforts on long-term preventative actions.
  - Consider council's own care provider to increase capacity, control & address some of these issues.
- Greater case complexity: efforts to reach people sooner, outreach & early intervention to cut need. Advertise services available, change attitudes, is Darlington Connect meeting one-stop-shop need?
- Improved info on website & by phone: factsheets, referral pathway, info on extra help/top-up care.
- Greater training of social workers on the options available, so they're not only finding out about them as they are needed, to help them advise on and find solutions for end-users swiftly.

# Recommendations

## 2. DBC's own Adult Social Care services (2)

- Ensure Tell Us Once system works, and Housing bill promptly for rent dues.
- Consider provision / signposting to assistance services around finances / paperwork, and ensuring people's homes are suitable for their needs, or helping them move.
- Liaise with Planning to ensure more disabled-adapted homes are built.
- Help third sector services which improve ASC outcomes, to gain steady funding: provide direct grants, commission service contracts, or provide assistance in funding bids e.g. Healthwatch DOT network.
- Action to reduce staff nos. cancelling leave, training or working in own time due to workload pressure.
- Lone-working safety concerns - improve training, risk assessments & manager availability to give support, especially out of hours. Could a staff buddy system (as for mental health) be used for this?
- Staff appreciate the **mental health & HR support** in place, this helps with staff retention. Ensuring pay remains competitive relative to nearby local authorities will help too, especially now home working means they can work anywhere in the wider region.
- Continue to support the care sector, nurturing relationships improved by the close working of Covid daily calls and support, which they appreciated.



# Recommendations

## 3. Commissioned Adult Social Care services

- **Communication** is critical to service users & families: any changes, or if carers cannot attend,
- Maintenance of **end-of-life visits** could be managed safely & was greatly appreciated by service users and their families,
- Care **tasks should be clearly & fully described**, with regular supervision / review to ensure carers know what is expected, to avoid misunderstanding.
- Request **feedback** from service users to check care is meeting their needs, pick up on those carers who lack professionalism (cut corners / do minimum) during review, with training for those who lack knowledge. End users/families recommend making a “**snag list**” to work together to improve care.
- Ensure care **adaptations** are made to as required by service users’ communication needs e.g. wearing a visor / face shield to care for someone who is hard of hearing rather than a mask, for best outcomes and to reduce their feelings of isolation.
- Urge **best practise sharing** for best quality and cost-effective care, and good staff morale, particularly around care home resident engagement, reducing isolation and associated deterioration.
- Continue to work closely with council on recruitment issues.

# Recommendations

## 4. General

- Much appreciation was shown to all the staff who worked through this period despite everyone being frightened: care home workers, domiciliary staff, Lifeline, council social workers & voluntary organisations such as AgeUK.
- Ask the Director of Adult Social Care to pass on Recommendations relating to national government to the appropriate department.
- Work with local care providers to disseminate the Recommendations relating to them, and support best-practise sharing.

**Thank you – any questions?**

This page is intentionally left blank

**ADULTS SCRUTINY COMMITTEE  
16 APRIL 2024**

---

**WORK PROGRAMME 2023-2024**

---

**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**

Topic	Timescale	Lead Officer	Link to PMF (metrics)	Scrutiny's Role / Notes
Review of Adult Care Services during Covid Task and Finish Group – Final Report	16 April 2024	Councillor Holroyd		To receive the final report of the Review of Adult Care Services during Covid Task and Finish Group.  (Deferred from 24 October 2023, per request from Councillor Holroyd, with permission of the Chair, and further deferred to 20 February 2024, for sense checking).
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.
Council Plan	16 April 2024	Lynne Davies		To enable the Committee to be consulted on the Council Plan.
Coercive Control and Domestic Abuse Policy	18 June 2024	Lorraine Hughes / Christine Shields		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.  (Deferred at the request of Officers whilst a Policy is drafted. Policy will be brought to Scrutiny at a future date for consultation. Permission granted by Chair).

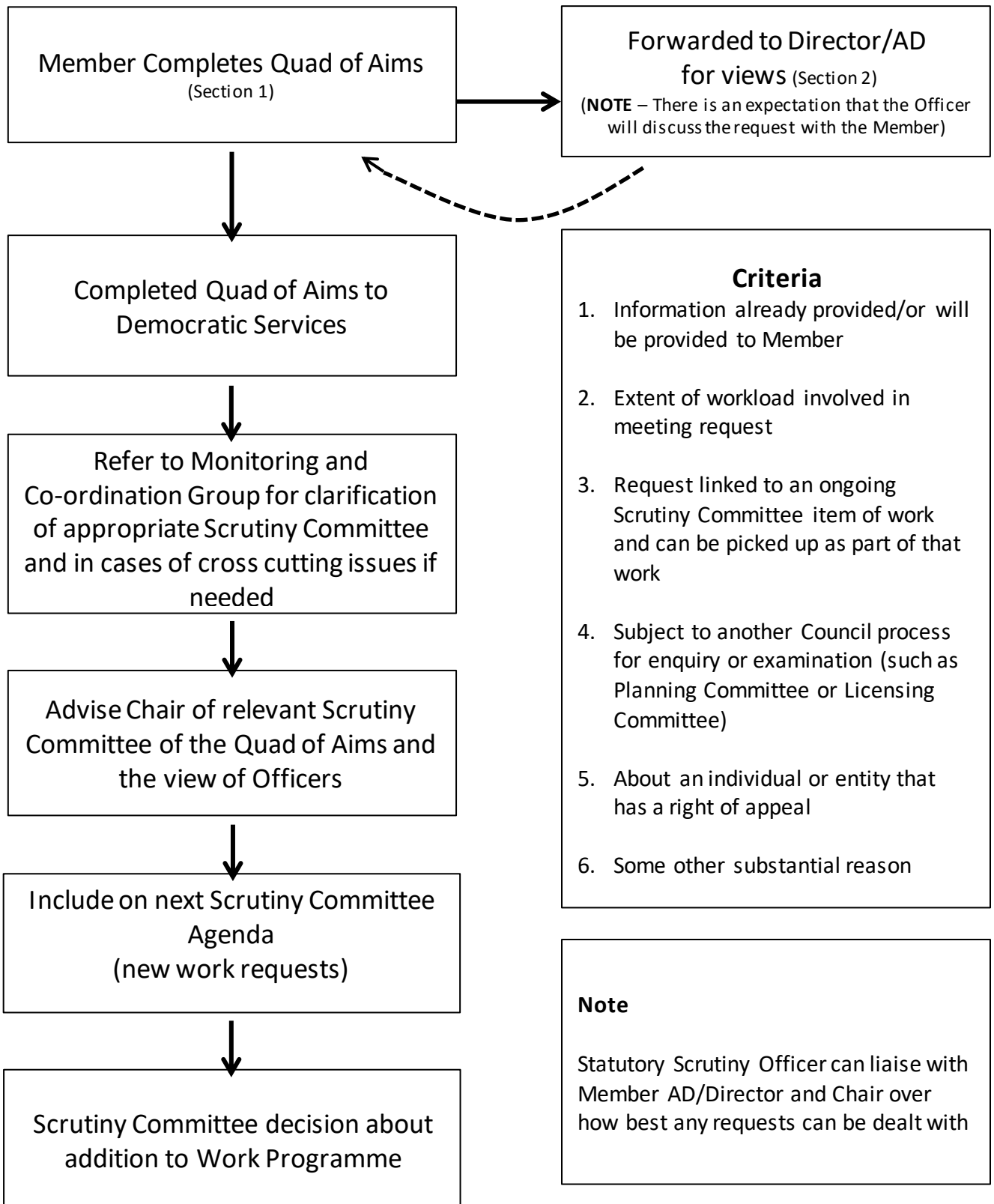
**Task and Finish Review Group(s)**

- **'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.

This page is intentionally left blank



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



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

### SECTION 1 TO BE COMPLETED BY MEMBERS

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

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

Signed Councillor .....

Date .....

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

Page 199

	<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? .....	

--	--

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

**DARLINGTON BOROUGH COUNCIL  
FORWARD PLAN**

**APPENDIX 3**



**FORWARD PLAN  
FOR THE PERIOD: FOR THE PERIOD: 3 APRIL 2024 - 31 AUGUST 2024**

Title	Decision Maker and Date
Annual Procurement Plan	Cabinet 9 Apr 2024
Dolphin Centre Update: Phase 3 Mechanical and Electrical Replacement Programme and Release of Additional Capital Funds from Swimming Pool Support Fund	Cabinet 9 Apr 2024
Proposed Waiting Restrictions Outram Street - Objection	Cabinet 9 Apr 2024
Council Plan	Council 16 May 2024  Cabinet 7 May 2024
Housing Services Asset Management Strategy	Cabinet 7 May 2024
Housing Services Vulnerability Policy	Cabinet 7 May 2024
Schedule of Transactions - June 2024	Cabinet 11 Jun 2024
Air Quality Strategy 2024/29	Cabinet 11 Jun 2024
Amendments to Northgate Conservation Area - Consultation	Cabinet 11 Jun 2024
Disabled Facilities Grant 2024/25	Cabinet 11 Jun 2024
Land at Faverdale - Burtree Garden Village - Proposed Infrastructure Development Agreement (IDA)	Cabinet 11 Jun 2024
Representation on Other Bodies 2023/24	Cabinet 11 Jun 2024
Collection of Council Tax, Business Rates and Rent 2023-24	Cabinet 16 Jul 2024
Council Plan Performance Report - Quarter Four	Cabinet 16 Jul 2024
Housing Services Domestic Abuse Policy 2024/29	Cabinet 16 Jul 2024
Housing Services Gas and Electrical Safety Policies 2024/29	Cabinet 16 Jul 2024
Project Position Statement and Capital Programme Monitoring Outturn 2023/24	Cabinet 16 Jul 2024
Proposed Middleton St George Conservation Area - Consultation	Cabinet 16 Jul 2024
Revenue Budget Outturn 2023/24	Cabinet 16 Jul 2024
Xentrall Shared Services Annual Report	Cabinet 16 Jul 2024
Town Centre Site Development and Proposal to seek Development Partner through Framework and Acquisition of East Street Leasehold Interest	Cabinet

This page is intentionally left blank