

# Care provision, integration and continuity

Score: 3

3 - Evidence shows a good standard

## What people expect

I have care and support that is co-ordinated, and everyone works well together and with me.

## The local authority commitment

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.

## Key findings for this quality statement

Understanding local needs for care and support

The Joint Strategic Needs Assessment (JSNA) provided a summary of the future health, care and well-being needs of the community and it was published on the website of the local authority as an interactive dashboard. It showed the local authority area had higher levels of need than average in areas such as morbidity, obesity, mental health and dementia. Staff demonstrated knowledge of additional challenges from using data about the area, such as establishing increased demand and levels of frailty on discharge from hospital. Leaders said there was a data governance group which explored patterns and themes for example where people weren't paying client contributions.

We heard about good working relationships between the local authority and the Integrated Care Board on the administration of the Better Care Fund (BCF).

Partners reported some gaps in mental health services for people. A suicide prevention strategy had highlighted there was no rapid response team or support for mental health needs such as a crisis house or mental health respite, although we heard these were in development.

The local authority had reviewed all adult social care provision last year and found a gap in meeting complex needs, supported living arrangements, transitions to adulthood and support for people with learning disabilities living with older people. Following this work they had consulted with providers and designed a revised tender process to increase the number of supported living providers from 8 to 13.

The commissioning, brokerage and contract team used information about people using services to make changes such as acting on suggestions about hoarding and weekend and evening provision in day services.

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Healthwatch were involved in wider pieces of work gathering information from people who used services, which we found was positively acted upon by the local authority. Some work had been undertaken around understanding the ageing population of carers particularly parents of people learning disabilities. Another example of work was with the care managers group in the council, assessing whether Care Act assessments and care packages were timely. The feedback from this led to other pieces of work such as such as improvements to the language being used by the local authority when communicating with people.

Partners agreed there had been an increase in mental health needs in the area but reported a lack of resources for this need.

We heard about a cafe in the centre of the town employing people with learning disability and support in the community around transport to events which supported people's wider needs.

Partners agreed consistently the local authority demonstrated a good understanding of local needs.

## Market shaping and commissioning to meet local needs

Broadly, the same proportion of people who used services (72.34%) felt they had choice over services, as the national average (70.28%) (ASCS 2023-2024). Care providers said they had an excellent relationship with the local authority with quarterly meetings to review data and outcomes and described them as accessible and dedicated to supporting people.

The provision of extra-care services came across as a key priority in commissioning strategies and in feedback from people. Feedback we received showed the quality of support within the service was good, the staff were caring and enabled relationships to be maintained.

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Staff and leaders said there was an intention to increase the offer of shared lives services to support people to live their life as they wish to live.

There was a good provision of services to meet the needs of unpaid carers. The survey of adult carers 2023-2024 showed some statistically positive outcomes against key metrics on carers services. For example, 25.00% of carers accessed support or services allowing them to take a break from caring at short notice or in an emergency compared to the England average of 12.08% and 33.33% of carers accessed support or services allowing them to take a break from caring for more than 24hrs, compared to the England average of 16.14%. In addition, 28.00% of carers accessed support or services allowing them to take a break from caring for 1-24hrs, which compared well to the England average of 21.73%.

## Ensuring sufficient capacity in local services to meet demand

People said they were worried about post-19 educational opportunities and day services in the local authority. An independent hub provided day services for adults, but it was not always suitable for younger people to develop individual skills, hobbies, or interests. They also said there was a lack of short break options for parents/carers, and some struggled to navigate direct payments for support. The average waiting time from care assessment to service starting was 23 days.

In terms of hospital discharge, there were no waiting times reported for home care, supported living, residential care, and nursing homes, but out-of-borough placements were sometimes required due to a lack of specialist services. There were 57 out-of-area placements as of July 2024. We heard reciprocal arrangements with host local authorities were in place to monitor the quality of those placements.

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Some VCSE services had closed due to funding constraints, such as a bereavement support provision. However, there were strong connections with housing services and offers of extra-care housing and we heard of examples of extra-care services being utilised temporarily for people when access to longer term care places were delayed. Development projects in the pipeline aimed to enhance transition capacity for younger adults.

## Ensuring quality of local services

We saw examples of person-centred care provision. Records we saw showed consistent care being provided to people, of high quality and in accordance with the persons wishes. Including maintaining friendships and links with people that mattered to them.

CQC ratings of services in the local authority were high with nursing care homes: 92.86% rated good and 7.14% requires improvement. Residential care homes: 12.50% outstanding, 68.75% good, 12.50% requires improvement, 6.24% inadequate. Home care services: 5.56% outstanding, 77.78% good, 5.56% requires improvement, 11.11% no current overall rating. Supported living: 16.67% outstanding, 66.67% good, 16.67% no current overall rating.

The local authority had a process for monitoring the quality of services, aligning with CQC's framework and approach. Quality monitoring was responsive and flexible depending on risk. Partners said they appreciated the local authority's quality monitoring and risk management approach, finding the process well-structured and supportive and the local authority was open to suggestions for improving service collaboration. Partners and staff said the local authority responded promptly to concerns, visiting providers immediately rather than waiting for CQC action. The RIACT team raised issues about provider quality directly with providers, safeguarding, or contracts and with commissioners.

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Quality assurance work was spread across the team. Visits were conducted to services to support quality improvement and we saw evidence of this relating to a particular service where there had been a commissioning embargo. Staff attended monthly meetings and provided high challenge and support until the care provision had improved.

## Ensuring local services are sustainable

The local authority had good relationships with providers through the provider forum and had a true cost of care process. The local authority used the process to engage with providers on care costs and fees.

Leaders supported the workforce to engage with the community to highlight employment opportunities in adult social care. They also supported the quality of external care provision through multi-agency collaboration and sharing training resources.

The brokerage team held weekly meetings with the learning disabilities and mental health teams. They monitored timeliness of paying provider invoices, which reduced significantly, resulting in improved relationships with providers and fewer calls about backdated invoices.

The commissioning, brokerage, and contract team monitored working conditions for the external workforce through monitoring providers' adherence to contract specifications. They submitted documents such as shift pattern rotas, and contract staff communicated with provider staff. Additional funding was provided for travel time and petrol costs, following provider feedback, which improved care provision and staff retention.

The Market Sustainability Plan outlined the local authority's plans to address sustainability issues and funding for the next 1-3 years. It included measures such as supporting recruitment, funding, improving quality, promoting alternatives to residential care, and increasing contracts in domiciliary care.

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The local authority used two main home care providers and there were 16 commissioned home care providers, all rated 'Good'. Staff and leaders said the home care framework was about to be rolled out, with two main providers allocated the majority of the work and some spot providers involved. The local authority managed demand and flow through regular reviews of provider capacity and close monitoring. Partners said procurement was co-produced with providers, who were invited to discuss what was working or not and what they wanted in a new contract. The local authority focused on workforce development and involved providers in shaping it. They were part of a working group to create a model for a new service.

There were 20 Residential Care Homes in Darlington, with stable capacity and no closures since 2018. Average occupancy rates remained within 82-89% and steadily increased in 2022-23. The local authority supported providers through discussions and recruitment campaigns. The local authority had systems for monitoring and driving improvement. In the past 12 months there were no contracts handed back, however, the local authority placed embargoes on four care services due to lack of management and oversight, safety and welfare issues, staff issues, medicines management, and care outcomes.

The local authority offered incentives to support care provider staff, such as mileage payments for home care staff, additional payments for travel time, maintaining fee uplifts, and flexible time slots for home care staff. Their approach to supporting the workforce included acting as a conduit for providers to access workforce capacity initiatives and making available their workforce and development training to contracted provider staff. Skills for Care estimates (2024-2024) data showed 5.14% of adult social care jobs were vacancies (all jobs, all sectors) which was somewhat better than national average (8.06%). Staff sickness was similar to national average with 5.67 average staff sick days in the last 12 months (all jobs, all sectors) compared to 5.33 nationally. The staff turnover rate (0.26) was also similar to national average (0.25).

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Staff described an effective process, with social workers supporting people to find residential services, and the brokerage team sourcing home care. They picked up cases promptly, usually within 24 hours, and worked closely with providers to promote recruitment in areas where there was a lack of provision.

The brokerage team worked closely with the RIACT team to ensure the availability of care provision in advance of 6-weekly reviews of people's care plans, holding weekly meetings with hospitals' systems managers to track pressures. The commissioning, contracts and brokerage team also increased rapid response resources in response to a spike in demand and adopted a strategic approach to recruitment for the rapid response team.

The local authority had a Business Continuity Plan (BCP) for its Commissioning Contracts and Brokerage Team to follow in case of service disruption. This plan enabled risk identification and control measures. There had been no incidents of provider failure in the past 12 months.