Darlington Borough Council: local authority assessment

How we assess local authorities

Assessment published: 30 May 2025

About Darlington Borough Council

Demographics

Darlington Borough Council is a unitary authority in the northeast of England. There is a population of 110,562 which is centred around Darlington town. Darlington has an index of multiple deprivation of 6 and is ranked 73rd out of 153 local authorities, this places it very slightly less deprived than average. The proportion of people in the general population aged between 18 and 64 (58.73%) is slightly lower than the national average (60.51%). The proportion of people over 65 years of age (21%) is slightly higher than average (18.69%). 81.05% of the population is white and the largest non-white ethnic group is Asian, representing 9.61% of the population.

Darlington is the third smallest authority in England and is located within the geographically large North-East and North Cumbria Integrated Care Board (ICB). Darlington works closely with Hartlepool, Stockton on Tees, Redcar and Cleveland and Middlesbrough local authorities in a 'five-borough' partnership and also has its own place arrangements.

It has a leader and cabinet model of government, with a coalition between the Labour group and the Liberal Democrat group. The director of adult social services (DASS) is also the director of children's services.

Financial facts

The Financial facts for **Darlington Borough Council** are:

- The local authority estimated that in 2023/24, its total budget would be **£169,571,000**. Its actual spend for that year was **£174,084,000**, which was **£4,513,000** more than estimated.
- The local authority estimated that it would spend **£45,795,000** of its total budget on adult social care in 2023/24 Its actual spend was **£44,677,000** which was **£1,118,000** less than estimated.
- In 2023/24, **25.66%** of the budget was spent on adult social care.
- The local authority has raised the full adult social care precept for 2023/24, with a value of **2%**. Please note that the amount raised through ASC precept varies from local authority to local authority.
- Approximately **1655** people were accessing long-term adult social care support, and approximately **690** people were accessing short-term adult social care support in 2023/24. Local authorities spend money on a range of adult social care services, including supporting individuals. No two care packages are the same and vary significantly in their intensity, duration, and cost.

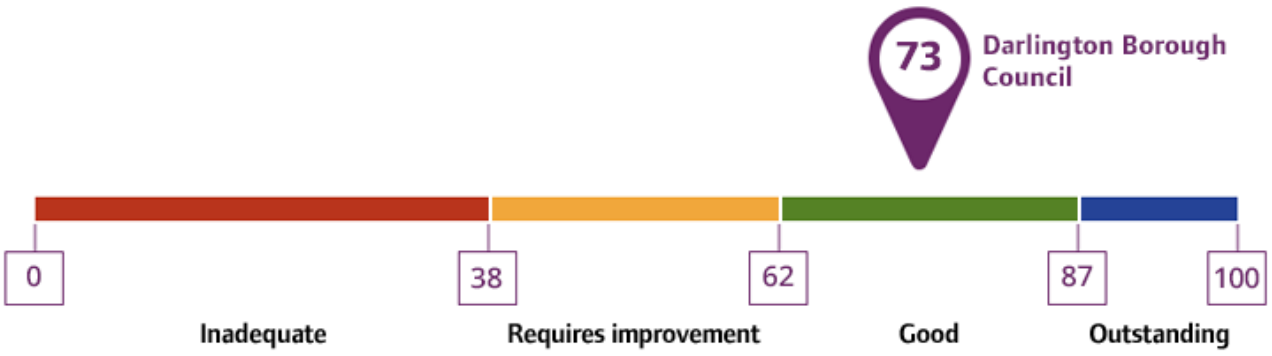
This data is reproduced at the request of the Department of Health and Social Care. It has not been factored into our assessment and is presented for information purposes only.

Overall summary

Local authority rating and score

Darlington Borough Council

Good



Quality statement scores

Assessing needs

Score: 3

Supporting people to lead healthier lives

Score: 3

Equity in experience and outcomes

Score: 2

Care provision, integration and continuity

Score: 3

Partnerships and communities

Score: 3

Safe pathways, systems and transitions

Score: 3

Safeguarding
Score: 3

Governance, management and sustainability
Score: 3

Learning, improvement and innovation
Score: 3

Summary of people's experiences

The local authority performed generally well compared to average in relevant published national data. For example, people felt they had more control of their daily lives and carers were more satisfied with social services than average.

Records and feedback from people showed generally positive strength-based approaches, involvement of the person receiving care and carers assessments with information advice and support. People said they were mainly happy with care provided. Evidence showed that people were generally involved in their care and support and given choice and control. Direct payments were higher than average which provided people with flexible and personalised services.

People's feedback was also generally positive about their care and support and the choices available to them. Some carers said they were concerned about the support on offer post-19 following transitions of a young person to adult services.

Advocacy was more consistently offered and used to people going through a safeguarding process in the local authority than average and more people felt safe than national average.

Summary of strengths, areas for development and next steps

Darlington provided a good level of adult social care service and support. There was a consistent strength-based assessment programme with flexible approaches from staff as well as supportive management around support planning. Access to carers assessments were mixed, although once carers were identified they received a good level of support and national data was positive. A similar proportion of people to the national average had an annual review on time. There had been significant wait times for Care Act assessments and financial assessment wait times had also been long. The local authority said they had wrongly categorised people as waiting for a Care Act assessment and reduced the number of people they said had been waiting, providing a rationale after the site visit. Risk prioritisation was evident across all assessments and we did not see evidence of a negative impact of waiting.

There were good preventative measures in place with a Responsive Integrated Assessment Care team (RIACT), which provided a thorough assessment with very positive results. There were no delays to hospital discharge and the data around reablement and outcomes following discharge were better than average. The local authority had a 'Making Every Contact Count' approach, with effective community support. There was a housing approach to avoid residential care and a flexible approach to using extra-care for people. Although there were some delays to occupational therapy assessments and adaptations.

There were some shortfalls around the collection and systematic use of equality data, coproduction was in its infancy and feedback about accessible information in different formats was mixed. The local authority had clear plans to further embed public health approaches in its adult social care work to address health inequalities.

There was good partnership working in the discharge of the better care fund and work had been done to address gaps in the care market. There was also a good quality assurance support service from the local authority and additional funding had been provided to support the home care market. Although we heard about some concerns around a lack of post-19 educational and day services.

Collaborative working with partners was evident, particularly in relation to hospital discharge and the interface they had with social work teams. Section 75 agreements worked well with co-location and multidisciplinary team working embedded. Academic work undertaken with the university was brought back by social workers into practise. The local authority commissioned the voluntary community and social enterprise sector to provide services to support people in the community and there were market engagement sessions which fostered a positive relationship with providers.

Out of hours systems were robust with people having access to respite in an emergency. Right Care Right Person methodology supported staff to act without having to rely on partners. There were effective hospital discharge arrangements and there was mostly positive feedback about transitions to adult services.

Safeguarding arrangements were effective and proportionate to the size of the local authority and involved shared arrangements with the children's safeguarding board. There was a good performance on deprivation of liberties assessments and good oversight of decision making of the S42 threshold, via a dip sampling method.

We found open and transparent relationships with senior leaders and staff felt they had the ability to challenge and influence policies and practice. Leaders had an impact on staff retention, and we heard reports of a positive workplace culture. A key feature of the work of leaders in recent years, had been to embed practice and validation forums. These effectively supported staff learning. The local authority demonstrated a commitment to continuous learning related to cultural needs and commissioned external training.

Theme 1: How Darlington Borough Council works with people

This theme includes these quality statements:

- Assessing needs
- Supporting people to live healthier lives
- Equity in experience and outcomes

We may not always review all quality statements during every assessment.

Assessing needs

Score: 3

3 - Evidence shows a good standard

What people expect

I have care and support that is coordinated, and everyone works well together and with me.

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Key findings for this quality statement

Assessment, care planning and review arrangements

People could easily access the local authority's care and support services through multiple channels, including online and over the telephone. There was an Adult Contact Team (ACT) which acted as a 'front door' service. It focused on well-being and prevention and short-term interventions such as intermediate care, reablement and hospital discharge with duty workers in the team. They took a prevent, reduce, delay approach to help people to regain independent living skills and/or recommend longer-term tailored care and support. We found the local authority had developed and embedded its front door and early help offer and had an effective Responsive Integrated Assessment and Intervention Team (RIACT) working alongside health partners, to support this approach. The self-assessment highlighted the local authority's strength-based approach to assessing need which focused on 'what is strong not wrong'. There were effective quality assurance systems in place to monitor how well this was working. Partners said the quality of care assessments had improved significantly over the last few years.

Staff consistently described their approach to assessment and care planning in a person-centred and strength-based way. We heard examples where innovative solutions were found to support independence. Staff said managers were supportive, they listened to them and decisions were changeable following discussion, if it was the right outcome for the person. For example, a person was assessed as requiring a lift installation which initially had been refused with a ramp suggested instead. However a subsequent forum enabled the lift to be agreed.

People's feedback was very good. A carer for a young person reported satisfaction with the continuation of occupational therapy from children's to adults services. People said social care assessments and unpaid carers assessments were good, flexible and included the person's carer. Case records demonstrated a strength-based approach to care and support with one case including goal setting around achieving their potential as well as improving health and well-being. Another showed a person had been supported to access the community, enjoy the activities available and completed tasks for themselves, which had improved their sense of well-being. There was evidence of a flexible self-directed approach to care and support in case tracking. For example, one case highlighted the social worker met the person in a coffee shop for 'catch-ups' and carried out reviews at their request. Records showed positive and strength-based language, with family involved and a reflection from social workers on how to further improve the person-centred nature of their work. There was excellent feedback from unpaid carers around social workers being 'brilliant, caring and understanding'. Evidence showed that people's experiences of support ensured their human rights were respected and protected and they were involved throughout and supported to make decisions.

The proportion of people satisfied with care and support (56.04%) was somewhat worse than the national average (62.72%). However, 81.82% of people felt they had control over their daily life which was somewhat better than the national average (77.62%) and 52.89% of people reported they had as much social contact as desired, which was somewhat better than the national average of 45.56%. (All from Adult Social Care Survey (ASCS) 2023-2024).

Timeliness of assessments, care planning and reviews

The number of long-term support clients that had been reviewed (55.31%) was similar to the national average (58.77%) (Adult Social Care Finance Report (ASCFR)/Short and Long-Term Support (SALT) 2023-24).

People said they had an allocated worker and a contact number and when they did make contact with local authority, they were responsive. We heard an example of a family in immediate need. Following contact with the social worker, respite care was arranged quickly. We saw evidence of timely assessments being regularly reviewed by the same staff providing people with consistency and continuity.

Waiting periods from first contact to Care Act assessment provided by the local authority, between the period of July 2023 and June 2024, showed a median of 162 days and a maximum of 232 days. An update to these figures as of December 2024, showed a median average wait of 45 days and a median average time taken between Care Act assessment and a service starting of 23 days. We found the local authority was acting to manage and reduce waiting times for assessment, care planning and reviews including actions to reduce any risks to people's well-being. These changes had made an impact on waiting times.

We saw a case prioritisation tool was used to prioritise cases at the front door on a risk-basis and staff said these were used well, managing risk on all types of assessment. Leaders said there were no waiting lists for initial contact and the risk prioritisation on those awaiting a Care Act assessment meant each person was in receipt of care and support and had been given the required information. We did not see evidence to indicate that waiting times had an adverse impact on people's wellbeing. The local authority, following the assessment, said they felt they had defined waiting for assessment incorrectly in their initial information return.

Assessment and care planning for unpaid carers, child's carers and child carers

There was mixed feedback from people about unpaid carer's assessments with some people saying assessments were not consistently conducted. Other people gave positive feedback advising they had received a carers assessment and had found it beneficial. We heard there was an unpaid carers support group which worked with the local authority as part of the front door arrangements. They offered a sitting service as well as supporting information on benefits and debt advice. We saw evidence of carers receiving lots of information and advice and we heard positive accounts of the support they received.

The local authority had arrangements with a commissioned carers' organisation but had retained the function of carers assessments in-house. As of December 2024, there were 66 overdue carers reviews. Adult Contact Team (ACT) median waiting times for carers assessments between July 2023 and June 2024 was 64 days and a maximum of 198 days. Staff said the red, amber, green (RAG) rating system of prioritisation was consistently used to mitigate risk.

The number of carers accessing support groups or someone to talk to in confidence (33.33%) was similar to the national average (32.98%) and the number of carers accessing training for carers (4.00%) was similar to the national average (4.30%). 28.00% of carers felt they had encouragement and support, similar to the national average (32.44%) (all from Survey of Adult Carers in England (SACE) (2023-2024)).

The number of carers satisfied with social services (52.38%) was better than the national average (36.83%) and the number of carers that felt involved or consulted as much as they wanted to be in discussions (78.95%), was also better than the national average (66.56%). Only 80% of carers reported they had enough time to care for people they were responsible for, compared to the national average of 87.23%.

Staff reported consistent practice where the needs of unpaid carers were recognised as distinct from the person with care needs. We saw assessments, support plans and reviews for unpaid carers were undertaken separately to person receiving care and support.

Help for people to meet their non-eligible care and support needs

People were given help, advice and information about how to access services, facilities and other agencies for help with non-eligible care and support needs. We had many accounts from staff about front-door conversations focusing on short-term support and signposting in the first instance. The disabled facilities grant (DFG) had been used recently for people with non-eligible needs and assessed without using Care Act level eligibility criteria. There was a website managed by the local authority containing information about services available in the community. We heard from partners about services available around non-eligible needs such as refugee support and domestic abuse services. We found the local authority had arranged its services to provide advice and short-term support for people. Staff said they followed the process in the eligibility criteria and if someone did not meet the criteria they provided people with as much information and advice as possible. For example, advice and sign-posting to housing, in-house tenancy support teams and homelessness services.

Eligibility decisions for care and support

The local authority's framework around eligibility for care and support was transparent, clear and consistently applied. The adult social care survey 2023-2024 (ASCS) showed a similar proportion of people (66.12%) did not buy any additional care or support privately or pay more to top up their care and support, compared to the national average (64.39%). Decisions and outcomes were transparent and, in the data provided by the local authority, there were no appeals in the 12-month reporting period.

Staff and leaders said eligibility decisions were reviewed through case-file audits and a weekly sample of cases by a manager and a senior leader. The eligibility criteria and guidance document contained clear guidance for staff on how the various assessments should be carried out. It was comprehensive and included guidance on 'ordinary residence' determinations (the decision about whether people live in that local authority area as their main residence).

Financial assessment and charging policy for care and support

The financial assessment and charging policy was available and generally applied consistently. People said they had received financial assessments and advice regarding additional benefits available and some people said they had care in place before financial assessments were completed. Other people said when their income changed, they had received a new financial assessment within a week which they felt was a timely response. Other people said the local authority had provided helpful financial advice, for example around appointeeship (an appointee is someone who manages a person's benefits when someone is no longer able to manage their finances). There had been some waiting times for financial assessments, with the local authority indicating an average wait of six weeks in January 2025. This was significantly reduced from around 16 weeks in the previous year. Staff said there was an online calculator so people could get an estimate while they were waiting. There was no specific appeals process, but a complaints process was available. There was a clear process map for financial assessments, which staff said was easy to follow.

Provision of independent advocacy

Timely, independent advocacy support was available to help people participate fully in care assessments and care planning processes. For example, an advocate supported one person’s decision-making and helped to establish a care arrangement was appropriate for the person and it was agreed for a family member to be the carer, paid for with a direct payment. People said they were made aware of the availability of independent advocacy during their assessment, the local authority took advocacy seriously and it was readily available to people. Staff said referring to advocacy was a simple and easy process and people were always offered the option of using an advocate.

Supporting people to live healthier lives

Score: 3

3 - Evidence shows a good standard

What people expect

I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.

I am supported to plan ahead for important changes in my life that I can anticipate.

The local authority commitment

We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.

Key findings for this quality statement

Arrangements to prevent, delay or reduce needs for care and support

The local authority had arrangements in place to prevent, delay or reduce needs for care and support. The adult social care outcomes framework (ASCOF) short- and long-term support (SALT, 2023-2024) data, showed a very high proportion of people (90.10%) who received short-term support no longer required support, which was better than the national average (79.39%). Additionally, data showed a similar-to or better-than national average performance on metrics from the adult social care survey (ASCS, 2023-2024). For example, 65.29% of people said help and support helped them think and feel better about themselves (national average 62.48%); 70.25% of people reported they spent their time doing things they valued or enjoyed (national average 69.09%); 98.35% of people who used services described their home as clean and comfortable (national average 94.05%); 93.39% of people who used services felt clean and presentable (national average 93.28%) and 92.56% of people who used services received adequate food and drink (national average 93.71%).

The survey of adult carers (SACE, 2023-2024) showed 94.12% of carers in the local authority area found information and advice helpful, which was better than the national average (85.22%). The number of carers able to spend time doing things they valued or enjoyed (12.00%), was similar to the national average (15.97%).

Partners told us the strength-based framework was working well and the local authority engaged well with people with lived-experience. People said they were supported by various multidisciplinary teams (MDTs), including referrals to district nursing teams and physiotherapists, allowing them to maintain independence in their own home. There was a 'hub' in the town centre available to people in the community, intended for people with mental health difficulties to support their wider determinants of health (the wider factors at play that can affect a person's health, such as housing, employment or social connections).

We saw the Adult Social Care Prevention Strategy 2024 to 2028 which set out how they intended to prevent people's needs arising and build resilience. This reflected nationally recognised best practice.

We found the Responsive Integrated Assessment Care Team (RIACT) and the front door (ACT) arrangements, worked well to support people in the early stages of their care relationship with the local authority. The effectiveness of these was central to the local authority's performance in achieving high levels of people receiving short-term care no longer needing care. The ACT team worked with people for up to 16 weeks following referral and only referred onto longer-term social worker teams following this period if long term support was found to be necessary. We were told the RIACT team used 'just checking' assistive technology, which helped analyse the needs of a person when there was conflicting information about them. For example, data around a person's overnight activities could be gathered through remote monitoring together with information gathered from family. The person was then able to be assessed as to whether they needed further support.

Staff said they focused on a 'least restrictive' option of care. Prevention measures were considered as part of the front-door 16-week service such as minor household works or equipment, as well as referrals to other services such as carers and advocacy services. RIACT offered food and toiletries to some people when they were being discharged from hospital which supported them to go home. We also heard about a community grocery which supported people on low incomes to access cheaper food. We heard public health had a role in supporting adult social care embedding 'making every contact count' (MECC).

There were drop-in sessions available for people with drug and alcohol difficulties and activities on offer. There was a food bank, and people could also access clothing and a 'care and share' group, a citizens advice bureau and emergency accommodation. Some partners said there was a lack of social support groups and affordable day services for people with dementia. Although there was a memory cafe and singing groups for people with dementia. Partners and leaders said there were good operational links between primary care and the learning disability team and national targets on health checks for people with learning disabilities had been achieved. A falls collaborative had grown from the local health and care partnership arrangements. Public health funding had supported physical activity programmes in two leisure facilities. Social prescribing and health coaching were available through a primary care alliance which supported people with their physical and mental health and gave support to make positive lifestyle changes. Joint work with housing had led to utilising local housing stock to avoid residential care placements for older adults and people with long-term conditions. This work was also involving people currently residing in residential care homes exploring options of them returning home with support. Leaders said the 'Accommodation with Care and Support Strategy' encouraged joint working with housing. There was a voluntary, community and social enterprise (VCSE) organisation funded to support people with issues around homelessness and rough sleeping. We heard about a flexible use of extra-care housing such as a person moving into supported living but during a delay was housed temporarily in an extra-care facility, there were also step-up and step-down beds available for assessment.

People said there were plans to further develop the prevention offer and the local authority clearly had plans to further embed public health within adult social care. We found staff were creative and supported people to remain independent in a person-centred and strength-based way. There was a consistent use of residential care homes as a last resort and we heard about social prescribers being used by frontline staff to promote independence at home and reduce care needs. For example, following a period in hospital a person with substance misuse and self-neglect difficulties was placed in a care home. After receiving support from the alcohol access team, they were supported to engage in woodwork and restoring furniture. They were supported to move from a care home to an extra-care housing setting with occupational therapy support and lived independently. We heard the range of services and activities such as exercise groups and coffee mornings in sheltered and extra-care housing were accessible to the wider community.

Technology was also used to reduce long-term care needs. 'Lifeline' and 'Just Checking' equipment allowed people to be assessed in their own homes, which supported their independence.

Provision and impact of intermediate care and reablement services

The local authority provided effective intermediate care and reablement services and enabled people to return to or gain optimal independence. ASCOF/SALT data 2023-2024 showed a similar proportion of people (3.38%) over 65 years of age, received reablement or rehabilitation services after discharge from hospital to the national average (3.00%). In addition, 81.48% of people aged 65 and over who had reablement or rehabilitation services after discharge from hospital, were still at home after 91 days, which was similar to the national average of 83.70%.

There was a clear focus in the local authority on providing short-term support to prevent longer-term care. Leaders and partners agreed there was a strong relationship around hospital discharge and the local authority's work in reablement and short-term interventions was well regarded and effective. They had a consistently low number of discharge delays with high performance in reablement delivery and outcomes. There was a clear process map for reablement for staff handling referrals.

We heard about an example where the RIACT team worked with people in bed-based intermediate care alongside physiotherapists to maintain/regain skills such as kitchen assessments and home assessments to reduce care and support needs. One person initially required two-person care in the intermediate care setting but after working with the team was able to live in supported living with one-person care.

Access to equipment and home adaptations

People could generally access equipment and minor home adaptations to maintain their independence and continue living in their own homes. The local authority had improved access to the DFG with low eligibility criteria, however after increased demand for DFG assessments they implemented a risk and impact assessment which prioritised need.

There were arrangements and guidance for staff on how to access aids and equipment. A 'community equipment service' guide set out the equipment available and the process for ordering. We saw an occupational therapy 'first point of contact' guide to support staff in assessing the need for occupational therapy involvement. There were, however, waits for occupational therapy assessments. The median waiting for time for occupational therapy was 129 days and a maximum of 320 days. Consistent with other waits in the local authority, risk prioritisation by the duty team was completed and urgent referrals could be made. There was also risk prioritisation guidance for managing referrals for equipment. At the point of contact, people were given information and guidance with any preventive equipment that could be provided while they waited for assessment.

Some actions had been taken to reduce waiting times since June 2024. The team of contractors had expanded to address demand, which had reduced the time from order to start date falling from 143 to 84 days. This had improved the existing cases awaiting a start date with the original contractors from 40 days to 13 days.

The local authority had a contract with an external equipment provider to provide assistive technology equipment and there were 84 assisted technology installations between July 2023 and July 2024. It had a seven day target response time and a process for urgent requests. 75% to 80% of referrals were installed within 48-72 hours and the seven day target was achieved fully within the 12 month reporting period.

There was an effective contract arrangement with a general equipment provider. For standard stock equipment the contract was achieving 98% completions against a six-day working target and there was no waiting list for equipment in the local authority as of July 2024. The RIACT team provided support around discharge and maximising independence, and we heard examples of people having an opportunity to try out equipment and advice at home. The local authority maintained a small supply of equipment such as shower chairs, stools, commodes and toilet frames for example, which enabled staff to provide equipment urgently.

Provision of accessible information and advice

People could access information and advice and ways to meet their care and support needs. The ASCS (2023-2024) data showed somewhat more people (71.64%) who used services found it easy to find information about support than the national average (67.12%). The SACE (2023-2024) showed a similar number of carers (61.11%) found it easy to access information and advice as the national average (59.06%).

There was a jointly funded 'hub' central to the local authority, where residents could access advice and support on a range of issues such as debt. There was a 'living-well' directory which provided information about the local area including availability of VCSE services. There was a 'Duty to Provide Information and Advice' guide for staff on the duty to provide information about people's rights under the Care Act 2014. There was a range of sources of information on the website of the local authority and they had evaluated the accessibility of the information as appropriate for people with varying needs. There were resources available to tailor information to meet people specific needs. For example, if required they could print information on yellow paper and there were Braille writers. Information was also available face to face and verbally if someone could not access on-line information. There was signposting information on mental health support, drug and alcohol services and for people experiencing domestic abuse.

Partners agreed information was accessible and was available in other languages. We heard about a steering group involving partners looking at how to improve information on the website. Partners said they received funding to provide out of hours advice and information. People gave mixed feedback on information availability, some people had difficulty identifying who to contact for information and others said the local authority had provided information in a format that suited them and was tailored to their specific needs. We saw an example of a person with a severe and enduring mental health condition having information tailored specifically to them and their carer.

Direct payments

We heard examples of direct payments being used to support people in a strength-based way such as helping a person with gardening and another person finding it simple to access a personal assistant. A person who was a carer said they had accessed a bus pass as part of a direct payment and felt supported. One person had used a direct payment to access education opportunities. Another example demonstrated how a direct payment was used for a person where their first language was not English. They had care and support from a personal assistant that spoke their first language, arranged and funded through a direct payment. Staff told us about a further example of an autistic person with communication difficulties using a direct payment for singing lessons, and one of their outcomes from support was workplace employment.

Use of direct payments had been historically high in the local authority and had recently reduced, however uptake of direct payments was still higher than the national average. ASCOF/SALT 2023-2024 data showed 89.29% of carers received direct payments, with no national average to compare it to. 51.57% of people aged 18 to 64 who accessed long-term support, were receiving direct payments. This was better than the national average of 37.12%. Although people aged 65 and over accessing long-term support and receiving direct payments (9.71%) was somewhat worse than national average (14.32%). Overall, 32.37% of people accessing long-term support received direct payments which was somewhat better than the national average (25.48%).

Staff and leaders described efforts to improve communication internally within the local authority and develop easy-read documentation about direct payments for people in order to maintain or improve their direct payments, noting that uptake had decreased over the last few years. An organisation was commissioned to provide support and source personal assistants and staff said this worked well. Staff and leaders also said an increase in choice among home care providers had led to fewer people accessing a direct payment.

Equity in experience and outcomes

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

Understanding and reducing barriers to care and support and reducing inequalities

The local authority had some data on equality issues and demographics but did not use data to plan services around inequalities in experiences or identify people at risk of having unmet needs, systematically. The Joint Strategic Needs Assessment (JSNA) showed the life expectancy gap in the borough had worsened in recent years. Life expectancy between most and least deprived parts of the local authority was significant, at 13 years for men and 10.6 years for women. Public health related work around health inequalities was a self-assessed priority for the local authority, with new leadership in place.

The adult social care engagement and co-production strategy 'Stronger Together' demonstrated a commitment to engaging with people and involving them in service planning. It detailed their intention to engage with people from the local community, seldom heard voices and those with protected characteristics. Co-production principles were evident, however the delivery of it in practice, was at an early stage. There was a new equality, diversity and inclusion guide which had been published in 2024. Leaders, in their self-assessment, said the local authority took a whole-system approach and were developing an interactive dashboard of population-based health and care data. However, they recognised there was more to do to support minority and seldom-heard groups.

Some minority or seldom heard groups had been identified and worked with, such as the Gypsy, Roma and Traveller community. Staff and partners described working with people on a number of occasions on the front-line to improve access to services. Leaders told us about work with faith groups, such as engaging with a mosque in one area of the local authority.

Partners said some engagement had taken place through commissioned services with young people, people with learning disabilities, mental health groups, carers groups and people with sensory difficulties. Other partners said they felt the local authority had an understanding of the barriers around inclusion and wanted to address them. We heard about the VCSE steering group which involved voluntary organisations, the NHS, local authority councillors and officers and was a platform to raise topics for discussion and they had discussed areas of vulnerability and inclusion. Partners said the voice and experiences of marginalised groups and communities such as Lesbian, Gay, Bisexual, Transgender plus groups (LGBT+), older people and refugee and asylum seekers were represented by organisations as part of the multi-agency VCSE steering group. They said there was less representation for ethnic minority groups than was ideal. They reported the local authority had listened to and positively worked with the group. Some partners said the large Asian and Eastern European population had been harder to engage with and referenced historic racial barriers. We heard one partner had delivered a dementia friendly session in Bengali which had been facilitated through contacts within the local authority.

Staff gave many examples of working in a person-centred and culturally specific way in their day-to-day work and leaders told us about champions having been established to help embed equality, diversity and inclusion work (EDI) in practice. Leaders talked about anti-racist practice training, gender-identity training and felt confident people from all ethnic minority communities were accessing services. Leaders said they were assured of equitable access to social care services because 2% of all populations and communities had open cases with them.

Specific work had been undertaken in 2016 to support Syrian asylum seekers including providing interpreters to visit homes. This was led by a VCSE organisation which was later commissioned by the local authority to continue to provide refugee and asylum seeker support. Staff also said they used a 'make every contact count' (MECC) approach when engaging with people and gave an example of supporting a person from the Gypsy, Roma, Traveller community and felt this work had been very positive to increase links within that community.

Inclusion and accessibility arrangements

Feedback was mixed about accessibility arrangements, with most people saying there was information on the web page about services available. Some people said it was not easily accessible and there were limited options in different formats such as British Sign Language (BSL) or Talking Mats. Other people said the website was very accessible with additional languages and easy-read options available. We heard examples about staff using pictorial communication cards appropriately to support involvement of the person receiving care.

The local authority had recently improved its online service offer and information. They had commissioned a directory of services and had involved local people in checking how accessible the information was. We heard an example where a safeguarding concern had been raised about a person with care, support and sensory needs who was routinely leaving their door unlocked. A sensory worker had visited alongside the safeguarding team and acted as the BSL interpreter. Staff said interpreters were otherwise generally accessible through a dedicated service used by the local authority. The internal sensory team were also effectively used to personalise support for people with visual, hearing and dual-sensory needs.

Theme 2: Providing support

This theme includes these quality statements:

- Care provision, integration and continuity
- Partnerships and communities

We may not always review all quality statements during every assessment.

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.

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.

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.

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.

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.

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).

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.

Partnerships and communities

Score: 3

3 - Evidence shows a good standard

What people expect

I have care and support that is coordinated, and everyone works well together and with me.

The local authority commitment

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Key findings for this quality statement

Partnership working to deliver shared local and national objectives

The local authority worked collaboratively with partner agencies effectively around hospital discharge. The RIACT team worked well with the discharge team, and we heard lots of examples about ease of communication between partners and social worker teams. Staff said these partnerships prevented inappropriate referrals and discharge arrangements. Case tracking also demonstrated strong partnerships across pathways for people, for example the local authority referred a person for tests and medical examinations when appropriate and there was good information sharing between health professionals and social workers in support of a person's care. Leaders described an understanding of the discharge from hospital work and demonstrated pride in it, and the way partners worked together. Staff attended local community resources to engage with them and describe the role and purpose of social care and they had mapped out the groups they need to speak to. We found the local authority to be committed to sharing intelligence in partnership with health colleagues.

Adult social care and public health were working together to further develop the local approach to suicide prevention, including a refresh of the suicide prevention strategy, in response to a rise is the suicide rate. Work was also underway with public health to increase access to support, such as stop smoking and drug and alcohol services, informed by local need and available data.

The local authority had set up a single case management system which collected demographic data on people using drug and alcohol services. Following a grant being provided by the government they commissioned an organisation led by those with lived experience to provide a comprehensive recovery offer.

Leaders and partners described a system where people worked together in a strong partnership. We found staff generally worked well together, across different teams and with external partners, to the benefit of people. For example, we heard about a joint holistic assessment for a person being worked on in partnership to find the most appropriate specialism, involving staff from long-term social work, mental health and safeguarding colleagues.

Partners agreed the local authority had good partnerships with the local community, businesses and other bodies including the police and fire service. Some feedback from staff highlighted the desire to improve relationships and joint working between education, children's and adults teams.

The out of hours service was commissioned across the 5-borough area, and we found the local authority was responsive and had a good relationship with them. Challenges and issues were discussed openly including for example, around how to support people having a lack of access to food and money in an emergency. A credit card was provided to the team to address this.

There was strong partnership working within the 5-borough arrangement in the ICB area, for example around mental health beds, addressing issues with flow and people who could be better supported in the community. We heard there was also a ‘falls collaborative’ which was a group of partners working to reduce falls and resulted from partnership at place level. Healthwatch had fed peoples experiences into the project around falls and the outcomes of falling for people.

Partnerships and system working were a priority for leaders who described the geography and landscape of partnerships and could clearly articulate what was done where and why.

Arrangements to support effective partnership working

The Better Care Fund (BCF) 2024-2025 included initiatives around carer support and collaborating with system partners to support parent carers. We also saw partnerships which included the enhanced health in care homes forum and the Tees Valley care collaborative involved social workers, GPs and dietitians to enhance care in areas like medicine medication management and winter preparedness. There were regular 6 weekly forums between the local authority and care providers and home care providers with market engagement sessions to discuss best practice service models and processes.

The local authority actively collaborated with partner agencies to integrate care and support services and improve outcomes for those needing care and unpaid carers, while reducing inequalities. Key partnerships included forums and initiatives with stakeholders such as the pooled budget partnership board, systems pressures group, local accident and emergency delivery board, enhanced health and care homes forum, Tees Valley care collaborative, Darlington locality oversight group and Darlington voluntary and community sector collaboration group. There were collaborative regular assessments of care market resilience and support for both primary and secondary care services during winter pressures and vaccination efforts.

There were high levels of people remaining at home following discharge from hospital or reablement and the systems pressure group had focused on improving discharge arrangements from acute care supporting step-down and step-up services, to good effect. Section 75 arrangements worked well in terms of pooled budgets as part of the BCF.

A BCF delivery group oversaw the programmes, ensuring projects achieved key metrics. The locality oversight group assessed new proposals and gave a system wide perspective on feasibility and impact, while the pooled budget partnership board evaluated recommendations and managed ongoing programme performance. We found there was an effective coordination through this partnership.

The BCF narrative 2023 to 2025 showed plans had been made collectively with partners and a number of operational working groups that focused on key programmes including enhanced health in care homes, frailty pathways and discharge planning.

The health and well-being board was well used as a forum across health and social care to understand the population and enhance the local health and care partnership. Leaders, staff and partners agreed the joint working undertaken was good and relationships between senior leaders were strong. Partners and leaders said strong hospital discharge performance was a direct outcome of these relationships.

We heard there was parity between the local authority and NHS. Although we heard some accounts of difficulties in communication between local authority and NHS mental health teams, we heard mostly positive accounts about co-location and multidisciplinary teams. Partners also said there were strong links between the mental health NHS trust and the safeguarding team. The RIACT team were also co-located and integrated with community health services such as district nurses staff said there were positive impacts of their joint working and ease of communication.

Healthwatch were utilised effectively in supporting partnerships. For example, Darlington organisations together (DOT), facilitated by Healthwatch, was visible and impactful. For example, a resource bank of organisations was created for specific pieces of work. Healthwatch recently met with the local authority workforce development team and had bi-monthly meetings which mental health staff attended. We found there was regular contact between Healthwatch and the local authority and a good working relationship. Additionally, a learning disability network meeting was attended by multiple VCSE partners.

Housing and adult social care were part of the adult operational group and staff said these relationships worked well.

Impact of partnership working

We found the local authority monitored and evaluated the impact of its partnership working and this informed ongoing development and continuous improvement.

Staff said they could access equipment through their partnership with health colleagues and had effective partnership working relationships. For example, after a person had self-discharged a social worker used their relationship with health colleagues to secure equipment to support that person at home which was installed the same day. Another example included when 'experts in practise' (social workers with specific expertise) had been able to support work at the local university, shaping social work research and bringing frontline social workers into research. Staff said this work had enabled them to bring up-to-date research into their work to help improve services for people.

Working with voluntary and charity sector groups

The local authority worked with the local VCSE group to tackle social isolation, financial inclusion and support for young people. The mental health well-being hub provided access to assessments and referrals into community services. There was also an outreach 'connect' service for those unable to attend the central hub. A steering group included carers and local organisations to oversee the development and monitoring of the carers strategy.

Partners said there were positive partnership working relationships between the local authority and VCSE agencies, a steering group was attended by partners, the VCSE sector, NHS and local authority, including elected members. Partners agreed the local authority was a good partner to them and took their views into account.

People said local VCSE groups were valuable to them and provided support. We heard from staff the VCSE Sector had been commissioned by the local authority to provide preventative 'tier one' services. Leaders told us there were 15 services commissioned from the VCSE sector that focused on adults. The ICB board also incorporated commissioning arrangements for the VCSE sector. Staff gave examples of people using signposting services, a person who was supported by family as their main carer was supported to apply for benefits by the carers organisation. Staff told us about wider support services available for people such as meal delivery services, food banks and socialising opportunities for older people, offered by the VCSE. We heard an example of transport into the town centre being offered for people to do shopping.

The VCSE were regularly involved in governance panels, such as at the scrutiny committee, which helped them hear the voice of people. The local authority was responsive to the VCSE sector and used them to understand communities better. One organisation was provided with funding to provide trauma-counselling following them providing evidence of need to the local authority. A young carer service had also been supported and funded to begin work in April 2024.

Theme 3: How Darlington Borough Council ensures safety within the system

This theme includes these quality statements:

- Safe pathways, systems and transitions
- Safeguarding

We may not always review all quality statements during every assessment.

Safe pathways, systems and transitions

Score: 3

3 - Evidence shows a good standard

What people expect

When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place. I feel safe and am supported to understand and manage any risks.

I feel safe and am supported to understand and manage any risks.

The local authority commitment

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

Key findings for this quality statement

Safety management

The local authority had sought feedback from partners via a survey in 2023 and partners had ‘agreed’ or ‘strongly agreed’ the local authority worked with them to manage and maintain safe systems and safe transitions between services. People also agreed transitions between services were prepared for in advance. We saw in case notes evidence of systems being put in place to minimise risk for people.

Partners said the local authority supported people well in housing settings. For example, we heard the local authority provided a digital monitoring system as a service with no charge for up to six weeks following hospital discharge. Staff working with the equipment had access to the local authority’s electronic record system, which meant people's support and care was safely managed whilst transferring between settings.

We heard from staff about protocols working well, for the transfer of people and their care between teams, and arrangements for hospital discharge and admission avoidance was a strength in the local authority. Access to records between health and social work colleagues, however, relied on staff proactively contacting workers and could not be accessed via a shared record.

Access to the out of hours services was gained by telephone in the contact centre and the out of hours team triaged and prioritised each call ensuring the person was safe until the next working day. For example, when a person’s carer had become ill, respite care was put in place through the out of hours arrangements.

Clear escalation processes were in place, including around ‘Right Care Right Person’ (RCRP) (a model developed by the Police that ensures the right person responds to concerns about a person’s health and welfare in an emergency). Staff told us about a person who collected their prescription each day and hadn't, unusually, for 10 days. Two workers attended the property and after following procedures and the RCRP methodology, were advised they were able to enter the property without the police in attendance, to check on the person. Cases were reviewed and the safety of them was monitored. Processes were aligned with other partners involved in people's care and this enabled shared learning and drove improvement. Learning on this case followed a management review. Staff and partners said the out-of-hours and emergency duty team arrangements worked well, as a commissioned service across the 5 local authorities. Handover information was provided both by telephone and electronically. Staff said housing staff communicated effectively with the out of hours service and alerted them if they were aware of a person who was likely to present out of hours.

Safety during transitions

There was a ‘Continuity of Care Practice Guidance’ document dated June 2024 which set out what was required when a person moved from their ordinary residence to ensure continuity of care and support. It also provided clear guidance on disputes and complaints.

There was a clear and easy-to-follow flow chart on the process for a child transitioning to adult services. The ‘Children's Final Sufficiency and Commissioning Strategy’ 2024, also demonstrated policies and guidance around safe transitions in the local authority and specific consideration was given to protecting the safety and well-being of people who were located away from their local area and when people moved from one local authority to another. The discharge to assess pathway guidance aligned with statutory hospital discharge and community support guidance it set out for discharge pathways.

People's feedback around transitions was mixed with most people giving positive feedback. We heard examples of limited information about people's needs being provided to new settings with limited contact from staff ahead of the move. However, we heard positive examples of social workers supporting people with application forms for housing and benefits, and cases where the transition from home to supported living went very well. We saw many examples of people moving from hospital settings into the community with the RIACT team utilising 'discharge to assess' beds, physiotherapy and occupational therapy support effectively. It was clear the multidisciplinary team approach led to consistency about goals and activities. People shared a sense of fear and concern, when considering the future lives of a cared-for young person, around the differences in approach and availability of support of children's and adult services. Some people expressed a wish there was further information and engagement from adult services in order to ease their anxieties in advance of a child's transition.

Partners said discharges were managed efficiently and there were low levels of delayed discharges or people in hospital who did not need to be there. Staff said there had been a lot of work done around transitional safeguarding and they were now looking at preventative work and how they could support people's safety once they transfer, they also spoke about a 'think family' approach to ensure safety. Staff said care placement brokerage worked well in hospital discharge and gave an example of when a person who spoke Urdu and Punjabi was discharged home. Home care workers who spoke the same languages were sourced which worked well. Another example of a person from a Gypsy, Roma and Traveller ethnicity was supported to find a care home which had workers from the same background, and the placement had gone very well.

Partners gave very positive feedback about transitions between services, and we heard social workers ensured planned moves were in a person's best interest and worked with advocates where necessary. Face to face reviews took place within six weeks of a new placement and partners said these reviews worked well. They said the local authority did not hurry transitions between placements, enabling overnight stays and trials, and said the local authority was person-centred when organising transitions between services.

Contingency planning

The local authority had guidance in place in the event of home care providers initiating contingency plans (when providers were closing or when there were unplanned disruptions to care provision) and the process set out how people would continue to receive care. There was an 'approved mental health services' business continuity plan which would activate in the event of a disruption in service. We saw similar business continuity plans for the adult social care mental health team, the ACT team, occupational therapy, commissioning contracts and brokerage teams, RIACT, in-house supported living, day opportunities, short breaks and safeguarding adults and DoLS teams. People said they were confident the local authority would provide support if the care was interrupted for any reason.

Safeguarding

Score: 3

3 - Evidence shows a good standard

What people expect

I feel safe and am supported to understand and manage any risks.

The local authority commitment

We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

Key findings for this quality statement

Safeguarding systems, processes and practices

We found there were systems, processes and practices in place to make sure people were protected from abuse and neglect. The local authority worked well with the safeguarding board and other partners to deliver a coordinated approach to safeguarding adults. We found there was a strong multi-agency safeguarding partnership and the roles and responsibilities for identifying and responding to concerns were clear. Appropriate information sharing arrangements were in place which meant concerns were raised and assessed quickly.

Safeguarding arrangements were part of the front door, alongside the Adult Contact Team (ACT). Staff said liaison with the safeguarding team worked well and risk management was shared effectively.

The Association of Directors of Adult Social Services (ADASS) screening tool was used effectively for Deprivation of Liberty Safeguards (DoLS) requests in the frontline safeguarding team and we saw a DoLS process 'map' for staff to follow. There were 24 cases waiting allocation at the time of assessment and high priority cases were allocated straight away. Community DoLS were appropriately managed in longer term teams and there were no waits at the time of the assessment.

National data showed somewhat better than, or similar to national averages in metrics around feeling safe. For example, 74.38% of people who used services felt safe in the local authority area which was somewhat better than national average (71.06%). 88.43% of people who used services, said the services had made them feel safe which was similar to national average (87.82%) (both ASCS 2023-2024). Likewise, 84.00% of carers felt safe which was similar to national average (80.93%) (SACE 2023-2024).

We saw evidence safeguards were in place to support people at risk, including risks around finances. Positive considerations were made around any restrictions on freedoms, deprivations of liberty and human rights. Partners said there were no concerns about the local authority's safeguarding practices and reported good relationships between them and the local authority. However, some feedback was raised about 'lower level' concerns not always being communicated effectively between the local authority and partners.

We saw a strategic plan for the Darlington Safeguarding Partnership which involved the key partners across health, adult social care and the police. The safeguarding board also included children's services which supported transitions and because of the smaller size of the local authority, effectively ensured good attendance and partnerships. The lead elected member for adult social care regularly observed the safeguarding board as part of their role. Adult social care maintained a strong focus and was in-balance with the children's agenda on the board's work.

The safeguarding board subgroups included partnership governance structures, champion networks and task and finish groups. There was a clear strategic intention to make safeguarding everybody's business and improving the awareness of safeguarding across communities and partner organisations, with prevention and early intervention a priority.

Joint working, self-neglect and exploitation were key areas of work. The board was supported with a data analyst provided from the police and was described as 'well resourced'. There was a strong working relationship between leaders and partners at the local authority and safeguarding board who met regularly outside of arranged meetings.

In 2023 to 2024 there were 2995 safeguarding contacts which was an increase on the previous two years. The local authority said in their self-assessment a high number of referrals were received from care homes and work was ongoing, including with a 'decision support tool', to ensure providers understood the criteria. We heard providers could easily access the safeguarding team for advice by telephone. The triage tool had improved consistency of decision making and helped to progress cases or close them.

Responding to local safeguarding risks and issues

There was a clear understanding of the safeguarding risks and issues in the area. The local authority worked with safeguarding partners to reduce risk and prevent abuse and neglect from occurring.

We heard ACT and the frontline safeguarding team worked together and did joint visits together if necessary. There was a risk assessment tool used to assess when concerns were high-risk. It enabled multidisciplinary team working and the team also took cases to the practice support forum to consider the level of risk. Staff and leaders said the local authority intended to provide a least-intrusive response while maintaining good governance, monitoring and observing themes and provider accountability.

Most partners said staff were knowledgeable about safeguarding and they were approachable, but some said it was more challenging to access the team and get feedback or outcomes. Staff worked closely with safeguarding colleagues to analyse patterns and trends about providers and had regular information meetings with partners including the CQC. There was a weekly safeguarding review meeting focused on adults with care and support needs who were at risk of experiencing abuse and neglect. This acted as a safeguarding checkpoint and included checking all contacts that week which did not progress the initial inquiry. They also checked the threshold of decision making and whether they were progressing proportionately by using a dip sampling method.

People's experiences were mixed on safeguarding cases, most people reported a good experience, and some said they had experienced waits.

The safeguarding partnership had undertaken two learning-lessons reviews on two separate cases involving deaths where self-neglect was highlighted as an issue, and we saw a thematic briefing on self-neglect. There was a reflective system of learning within the safeguarding partnership and actions were identified and taken forward. Dip sampling of self-neglect cases was undertaken and there was consideration of specific risks around self-neglect. Practice guidance had been developed as a result and training actions were identified for the partnership.

We heard about a conference recently available to staff on hoarding which had followed a rise of cases in the borough and involved good practice and toolkits for staff which were now in use. There were some emerging themes set out by the local authority covering the last 12 months, these were neglect and acts omission in care homes, self-neglect and in-patient concerns around physical abuse. The local authority had local measures in place to explore themes and trends, discuss regional and national safeguarding adult review cases (SAR) and set actions for learning. There were also plans in place to improve safeguarding processes, caseloads, continuity of care, safe systems and transitions, best-interest assessments and advocacy.

Responding to concerns and undertaking Section 42 enquiries

There was clarity on what constituted a Section 42 safeguarding concern and when the Section 42 safeguarding enquiries were required, these were applied consistently. A Section 42 oversight document described the process for staff to follow when a safeguarding concern was received, a detailed triage process and a tool for staff to use. It included examples of types of concerns that may be raised, within different categories and a varied degree of risk, provided by the safeguarding partnership. The safeguarding referrals were triaged by a senior practitioner who also reviewed all safeguarding concerns which did not progress to Section 42 enquiry.

During the reporting year 2022-23, 1243 safeguarding concerns were raised, with 24% progressing to a Section 42 enquiry with 95% having risk reduced or removed and 69% having an individual family or advocate involved. Safeguarding adults collection (SAC) data (2023) showed 2265 safeguarding concerns raised with 830 progressing to Section 42 enquiries which was 36.6%. The local authority said between April 2024 to December 2024, 2174 safeguarding concerns were raised with 25.7% progressing to Section 42 enquiries. The median wait time from contact to enquiry end date was reported as 16 days.

Partners said, in general, safeguarding was managed well by the local authority and partners worked closely with the safeguarding team. We heard about a positive and supportive culture with the local authority offering training and support when needed. In general there were lessons learned and partners said they 'closed the loop' really well, around information and outcomes. As of June 2024, there were 10 Section 42 enquiries waiting to be allocated and there were no safeguarding concerns waiting for an initial review.

Making safeguarding personal

A very high proportion of people who lacked capacity were supported by an advocate (98.61%), compared to the national average (83.12%) (SAC 2023-2024). Staff said there was good communication links between social work teams and the safeguarding team and it was a priority to make safeguarding personal at every opportunity. We found staff were person-centred and strength-based in their practice in making safeguarding personal and was saw evidence to demonstrate this.

We heard from partners safeguarding enquiries were carried out sensitively and without delay, keeping the wishes and best-interests of the person at the centre. Some partners had gathered feedback from people who had been through the process of safeguarding and reported their findings and feedback was very positive. People had been listened to, involved and supported to be safe. Partners also reported they were working with the local authority to support people who didn't meet the safeguarding threshold. We heard about a 'think family' approach being used in relation to safeguarding cases involving hoarding. The impact on other adults involved (alongside children) had been included in a new hoarding tool.

Theme 4: Leadership

This theme includes these quality statements:

- Governance, management and sustainability
- Learning, improvement and innovation

We may not always review all quality statements during every assessment.

Governance, management and sustainability

Score: 3

3 - Evidence shows a good standard

The local authority commitment

We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Key findings for this quality statement

Governance, accountability and risk management

The governance, management, accountability, risk management and escalation arrangements in the local authority were generally clear. We heard consistently from people, staff, leaders and partners about a culture of high support, high challenge and openness and transparency. Staff reported no concerns in speaking to senior managers, reporting very good relationships across the department. The validation forum, practice forums and general support available on complex cases was a strong feature in the local authority and they were appreciated and well used by staff.

Partners described regular meetings to discuss related operations, ensuring shared priorities were delivered and pressures were managed alongside strategic meetings. The local authority were found to be supportive and collaborative partners. Executive relationships across partners were described as responsive and measured when the partnership was challenged or in difficult circumstances.

Work had been undertaken by a partner, on behalf of the local authority, on the ageing population of carers of people with learning disabilities and on people's experiences of the timeliness of Care Act assessments and care packages. This demonstrated action on understanding the risks, from a person's point of view, on the delivery of social care services. There was clear methodology on governance issues and oversight and there were clear strategies and plans. The local authority highlighted their intention, in their self-assessment, to improve co-production and engagement.

There was a stable adult social care leadership team, with clear roles, responsibilities and accountabilities. At the time of the visit the Chief Executive Officer had been recently recruited to and plans were in place for the stability of leadership to continue. The joint role of Director of Adult Social Services and Director of Children Services was reflected in the joint role of the Principal Social Worker and the Joint Safeguarding Partnership Board. We found this to be a sustainable arrangement, allowing partners to attend meetings and support productivity in a small local authority. The adult social care focus was equal to the children's focus in these arrangements. The elected lead member and shadow member were briefed regularly with the DASS attending cabinet and joint briefings occurred.

Staff said there was a relational culture with people they worked with and internally between colleagues. There was clear performance data provided for managers on a weekly basis and cross-departmental teams provided challenge around performance. With effective reporting at all levels including Scrutiny Committee and Health and Well-being Board.

We heard staff completed audits as part of quality assurance processes and decisions were reviewed by senior practitioners and managers. Staff said support from management was available as and when required. Staff consistently said managers were nurturing and listened to workers and we heard workloads were changed if they had feedback around caseloads. Staff said there were many long-serving members of staff and staff well-being was prioritised.

Place arrangements between the local authority and the ICB worked well despite the very large geographical nature of the ICB. Leaders and partners described tailored partnership arrangements that worked for the particular issues being described. For example, policing partnerships arrangements differed to the local health and social care arrangements and there was also a 5-borough approach within the ICB.

Although partnerships worked well between the ICB and the local authority, improvements around data and information sharing between the teams was a general feature. For example, staff said sharing information effectively around people with frailty would be helpful. There were transformation plans around electronic recording in some services at the time of the assessment.

Strategic planning

'Think family' was a priority for leaders and they felt the joint leadership arrangements between children's and adults allowed the think family approach to work well. We saw examples provided by the local authority after the assessment visit, such as a whole family being considered in a major adaptation proposal ensuring the adult requiring care could have adequate bathing, the carer's needs were considered as were the effects of further space on children in the household.

The directorate vision for children and adults in the local authority was set out using the acronym, 'THRIVE', which stood for: together and inclusive, healthy and safe, resilient and strong, independent and innovative, valued and respected, and educated and aspirational. They also set out principles of personalisation within the strength-based practice framework and leaders consistently reflected the principles. Staff told us about many cases where support for people had been changed to become less restrictive or more person-centred following discussions with leaders or practice forum sessions.

Partners said they were consulted on the council plan 2024-2027 and mostly gave good feedback, although some partners said despite positive encouragement and good ideas from the local authority there was less tangible impact on the ground. Leaders and partners consistently described positive collaboration around strategic planning, including elected leaders. The vision and transformation plan 2023 to 2026 described success from the first stage of transformation (2016-2023). Noted successes included: an increase in the uptake of direct payments, a reduction in the delayed transfer of care from hospital and a marked decline in the population of people receiving care in residential settings. Current transformation themes were practice and workforce, market development and commissioning, ensuring safety and strategic leadership. The document also outlined governance arrangements and the management of engagement and co-production.

The local authority had commissioned a partner organisation to facilitate an autism working group which was joint funded with health partners. This new project involved the lived experience of autistic people and created an autism strategy using co-production principles. The local authority demonstrated an understanding of the needs of the community and the demographics of the population. There was a Commitment to Carers group which was facilitated by a commissioned carers organisation which involved carers and stakeholders. The group had co-produced the Commitment to Carers (carers strategy) and partners described this as a true partnership approach. As a result of this work, the local authority commissioned a part-time parent carer post. Work was also ongoing at the time of assessment to better meet the needs of people experiencing domestic abuse.

There was a quality assurance and improvement framework In April 2024. It described the role, purpose, context and outcomes of an integrated governance system, including audit schedules across all areas of adult social care work, with timelines and responsible officers. The annual risk management report 2023 to 2024 was the local authority's strategic risk register. It noted 39 relevant risk categories across adult social care which were red, amber, green (RAG) rated, with the movement in status since the last review, also noted. 31 were rated green and 8 were rated red, and each risk had an action plan attached. Areas achieved included the recruitment and retention of staff and the management of deprivation of liberty safeguards (DoLS) referrals. We also saw a risk management strategy that defined the context of risk and adult social care on the objectives and expected outcomes of its management, with clear roles and responsibilities of those involved. We found risk management was comprehensive and effective and supported the planning of improvement work.

Information security

There were measures in place to protect the integrity and confidentiality of data records and data management systems. Staff said there were measures they could take to restrict access to records and the system was well protected by the use of passwords. We heard about the confidentiality statement on the front of each person's record and how the person was made aware of their rights around consent of sharing their information. Staff said there were number of different measures they had to ensure information security including completed data protection training sensitivity labels on emails, secure e-mail systems and password-protecting documents.

Learning, improvement and innovation

Score: 3

3 - Evidence shows a good standard

The local authority commitment

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Key findings for this quality statement

Continuous learning, improvement and professional development

Local authority staff had ongoing access to learning and support so care and support was delivered safely and effectively. The development of staff was a clear focus for leaders. Practice support forums and validation forums were used to support and standardise practice alongside case audits and other support. The local authority demonstrated a strong understanding of the legal and practice-based context of social work relating to the Care Act. In September 2023, they produced guidance on validation and practice forums, which was last reviewed in April 2024. These forums were held fortnightly to promote good practice and support staff with complex cases.

They showed commitment to involving people in its work, and partners appreciated the local authority's leadership on this. They used the Think Local Act Personal (TLAP) approach and aimed to build on good examples of co-production. The Engagement and Co-production Stronger Together Strategy (2024-2028) outlined the local authority's approach to involving people as equal partners in service development and quality improvements. Although people said co-production was strong around ten years ago people said it had declined since then.

The Safeguarding Annual Report highlighted the Darlington Safeguarding Partnership's multi-agency courses and learning opportunities. People with lived experience co-produced the Learning Disability Network meeting, which focused on a learning disability agenda and was chaired by members from a VCSE organisation. The local authority shared policies and procedures with individuals with lived experience through networks like the learning impairment network.

Training on dual sensory loss and strength-based work in frontline teams had been offered, along with advice and information on the intranet and grab sheets. A thematic briefing on self-neglect included two adult learning lesson reviews. The document contained links to useful information and resources for staff to enhance their knowledge.

Staff said training enabled them to work with diverse communities. They received training from an anti-racist expert on intersectionality, white privilege, and cultural consciousness, and used the making every contact count approach when working with diverse communities, including providing relevant information to people from the Gypsy, Romany, and Traveller communities.

In their self-assessment, the local authority stated plans to embed their priorities in the Equality Plan, refresh strategies, policies, and procedures to promote equality, diversity, and inclusion, deliver mandatory staff training, and encourage diversity in recruitment. Leaders described the internal system and a collective endeavour. The local authority's Adult Social Care Workforce development plan aligned with their strength-based practice framework, with an annual training needs analysis and a workforce development team to ensure consistent learning. The local authority said improvement plans and good practice was shared across the workforce, which we found during the assessment.

Partners said there was a lack of coproduction with individuals with lived experience, contributing to the homeless strategy and reported limited involvement in co-production or strategy development with adult social care. Leaders and staff were committed to designing services around people's needs, engaging with community groups, and establishing a listening group to gather views and share development plans, however plans were in place to develop engagement and coproduction further.

Staff said the local authority was a good place to work, highlighting positive relationships and career progression, including apprenticeships and the step-up to social work program. Staff who had worked elsewhere said they appreciated the good workplace support and feeling looked after, heard, and listened to. Supervision was always available, and there was a focus on wellbeing, with measures to get support if overwhelmed.

Learning from feedback

After COVID-19, there were many vacancies, but the Senior Leadership Team (SLT) established about two years ago significantly improved the situation. The support system was embedded, and staff said people valued each other, felt listened to and encouraged to support improvements. The local authority's approach to workforce development and training improved the culture and workforce attraction, leading to better vacancy rates and sickness levels. The local authority focused on training, quality assurance, and feedback from people to ensure a positive business operating model. Staff reported changes were well-managed, with thorough planning and testing phases. Training parity between adult services and children's services improved, with various training opportunities provided.

In 2023, an independent survey by Healthwatch revealed areas where the local authority excelled and where improvements were needed. Staff surveys indicated employees felt positive about working for the local authority. Carers reported confidence in contacting the council and felt their concerns were addressed promptly. For example, some changes were made to policies to involve families in assessments for people living with dementia. The local authority had implemented a practice guide to capture people's feedback and ensure it informed quality and improvement work. Healthwatch reported most people, including those receiving care support, were satisfied with the service.

The annual report on adult social care complaints, compliments, and comments showed an increase in feedback received in 2023-24. The local authority also learned from Local Government and Social Care Ombudsman (LGO) reports and disseminated lessons. Between October 2023-September 2024, 7 complaints were received by the LGO and all were upheld.
