



Market Position Statement and Commissioning
Strategy
2024 - 2027

Adult Social Care

CONTENTS

- 1. Foreward**
 - 2. Introduction**
 - 3. The Local Context**
 - 3.1 Demographics – Key Facts**
 - 3.2 Budget**
 - 4. Adult Social Care in Darlington**
 - 4.1 Vision for adult social care in Darlington 2023- 2026**
 - 4.2 Current Challenges**
 - 4.3 Demand**
 - 4.5 Adult Social Care Spend**
 - 4.6 Social Care Workforce**
 - 5. Our Commissioning Approach**
 - 5.1 Current and Projected Usage and Spend**
 - 5.2 How We Will Provide Accommodation for People with Care and Support Needs**
 - 5.3 How We Will Work with Care and Support Providers**
 - 5.4 Our Approach to Quality Monitoring and Assurance**
 - 5.6 How we will work with Service Users and their Carers**
 - 6. Current Supply and Market Opportunities**
-
- Appendix 1: Key Population Demographics**
 - Appendix 2: Usage and Spend**
 - Appendix 3: Planned Market Engagement, Provider Forum and Service User, Family and Carer Engagement Activity For 2024 – 2025**
 - Appendix 4: Commissioning, Contracts and Brokerage Staff Contact Details**

1. FOREWARD

We are pleased to present Darlington's Adult Social Care Commissioning Strategy and Market Position Statement (MPS) 2024 - 2027.

This document sets out our understanding of demand for care and support services and how that demand may change over time. We also outline current supply issues and some of the major challenges, including financial pressures, facing the borough. We do however acknowledge that there are some gaps and areas where we need to work with partners and providers to develop a better understanding of future demand and need.

The past years has been a time of extraordinary and unprecedented upheaval and challenge due to the COVID 19 global pandemic. During this period Darlington Borough Council, the NHS, care and support providers and other partners have worked ever more closely to respond quickly and effectively to presenting risks in order to keep people as safe and well as possible. Together we have shared information, rapidly re-designed processes, re-modelled services and delivered changes and solutions to mitigate risks that in normal times would have taken months or years. Some elements of these solutions will be beneficial to the sector in the longer term, and we are keen to ensure these continue to operate.

Darlington Borough Council would like to thank providers in the Adult Social Care sector along with colleagues in health, housing, and all related services, for their outstanding support and response to the pandemic. The ongoing commitment and hard work of everyone is greatly appreciated. We feel, moving forward, it is important to take stock and to share with you some of the key issues and opportunities that we think will emerge over the coming year.

We want to continue to work with providers who share our values in how we can deliver flexible and responsive services that result in improved outcomes for people. We want Darlington to be somewhere people, regardless of age or ability, can live their lives as successfully, independently, and safely as possible. We want adults with disabilities, including young people who are transitioning into adulthood, to be enabled to meet their full potential, to gain/regain skills and confidence to achieve greater independence in their day to day living, to be ready for employment, and to make full use of community resources and facilities. We recognise that support and care begins at home, and we are striving to help people to maintain their independence and to shift away from reliance on residential care to offering people choice of outstanding support and care at home. We also want to ensure that all people in Darlington have the information they need to recognise themselves as a carer at the earliest opportunity and that they are then able to access the advice, information and support they need to carry out this role whilst minimising the impact on their health, wellbeing, work and other personal commitments.

Looking to the future, we will continue to work closely with our partners, including providers, focusing on models of prevention and early intervention using the latest digital technology, aids, and adaptations. We will also strengthen our work with local Voluntary,

Community Sector and Enterprise (VCSE) organisations to ensure there are a range of good quality services which promote independence and wellbeing across Darlington, reducing reliance on services and developing alternative models of support within the community.

Increasing housing options for people with care and support needs remains an important priority for the Council and whilst progress has been made there is more to do. Critical to this area is how well we can work together. We expect to continue to support people through more individually tailored community packages which enable people to remain in their own homes for longer or to move into extra care or other accommodation with care and support options which promotes their independence.

We will continue to build on the strong relationships we have with our care and support providers through a robust programme of engagement that will allow us to shape the care market together, sharing experience and learning from each other.

James Stroyan – Group Director of People

2. INTRODUCTION

The Care Act 2014 places a duty on Local Authorities to facilitate and shape the local market for care and support: to ensure sustainability, diversity, and to be continuously improving and innovating services.

The MPS will provide information about the Adult Social Care market in Darlington which will enable providers to understand the local context, how this is likely to change over the next couple of years and where development opportunities might arise in the future particularly those which support us to **prevent, reduce, and delay** care and support needs.

The MPS sets out the key pressures facing Adult Social Care and our vision for the future. It also acknowledges pressures within the health and social care sector across the Integrated Care System (ICS), as it is our ambition that the MPS will evolve over time to become a system-wide, place-based document.

The pressures and demands faced by the Local Authority, health partners and the local provider market is constantly changing, and emerging from a global pandemic whilst working at a time of global economic uncertainty has exacerbated this situation.

The MPS is for both existing and prospective providers. It will help us to deliver both the Council's Council Plan and the Health and Wellbeing Strategy.

More information about the Council Plan and the Health and Wellbeing Strategy can be found on the Darlington Borough Council website.

[Darlington BC - Current consultations](#)
[darlington-health-and-wellbeing-plan.pdf](#)

The MPS will help providers shape their business plans, setting out how we will work together to support the vision for Adult Social Care, and meet local need and demand whilst achieving the best outcomes for adults of all ages and backgrounds using all available resources in the most effective way.

The MPS will inform the continuous dialogue between DBC and local providers, and we will be looking to review the content of this statement on an annual basis to ensure the messages to providers remain contemporary and accurate.

To feedback on any aspect of this document or identify key topics that should be included in future versions please contact: adultscommissioning@darlington.gov.uk

3. THE LOCAL CONTEXT

The Borough of Darlington is situated in the Northeast of England at the western end of the Tees Valley and is part of the Tees Valley Combined Authority along with four other Tees Local authorities. The borough has both rural and urban areas with the majority of the population of 107,800 living in the town which is the administrative centre of the borough.

Darlington is a historic market town which is surrounded by open countryside and a number of villages. Some of the villages are larger than others, three of which are considered service villages and support larger populations (Heighington, Hurworth and Middleton St George). The town's development has been closely associated with the railway age and manufacturing. The local economy has performed strongly over recent years, shifting to a more resilient base of specialist engineering, the service sector and public sector employment which are the most significant employers.

The borough has excellent transport links by rail (East Coast Main Line), road (A1M) and air (Teesside International Airport). The town centre provides employment, shops, and services for residents and for parts of North Yorkshire, Durham and Tees Valley. It has a range of cultural facilities and is well served by open space and green corridors.

The population of Darlington is predominately white and white British with just under 6% identifying as non- white. One in five (20.5%) of people are aged 65+ years in Darlington, which is greater than the average for England at 18.4%. Nearly 6 out of 10 (59.8%) of pensioners are living alone and Darlington's old age dependency ratio is higher and is predicted to increase at a faster rate than England. Nearly one in ten (9.5%) of people in Darlington aged 5 and over provide unpaid care with just under a third (3%) of those providing over 50 hours of unpaid care per week. 2.1% provide 20 – 49 hours care per week and 4.4% provide up to 19 hours per week.

Demographics – Key Facts

Population

107,800 residents.

20,723 (19.6%) adults aged 65+. This is higher than the proportion of adults aged 65+ in England (18.4%)

Over the next 20 years, Darlington is expected to have an increasing aging population and a decreasing working age population.

| Age Range | Projected population percentage change from 2018-2028 |
|-----------|---|
| 0-14 | -11.25% |
| 15-24 | 3.64% |
| 25-49 | -4.28% |
| 50-64 | -3.87% |
| 65+ | 20.85% |

| | |
|--|--|
| White | 94.4% (90.3% White British) England 81% (73.5% White British) |
| Ethnic minority communities | 9.7% compared to 26.5% in England |
| White non British | Is the largest ethnic minority group at 4.1% compared to 7.5% in England |
| Asian | 2.8% compared to 9.6% in England |
| Northgate Ward (32.6%) and Stephenson Ward (15.3 %) have the largest ethnic minority communities | |
| Northgate Ward's largest Ethnic Minority community is the Asian ethnic group (16.4%) | |

Life Expectancy

13.0 males and 10.6 females range in years of life expectancy across the most to least deprived areas of Darlington.

- Healthy life expectancy for females is 60.6 years, lower than the England average of 63.9.
- Healthy life expectancy for males is 59.5 years, lower than the national average of 63.1.
- Life expectancy for females is 81.2 years, lower than the national average of 83.1.
- Life expectancy for males is 78.1 years, lower than the national average of 79.4.

Economy and Youth Unemployment

- Average personal debt per head in Darlington is £634.70 which is higher than the national average of £575.80.
- The 18-24 age group continue to have the highest claimant count in Darlington at 7.3%, the next highest is the 16-64 age group at 4.2%.
- 20.8% of the overall population in Darlington claim universal credit which is higher than the national total of 13.0% and the regional total of 17.6%.

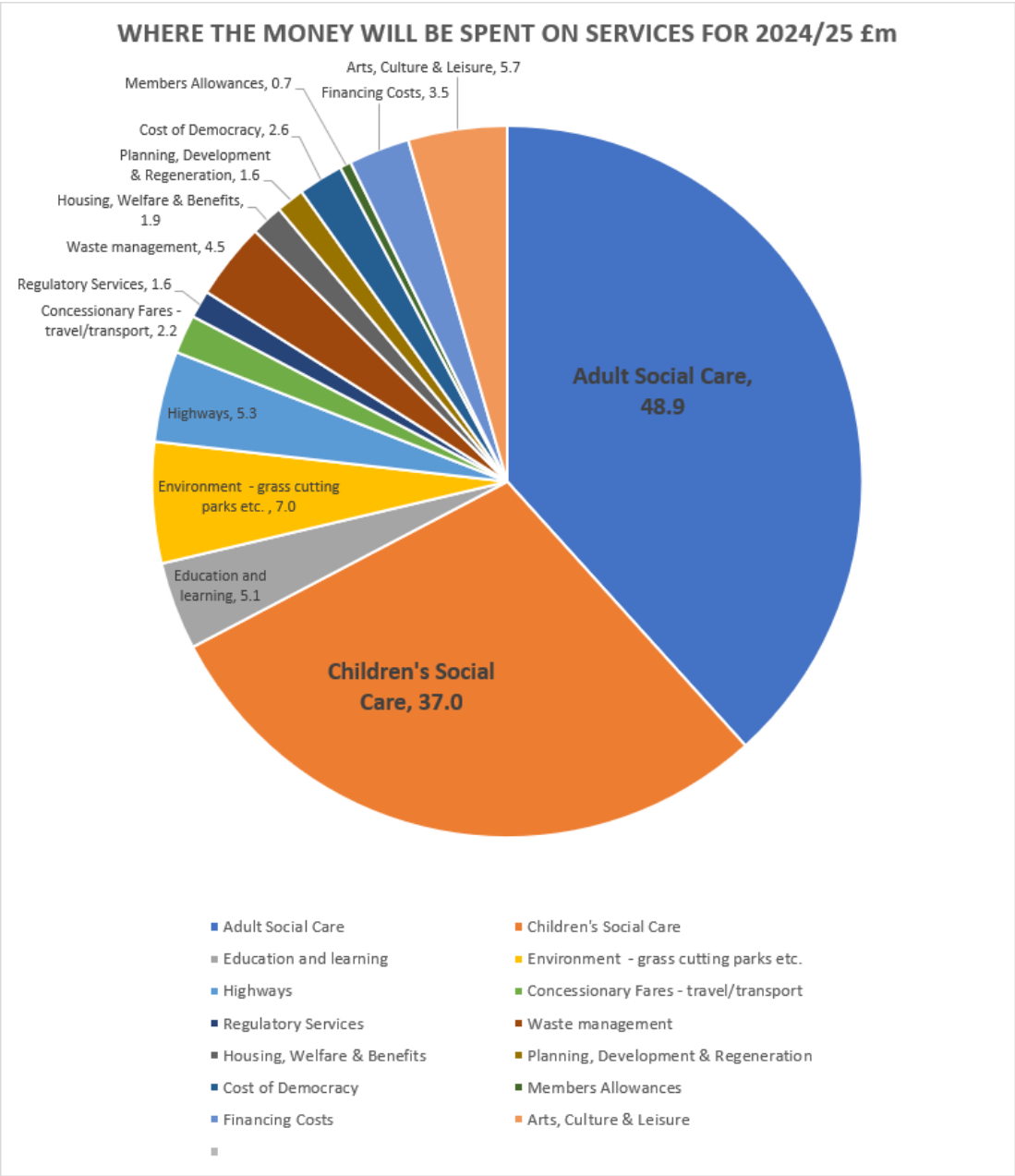
Deprivation and Poverty

- Out of the 65 Neighbourhoods in Darlington, 21 were among the 20% most income-deprived in England.
- 32,100 people (30.1%) in Darlington are considered to live in the top 20% most deprived areas in England.
- 28.5% of children live in relative low-income families in Darlington which is higher than the national average (18.5%) but lower than the regional average (29.6%).

Budget

The Council has faced significant financial challenges over the last decade as the Government responded to the worldwide economic downturn by introducing public sector spending reductions. This has been exacerbated by the aftereffects of the pandemic, the Russia/ Ukraine conflict, Israeli/Gaza conflict, inflation, rising interest rates and a growing demand for services, particularly in relation to social care, both Adults and Children’s services.

The current economic climate however presents new and significant financial challenges to the Council’s budgets. Rising inflation and interest rates, energy costs, post Covid demand in social care and national living wage rises are putting significant pressure on affordability.



4 ADULT SOCIAL CARE IN DARLINGTON

In 2021, 'The Future of Health and Social Care Integration and Innovation: Working Together to Improve Health and Social Care for All' white paper was published. It proposed some key changes to social care and was the catalyst for later Government reforms 'People at the Heart of Care' being published. The national reforms identify the need to:

- Improve wellbeing of people by supporting NHS and local government integration
- Establish statutory organisations called Integrated Care Systems
- Duty to collaborate to improve better health and wellbeing, better quality health care and ensuring financial sustainability
- Be place based recognising the uniqueness of the local area
- Improve data quality between health and social care
- Improve the quality of Adult Social Care services
- Fully adopt the 'discharge to assess' model.

The social care reforms recognise most people's care begins at home, and the vision is to shift away from reliance on residential care to offering people choice of outstanding care at home. The reforms include proposals for new funding for the workforce, housing and innovation.

Vision for Adult Social Care in Darlington 2023- 2026

We aim to create a friendly town where Children and Adults **THRIVE**:

- Together and Inclusive
- Health and Safe
- Resilient and Strong
- Independent and Innovative
- Valued and Respected
- Educated and Aspirational.

Our vision is to work together with residents, partners, and communities to enable the citizens of Darlington to maximize their independence, their wellbeing, to have care and support when they need it and to empower them to contribute to and feel valued in their communities. Our objectives are:

- People are supported to feel safe within their community
- People are at the centre of planning their own support
- The community, services, organisations work together to support people with their care, support, and wellbeing
- Support is delivered that encourages the person to have goals, outcomes, expectations, and achievements.

We will achieve this by:

- The delivery of strength-based practice that encourages the person to have goals, outcomes, expectations and achievements – see link below
[Strength Based Practice in Darlington - Adults Social Care Services](#)
- Supporting people and communities to feel safe and listened too by ensuring we are doing the right thing, at the right time, in the right way
- Effective use of resources and budgets (ensuring we spend the Darlington pound wisely)
- Ensuring people are supported in their caring roles to enable them to feel valued and empowered
- Ensuring we understand the legislation and statutory guidance in our roles.
- Innovative use of technology. Further information on this can be found in the link below
[Darlington BC - Darlington Digital Strategy](#)
- Engagement and co-production with people with lived experience, staff and partners; ensuring people are the centre of planning their own support
- Ensuring we have a stable, professional, and initiative-taking workforce, promoting wellbeing, personal development and resilience.

Current Challenges

As is the case nationally, Adult Social Care in Darlington is currently experiencing significant pressures, including:

- an increase in demand for support, particularly for those with complex care needs and multiple care needs
- the need to establish realistic costs and prices that are sustainable for both providers and the Local Authority
- the need for timely and appropriate support for people being discharged from hospital using a home first approach
- workforce challenges, due to staff pay rates and competing sectors such as retail, hospitality, and the logistics sector
- implementation of social care reforms

Demand

The tables below highlight that requests for adult social care support have been steadily maintained between 2017/18 (5943 requests) to 2022/23 (5928 requests), with an increase in requests from older people (3533 requests in 2017/18 and 3911 requests in 2022/23) and a reduction in requests for working aged adults (2410 requests in 2017/18 and 2017 requests in 2022/23). However, it must be noted that there has been increase in demand for adult social care in both age groups as a result of discharge or diversion from hospital (particularly for older people).

Age 18-64

| Route of access | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 |
|----------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Planned Entry (Transition) | 2 | 0 | 0 | 1 | 8 | 4 | 3 |
| Discharge from Hospital | 79 | 100 | 74 | 88 | 87 | 102 | 59 |
| Diversion from Hospital services | 0 | 2 | 2 | 0 | 5 | 11 | 2 |
| Self-funder with depleted funds | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| Community / Other route | 2328 | 2559 | 2466 | 1932 | 2038 | 1900 | 1521 |
| Prison | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| TOTAL | 2410 | 2661 | 2542 | 2021 | 2138 | 2017 | 1586 |

Age 65 and over

| Route of Access | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 |
|----------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Discharge from Hospital | 562 | 670 | 679 | 763 | 800 | 863 | 741 |
| Diversion from Hospital services | 15 | 10 | 18 | 28 | 54 | 70 | 41 |
| Self-funder with depleted funds | 8 | 19 | 1 | 9 | 11 | 16 | 3 |
| Community / Other route | 2948 | 3054 | 3131 | 2903 | 2831 | 2962 | 2418 |
| Prison | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| TOTAL | 3533 | 3753 | 3829 | 3703 | 3696 | 3911 | 3204 |

Total Requests for Support age 18+

| | | | | | | |
|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| 5943 | 6414 | 6371 | 5724 | 5834 | 5928 | 4790 |
|-------------|-------------|-------------|-------------|-------------|-------------|-------------|

It must also be noted that demand for Adult Social Care is rising in terms of the complexity of people's needs.

People with complex needs have multiple health conditions that have a significant impact on daily life, plus several additional factors that exacerbate the delivery of their care and support. This can include but is not exclusive to substance misuse, safeguarding concerns, complicated family dynamics, long stay hospital discharge and transition into adulthood. Complexity should also be understood in the context of a continuum, for example when a person is experiencing an acute crisis requiring a time limited specific increase in support.

Adult Social Care Spend

The current economic climate presents new and significant financial challenges to the Council's budgets. Rising inflation and interest rates, energy costs, post Covid demand in social care and national living wage rises are putting significant pressure on affordability.

The cost of delivering services is increasing across adult services due to increased service demand, price inflation and the ending of specific grant funding received for Adult Social Care even though Councils have a statutory duty to deliver services which meet assessed need.

In 2023/24 the Councils spend on Adult Social Care has increased to £38.689m. This is an increase of 15 % (£33.601m) when compared to 2022/23 and an increase of 45.36% on the 2019/20 budget.

Direct Payments

In addition to commissioned services, people can receive all or part of their allocated personal budget (calculated as part of a social care assessment) as a Direct Payment. The number of service users in Darlington who use a Direct Payment is 322 people (as at 2022/23).

Direct payment usage in older people has decreased over the past 7 years from 135 in 2017/18 to 69 in 2022/23. Direct payment usage has also reduced in Working Aged Adults but to a lesser extent from 292 in 2017/18 to 225 in 2022/23.

Message to the Market

We will be:

- **continuing to review the effectiveness of Direct Payments in improving outcomes for people who use them**
- **looking to increase direct payment usage across all service user groups, particularly where there is currently a lower take up for example older people**
- **working closely with health colleagues to further develop personal health budgets and will be supporting the take up of these by ensuring highly skilled and trained PAs are available to deliver health care tasks**

Darlington Borough Council are interested in working with providers to develop:

- **A wider choice of care and support services for people with direct payments to purchase**

Self-Funders

Many people that need care and support fund their services themselves if they have the financial means to do so (self-funders). Sufficiency in the market for self-funders is a responsibility for Local Authorities under the Care Act but it is difficult to identify exact numbers of self-funders at any one time. However, we have undertaken some mapping of self-funders as part of the social care reforms, and we will continue to monitor this whilst recognising there is currently a pause in the charging reforms being implemented.

Message to the Market

We will work with providers to help us to gather information which will help us to gain a deeper understanding about self-funder care and support needs

Social Care Workforce

Workforce shortages have become further exacerbated during the pandemic with unprecedented challenges in recruitment and retention of staff. Workforce recruitment, retention and development is a key risk for the future of Darlington's care market.

What we know:

- there are significant difficulties in both recruitment and retention of nursing and support staff, including personal assistants
- staff pay and conditions in the care sector are often outmatched by other sectors
- care staff do not always feel valued with morale affected further by the effects of the pandemic which has left some staff exhausted
- it is difficult to attract younger people into the sector which is often not seen as a positive career option and care staff report there is a lack of opportunities for career progression
- many care and support workers are over 55 and early retirement uptake is high

Message to the Market

- **The Council will work with Skills for Care and providers with the aim of addressing the local and national challenges outlined above**
- **The Council will work with key partners with the aim of changing perceptions about what working in this sector is like in order to make it more attractive to more people**
- **The Council will engage with our colleges and adult learning and skills providers with the aim of making social care a sector of choice for more of our younger residents, promoting work experience, work trials and other initiatives with care and support providers**
- **The Council will work with our workless residents to ensure they have greater information about the sector, and they have access to bespoke second chance learning to help them enter or re-enter the sector**
- **Commissioners will ensure we optimise the benefits of social value requiring employers consider adopting the Unison Ethical Care Charter**
- **We will ensure we “grown our own” social workers and Occupational Therapists through apprenticeships and “earn whilst you learn” opportunities and will raise awareness of the Darlington Academy approach to skills and careers development**

5 OUR COMMISSIONING APPROACH

Given the pressures facing Adult Social Care, existing models of care and support are no longer sustainable and are not always resulting in the best outcomes for people.

In addition to the pressures already outlined in this document, statistical data also indicates that Darlington's population is living longer but not healthier, and there are particular issues where the borough is significantly worse than national averages. See **Appendix 1**

Population ill health has a significant impact on the demand for statutory Adult Social Care services which puts further pressure on council budgets.

From a commissioning perspective we are particularly aware of the following issues and will be considering the potential impact of these in our future commissioning plans:

Older People

- The number of people living in care homes is set to rise unless alternative models of care delivery are applied.
- The number of people with Dementia is set to rise.
- People experiencing health issues and hospital admissions because of falls is increasing.
- The number of older people requiring domestic help or help with daily tasks or who have limiting long term illness or mobility issues that effects day-today activities is set to rise.
- The number of older people who have a mental health issue, learning disability or autism diagnosis is set to rise.
- The number of older carers is set to rise.

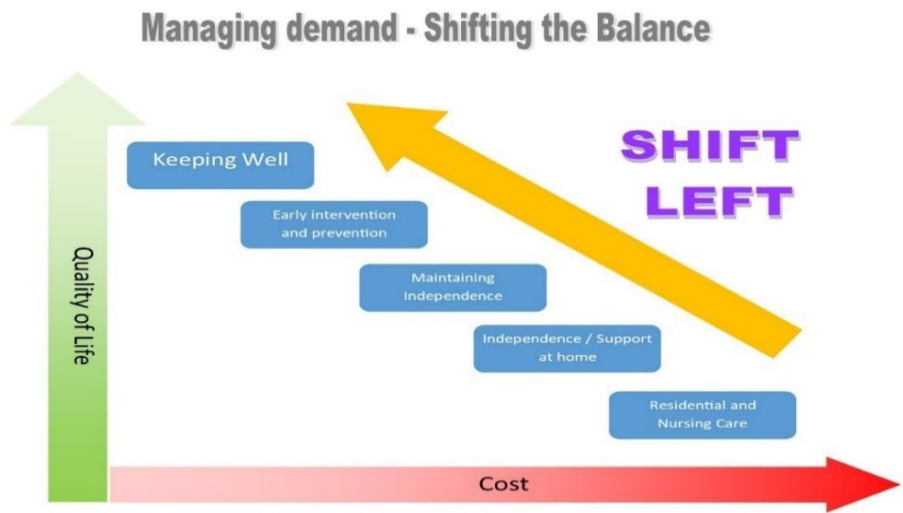
Working Aged Adults

- The number of people with learning disabilities who are approaching old age is increasing.
- The proportion of working aged people reporting having an activity-limiting health problem or disability is above the national average
- Darlington has the second highest suicide rate in the NE at 16.6 per 100k and a higher rate of emergency hospital admission for intentional self-harm than the 270.9 per 100k (North East 265.9 and England 163.9) (2021/22)).
- The number of people with learning disabilities who are living with aging parents/carers is rising.

The budget position, together with the potential further impact on this as a result of the local demographic picture set out above, is not a sustainable position.

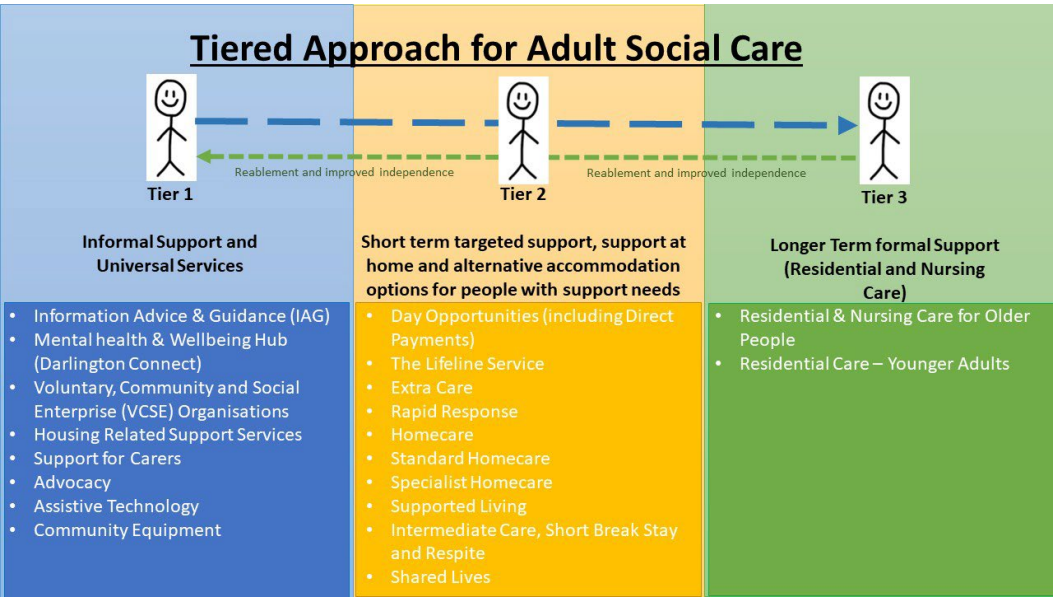
We aim to "Shift the Balance" of service provision, supported by partners, particularly housing colleagues and providers, the NHS and local VCSE organisations, with the aim of

preventing, reducing, and delaying the need for care and support. We need to use all of our collective available resources to deliver this transformational change.



In summary, we will:

1. ensure a strengths-based conversations are at the heart of how we enable people to live independently. We are keen to explore this approach further with providers, to ensure a strength-based approach is also applied once people are in receipt of care and support services
2. be using a Tiered Model of service provision, moving through the care continuum from prevention to more specialist support, at each stage working to enable people to help themselves, to maximise their independence and to live better lives when they require longer term support



3. alter the balance of support away from traditional models of care e.g. residential and acute care, to alternative accommodation with support options or community based short term targeted support models using innovative practice, Assistive technology, single handed care, Rapid Response Services and reablement
4. take an intelligence-based approach when making commissioning decisions using transformation, performance and financial outcomes and data
5. ensure all contracts are outcome focussed
6. support the prevention of inappropriate admissions to residential care settings and acute hospitals, encouraging the timely discharge of people home from hospital including evenings and weekends, adhering to the 'home first' principles
7. support providers by ensuring the way we commission services through dialogue and shared understanding allows us to maximise resources available and give our providers stability to recruit and retain the right workforce
8. build on the foundation of strong partnership working with the NHS and the Voluntary Community and Social Enterprise sector (VCSE)
9. ensure family carers receive the support they need to enable them to continue to lead their own lives alongside their caring role
10. ensure our model is financially sustainable, with the aim of achieving reductions in demand and costs.

Current and Projected Usage and Spend

A summary of historical and predicted service usage and associated costs across key support services is given in the charts and table provided in **Appendix 2**.

Within Section 5 of this document, we outline how this information has been used to inform our future commissioning intentions, however, it must be noted that whilst the effects of demographic changes over time are important in predicting future needs, there is not a definitive correlation between the anticipated level of growth in key population groups and subsequent demand for statutory commissioned services. The use of technology and the way in which care and support is delivered can mitigate against the projected impact of demographic trends.

How We Will Provide Accommodation for People with Care and Support Needs

Aligned to this MPS is the Darlington Adult Social Care Accommodation with Care and Support Strategy.

The Adult Social Care Accommodation with Care and Support Strategy sets out how developers and care providers can work with us to meet current and future demand.

The key issues in the strategy is also reflected in the overarching Housing Strategy for Darlington Borough Council.

In summary, we want to work with developers, housing providers and care and support providers with aim of:

- developing innovative accommodation options for our immediate priorities in terms of demographics, which are:
 - younger adults (18 – 65 years), who have a learning disability, autism diagnosis and/or mental health issue. This is also the area which is most challenging in terms of increasingly complex cases and a less stable provider market.
 - people with complex care needs who are being discharged from acute in-patient settings
 - people with learning disabilities and mental health needs who are on the cusp of turning 65+
 - older carers who are supporting someone with a learning disability, autism diagnosis and/or mental health issue
 - children and young people who were previously supported by Childrens Services who are transitioning to adulthood and require supported living arrangements
- reducing the usage of residential care, particularly for younger adults, by developing innovative housing solutions and community support services
- providing supported accommodation which can be flexible, adaptable and can accommodate people with complex needs throughout their lives
- encouraging developers to work with providers to ensure accommodation supports the use of technology and strengths/asset-based approaches thereby lowering the cost of long-term care
- supporting a lower proportion of the population through formal care for less of their life
- reducing the need for out of borough placements by meeting needs locally

How We Will Work with Care and Support Providers

Through our monthly Provider Forums and specific Market Engagement Events, providers working in Darlington will have the opportunity to significantly contribute to shaping the local care market, helping us to remodel services or develop new and innovative models of care and support.

These forums and engagement events are held throughout the year and dates for 2024 – 2025 can be found in **Appendix 3**

Messages to the Market

- We are looking to work in partnership with providers who will enhance the social value associated with this Service.
- We will be asking providers to give consideration to the employment needs within their local community when recruiting and selecting staff and as such must give consideration to how their recruitment processes support the local economy for example targeting recruitment at the long term unemployed, accessibility for disabled users to resources or by monitoring ethnicity within their organisation.
- We will be asking providers to strive towards the principles of the Ethical Care Charter. <https://www.unison.org.uk>
- We will be asking providers to strive towards reducing its carbon emissions for example by ensuring that travel is kept to a minimum within the areas in which they operate, using sustainable materials and low emission vehicles.

<https://www.darlington.gov.uk/media/20275/climate-change-strategy-2023-web-version.pdf>

Our Approach to Quality Monitoring and Assurance

Providers will have clear lines of communication with our Commissioning Contracts and Brokerage team regarding their contractual arrangements, which will allow providers to keep us abreast of any issues that may affect their delivery planning or quality of services.

Monitoring arrangements for our commissioned services will seek to maximise all opportunities to secure improved outcomes for service users and maximise opportunities for service users / carers to be involved in the development and co-production of services that they access. Service user views will be collected as part of the new process.

A new Quality Monitoring and Assurance process has been developed in partnership with providers, with a more proportionate approach to monitoring contract compliance and quality being operated across all commissioned activity, based on risk. This will be reviewed with providers as part of provider forum meetings held throughout the year.

The revised process will:

- Be robust in assurance but supportive of improvement, facilitating shared learning and systems leadership
- Have a focus on driving up quality across all providers
- Support the improvement required for those services assessed by the regulator as Requiring Improvement to ensure they are rated 'Good'

The principles underlying the new process are:

- Methodology and Reporting: Robust but proportionate and avoiding duplication of work for providers
- Making good use of intelligence about services, particularly ensuring we support and enable people using services to feedback on how effective they are
- Working in partnership to support providers to improve quality for people using services
- Supporting Collaboration between providers to continuously improve quality

How we will work with Service Users and their Carers

Coproduction and engagement with service users and communities as commissioners or service providers is key to service improvement and development and ensuring quality service provision.

We will work with Service Users and their Carers to inform future commissioning intentions, ensuring outcomes being delivered are important to them, to determine how effective services are and to identify if any support services are missing or need improving/changing.

We will do this by:

- supporting the implementation of the Adult Social Care Engagement and Co-production strategy and action plan 2024-2027
- continuing to engage Healthwatch Darlington and to consult with focus groups operating within Darlington
- ensuring service user feedback is gathered, analysed, and acted upon as part of our revised Quality Monitoring and Assurance process
- holding consultation events with people who use services and their carers – the dates for these events being held in 2024 – 2025 can be found in **Appendix 3**

6 CURRENT SUPPLY AND MARKET OPPORTUNITIES

Tier 1 – Informal Support and Universal Services

Information Advice & Guidance (IAG):

Currently several web-based service directories are operated by several organisations across Darlington. Not only does this cause confusion for people trying to seek information on support available locally, but some of the websites are not easy to navigate or hold information which is not up to date.

Messages for the Market

- **We aim to provide accurate contemporary information on how people can look after themselves and how they can find local support via one system by merging those currently operating and learning from best practice examples being used elsewhere.**
- **We will continue to work with organisations who provide IAG including financial support and advice to support them to raise revenue and to generate income to continue to provide vital services.**

Mental health & Wellbeing Hub (Darlington Connect)

In March 2023 a centrally located Mental health & Wellbeing Hub (Darlington Connect) was opened. This provides a single point of access where people can access face to face or telephone advice with the aim of trying to resolve as many issues as possible.

The hub is run by trained support workers from across the VCSE sector who are aware of what services are available locally. Staff based in the hub can assess people’s needs and help them to find alternatives to care and to select and buy services and items which will enable them to remain independent, such as equipment and assistive technology. Since opening, over 1800 people have attended appointments to complete assessments at Darlington Connect Mental Health Hub, to seek advice and guidance.

From these appointments, almost 700 referrals have been made into voluntary and community-based organisations across Darlington.

In addition to the premises in the town centre, an “Outreach Darlington Connect” service is available for those with disabilities who are unable to attend the building in town. This approach aims to ensure people aren’t excluded.

Messages for the Market

- **The Council and partners aim to further develop the Hub to support demand management and maximise IAG.**

Voluntary, Community and Social Enterprise (VCSE) Organisations

The Council currently commissions approximately £4.7 Million (annually) of care and support services from a number of local VCSE organisations.

A diverse range of preventative and early help services are offered including Information and Advice, Support to Carers, Day Opportunities and Activity/Social Clubs.

The Darlington Voluntary and Community Sector Collaboration Group (VCSCG) are currently developing a local Vulnerability Strategy which focusses on three key priorities, notably:

- Preventing Social Isolation
- Maximising Financial Inclusion
- Supporting Children and Young People

Each priority area is being led by a member of the Group who is identifying what community-based support is currently available across Darlington and how resources can be best used to further develop targeted prevention support.

Messages for the Market

- **We will work with VCSE organisations to ensure all resources offered in Darlington are ‘joined together’ and exploring how these services are facilitating the prevention agenda, to support, prevent and/or delay movement into Tier 2 and 3**
- **We will develop our prevention offer and to work with our VCSE colleagues to do this**
- **We will capture the voice of the service user, their family, and carers to inform our commissioning intentions and service developments**

Housing Related Support Services

These preventative support services assist people to remain within their home without escalation of need and use social care resource. The main support areas the services offer are:

- Help with setting up a future home and tenancy or maintain a current tenancy
- Assisting Individuals to manage finances, maximise income and develop financial confidence and capability
- Providing active encouragement and support for Individuals to engage in training, education, and employment opportunities
- Advocating on the Individuals behalf to enable them to gain access to appropriate services, statutory and non-statutory
- Assisting Individuals to settle and integrate into the community in which they live, through encouraging links with community resources
- Giving help and advice to maintain safe and secure accommodation
- Assisting Individuals to access shops and promote life skills such as cooking, shopping, budgeting, cleaning, basic food hygiene and the use of appropriate appliances etc
- Supporting Individuals to manage relationships with friends and respect neighbours and the wider community
- Providing help in accessing leisure and appropriate social activities in the local community

The Council currently commissions housing related support for those who are at risk of homelessness. We currently work with 5 providers over 6 contracts consisting of:

- Drug and alcohol outreach
- Enduring mental health
- Physical and sensory impairment
- Support for all – to assist with temporary accommodation
- Complex needs support for individuals who have offended or at risk of offending.
- Supported Living Network

Messages to the Market

- **We want to ensure providers in Tiers 2 and 3 engage with and utilise support offered by VCSE and HRS services when offering support to people, maximising all available community-based assets to achieve improved outcomes for people**
- **We want to develop a pathway for people receiving services in Tiers 2 and 3 which reduces support needed and enables increased independence**

Carers

A person provides unpaid care if they look after or give help or support to family members, friends, neighbours or others because of long-term physical or mental ill health or disability, or problems related to old age. Unpaid carers make a huge contribution to promoting and maintaining the well-being of people in Darlington. At a time when the health and social care system faces major challenges it is vital that we give carers the support and recognition they deserve.

Approximately 9800 people in Darlington identified themselves as carers in the 2021 census although this number is likely to be higher as people often don't identify themselves as carers, instead seeing themselves in their primary role of husband/wife, son/daughter, friend etc This means there are a large numbers of carers who are helping to sustain the overall health and care system in Darlington by keeping people safe, well and as independent as possible in their own homes. Failure to help these carers could increase the pressures in the wider health and care system.

Darlington's Commitment to Carers 2023-2028 has been co-produced by members of the Carers' Strategy Steering Group (CSSG) and family carers in Darlington and considers the needs of all groups of carers, including young carers, young adult carers and parent carers.

[Darlington's Commitment to Carers 2023-28](#)

It sets out how we will identify, recognise and support both the approximately 9800 people who identified themselves as carers in the 2021 census and the many other people who take on caring responsibilities every day but don't necessarily recognise themselves as carers, seeing themselves primarily as a mum or dad, husband or wife, brother or sister.

Our aim is that all people in Darlington have the information they need to recognise themselves as a carer at the earliest opportunity and that they are then able to access the advice, information and support they need to carry out this role whilst minimising the impact on their health, wellbeing, work and other personal commitments.

Although some people may become a carer overnight, for other people becoming a carer is a more gradual process with caring responsibilities increasing gradually over several months or years and in many cases, the full-time caring role ends suddenly, due to the person being cared for either dying or going into long term care.

Darlington's Commitment to Carers sets out the actions to be taken across Darlington to identify, recognise and support carers. The actions are set out under 4 objectives:

- Recognising and supporting Carers in the wider community and society
- Services and systems that work for Carers
- Employment and Financial Wellbeing
- Supporting Young Carers

Messages for the Market

- **All organisations in Darlington have a responsibility to identify Carers and to take steps to improve Carers' lives.**
- **We will be asking providers and partners to consider how they can support Carers, for example through digital products and services, or by providing short breaks or discounts for Carers who wish to access their services.**
- **We will be asking providers and other partners to consider how they can support their staff who are also Carers.**

Advocacy

Advocacy helps vulnerable people who receive care and support services to have a voice, keep their independence, make choices that are right for them and thereby have more control over their lives.

Advocacy is a statutory responsibility for the Council under a range of laws governing mental health, mental capacity and other types of care and support.

Currently one provider delivers advocacy support across Darlington.

Advocacy for people who may lack mental capacity will see a major change with the planned introduction of the new Liberty Protection Safeguards, which will introduce rules governing how people are deprived of their freedom as a required part of their care and support.

Advocacy services include:

- **IMHA – Independent Mental Health Advocacy** - An IMHA is a specialist type of Mental Health Advocate, granted specific roles and responsibilities under the Mental Health Act 2007. The IMHA will support the Individual to understand the legal provisions to which they are subject under the Mental Health Act 2007 and the rights and safeguards to which they are entitled. The Individuals receiving the IMHA service will include people detained under the Mental Health Act 2007 in hospital or those subject to Guardianship or a Community Treatment Order.
- **IMCA – Independent Mental Capacity Advocacy** - IMCA shall represent an Individual who is unable to make decisions for themselves about medical treatment, or a change of accommodation and who have no family or friends to speak up for them. The IMCA may also support the Individuals in safeguarding cases or where there is a Review of a Care or Support Plan. Within the Deprivation of Liberty process, an IMCA can support an Individual and/or their carer when they are undergoing the Deprivation of

Liberty assessment process and also support the RPR when a family member or friend has taken on this role.

- Care Act (Safeguarding) - The Care Act imposes a duty on local authorities to ensure independent advocacy is in place for those entitled to it. There are two conditions of entitlement:
 - The person has substantial difficulty in being involved with their assessment, care and support planning and review or safeguarding **and**
 - There is no one appropriate and available to support and represent their wishes.
- Care Act (Other) – as above
- General - In some circumstances an individual may not meet any of the qualifying criteria, however may be offered independent advocacy.
- 1.2 Rule – Deprivation of Liberty - for those individuals living in the community for example, supported living, their own homes with support or with a family member, any “deprivation of liberty” needs to be agreed through the Court of Protection. For those individuals with no one to represent their interests, the court will appoint a Rule 1.2 Representative.
- RPR – Relevant Person’s Representative - This is a crucial role in the Deprivation of Liberty process, providing the relevant person with representation and support where no family or friends have been identified for this role. The RPR will represent and support the Individual in all matters relating to the Deprivation of Liberty Safeguards, including, if appropriate, triggering a review, using the organisation’s complaints procedure on the Individual’s behalf, or making an application to the Court of Protection. The Mental Capacity Act 2005 Guiding Principles applies to the RPR in the same way that it applies to other people acting or making decisions for people who lack capacity.

The 2022/23 data, given below, identifies that the primary use of this service is by people detained under the Mental Health Act in hospital settings with advocacy being provided by IMHAs.

| | 2022/23 DATA | Qtr 1 | Qtr 2 | Qtr 3 | Qtr4 |
|------------------------|--|------------|------------|------------|------------|
| New Referrals Received | IMHA | 144 | 181 | 168 | 229 |
| | IMCA | 9 | 16 | 15 | 14 |
| | Care Act (Safeguarding) | 9 | 18 | 22 | 22 |
| | Care Act (Other) | 32 | 24 | 29 | 30 |
| | General (NSCA) | 18 | 11 | 12 | 18 |
| | 1.2 Rule | 7 | 4 | 1 | 1 |
| | RPR - New | 10 | 19 | 18 | 18 |
| | Sub Total | 229 | 273 | 265 | 332 |
| Less | Did not become active - therefore not invoiced | 29 | 23 | 29 | 34 |
| Total | | 200 | 250 | 236 | 298 |

There is also a requirement to provide an Independent NHS Complaints Advocacy Service to support individuals making or intending to make a complaint about the NHS.

This includes:

- Complaints about poor treatment or service provided through the NHS in England.
- NHS services provided by hospitals, health authorities, trusts, GPs, dentists, pharmacists, opticians, and other health care practitioners.
- Complaints against private health providers if the treatment was funded by the NHS.

Whilst the Service will not provide on-going advocacy for service users outside of the health-related complaint, the provider will suggest appropriate referrals and signpost individuals who require alternative, additional or specialist support. This includes referrals to PALS, professional bodies such as the GMC, and to specialist support such as medico-legal advice, bereavement support and mental health support.

During 2022/3 there were 55 enquiries resulting in 44 new cases. A total of 413 advocacy support hours were delivered with evidence through the year of recovery back to pre-covid levels.

Messages for the Market

- **We will work with providers to ensure advocacy support being delivered remains effective.**
- **The Council will continue to support NHS Complaints Advocacy until the end of the contracted term in Spring 2025.**

Assistive Technology and the Digital Strategy

Assistive Technology (AT) has an important role to play in managing demand for care and support services with the potential to maximise independence, improve outcomes and provide financial benefits.

Individuals are signposted to Assistive Technology as required and may choose to access this on a self-funding basis.

Just Checking is used as part of the Adult Social Care assessment process. This is an activity monitoring system which helps care professional's complete objective, evidence-based care needs assessments of adults with dementia, learning disabilities and autism. In many cases, individuals can demonstrate that they can live more independent lives.

[Activity monitoring for people with dementia, learning disabilities & autism | Just Checking](#)

Since 2022, a range of equipment has been accessed by commissioned care home and day service providers and Extra Care services using Ageing Well funding, including omivista

magic tables, RITA packages and other items of sensory equipment. Extremely positive feedback has been received by all providers about the benefits of this equipment.

The Council has launched a Darlington Digital Strategy which is an ambitious programme. It sets out a vision for digital capabilities that meet the range of needs of our community and workforce. This will support and enable effective service delivery.

Through the use of technology we will support people to:

- access to the information they need to make choices about their care and support
- engage with us in a way and at a time that suits them
- enable users of Adult Social Care services to have more access and ownership of their records
- support staff to have the tools, systems and equipment they need to do their jobs.

We will improve outcomes for people and allow better co-ordination of care across the NHS and Social Care. Working with teams, services, residents, carers and other organisations we will look at opportunities to:

- simplify processes
- provide greater accessibility through digital tools

Being Digital is about enabling and encouraging those who can use digital and online tools to do so. It is not about replacing our services with digital only options.

Making services available digitally can bring about many benefits:

- saving time and effort by making services available at a time suitable to users
- providing quick and appropriate channels when we are contacted for advice and support.

We are committed to user involvement, at every stage, and to continually develop and improve on what we have.

Messages to the market

- **We will continue to embed the Digital Strategy and further develop the use of Assistive Technology, with the aim of:**
 - **achieving the best possible health and wellbeing outcomes**
 - **supporting people to live independent and fulfilling lives in their own homes and communities**
 - **providing the highest-quality care.**

Community Equipment

Community equipment is currently commissioned jointly with Durham County Council and the ICB. One provider delivers the service.

The Council aim to support people to maintain their independence at home for as long as possible. Community equipment enables this by preventing, reducing or delaying conditions worsening, e.g., aiding mobility and balance, preventing pressure sores and preventing falls.

Community equipment supports the prevention of admissions to hospital and swift discharge from hospital. All equipment is provided to support people with eligible health or social care needs following an assessment.

We currently have some 16 prescribers in Darlington. We work closely with our NHS colleagues and have joint contractual arrangements in place for loan store provision. This provided 2190 items to Darlington residents of all ages last year, such as specialist beds and chairs. We also provided 1056 simple aids for daily living, e.g., walking frames, bath steps and commodes.

Messages for the market

- **We will continue to review the effectiveness of the current service delivery model and will be reprocurring the Community Equipment service with health partners in 2024/25.**

The Lifeline Service and Telecare

Further information about the Lifeline Service can be found on the link below

<https://www.darlington.gov.uk/media/15037/lifeline-leaflet.pdf>

At present, the DBC Lifeline Service currently supports 3,451 people in a range of settings which include:

- 802 people living in DBC sheltered and good neighbour accommodation across 14 separate housing schemes.
- 106 live within one of the 3 DBC Extra Care schemes.
- 774 live in DBC properties that are part of a housing complex, there are 11 schemes like this.
- 1250 live within their own homes.
- 213 people have been referred to our service by Adult Social Services; and
- 300+ live in other types of setting.

Telecare equipment is also delivered as part of this offer. Examples of Telecare equipment includes:

- fall detectors
- bed sensors
- chair sensors
- movement detectors
- bogus caller buttons
- temperature sensors

Tier 2 – Short term targeted support, support at home and alternative accommodation options for people with support needs

Day Opportunities

Individuals currently access day opportunities via a framework contract for older people and older people with mild to moderate, or severe and enduring mental health needs, or adults with mental health needs.

Day opportunities can also be accessed via spot contracts or Direct Payments and the Council also provides in house services for people with a learning disability.

The Council currently commissions support for 63 Darlington residents. The number of Older People accessing day opportunities has dropped from 47 (2017/18) to 17 (2022/23). The number of Working Aged Adults accessing day opportunities has also dropped from 100 (2017/18) to 46 (2022/23).

Messages for the market

- **We will be reviewing the way we deliver day opportunities with a focus on making more efficient use of our in house and commissioned services with the aim of: moving away from traditional models of support; maximising community assets (including culture and leisure facilities); helping people to get jobs or vocational activities, and helping more people be active in the community, supporting them to access mainstream community-based provision thereby reducing social isolation**
- **We will encourage services for working age adults that offer social enterprises and employment support, that remunerate individuals for their time and help them gain experience and qualifications, preparing them for the workplace**
- **Work is ongoing with providers to determine what types of support would appeal to current and potential future service users and how this is delivered. It is likely to include flexible provision that is available not only during the day but also at evenings and weekends**
- **We will not normally provide day opportunities for people who live in residential care or supported living but will expect their support staff to arrange activities with them**
- **The Council is seeking to ensure the availability of day opportunities for all adults and older people with eligible social care needs. This may be via Council commissioned services or funded by individuals via Direct Payments. We will not arrange formal day services where we can support people to make use of local community services and social networks**

Sheltered Housing and Extra Care

Sheltered Housing

Sheltered housing is self-contained accommodation which can vary in size and aims to provide a safe and secure environment that enables people to live independently. People in this type of housing have a tenancy arrangement (rent agreement) and it is therefore considered to be the person's own home. People living within sheltered housing are usually able to look after themselves with minimum support.

Sheltered housing offers affordable homes, social opportunities, scheme management support and everyday reassurance.

Darlington has a range of sheltered housing properties that are modern one and two bedroom apartments and bungalows with welcoming communal areas for social activities and useful facilities like level access wet rooms, hair salons, landscaped green spaces, laundry, and scooter storage areas.

There are three types of sheltered housing provided in Darlington:

- Hardwired schemes/warden call system and fire protection only. For people aged 55+. Ground floor accommodation where support is provided by the provision of telecare alarms and the responder service. The focus of this provision is on independence with the reassurance of remote support at the press of a pendant or pull of a cord. There is no on-site staff provision. There are currently 778 tenants living in these types of tenancies across 35 schemes
- Good Neighbour schemes. Ground floor accommodation for people aged 55+ with tenants having their own front door, access to a range of inclusive activities at a local community centre, a daily call and onsite support from a scheme manager to assist in times of poor health, crisis or when needed. There are currently 330 tenants living in Good Neighbour tenancies across 7 separate schemes
- Sheltered schemes for people aged 55+ Onsite scheme manager support, daily call and regular visit to maintain independence, health, mental health and wellbeing. Scheme managers do not provide personal care services but will work with agencies to facilitate packages of care and support for their tenants. There are currently 470 people living in sheltered accommodation and there are 7 schemes like this.

Extra Care

Extra Care provides a purpose-built environment that is community friendly (has communal areas that can support outreach to vulnerable people), promotes independence and is flexible in terms of meeting the changing needs of individuals as they age. The Housing LIN (Learning and Improvement Network) has evidenced that the right model of Extra Care can reduce the need for residential care placements.

There are 4 extra care schemes operating within Darlington with 155 units available across the borough. The schemes predominantly serve people aged 55 and over, are a mixture of council and social rented tenure and are supported by a single home care provider under council contract.

DBC operates 3 extra care schemes, but also works in partnership with Anchor Housing to provide the fourth scheme. The 4 schemes in place are:

- Dalkeith (DBC)
- Rosemary (DBC)
- Oban Court (DBC)
- Mayflower (Anchor Housing).

Across these schemes the residents must meet the criteria of being 55 years old and must have an assessed care need. DBC commissions the regulated care provider which is Making Space.

At the moment, there are 148 people living across DBC's schemes and there is capacity of 155. We currently have 7 vacancies in the Council run schemes with a further 3 vacancies in the Anchor Housing scheme. Therefore, the demand for older people requiring extra care is not immediately required as there is no waiting list and sufficient capacity. It is also DBC's commissioning intentions to support people to live at home and to maintain their independence.

Further information on all of the above schemes as well as Extra Care can be found on the link below

[Darlington BC - 50+ Housing](#)

Messages for the Market

- **We will continue to review alternative accommodation options for people with support needs including our extra care and sheltered accommodation provision, to ensure future demand can be met, determine the need for further provision and identify potential solutions such as Apartment Schemes for younger adults with disabilities.**
- **We will be increasing the use of the most up to date Assistive Technology and equipment to enable people to live independently for as long as possible.**
- **We will be considering extra care models when considering accommodation options for our immediate priorities in terms of demographics, which are:**
 - **younger adults (18 – 65 years), who have a learning disability, autism diagnosis and/or mental health problem. This is also the area which is most challenging in terms of increasingly complex cases and a less stable provider market.**
 - **people with complex care needs who are being discharged from acute in-patient settings**
 - **people with learning disabilities and mental health needs who are on the cusp of turning 65+**
 - **children and young people who were previously in the ‘Looked After’ care system and who are transitioning to adulthood and require supported living arrangements.**

Rapid Response

The Rapid Response service is delivered by 1 provider and facilitates people returning home from hospital when they are medically fit.

The service is designed to provide a short period of support, usually up to 6 weeks, to enable the person to regain the skills and confidence that may be lost due a stay in hospital. Rapid Response intervention can prevent the person from needing to access residential care, enabling people to continue their journey to wellness in familiar surroundings with the appropriate level of support.

The Rapid Response service is stepped up to support winter pressures, ensuring that there is patient flow within the borough’s hospitals and that beds don’t become blocked with patients who are well enough to be discharged but have some ongoing care and support needs.

The Rapid Response Service and in-house Reablement team work together to ensure support packages are put in place as effectively as possible. We have a target of 92.5 for the % of people discharged to their usual place of residence, which this service continues to meet.

The core contract is for 175 hours per week, with the availability of a further 75 hours per week (total of 250 hours per week) commissioned via Adult Social Care Discharge Fund monies. Usage of the service fluctuates, increasing to approximately 300 hours per week during the winter period.

Messages for the market

- **The Council is anticipating no change to the current model of delivery which is evidenced to be working well. However, we will be reviewing this service to ensure it is maximising its function in terms of preventing hospital admissions.**
- **We will continue to support the rapid response contract and its important role in supporting hospital discharges.**

Homecare and Supported Living

There are 16 commissioned homecare providers on the current Homecare and Support contract. The care is commissioned in 7 Lots. Lots 1-3 provide standard homecare support lots 4 – 6 provide specialist homecare support to people with more complex needs and Lot 7 provides homecare to vulnerable families with children.

In 2022/23 we commissioned homecare and supported living for approximately 753 people (471 older people and 282 working aged adults). In 2017/18, 909 people were being supported and although the number of working aged adults receiving this support has increased from 246 to 282, the overall decrease is as a result of a reduction in usage by older people (from 663 to 471).

Standard Homecare

Lots 1 and 2 are in zoned areas with guaranteed hours and are covered by 2 prime providers to support people with eligible standard care needs. The 2 prime providers are currently supporting 303 people. Lot 3 includes 10 further providers, who are offered the packages of care if the prime providers are unable to accommodate. Unfortunately, Lot 3 providers are not picking up standard care packages as much as anticipated, and mainly concentrate on specialist packages. This has meant many standard care packages are being ‘picked up’ by ‘off framework’ providers. This is something which we hope to tackle with the re-procurement of this contract.

This service model has worked well, evidenced by how effectively it supported people over the pandemic period and during winter when pressure in the system is greatest. The current contract will require a re-procurement in 2024/25.

Both prime providers have experienced recruitment and retention shortfalls. The Council has ensured that all non-recurring government funding is channelled to support payment of mileage and recruitment and retention in this sector.

There is also a lack of care workers who are able to drive, which makes it harder for those providers to pick up packages of care that are more rural and away from bus routes.

We are aware that low pay is preventing providers recruiting and maintaining staff, resulting in high levels of turnover and a less experienced workforce. This has caused blockages in sourcing and allocating care packages.

Specialist Homecare

The following lots for Specialist homecare are under our current Domiciliary Care - Contract for the Provision of Home Care and Support:

- LOT 4 – Specialist Support for People with a Learning Disability / Learning Impairment
- LOT 5 – Specialist Support for People with Mental ill health including people with an additional Dementia diagnosis
- LOT 6 – Specialist Support for People who have Autism, Including Asperger's Syndrome

There are currently 8 providers supporting 74 people on framework and 6 providers supporting 8 people off framework.

Supported Living

Supported Living services are currently delivered in 3 Lots as part of our contract for the provision of Home Care and Support

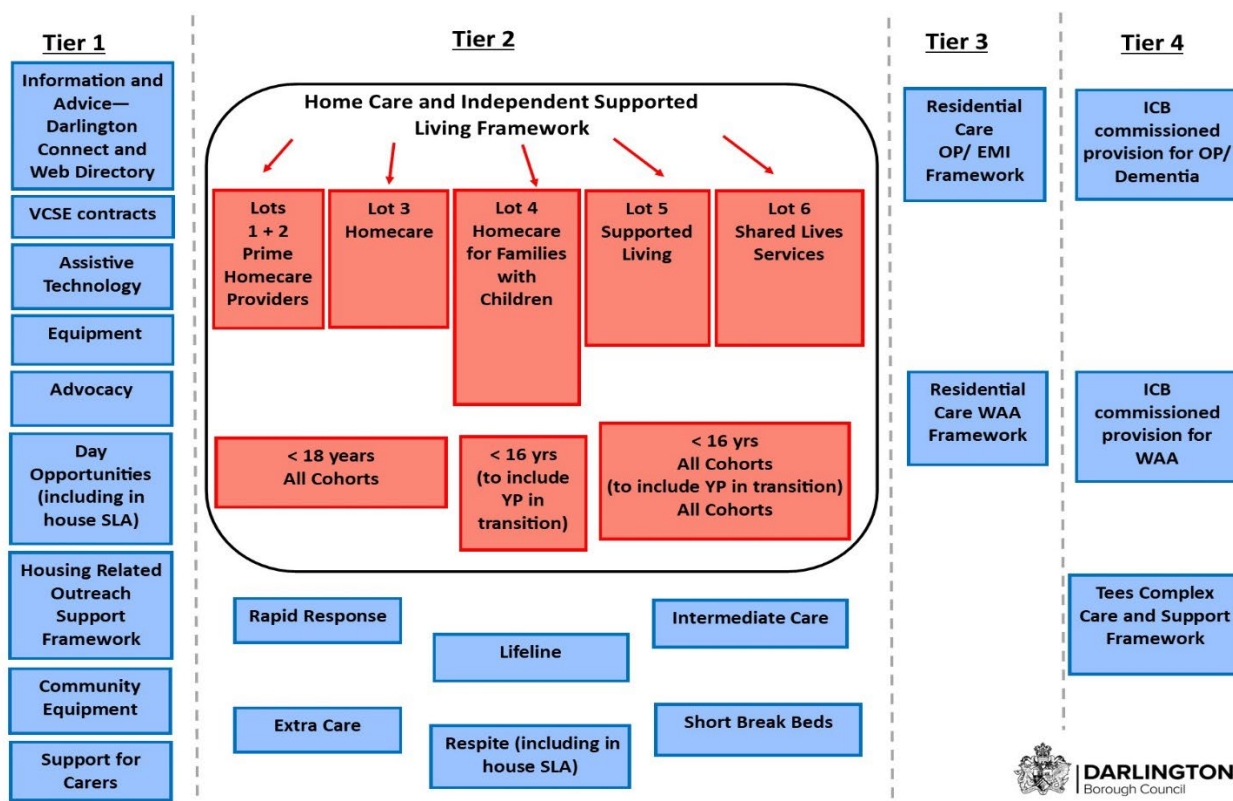
- LOT 4 – Specialist Support for People with a Learning Disability / Learning Impairment
- LOT 5 – Specialist Support for People with Mental Ill Health Including People with an additional Dementia Diagnosis
- LOT 6 – Specialist Support for People Who Have Autism, Including Asperger's Syndrome

9 providers currently support 115 people on this contract and 7 providers currently support 13 people off framework.

A Tees Valley Complex Care & Support Framework is in place which will support all people including those with a Learning Disability and/or Mental Health Needs, with more complex

and/or more challenging care and support needs (Learning Disabilities with concurrent needs).

We have undertaken a full service review and have designed and developed the future model, service specification and associated quality assurance process in partnership with providers and operational social work staff. The proposed service model is highlighted in the diagram below:



- The following Lots make up the proposed Homecare and Supported Living Services:
 - Lot 1 – Homecare Service Prime Provider:** Care and Support including personal care and any other activity agreed to meet the Service User’s outcomes, delivered to Service Users eligible for support under the Council’s Eligibility Criteria within the geographical area, hereafter to be known as **Zone 1**.
 - Lot 2 - Homecare Service Prime Provider:** Care and Support including personal care and any other activity agreed to meet the Service User’s outcomes, delivered to Service Users eligible for support under the Council’s eligibility criteria within the geographical, hereafter to be known as **Zone 2**.
 - Lot 3 – Homecare:** Care and Support including personal care and any other activity agreed to meet the Service User’s outcomes, delivered to Service Users

eligible for support under the Council's Eligibility Criteria where the support is not able to be delivered by the Service Provider within Lots 1 and/or 2, or the Service User lives/moves into Supported Accommodation and has been assessed as requiring standard support to meet their assessed needs.

- **Lots 1,2 and 3 will include Reablement** - which supports people to “do things for themselves, rather than having things done for them”. It is an intensive programme which is time limited, up to 6 weeks, however, is usually delivered within a two week period. Its aim is to help people live as independently as possible by learning or re-learning the skills necessary for daily living, preventing unnecessary hospital admission and/or residential care, supporting hospital discharge and supporting people to live as independently as possible at home.
- (d) **Lot 4 - Homecare for Families with Children:** Care and support including personal care and any other activity agreed to meet the Service User's outcomes, delivered to Service Users eligible for support under the Council's Eligibility Criteria, for Families with Children
- (e) **Lot 5 - Supported Living:** Care and Support including personal care and any other activity agreed to meet the Service User's outcomes, delivered to Service User's eligible for support under the Council's Eligibility Criteria where the support can be provided in a Supported Accommodation setting.
- (f) **Lot 6 - Shared Lives:** The skills and knowledge required to deliver Services within each of the above Lots are detailed in Appendix 1 (Standards and Outcomes of Care).

Messages for the Market

- **We want to move away from specialist care definitions just because an individual has a diagnosis of Learning Disability and/or Mental Health need. Therefore, for all standard homecare the Council will incorporate the following user groups**
 - **Older people**
 - **People with dementia**
 - **People with physical disabilities**
 - **People with learning disabilities and/or autism**
 - **People with mental health needs**
- **We want to support and develop providers who throughout the challenges of the pandemic and winter pressures have delivered services and worked in partnership with us to prevent delayed discharges and unnecessary hospital admissions**
- **We want to make it easier for new providers to enter the market, and to build capacity and sustainability for providers. We recognised the need to diversify the market and will be looking to develop microenterprises and newly started businesses. We are also interested in working with providers who operate cooperative models of service delivery**
- **As part of the procurement, we will need to mitigate against the recruitment and retention challenges, and will be working with providers to address issues such as care workers' transport and mileage payments**

Messages for the Market specifically for Supported Living

We will:

- **Commission a Dynamic Purchasing System for the provision of Supported Living for all people with standard care eligibility.**
- **We want to develop Learning Disabilities services that plan to meet needs through people's whole life. Services will be expected to focus on reducing long term dependency and enabling people to reach their full potential. We will commission services in ways that reward providers for reduced dependency**
- **We want to work in partnership with providers to plan to meet the needs of young people who are transitioning into adulthood, and to improve outcomes for children and young people with mental health issues and Learning Disabilities**
- **We want to work with partners to reduce incidence of mental ill-health and to reduce the levels of suicide and prevalence of common mental ill health conditions. We will be focussed on commissioning mental health services that enable recovery, reduce longer-term dependency, and maximising community and employment-based activities**
- **We want to work with providers to further understand how we could implement Individual Service Funds which would support people to have more control of their service provision without having the full responsibility of a direct payment**
- **We want to make it easier for new providers to enter the market, and to build capacity and sustainability for providers. We recognised the need to diversify the market and will be looking to develop microenterprises and newly started businesses. We are also interested in working with providers who operate cooperative models of service delivery**
- **We want to develop a Shared Lives offer for people. "Shared Lives offers people who require care and support the opportunity to live independently in the community and can be an alternative to living in a care home, housing with care or housing with support. The Shared Lives scheme matches people who need care and support with an approved carer. The carer shares their family and community life and gives care and support to the person with care needs. Some people live with their Shared Lives carer, while others are regular day-time visitors. Some people combine day-time visits with overnight stays." SCIE. More information on this model can be found in the link below**
[Shared Lives as a model for housing with care and support - SCIE](#)
- **For the small number of people who have the most complex and/or challenging care support needs we will utilise Tees Valley Complex Care & Support Framework.**

Intermediate Care, Short Break Stay and Respite

The Council and health Partners purchase a number of Intermediate, Short Break Stay and Respite beds from service providers in Darlington to ensure appropriate support services are provided to people after leaving hospital or when they are at risk of being sent to hospital.

There are a number of factors which require an intermediate, short break or respite stay, for example:

- Support or respite for the carer or the cared for person to avoid carer breakdown or relieve pressure.
- to ensure appropriate support services are provided to people after leaving hospital
- to ensure support term residential support for person to avoid/prevent a longer-term residential stay or possible prevention of admission to hospital
- to provide short term (intermediate) care for a person requiring rehabilitation or therapy to enable a return home.

In 2022/23, 369 people were placed in short break stays (332 older people and 37 working aged adults). This number has seen a large increase since 2017/18 when 279 people were supported in this way (249 older people and 30 working aged adults).

Intermediate care helps people to avoid going into hospital unnecessarily and helps people to be as independent as possible. Currently this support is commissioned by health colleagues in the Integrated Care Board.

Messages to the market

New national guidance was published in 2023

[NHS England » Intermediate care framework for rehabilitation, reablement and recovery following hospital discharge](#)

We are working with health colleagues to review the current Intermediate Care offer focussing on:

- **Recuperation/recovery – following accident, illness or crisis, giving the individual the opportunity to become fully recovered**
- **Rehabilitation – clinical and therapeutic help input to maximise ability and regain strengths and skills**

We want to work with providers who actively support people to maintain, regain or improve a person's independence and avoid a reliance on longer term residential care.

Tier 3 – Longer Term formal Support (Residential and Nursing Care)

Residential and Nursing Care for Older People

Within Darlington there are 20 residential care homes for older people, 19 of which are contracted under our framework agreement. Most care homes are located within the town centre, with 2 in the surrounding villages.

The provider types are a mix of large corporate organisations through to single family-owned care homes. These care homes vary between purpose built and repurposed properties. They vary between 100 bedded homes down to 22 bedded.

The COVID-19 pandemic had an impact on care home occupancy rates, however, these are now recovering to pre pandemic levels. Capacity has remained static with no provider failures since 2018. The occupancy of the care homes located in the surrounding villages is lower due to their geographical location. Average occupancy rates are 82 – 89% (excluding the pandemic period) Two thirds of care homes have occupancy rates of 90%.

The number of people placed in homes with nursing care needs has reduced dramatically from 134 in 2017/18 to 78 in 2022/23.

We are placing significantly more **older people** in care homes than the England average. In 2022/23 this was [736.4](#) admissions per 100,000 adults aged 65+ in the population for Darlington, compared to [560.8](#) nationally. In 2021/22 these rates were at [605.5](#) for Darlington and [538.5](#) nationally. Although we have been seeing a decrease in the number of people placed in care homes since 2017/18, this has started to increase slightly in 2022/3.

The quality of the residential care market had deteriorated during the COVID-19 period, however this is a constantly improving picture with 18 care homes being CQC assessed as 'good', 2 as 'requiring improvement' and none as 'inadequate'.

The Council closely monitors the quality of care through regular announced and un-announced visits. Where concerns are identified, action is taken to support the provider to make the necessary improvements.

During the pandemic, recruitment and retention of qualified nursing staff and other staff members was stable, however providers are now reporting that they are struggling to maintain staff. There is a particular issue with the recruitment and retention of registered managers.

Messages to the market

- **The residential care market is stable and occupancy rates have recovered. The Council feels it has sufficient supply of residential care and it offers local people a good choice. We would not therefore encourage new care homes to be built within Darlington, however, we will encourage current care homes to modernise their building where possible, for example ensuring the access and usage of new technology**
- **Nursing care is currently commissioned by the Integrated Care Board (NHS) in Darlington. There is less choice of nursing care homes providing EMI and there is a national nursing shortage.**
- **We will only arrange residential and nursing care for people with the highest levels of need: typically, those with frailty, complex needs, multiple long-term conditions and/or dementia, where those needs cannot be met at home**
- **We will not place people in long term residential care if we can support them at home or in a setting which provides accommodation with care (either Extra Care or sheltered housing)**
- **Whilst some people do require longer term formal support such as residential or nursing care, a strength based approach should still be at the heart of service delivery.**
- **Where possible people should be supported to move on to services provided in other Tiers of support. Providers should also utilise services offered by mainstream community-based providers (Tier 1).**
- **We will be reletting our contract for Residential and Nursing Care for Older People in 2024. As part of this work, we will be reviewing the outcomes being delivered in partnership with providers, service users and their families, and the associated Standards and Outcomes of Care.**
- **The Council recognises that the sector is facing significant challenges such as inflation related costs, an increase in operational costs, recruitment and retention, and the move of small providers leaving the market, or merging with national providers. The Council, through our commissioning intentions, aim to support providers to build resilience to enable them to mitigate these challenges.**

Residential Care – Younger Adults

Current placements are made via the Disabled Adults Residential Framework or, if need cannot be met via these providers, direct awards are made 'off framework'.

We currently have 26 placements in 37 properties with 7 on framework providers and have 26 placements with 13 off framework providers. The number of people placed in nursing care has decreased from 17 in 2017/18 to 12 in 2022/23.

Although the number of people placed in residential care has also reduced from 73 in 2017/18 to 54 in 2022/23, we still place more working aged adults in care homes than the England average. In 2022/23 this was [17.3](#) admissions per 100,000 working age adults in the population for Darlington, compared to [14.6](#) nationally. In 2021/22 these rates were at [12.8](#) for Darlington and [13.9](#) nationally.

Messages for the Market

- **We are looking to reduce the number of working aged adults in residential care, however, we would consider developing or working with new schemes, companies or services who are small, personalised, accessible and local. Any developments would be done in consultation with the council and local community.**
- **Working age adults is a priority and we will look to review and re-procure residential care across working age adults.**
- **We will only arrange residential and nursing care for people with the highest levels of need: typically, those with frailty, complex needs, multiple long-term conditions and/or dementia, where those needs cannot be met at home**
- **We will not place people in long term residential care if we can support them at home or in a setting which provides accommodation with care (either Extra Care/ Apartment Schemes, Supported Living or alternative offers including Shared Lives schemes)**
- **Whilst some people do require longer term formal support such as residential or nursing care, a strength based approach should still be at the heart of service delivery**
- **We want to work with providers with the aim of developing improved pathways to independence where people. Where possible people should be supported to move on to services provided in other Tiers of support.**
- **We want to explore the use of short term stays/offers to enable transitions in life stages or at times of crisis**
- **We will collaborate with the NHS and the VCSE to provide wrap around care and support in advance of crisis to keep people at home and reduce the need for residential care or hospital admissions.**

APPENDIX 1: KEY POPULATION DEMOGRAPHICS – Note whilst the effects of demographic changes over time are important in predicting future needs, there is not a definitive correlation between the anticipated level of growth in key population groups and subsequent demand for statutory commissioned services. The use of technology and the way in which care and support is delivered can mitigate against demographic trends

| Condition | Percentage change 2023 2030 (%) | Percentage change 2023 2040 (%) |
|---|------------------------------------|------------------------------------|
| Living Alone | 14.12% | 30.45% |
| Living in a care home | 16.19% | 46.97% |
| Require help with at least one domestic task | 15.92% | 33.96% |
| Require help with at least one self care activity | 16.23% | 33.22% |
| Limiting Long term illness that effects day today activities a little | 14.65% | 29.28% |
| Limiting Long term illness that effects day today activities a lot | 14.94% | 32.63% |
| Falls | 16.20% | 32.54% |
| Falls hospital admissions | 20.94% | 43.43% |
| Dementia | 19.87% | 46.42% |
| Cardiovascular disease | 14.95% | 29.81% |
| Depression | 14.62% | 27.36% |
| Severe Depression | 14.53% | 30.89% |
| Bronchitis/Emphysema | 15.04% | 28.07% |
| Obesity | 14.89% | 26.63% |
| Moderate or severe visual impairment | 15.34% | 33.85% |
| Continence People to have a bladder problem at least once a week | 14.81% | 31.10% |
| Moderate/some hearing loss | 16.68% | 34.84% |
| Severe Hearing Loss | 23.06% | 46.34% |
| Mobility people unable to manage at least one activity on their own | 15.85% | 37.51% |
| Diabetes | 15.32% | 27.02% |
| Autistic Spectrum Disorders | 15.77% | 27.93% |
| Learning Disability | 15.04% | 29.07% |
| Unpaid Carers | 14.65% | 24.42% |

Population aged 65 and over

Source: [Projecting Older People Population Information System \(poppi.org.uk\)](https://poppi.org.uk/)

Population aged 18-64

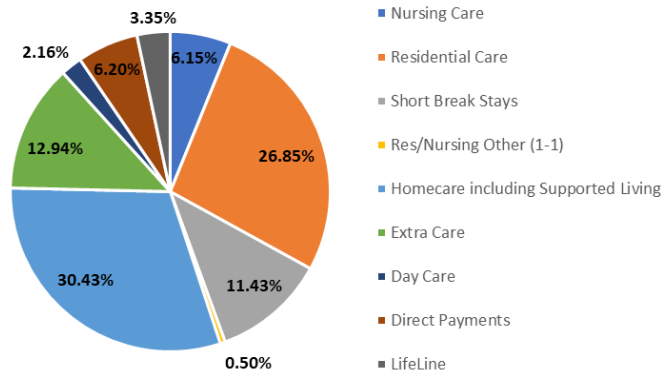
| Condition | Percentage change 2023 2030 (%) | Percentage change 2023 2040 (%) |
|--|---------------------------------|---------------------------------|
| Learning Disability | 2.88% | 6.10% |
| Autistic Spectrum Disorders | 3.65% | 6.97% |
| Challenging Behaviour (With learning disability) | 3.57% | 7.14% |
| Down's Syndrome | 2.63% | 5.26% |
| Impaired Mobility | 4.41% | 12.04% |
| Moderate personal care disability | 4.66% | 10.55% |
| Serious personal care disability | 4.26% | 9.57% |
| Longstanding health condition caused by a stroke | 4.98% | 8.46% |
| Diabetes | 4.73% | 9.55% |
| Serious Visual Impairment | 2.50% | 7.50% |
| Moderate Hearing Impairment (some hearing loss) | 4.49% | 11.59% |
| Significant Hearing Impairment (Severe Hearing Loss) | 3.99% | 12.72% |
| Common Mental Health Disorder | 2.97% | 6.22% |
| Antisocial Personality Disorder | 3.34% | 6.64% |
| Alcohol related Health Problems | 3.58% | 7.38% |
| Drug dependence | 1.05% | 3.96% |
| Early Onset Dementia | 3.33% | 13.33% |
| Survivors of sexual abuse | 2.88% | 6.12% |
| Suicide rate | 0.00% | 0.00% |

Source: [Projecting Adult Needs and Service Information System \(pansi.org.uk\)](https://pansi.org.uk)

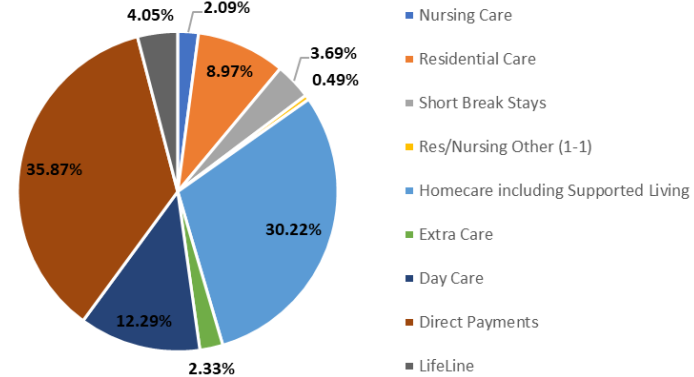
APPENDIX 2 – USAGE AND SPEND

| Number of Individuals | 2017/18 | | 2019/20 | | 2022/23 | | 2023/24 (Feb 24) | | Prediction 2030 | |
|--------------------------------------|--------------|--------------------|--------------|--------------------|--------------|--------------------|------------------|--------------------|-----------------|--------------------|
| | Older People | Working Age Adults | Older People | Working Age Adults | Older People | Working Age Adults | Older People | Working Age Adults | Older People | Working Age Adults |
| Nursing Care | 134 | 6.15% | 17 | 2.09% | 73 | 3.01% | 6 | 0.46% | 78 | 3.40% |
| Residential Care | 585 | 26.85% | 73 | 8.97% | 536 | 22.13% | 57 | 4.36% | 493 | 21.47% |
| Short Break Stays | 249 | 11.43% | 30 | 3.69% | 343 | 14.16% | 30 | 2.30% | 391 | 17.03% |
| Res/Nursing Other (1-1) | 11 | 0.50% | 4 | 0.49% | 5 | 0.21% | 3 | 0.23% | 8 | 0.35% |
| Homecare including Supported Living | 663 | 30.43% | 246 | 30.22% | 556 | 22.96% | 391 | 29.94% | 471 | 20.51% |
| Extra Care | 282 | 12.94% | 19 | 2.33% | 146 | 6.03% | 49 | 3.75% | 136 | 5.92% |
| Day Care | 47 | 2.16% | 100 | 12.29% | 25 | 1.03% | 53 | 4.06% | 17 | 0.74% |
| Direct Payments | 135 | 6.20% | 292 | 35.87% | 76 | 3.14% | 286 | 21.90% | 69 | 3.01% |
| LifeLine | 73 | 3.35% | 33 | 4.05% | 106 | 4.38% | 40 | 3.06% | 162 | 7.06% |
| | 2179 | | 814 | | 2422 | | 1306 | | 2296 | |
| Cost Per Year | £ | £ | £ | £ | £ | £ | £ | £ | | |
| Nursing Care | £2,192,421 | £527,151 | £1,687,297 | £355,870 | £2,074,835 | £519,148 | £2,303,777 | £583,755 | | |
| Residential Care | £11,134,051 | £4,171,939 | £11,246,581 | £3,348,088 | £11,470,104 | £3,317,443 | £12,113,292 | £3,240,044 | | |
| Short Break Stays | £692,274 | £240,984 | £1,377,224 | £430,072 | £2,442,187 | £796,673 | £2,272,962 | £538,887 | | |
| Res/Nursing Other (1-1) | £149,424 | £42,956 | £98,174 | £49,088 | £154,367 | £136,373 | £282,875 | £172,155 | | |
| Extra Care | £1,234,260 | £164,832 | £989,506 | £321,993 | £1,084,300 | £263,866 | £976,638 | £279,527 | | |
| Day Care | £97,982 | £362,849 | £74,804 | £257,881 | £57,169 | £330,720 | £67,692 | £377,318 | | |
| Direct Payments | £987,757 | £3,356,428 | £872,243 | £4,582,634 | £808,183 | £4,586,042 | £598,101 | £4,007,246 | | |
| LifeLine | £7,574 | £8,592 | £14,192 | £9,737 | £29,110 | £19,659 | £34,363 | £24,265 | | |
| Home Care including Supported Living | £2,280,280 | £3,893,089 | £2,530,261 | £5,844,820 | £3,186,001 | £7,602,812 | £3,357,082 | £7,427,609 | | |

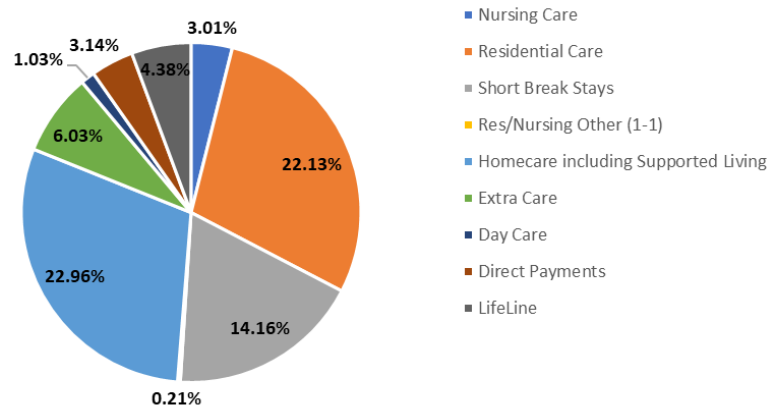
Older Persons 2017/2018 Market Share



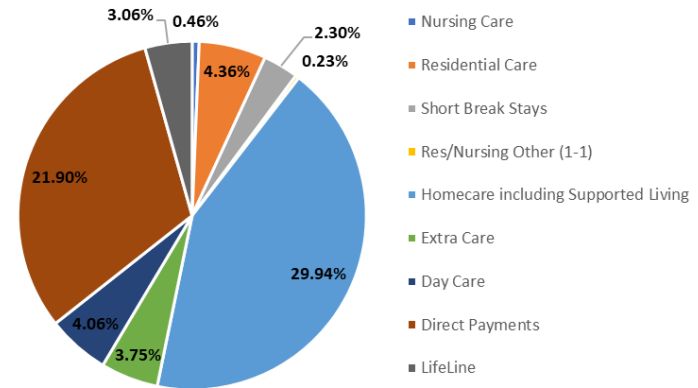
Working Aged Adults 2017/2018 Market Share



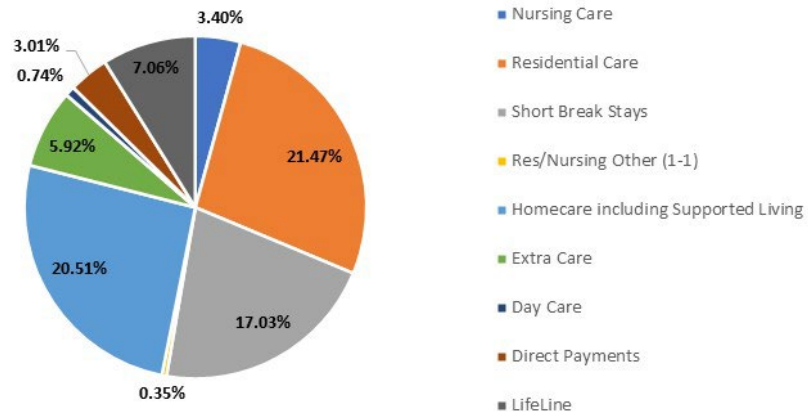
Older Persons 2019/2020 Market Share



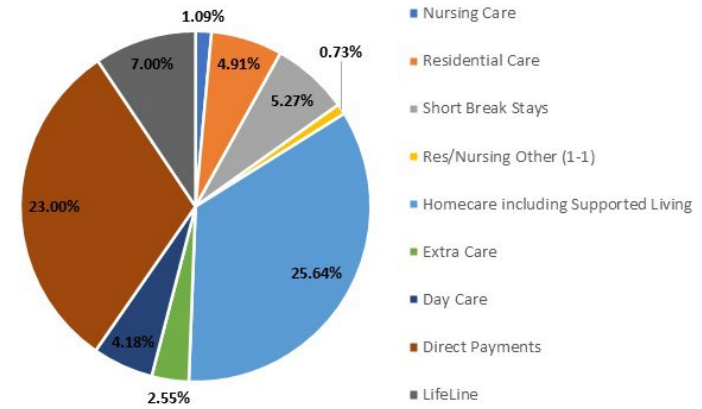
Working Aged Adults 2019/2020 Market Share



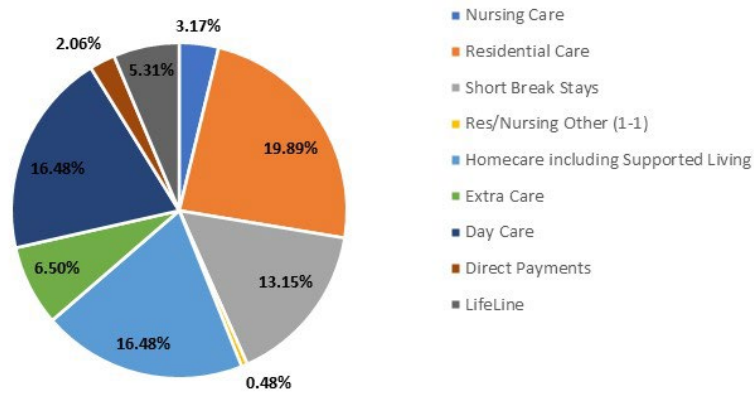
Older Persons 2022/2023 Market Share



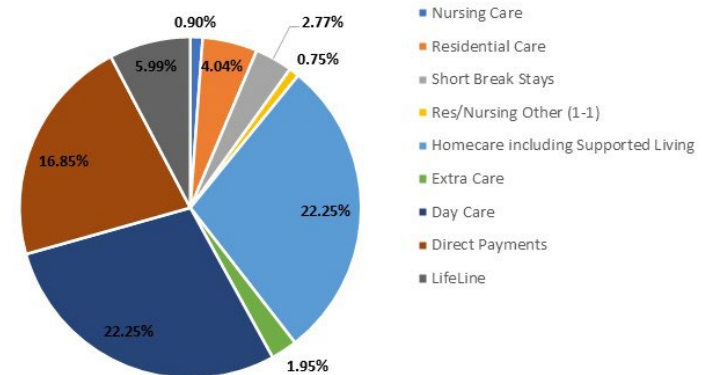
Working Aged Adults 2022/2023 Market Share



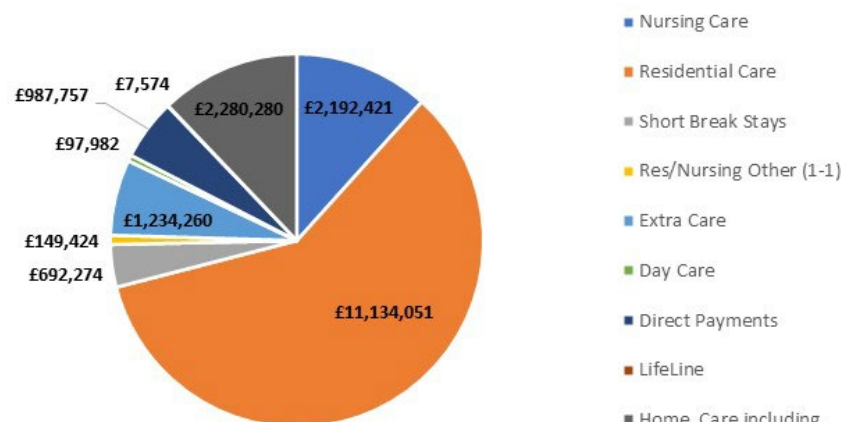
Older Persons 2023/2024 (to Feb 2024) Market Share



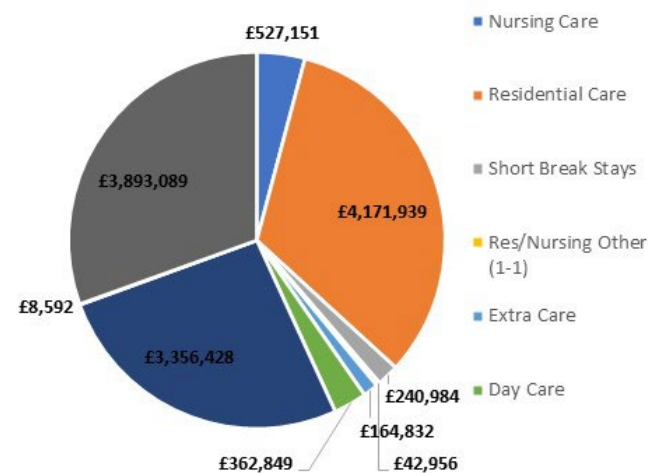
Working Aged Adults 2023/2024 (to Feb 2024) Market Share



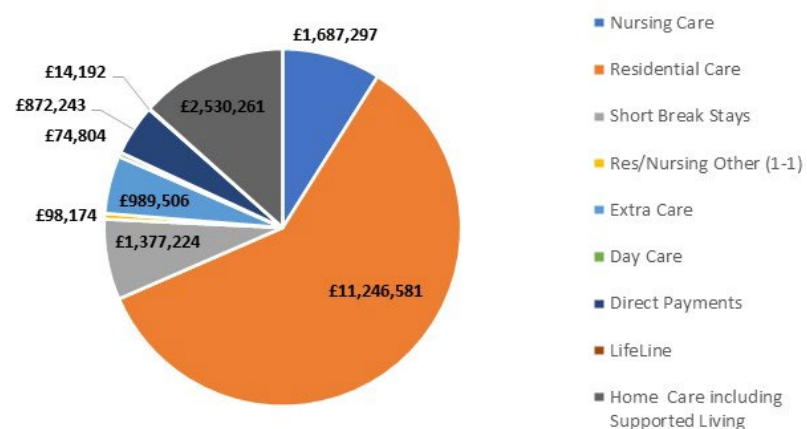
Older Persons 2017/2018 Costs



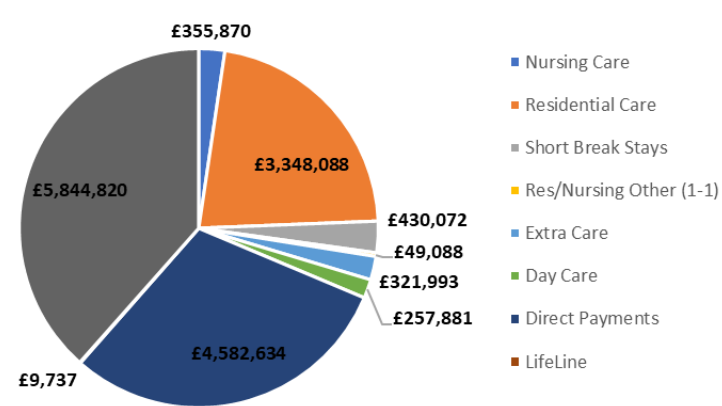
Working Aged Adults 2017/2018 Costs



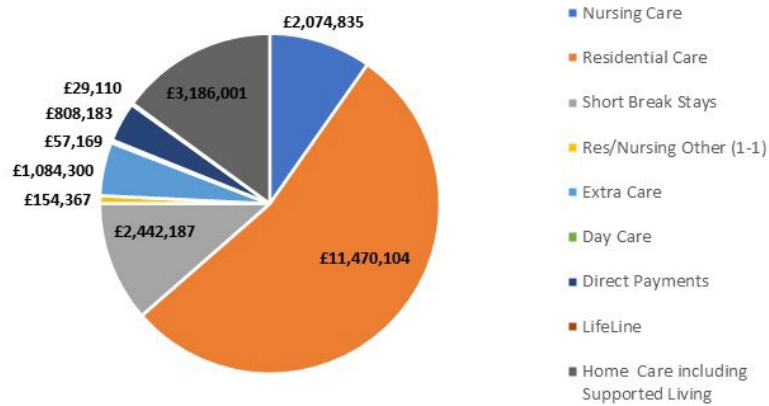
Older Persons 2019/2020 Costs



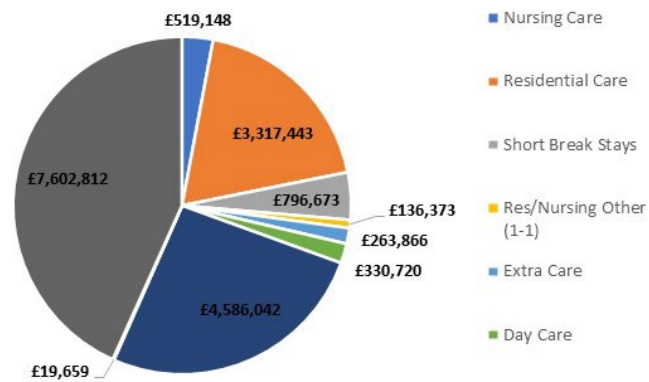
Working Aged Adults 2019/2020 Costs



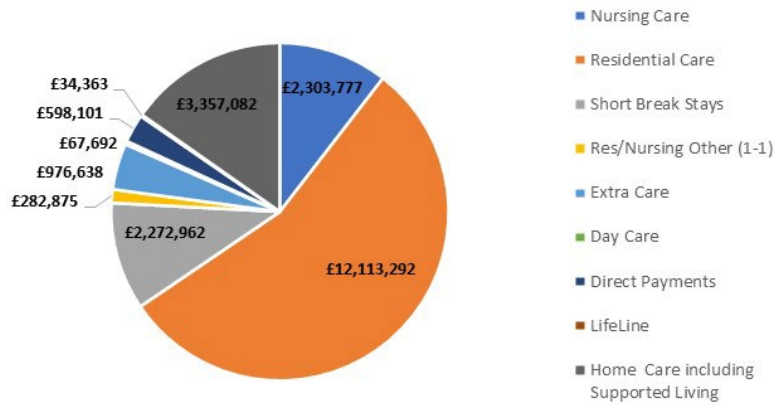
Older Persons 2022/2023 Costs



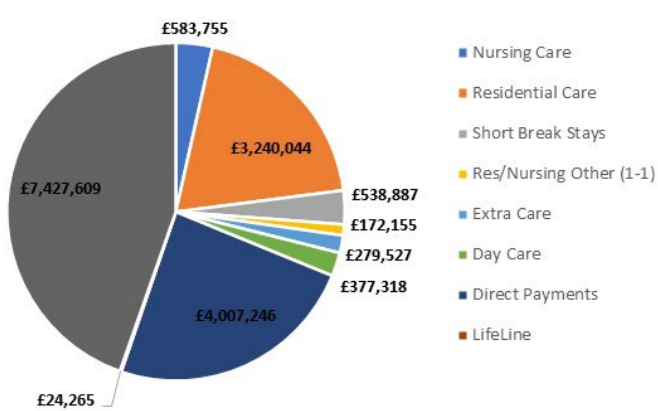
Working Aged Adults 2022/2023 Costs



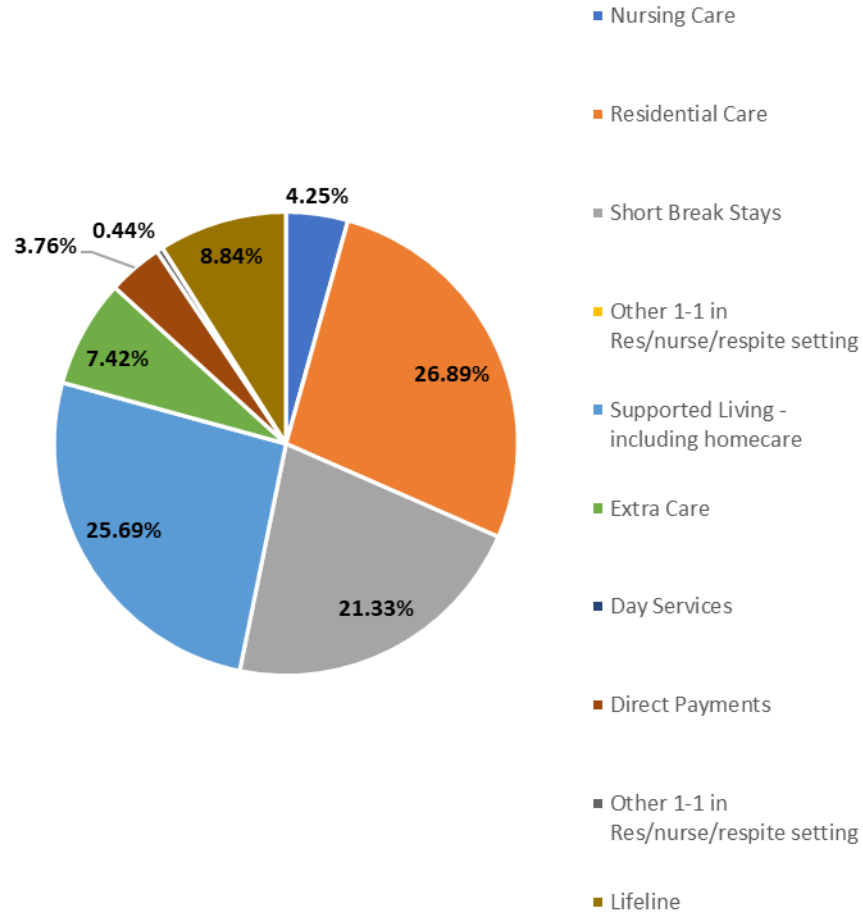
Older Persons 2023/2024 Costs - (Feb 24)



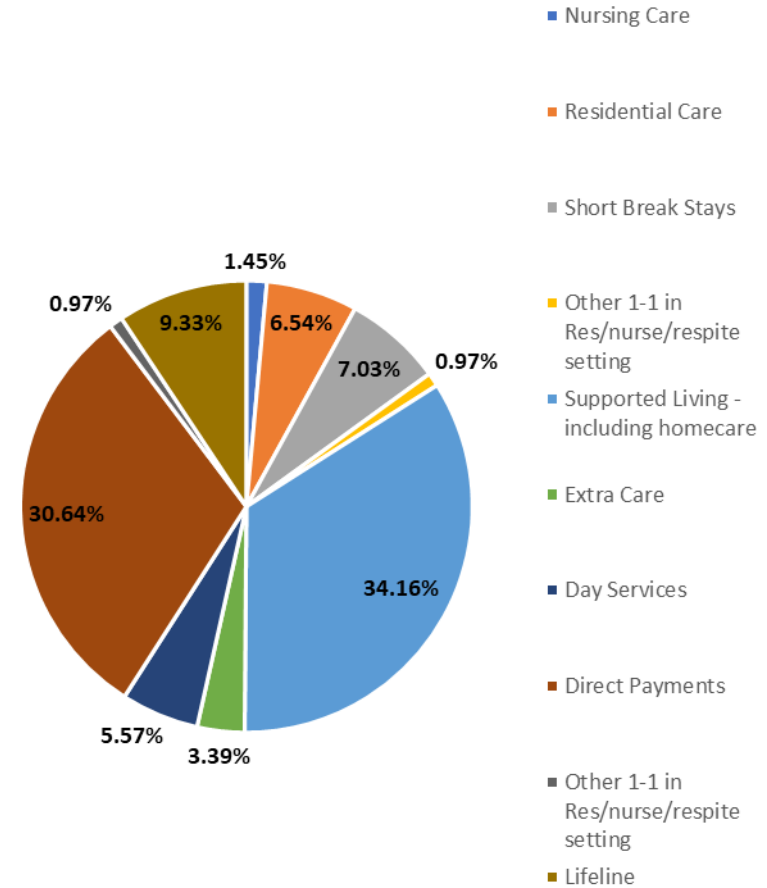
Working Aged Adults 2023/2024 Costs - (Feb 24)



Older People 2030 Predicted Market Share



Working Age Adults Predicted 2030 Market Share



APPENDIX 3 - PLANNED MARKET ENGAGEMENT, PROVIDER FORUM AND SERVICE USER, FAMILY AND CARER ENGAGEMENT ACTIVITY FOR 2024 – 2025

| | AREAS OF FOCUS | DATES |
|--|--|--|
| Provider Forums | | |
| Homecare and Extra Care | <p>Monthly meetings covering a range of topics including:</p> <ul style="list-style-type: none"> • Contract relet update • Reviewed Quality Assurance process • Sharing of good Practice • Key information sharing from ICB, TEWV and primary care colleagues and other key partners • | Tuesday 7th May 1.30-3 and 6-weekly thereafter (Up to May/June 2025) |
| Supported Living | <ul style="list-style-type: none"> • Contract relet update • Reviewed Quality Assurance process • Accommodation with care and support strategy and AAG • Sharing of good Practice • Key information sharing from ICB, TEWV and primary care colleagues and other key partners • | Thursday 25th April 10-11.30 and 6-weekly thereafter (Up to May/June 2025) |
| Residential Care | <ul style="list-style-type: none"> • Reviewed Quality Assurance process • Sharing of good Practice • Key information sharing from ICB, TEWV and primary care colleagues and other key partners | Wednesday 22nd May 10-11.30 and 6-weekly thereafter (Up to May/June 2025) |
| VCSE | Monthly meetings covering a range of topics | Please contact the Commissioning Team for dates |
| Market Engagement Sessions, Provider Events and Service User, Families and Carers Events | | |
| A series of sessions covering services commissioned by DBC including residential care, homecare and extra care, supported living, day opportunities and advocacy | | To run throughout 2024 and 2025. Please contact the Commissioning Team for dates |

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