

Introduction

Writing an annual report on adult social care in Devon gives us the opportunity to reflect on how well we are meeting the needs of our population, responding to local as well as national priorities.

2015 has been a year of significant change, and despite the financial challenges we face, independent evaluation suggests we continue to do well, and know where we need to improve.

This year we have involved some of the people who use our services and their carers in the production of the report to make it more useful to them and better reflect their lived experience.

They asked us to report against the priorities expressed in our vision for adult social care which they helped us develop:

- To ensure that people using services feel safe
- To reduce or delay any need for long-term care and support
- To expand the use of community-based services and reduce the use of institutional care
- To ensure that people have a positive experience of social care services
- To ensure the social care workforce can deliver effective, high quality services

We have also involved members of the Council who scrutinise adult social care services to demonstrate our democratic accountability.

We hope that you find our annual report for 2015 informative. If you'd like to make any comments regarding the content of the report, or about its presentation, please let us know by emailing peopleservices-mailbox@devon.gov.uk.



Jennie Stephens
Strategic Director:
People



Councillor Stuart Barker
Cabinet Member:
Adult Social Care

Executive Summary

We are performing well:

- In the overall satisfaction levels of people receiving services and their carers expressed through surveys
- In giving people more choice in and control over the care they receive through personal budgets and in particular direct payments
- In maintaining people in their own homes rather than in residential and nursing settings wherever possible

We need to improve:

- By working together across health and social care to reduce the number of people being admitted into hospital when they could be better supported at home and those experiencing delays in their discharge from hospital
- The reach of social care reablement so that more people benefit by improving their capacity to live independently
- The responsiveness and timeliness of assessments and reviews
- The consistency and quality of practice

Significant achievements over the last year include:

- Implementing changes in our care management system to ensure we are compliant with the Care Act
- Enhancing our approach to the quality assurance and improvement of commissioned care services
- Living within budget while maintaining good performance comparative to others

Our challenges for the year include:

- Making sure we have sufficient, affordable and good quality care to support people at home wherever possible, and in a residential or nursing settings when required
- Developing the strengths of people, families and communities to support each other in living as independently as possible
- Ensuring the availability of good quality information and advice
- Further developing services to help people regain and maximise their independence
- Continuing to live within our means when there are demographic, demand and inflationary pressures on our budget

The priorities our leadership team have set are:

- Working with partners to improve safeguarding responses
- Providing effective strategic leadership, partnership and governance, delivering change to improve performance across the system
- Strengthening commissioning to provide effective services, monitoring their quality and challenging less than good outcomes
- Achieving sustainable financial balance
- Recruiting, developing and retaining proud, motivated and skilled staff

People's Scrutiny Committee

The [People's Scrutiny Committee](#) enables members to play a role in supporting and challenging the improvement of adult social care services in the County. During 2015 at [Committee meetings](#) we monitored the adult social care budget, workforce and performance and reviewed a range of issues including:

- The implementation of the Care Act, offering carer assessments to a larger number of carers and introducing revised eligibility criteria
- The operation of the Devon Safeguarding Adults Board providing multi-agency strategic co-ordination and oversight of adult safeguarding work
- The Older People's Residential Care and Day Services Closure Programme including the support given to residents in transition

We have established an Adults' Safeguarding Overview Group to review performance and key issues in more detail, meeting on a bi-monthly basis with the Strategic Director, Cabinet Member and/or Heads of Service, as appropriate, and reporting to the People's Scrutiny Committee at each subsequent meeting. During 2015 key issues scrutinised included:

- The sufficiency and quality of personal care and residential/nursing services
- The workforce strategy and its monitoring
- The recommissioning of personal care services through a new framework
- Safeguarding issues in Care Homes
- Preparing for Adulthood / Transitions at 18

In October 2015 members visited Exeter Community Hospital to meet staff and discuss issues including: hospital admissions; community nursing; the compatibility between social care and NHS IT systems; mobile working; delayed transfers of care from acute to community hospitals and increased wrap around services.

Scrutiny members receive regular Adult Social Care performance reports at the main Committee meetings and at sessions of the overview group and have examined in particular challenges in delivering timely assessment and reviews, minimising delays in transfer from hospital, and the adequacy of the adult social care budget to meet all the demands placed upon it.

Members have received masterclass sessions prior to each of the main People's Scrutiny Committees which have focussed on issues such as the provisions of the Care Act, the role of Healthwatch and how the quality of residential/nursing services is regulated and assured.



Councillor
Sara Randall-Johnson
Chair: People Scrutiny
Committee



Councillor
Rob Hannaford
Vice-Chair: People Scrutiny
Committee

What people say about us

The [Peer Review](#)

In June 2015, we invited a team of peers selected by the [Local Government Association](#) and the [Association of Directors of Social Services](#) to undertake an independent assessment of adult social care in Devon and in particular to help us develop our approaches to preventing, reducing and delaying needs that limit people's capacity to live independently.

In their [report](#), the [Peer Review team](#) concluded:

- We are a self-aware council who has a track record for facing and tackling challenges e.g. in closing our own care homes and investing in the independent sector
- We are reflective organization that welcome challenges
- We have a clear focus on improving outcomes e.g. through performance management and case audit

The Peer Review Team highlighted:

- The quality of practice of frontline staff they observed or looked at the case records of
- Our approaches to involving people and managing change
- Our strong and effective links to the health service and voluntary sector

The Peer Review team suggested:

- We become more ambitious in our leadership of the whole health, care and wellbeing system in Devon
- We proceed with our prevention strategy at scale and pace, identifying what has most impact and investing there
- We be mindful that further budget reductions are likely to be at the expense of either the number of people served or the quality of the service they receive

We have developed an [improvement plan](#) and will invite them back later in 2016 to check on progress.

In September 2015, Devon County Council also commissioned a [corporate Peer Review](#) looking at the essential issues of leadership, governance, capacity and financial resilience

The people who use our services and their carers

Every year we participate in a national survey of people who use adult social care services and biannual survey of their carers. The results are compared nationally and form part of the [Adult Social Care Outcomes Framework \(ASCOF\)](#) which we draw upon in summarising our performance against our priorities.

In Devon, we have a [Joint Engagement Board](#) to ensure that consultations on health and social care issues are shared with as many stakeholders as possible with attendance by representative users of our services, their carers, and officers from the organisations who support them. Their [agendas and minutes](#) are published. They are represented on the [Health and Wellbeing Board](#).

Adult Social Care in Devon: Annual Report 2015

Through the [Commissioning Involvement Group](#), interested members of the Joint Engagement Board participate in service commissioning and related activity. Their meeting [agendas and minutes](#) are also published.

People who use our services and their carers participate in a variety of partnership boards including those for people with [Learning Disabilities](#), people with Autism, and for Carers.

All consultations relating to Devon County Council services are published on our [consultation finder](#) with links to relevant online resources describing the issue being consulted on and the outcome.

Where proposals for change have a significant potential impact on people, [Impact Assessments](#) are undertaken, published and maintained. These focus on equalities issues, but also assess economic and environmental impacts where relevant. They include assessments of the impact of service changes driven by budget reductions.

[Healthwatch Devon](#) is the consumer champion in health and care in our local authority area. They have significant statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services. They publish information to keep the users of local health and care services [informed](#), enable people to be [involved](#), and give people opportunities to [speak out](#), including through consultation and engagement activities and polls, and publish resulting [reports](#). They maintain the [engagement gateway](#) to access health and care consultations and facilitate participation by groups with additional needs. Anyone in the area can [contact](#) them about their views on local health and care services.

Adult Social Care services are subject to a statutory [complaints](#) framework. We also collect and use other [feedback](#) to improve our services, building on what is working well, changing what needs to improve. In the first 9 months of 2015, we:

- Received 144 complaints of which 9 were referred to the Local Government Ombudsman
- Received 360 compliments
- Responded to 66 MP letters, 66 representations, and 76 Freedom of information requests

The common themes in complaints over the year were:

- Poor communications
- Inappropriate decision making
- Poor staff attitude
- Objections to charges and issues regarding funding

We are timely in our responses in over 85% of instances. Most compliments relate to the services we directly provide; service providers we commission from have their own complaints arrangements, with users of those services able to escalate concerns to us or the [Care Quality Commission](#) as appropriate.

Priority 1: To ensure that people using services feel safe

Are we keeping people safe?

66% of people who use adult social care services in Devon said they feel safe in our annual [adult social care survey](#) (ASCS) which forms part of the national Adult Social Care Outcomes Framework. This is in line with previous years and the average of comparator authorities.

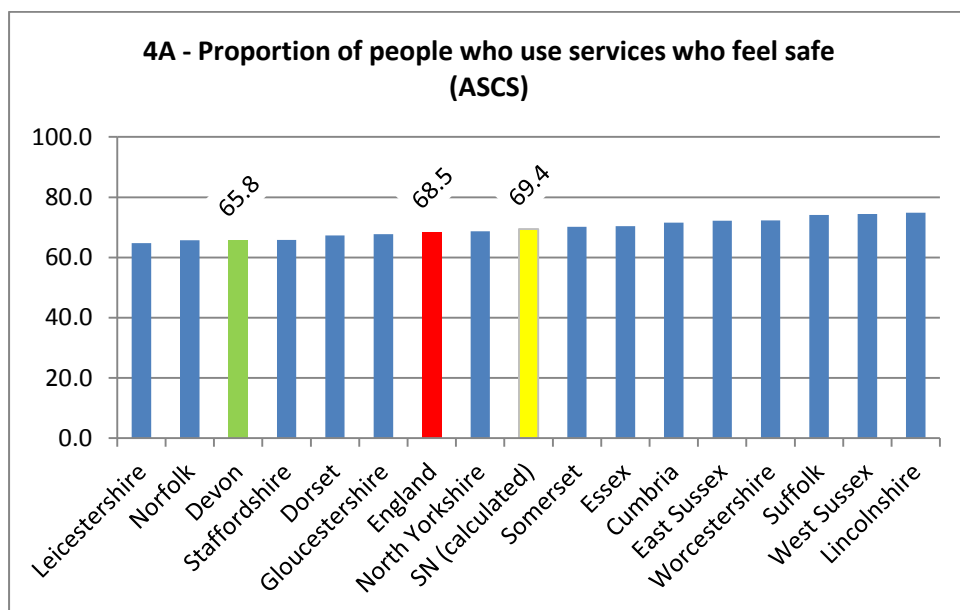


Figure 1: ASCOF 4A: % of people who use services who say they feel safe

However, only 79% of people who use services say they helped make them feel safer, a level below comparators.

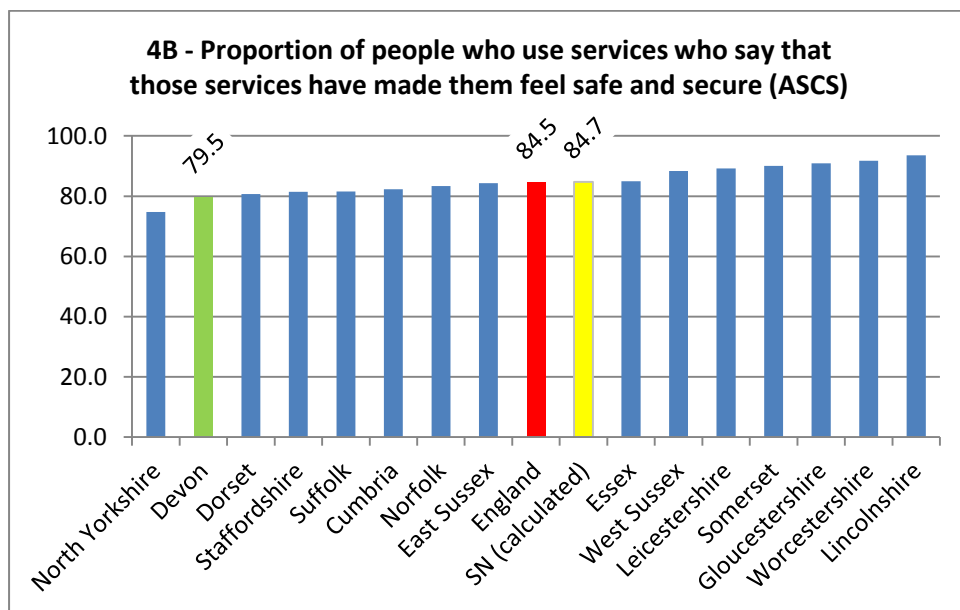


Figure 2: ASCOF 4B: % of people who use services who say those services make them feel safe

In 2015 we have invested significantly in a new approach to the quality assurance and improvement of the services we commission. We have already seen a reduction in the number of services subject to safeguarding investigations and hope to see this reflected in the survey next year, as well as a reducing trend in individual safeguarding alerts which are currently stable.

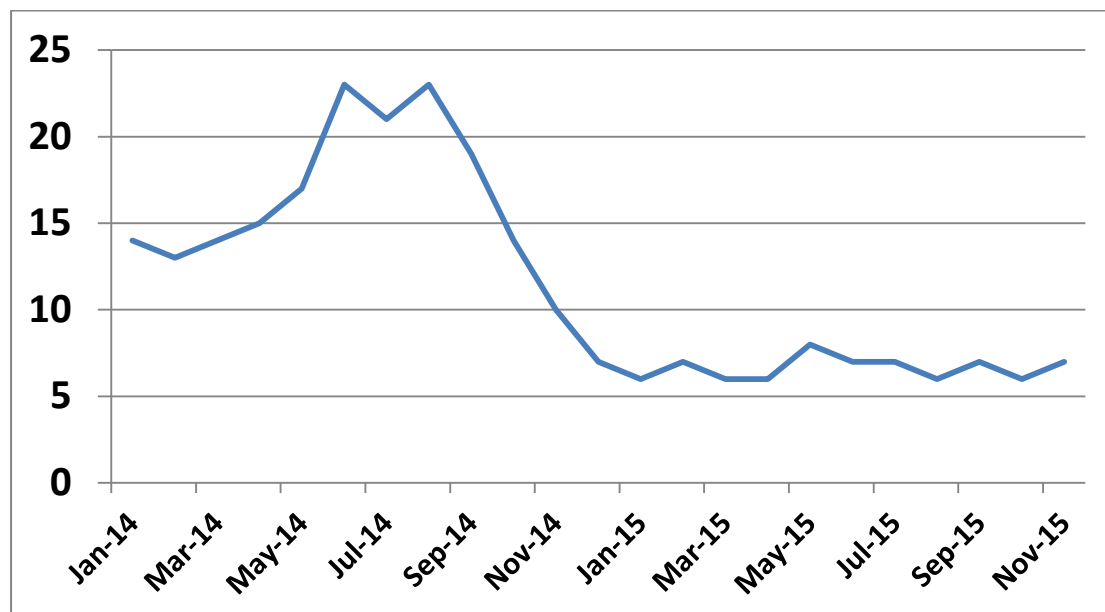


Figure 3: Number of whole Service safeguarding enquiries

Meeting the demand for assessments against Deprivation of Liberties Standards has been a challenge locally and nationally since a Supreme Court ruling in 2014. As applications have risen, waiting lists have grown and timeliness of response worsened, despite investment in new capacity and this remains an area of concern.

More information on the safeguarding of vulnerable adults in Devon is available on the [Devon Safeguarding Adults Board website](#), including its [annual report for 2014-15](#) and [business plan for 2015](#).

Are we commissioning services which are affordable, sufficient and of at least adequate quality?

Over the course of the year, we have been unable to arrange the personal care service to meet the needs of between 50 and 125 people at any one time, or up to 3% of the 4,000 people served with the significant majority of those waiting less than 2 months. Every case is considered weekly and a new tender for personal care is expected to address lack of supply in the areas of shortage, including capacity to meet those with more complex needs.

While the overall number of residential and nursing care home beds in Devon is sufficient, there are emerging challenges in some localities to meet people’s needs in their preferred location at an affordable price. We are working hard with, and investing more in, providers to develop this market.

Up to 20 of those awaiting a personal care service will be waiting in hospital, and there can be delays in moving or returning someone to a care home after discharge. However, although the rate of delays in hospital discharge is higher than average overall in Devon, the proportion of those attributable to social care, including those

due to lack of sufficiency in the market, is below average at about one-third of the total. The main reason for delayed transfers in Devon is waiting for the arrangement of community based health services.

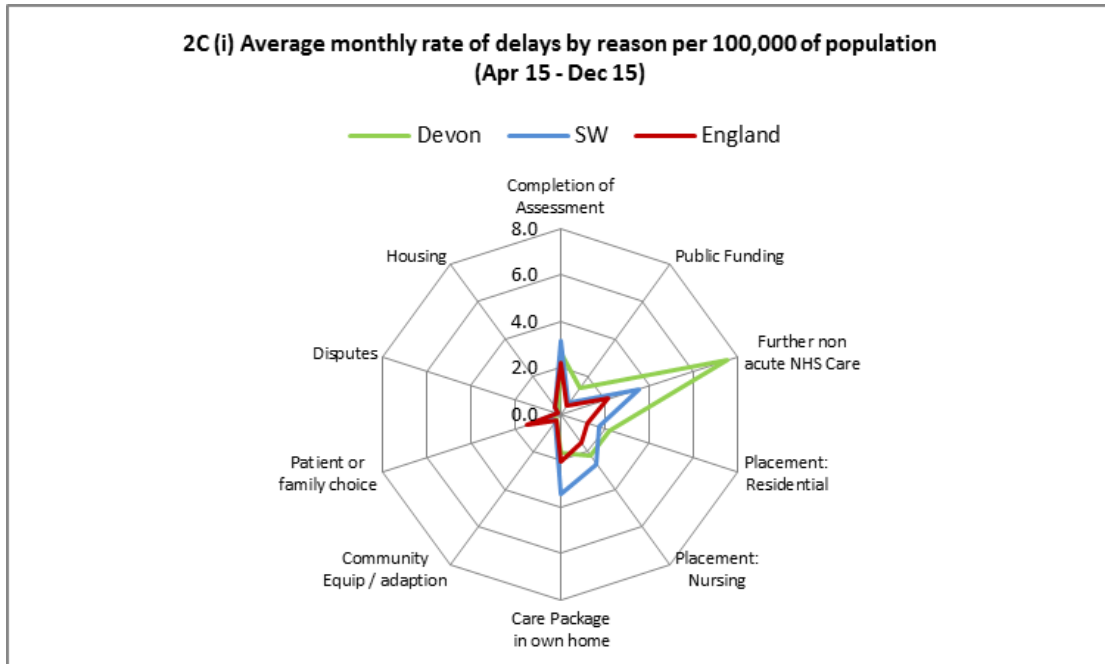


Figure 4: ASCOF 2C(i): Rate of delays by reason per 100,000 population

In October 2014 the Care Quality Commission changed its approach to assessing providers from one based on compliance to one based on quality. Not all providers in Devon had been so assessed using the new framework in 2015 but at the end of the year an improving 57% of providers in Devon are rated Outstanding or Good as against 61% regionally and 61% nationally.

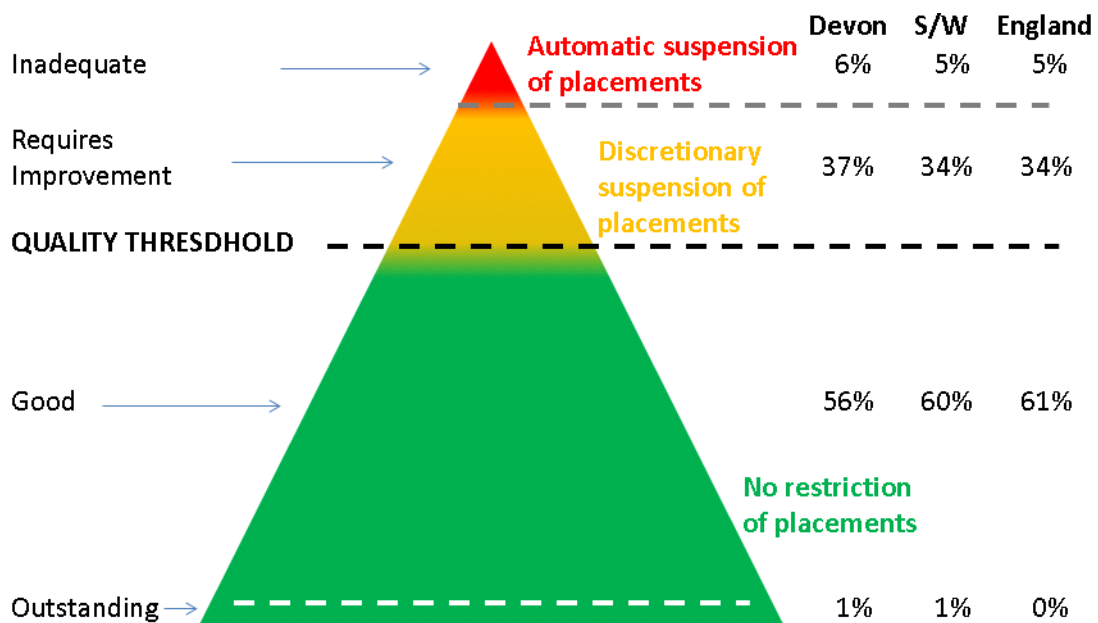


Figure 5: % of regulated adult social care services CQC judge to be Good or better

Adult Social Care in Devon: Annual Report 2015

In Devon, we have a policy of not commissioning care from providers rated inadequate unless they have resolved agreed priorities for improvement and have a robust improvement plan. Additionally, we offer support to those providers with whom we have emerging concerns to help prevent them from receiving an adverse inspection outcome.

When surveyed, more than 68% of users are satisfied with the services they receive in Devon, which is better than the comparator and England averages and has been consistently so for a number of years.

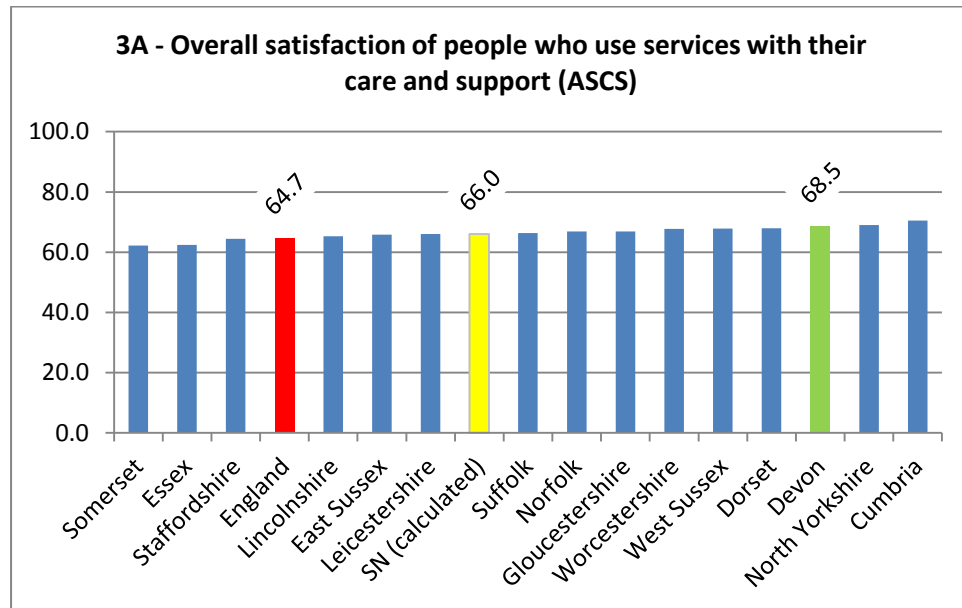


Figure 6: ASCOF 3A: % of people who are satisfied overall with the services they receive

Priority 2: To reduce or delay any need for long-term care and support

Are we enabling people to be independent for longer?

The Care Act requires us to have a clear approach to preventing people from becoming dependent on statutory social care services wherever possible, including through the provision of clear information and advice that enables them to find other solutions to their presenting problems.

We have a well-established [Care Direct](#) service within our Customer Service Centre and it has helped 25,000 people in this way in 2015. We are implementing more sophisticated [online information, advice, screening and self-assessment services](#) in support of Care Direct and reviewing our approach to telephone-based support to ensure staff are well equipped to maintain people living independently in their own homes for as long as possible.

In Devon, 75% of people who use services and 66% of their carers find it easy to find out information about adult social care, slightly better than the average in England and of comparator authorities.

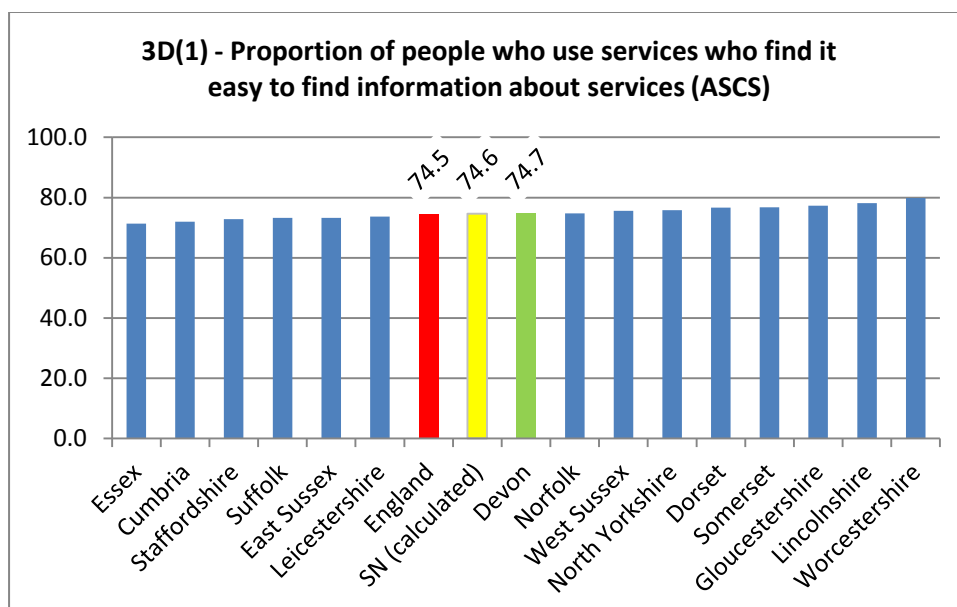


Figure 7: ASCOF 3D(1): % of people who use services who find it easy to find information

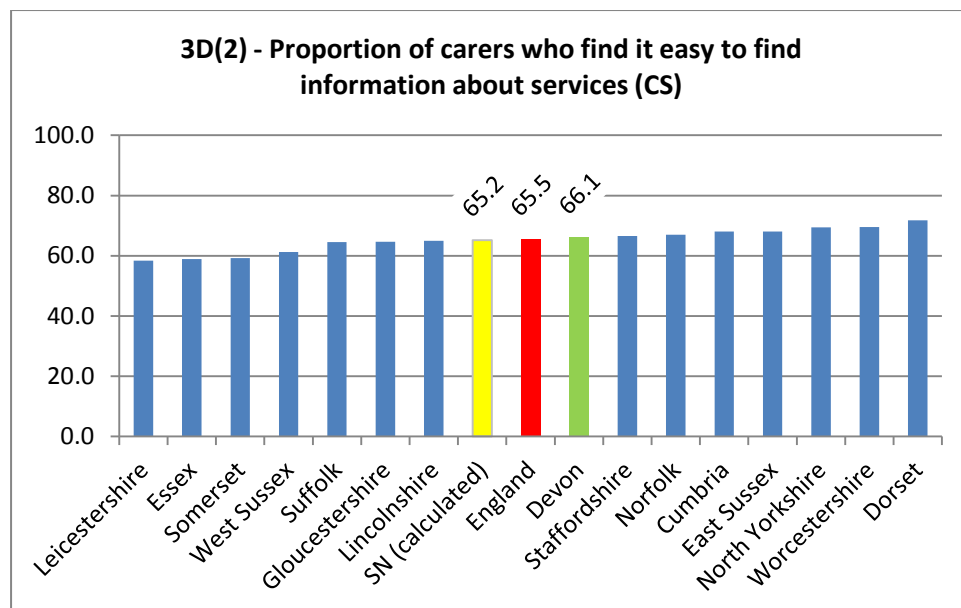


Figure 8: ASCOF 3D(2): % of carers who find it easy to find information

Our 3 CareDirect Plus centres undertake a monthly average of 1,375 phone-based assessments and reviews of people with less complex needs, working with them to understand their capacity and circumstances, and the support that may be available to them in their family and social networks and communities looking to prevent, reduce or delay conditions that may ultimately require ongoing services.

Our 17 Community Health and Social Care Teams undertake an average of 1,035 face-to-face assessments and reviews of people with more complex needs which are similarly strength-based and intended to maximise people’s independence and keep them in their own homes wherever possible.

Where ongoing support is required, a personal budget is allocated proportionate to need which can be taken as a direct payment or used to fund services arranged by the council on the person’s behalf. Just over 60% of CareDirect Plus assessments and 70% of Community Health and Social Care Team assessments result in such provision. Referrals to Reablement or Health services are also made as an outcome of assessment in about 10% of cases.

Are we supporting carers well?

With the introduction of Care Act, carers were given the right to an assessment of their needs, and services other than information and advice were required to be initiated as an outcome of assessment to ensure equity of access, recognising the importance of carers in supporting people to live as independently as possible in their community, and of supporting carers themselves to maintain their capacity to offer such support.

As a result of our Peer Review which highlighted to us that some carers felt the assessment process was disproportionate, we are working with our partners at [Westbank Community Health and Care](#) to further improve the assessment process.

As a consequence of this change, over 98% of carers eligible for a service now receive it in some form of personal budget, an increase on the 89% during 2014-15 which was a significant greater proportion than the England and comparator average.

Adult Social Care in Devon: Annual Report 2015

This has also significantly increased the proportion receiving their personal budget as a direct payment, rather than having the local authority manage it on their behalf, which is now in line with the England and comparator average.

In our biannual Carers Survey (CS), carers in Devon were more likely to report the quality of their life was improving and that they have as much social contact as they would like than is typical elsewhere in England or in comparator authority areas. Their overall satisfaction level was also higher than the comparator average.

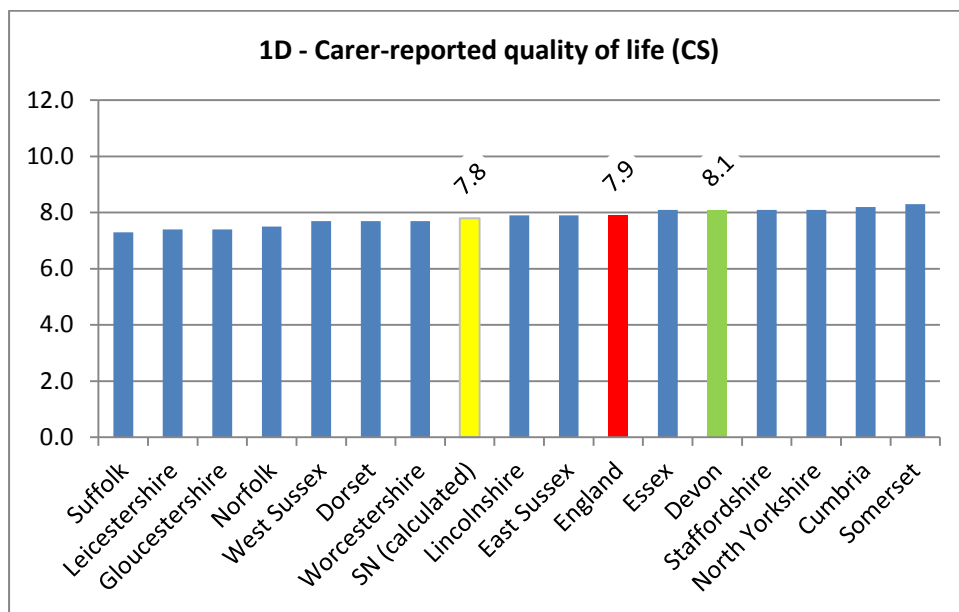


Figure 9: ASCOF 1D: Carer-reported quality of life using standard index

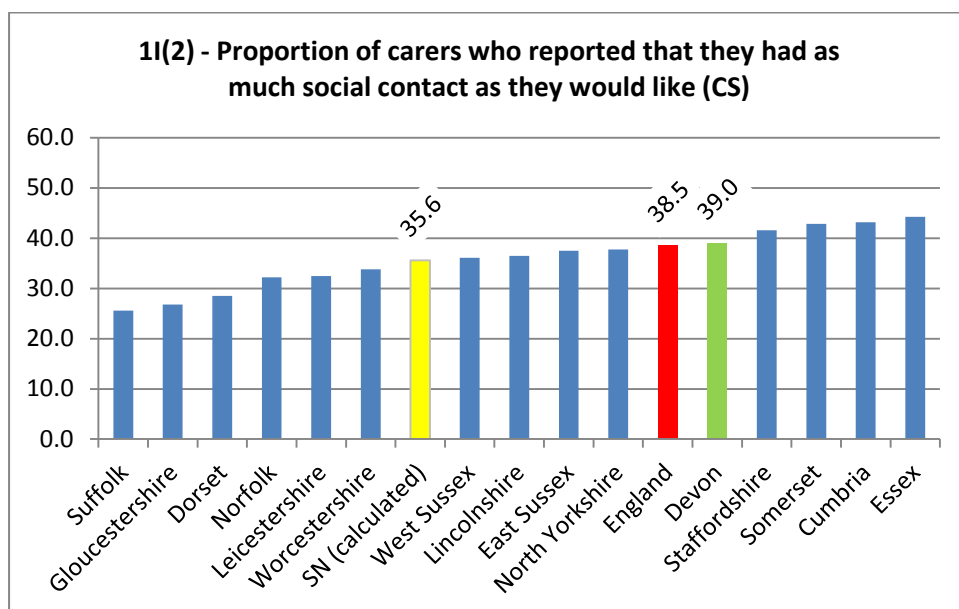


Figure 10: ASCOF 1I(2): % of carers who report they have as much social contact as they would like

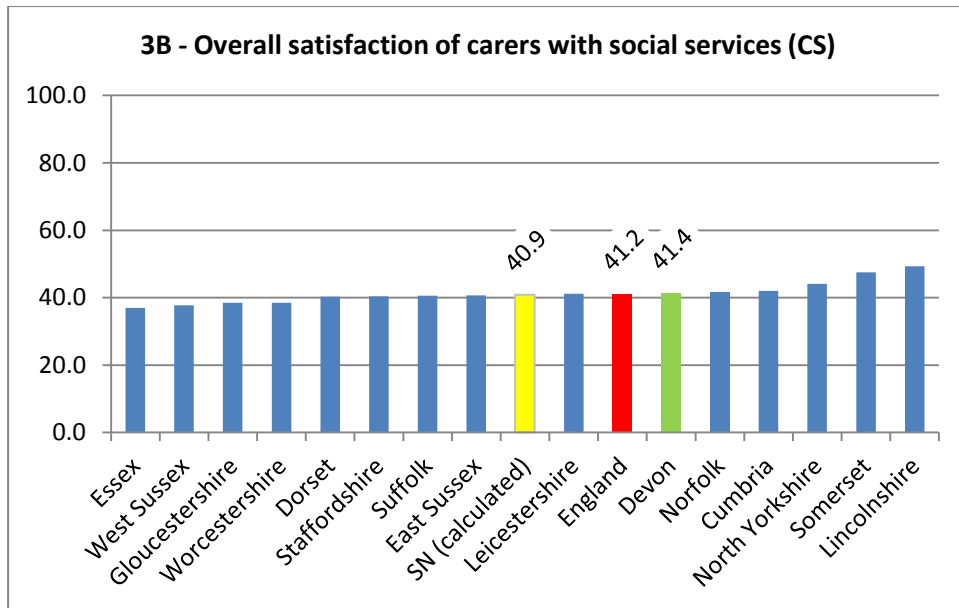


Figure 11: ASCOF 3B: % of carers who report they are satisfied with the services they receive

Priority 3: To expand the use of community-based services and reduce the use of institutional care

Are we extending choice and control?

Devon remains among the regional and national leaders in enabling self-directed support with about 90% of people – both service users and their carers - using personal budgets to increase their choice and control.

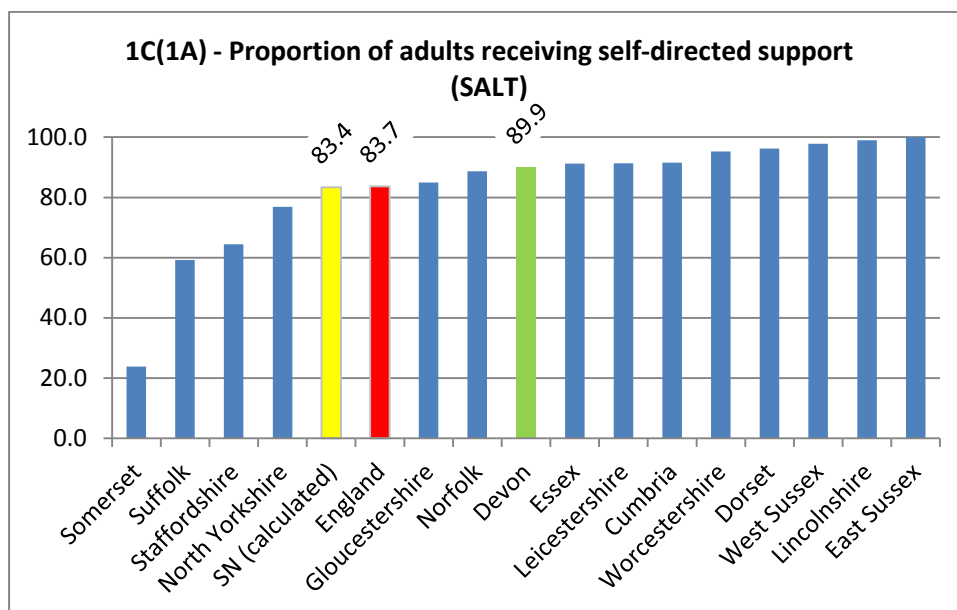


Figure 12: ASCOF 1C(1A): % of service users receiving self-directed support

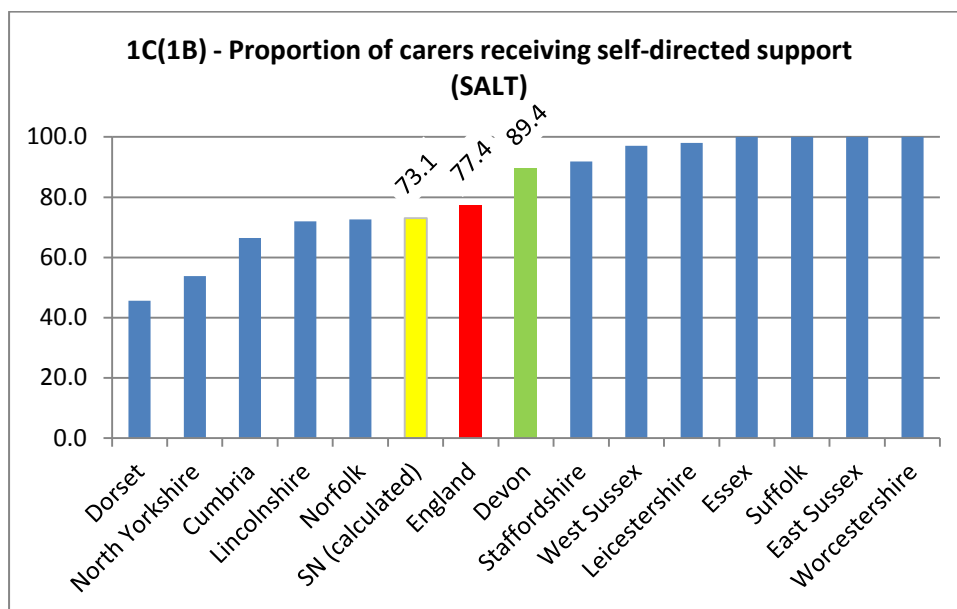


Figure 13: ASCOF 1C(1B): % of carers receiving self-directed support

About a third of service users use self-directed support do so in the form of a direct payment which is also greater than the average in comparator authorities and England overall. Following the implementation of the Care Act, the proportion of carers receiving direct payments is increasing rapidly in line with the rest of the country.

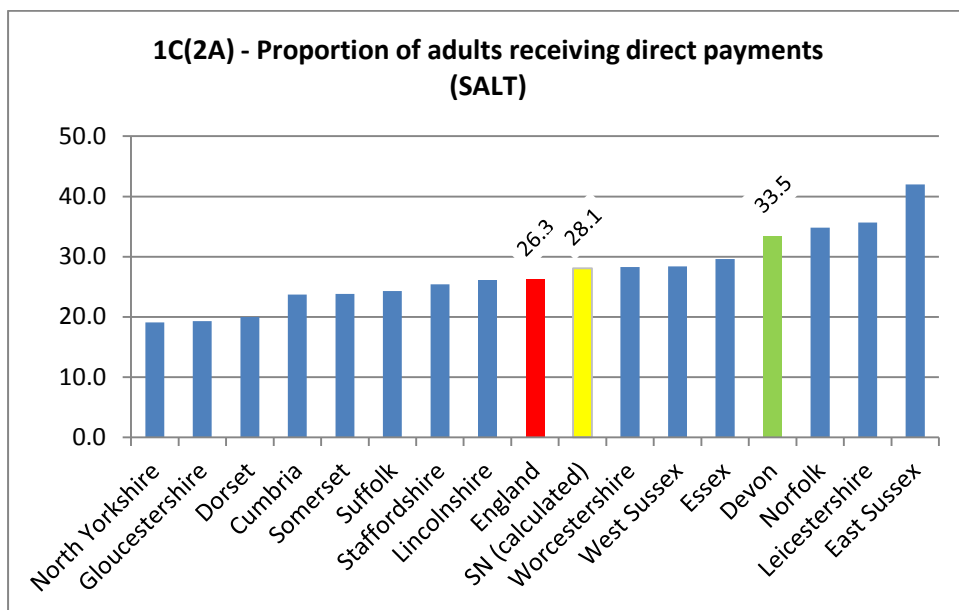


Figure 14: ASCOF 1C(2A): % of service users receiving direct payments

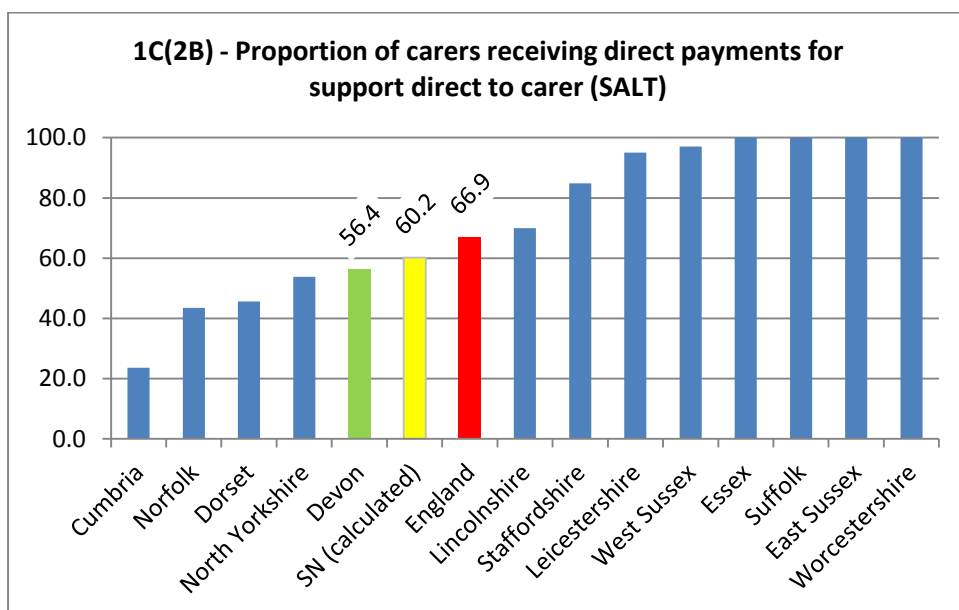


Figure 15: ASCOF 1C(2B): % of carers receiving direct payments

80% of people using adult social services in Devon who use a personal budget say in our annual survey that they are in control of their daily life, again a proportion greater than the national and comparator average.

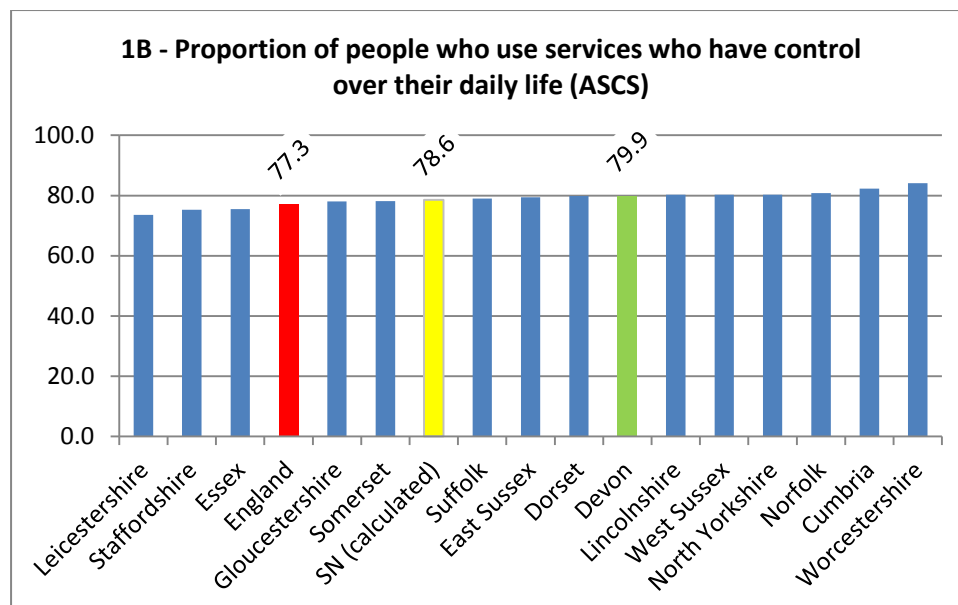


Figure 16: ASCOF 1B): % of service users who say they have control over their daily lives

To ensure that personal budgets are allocated equitably and proportionate to need we use a single Resource Allocation System informed by assessment and closely monitor any variation from estimated personal budgets which is decreasing as a result at 2.5% on average.

Are we keeping people out of hospital wherever possible?

Reducing the number of people experiencing delays in transfer from hospital is a national and local priority and a key indicator of whether the whole health and social care system is working better together to support people in their own homes wherever possible,

Despite this being a key indicator in our Better Care Fund (a budget jointly managed by health and social care partners in Devon) as elsewhere in the county, the situation continues to worsen. In 2014-15 our rate was 16.9 per 100,000 of the population, greater than the England average of 11.1 and regional average of 15 and this has now reached 19.6. The majority of the delays are due to people waiting for community-based NHS services.

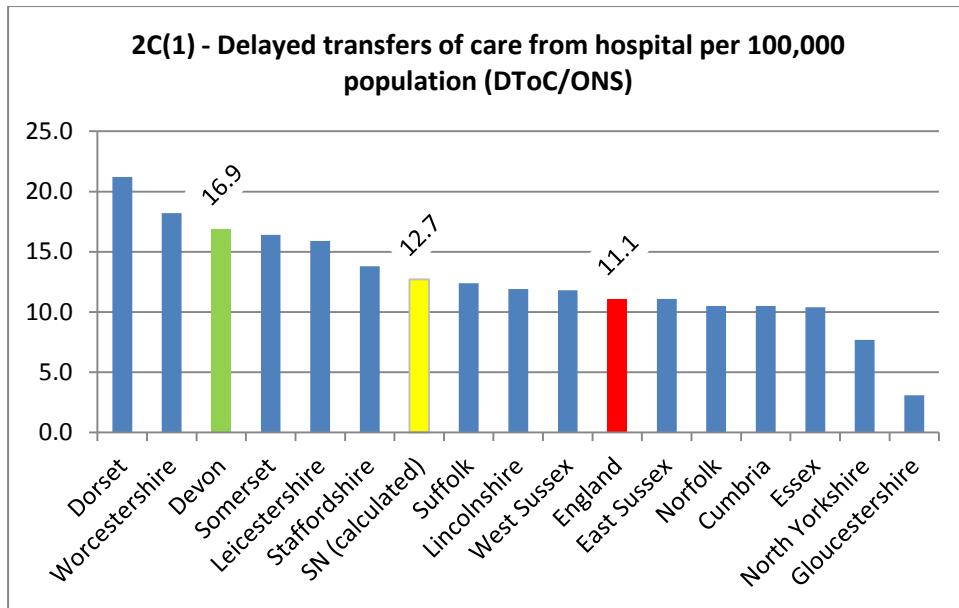


Figure 17: ASCOF 2C(1): Delayed Transfers of Care per 100,000 population

However, in Devon only 4.7 of these delays were attributable to social care, better than the regional average and more in line with the national average although this has now worsened to 5.3 with problems in sourcing suitable community-based, residential and nursing care quickly a contributory factor. Work is ongoing to extend working hours to Saturday and to incentivise providers to meet need promptly.

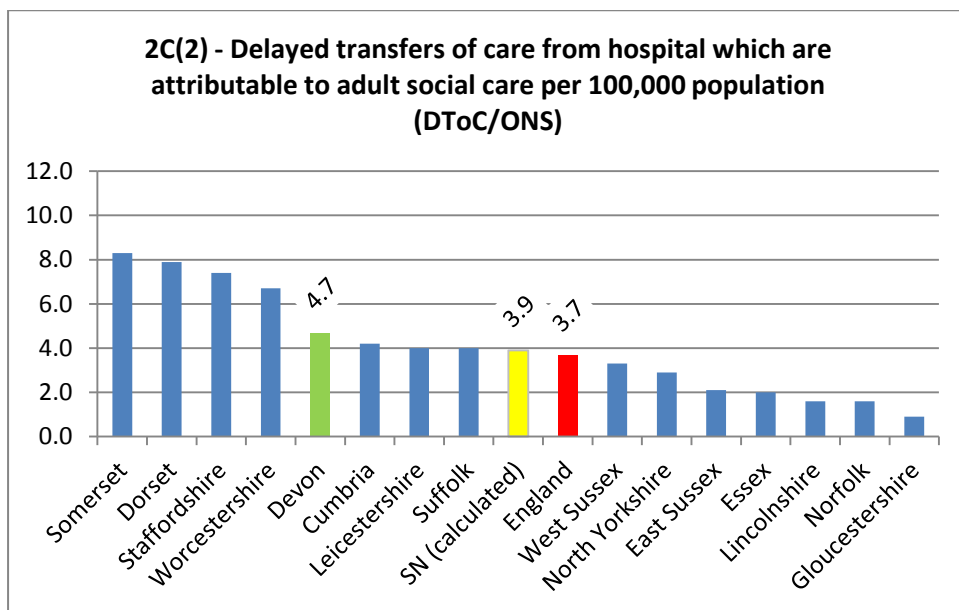


Figure 18: ASCOF 2C(1): Delayed Transfers of Care attributable to social care per 100,000 population

Our Social Care Reablement service is more successful than comparators at keeping 89% of people it serves who have been discharged out of hospital for at least 3 months.

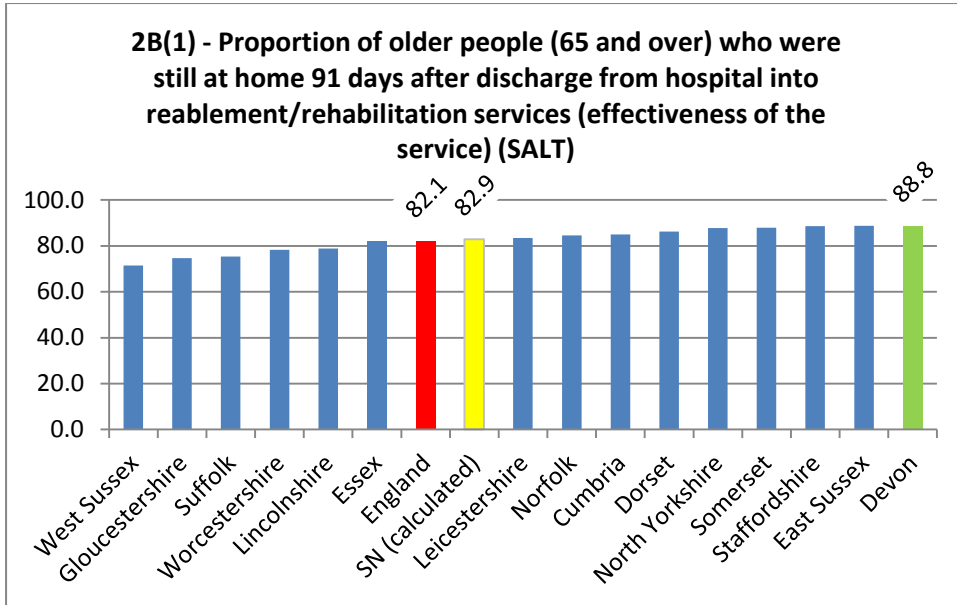


Figure 19: ASCOF 2B(1): % of older people still at home 91 days after discharge from hospital into reablement services

However, it needs to extend its reach with under half the proportion typical elsewhere being offered the service which is free of charge but time-limited; we are currently working to build capacity and extend eligibility.

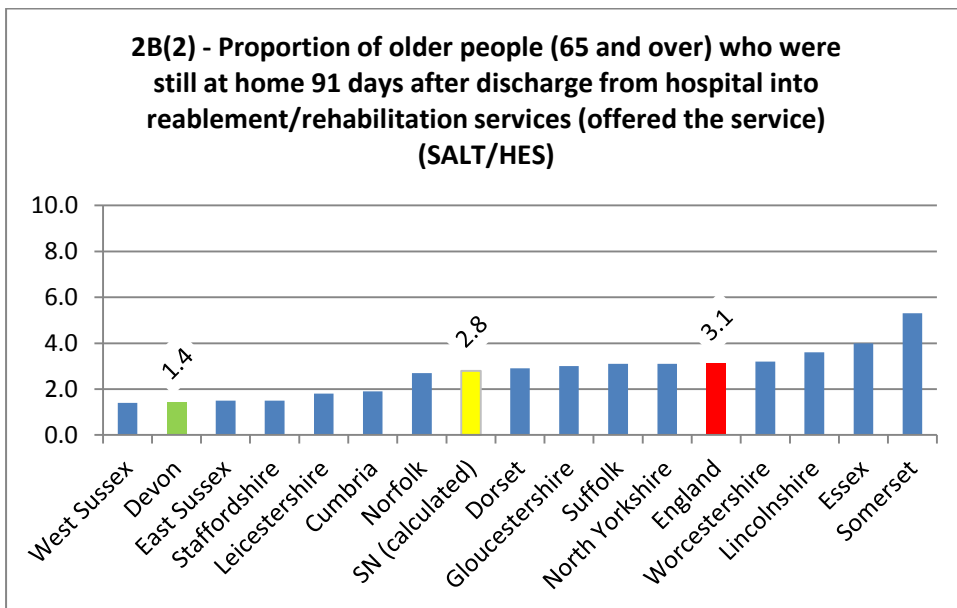


Figure 20: ASCOF 2B(1): % of older people still at home 91 days after discharge from hospital who were offered reablement services

This reflects the general effectiveness of a short-term services at restoring people's capacity for independence.

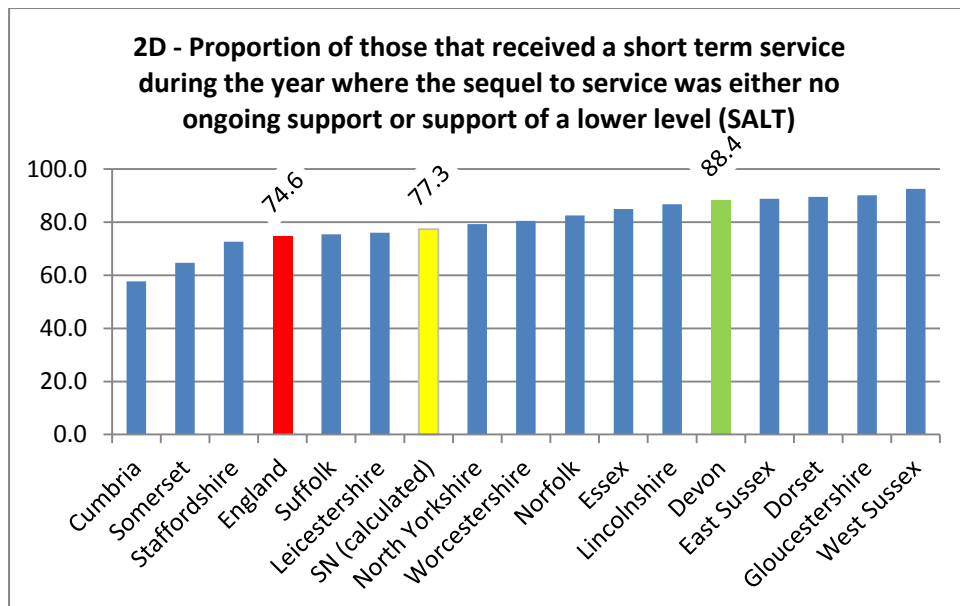


Figure 21: ASCOF 2D: % of people receiving a short-term service who then received no ongoing support

Are we maintaining people in their own homes wherever possible?

In Devon we have been successful in reducing the rate of admissions into residential and nursing care such that we are now moving into line with comparators for younger adults and have a lower admissions rate for older people and these have continued to fall through the year.

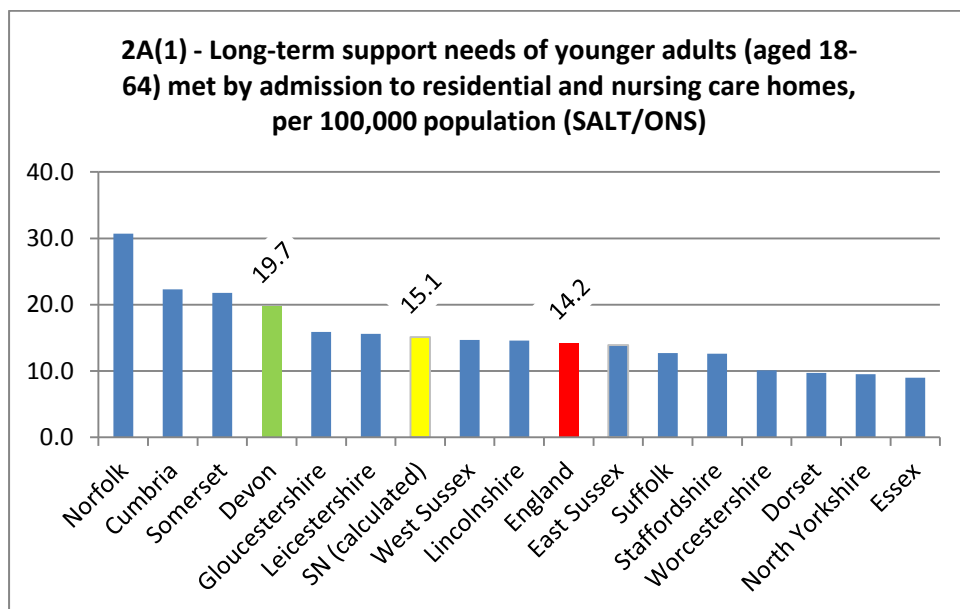


Figure 22: ASCOF 2A(1): Rate of admissions into residential care of younger adults per 100,000 population

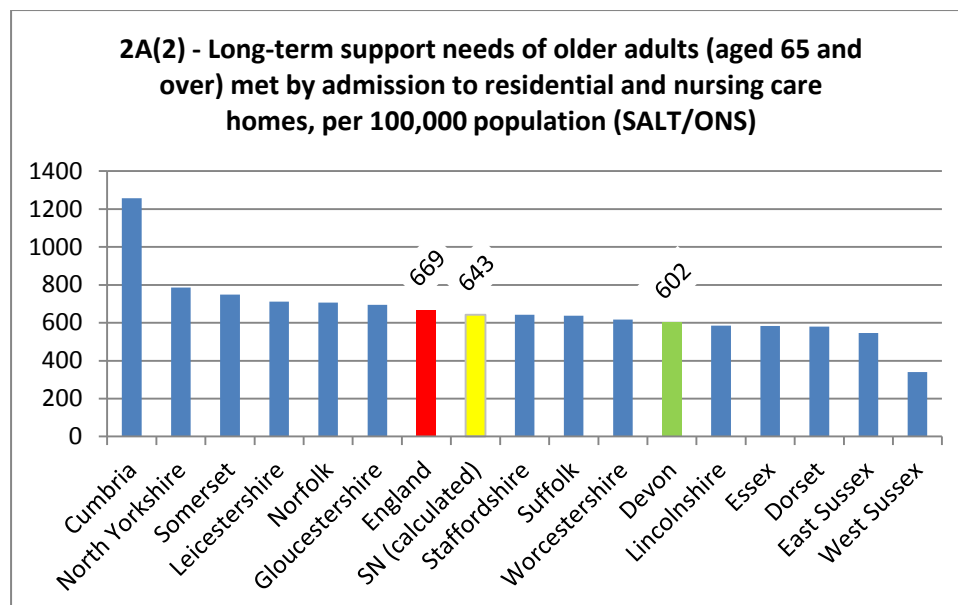


Figure 23: ASCOF 2A(2): Rate of admissions into residential care of older people per 100,000 population

However, we still spend a greater proportion of our budget on residential care than the average. Historically, this has largely been due to the cost premium of our in-house residential services, most of which have now been closed. However, there is also some evidence that our average length-of-stay is greater than is typical elsewhere, possibly because of the proportion of people in Devon in residential care with dementia. We are looking further at this to ensure that the services we provide with our health partners to keep people in their own home are sufficient and designed to meet the particular needs of older people with dementia.

Priority 4: To ensure that people have a positive experience of social care services

Are we delivering an effective care management service?

In the last 18 months we have seen emerging issues in the recruitment and retention of staff, in particular qualified social workers, meaning we have been employing more agency staff and operating under capacity. We have been addressing this in a number of ways including improvements in remuneration and approaches to recruitment with signs of success.

Consequently, the performance of our care management service in terms of timeliness of assessment and frequency of review has declined. About 70% of people requiring assessment receive one within 28 days with over a thousand on our waiting list at any one time. About 60% of people have received a review within the last year with over 3,000 overdue. Analysis has exposed some differences in the levels of productivity in different teams and we are following up to ensure greater consistency of practice and a proportionate distribution of staff to enable people to be well served wherever in Devon they live.

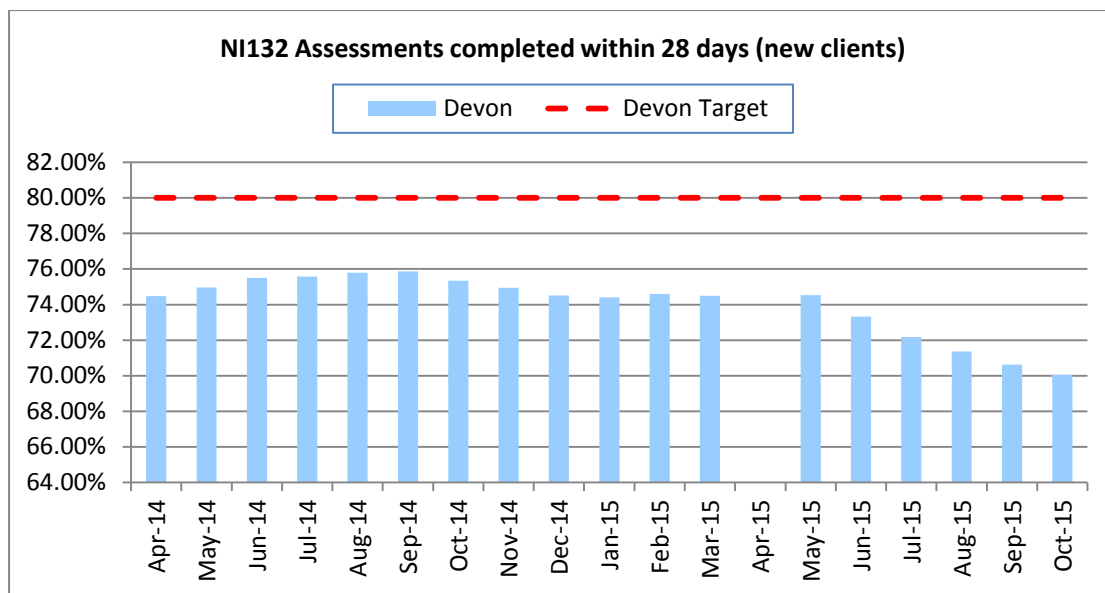


Figure 24: % of assessments completed within 28 days

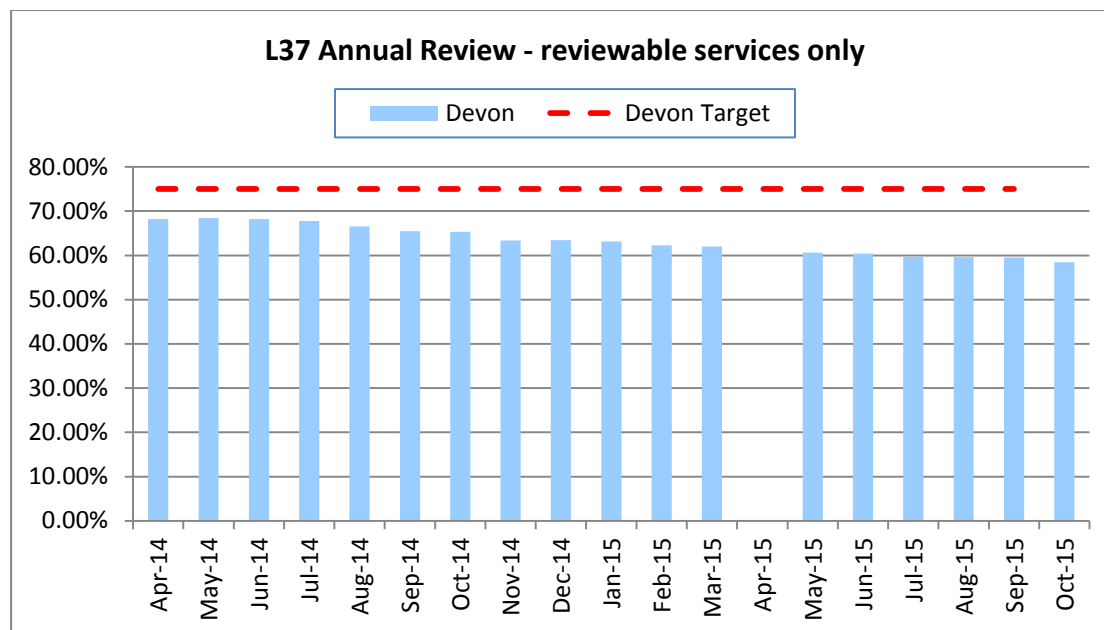


Figure 25: % of service users reviewed within the last year

Following the Peer Review which was positive in its evaluation of our assessment practice both through independent case audit and expert observation of practice we are scaling up our practice quality audit to monitor through checking 2 assessments per worker per year, giving constructive feedback and identifying training needs to continue to improve this performance.

Within our safeguarding service, we closely monitor whether strategy meetings are held within 7 days – we are below target in this, meeting these timescales in only 50% of cases – and case conferences within 30 days – where we operate at or close to our target of 80%. We have recently reorganised our safeguarding service as a result of an independent review, with more officers located locally rather than centrally, and will monitor these trends to evaluate whether this has led to improvement.

We completed over 1,700 Mental Capacity Act assessments in the last year, relating to 17% of people assessed or reviewed and are working to ensure that differences in levels between teams are justified in practice.

We received 61 complaints in the second quarter of 2015-16 about adult social care services, a rising trend with the majority associated with aspects of decision-making and its communication in our care management service which we seek to learn from individually and collectively. However, the number of compliments is also rising, with 130 received in the same period, the majority relating to services we directly provide. We also responded to 47 MP letters, councillor enquiries and other representations, a number in line with previous periods. We also deal with an average of 2 or 3 Freedom of Information Requests each week in response to a wide variety of requests from journalists, campaigners and other members of the public.

Are we helping people to improve their lives?

In 2014-15 65.6% of people with learning disabilities lived independently or with their own families which is marginally below the England average although in line with regional comparators. We are working with providers of residential care to enable

people to move into supported living arrangements where appropriate as these enable people to live more independently with more personalised support arrangements.

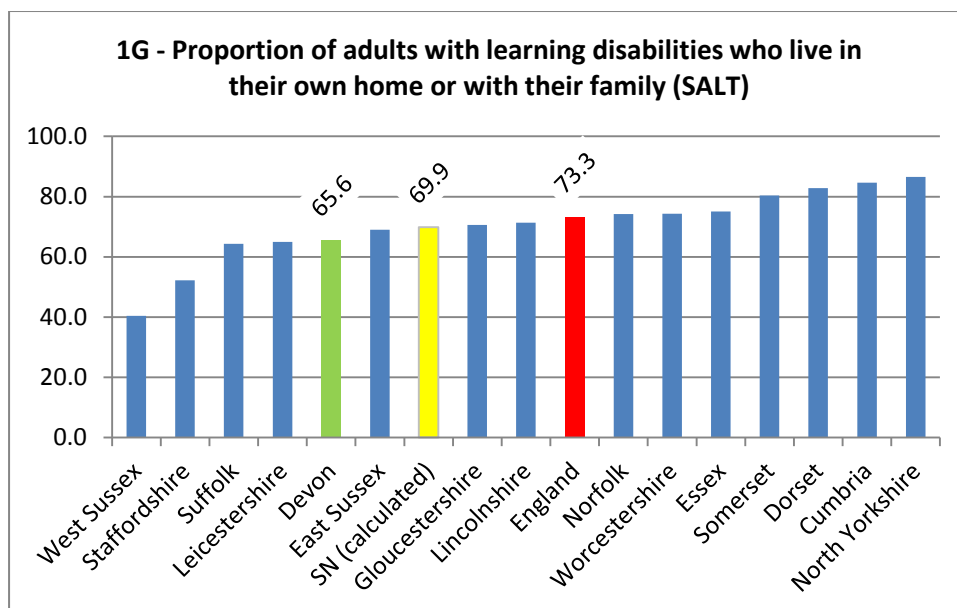


Figure 26: ASCOF 1G % of people with learning disabilities living in their own home

At 6.8%, the proportion of adults with learning disabilities in paid employment was above the national average with improvements since although we aspire to improve further, knowing there is a strong association between employment and other positive outcomes.

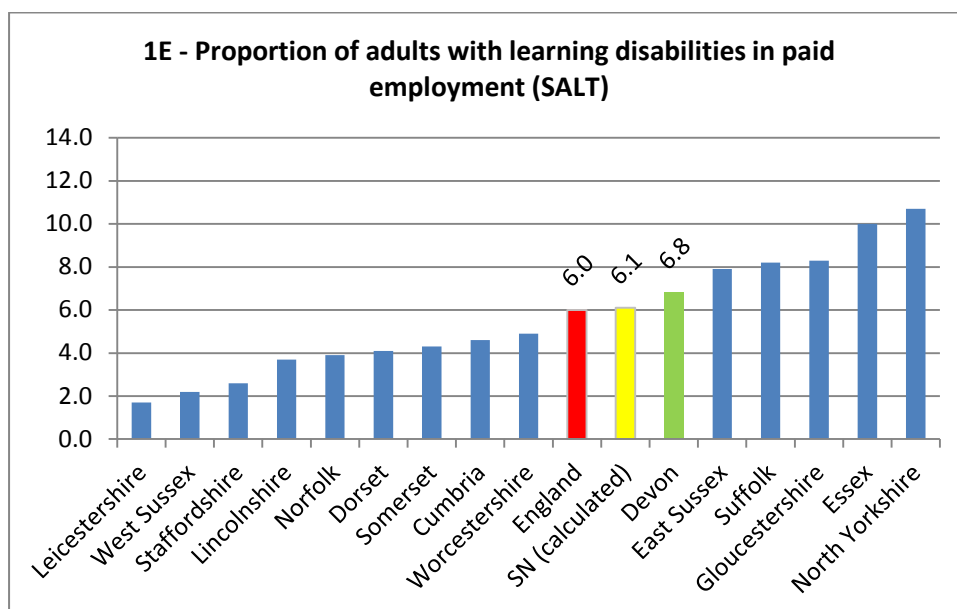


Figure 27: ASCOF 1E % of people with learning disabilities in paid employment

In 2014-15, 61% of people in contact with secondary mental health services were living independently, an improving situation and better than the average nationally and regionally.

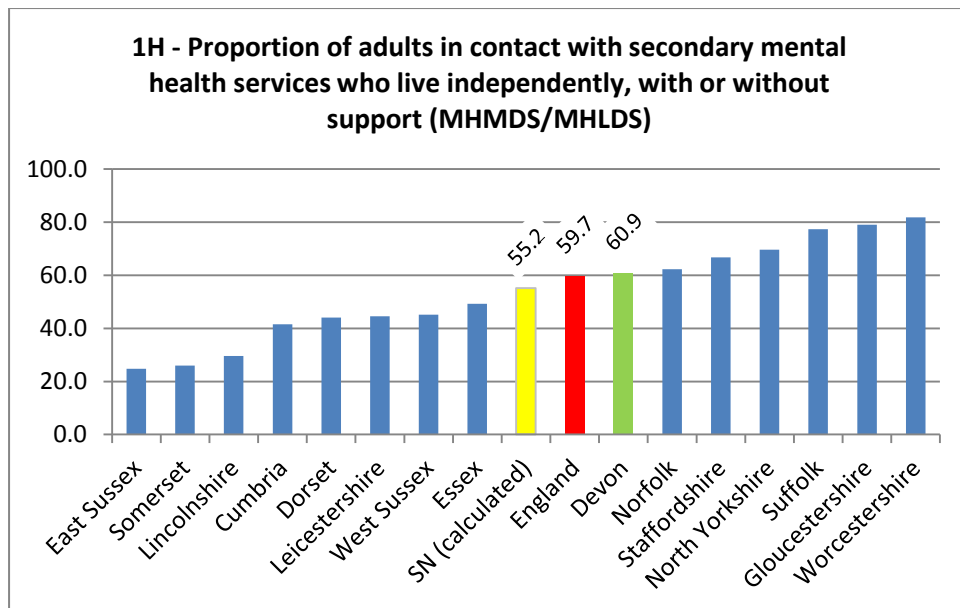


Figure 28: ASCOF 1H % of people with mental health issues living in their own home

6.3% of these people were in paid employment, marginally below the national average and an area for improvement with service commissioners considering new approaches to supporting people with mental health problems into employment.

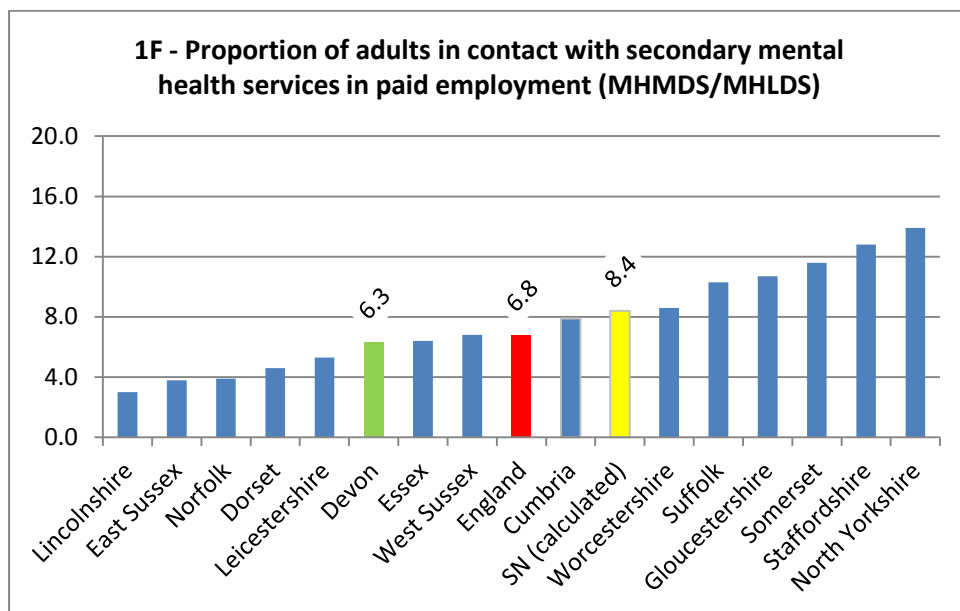


Figure 29: ASCOF 1F % of people with mental health issues living in in paid employment

In Devon, we enjoy relatively resilient communities with a vibrant voluntary sector. However, we are also a rural county with people sometimes living in relative isolation and unable to access the range of opportunities that might be available to those living in larger towns and cities. 42.8% of people using adult social care services said they had as much social contact as they would like when we last surveyed them, marginally below the England and regional averages.

Priority 5: To ensure the social care workforce can deliver effective, high quality services

Do we have a workforce that is well trained and competent to meet the needs of service users and carers?

The number of staff involved in the delivery of adult social care has reduced significantly over the last 5 years as we have moved away from the direct provision of care and commissioned the significant majority of care provided to people in Devon.

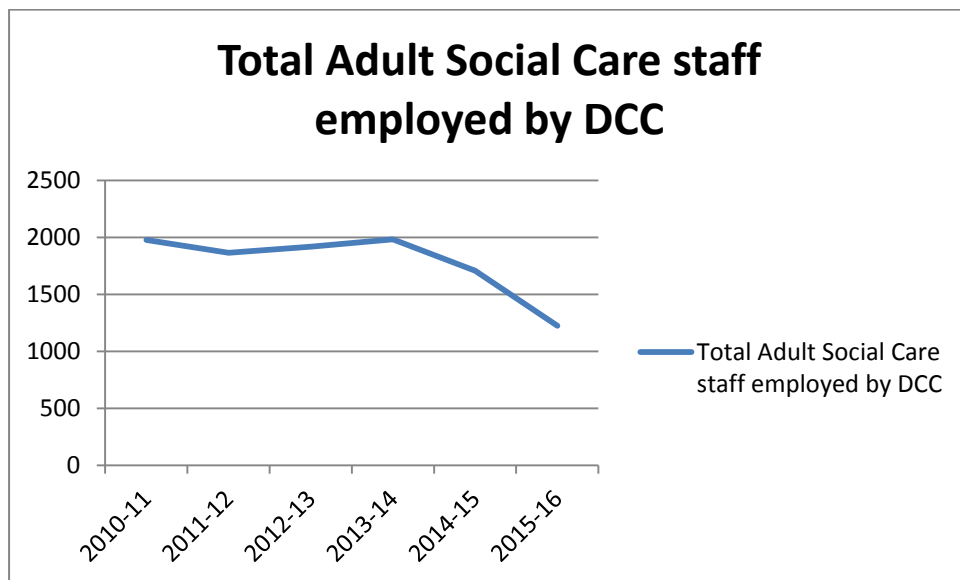


Figure 30: number of adult social care staff employed by Devon County Council

This has changed the make-up of our workforce, with an increasing proportion professionally qualified including as social workers and occupational therapists.

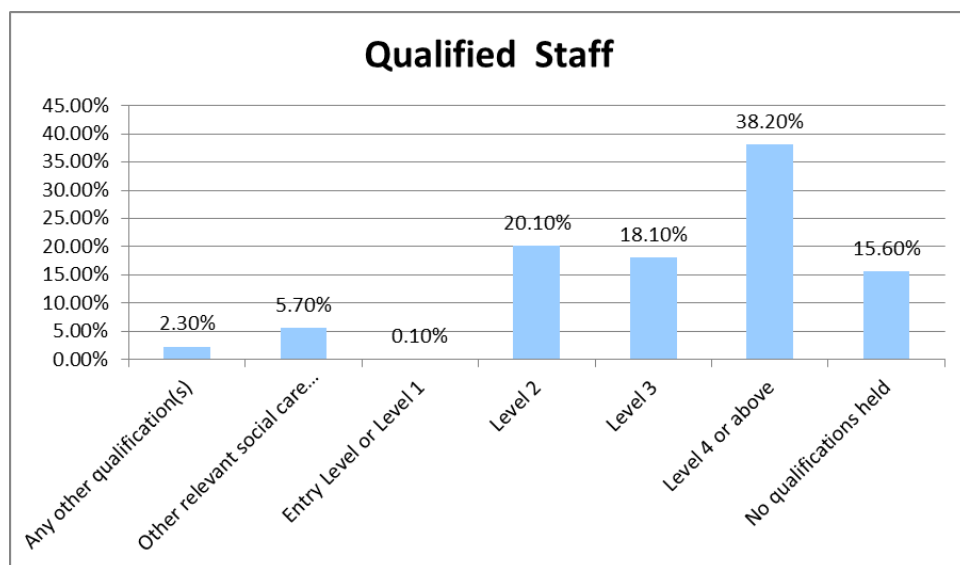


Figure 31: % of adult social care staff employed by Devon County Council by qualification level

In 2014-15, our turnover of social workers and of occupational therapists was 16%, above the national benchmarks of 12% and 13% respectively. Our turnover of

frontline care management staff not professionally qualified was lower at 11% and close to benchmark. Our average turnover across the service was under 8% indicating greater stability among staff directly providing care.

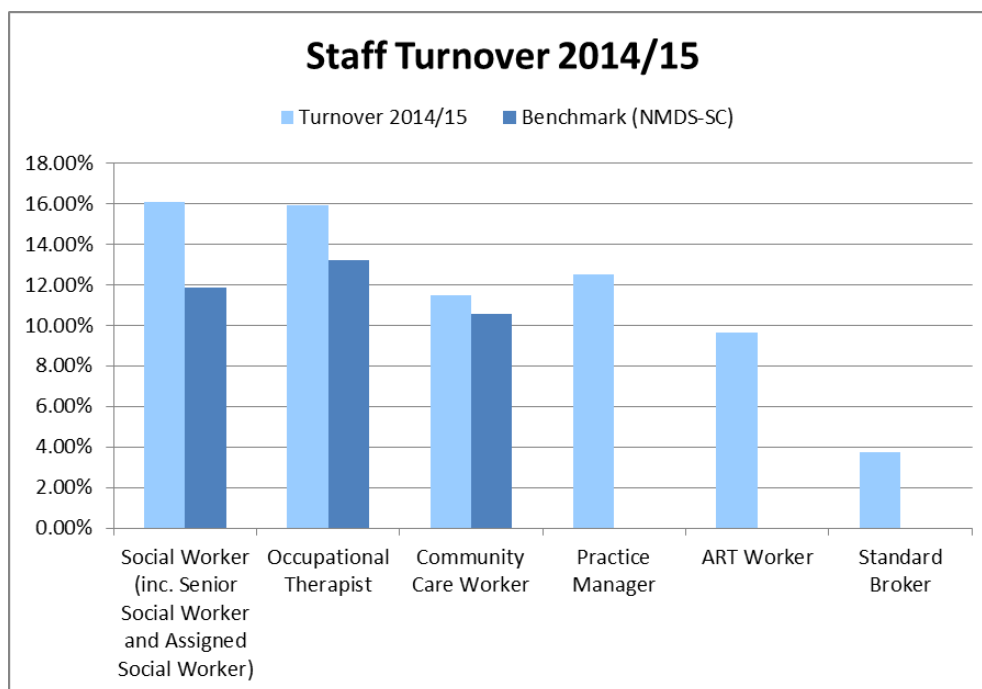


Figure 32: % of adult social care staff employed by Devon County Council leaving in the last year by role

The percentage of working days lost due to sickness is stable and in line with our current target at about 5% with the top three reasons for sickness being treatment for cancer or other benign or malignant tumours, psychological ill health including work-related stress, and muscular-skeletal disorders.

As a consequence of emerging recruitment and retention difficulties we have reviewed and adjusted the remuneration levels of social workers to ensure we are competitive locally and regionally and made a range of improvements to how we work with universities to encourage newly qualified recruits and to retain and develop staff. We now undertake recruitments every 6 weeks, with 8.5 Full Time Equivalents recruited in the last round, impacting positively in the 30 vacancies we were holding.

The majority of the social care workforce in Devon works in the independent and voluntary sectors, many in the provision of the residential/nursing and personal care services which the local authority commissions, but an increasing number in services funded by people themselves, including in the growing [personal assistant market](#). [Skills for Care](#) enable interested parties to better [understand this workforce](#) and the recruitment, retention, and training/development challenges it faces. Devon County Council works with providers on this through [Devon Care Training](#) and together we have launched our [Proud to Care](#) campaign to promote the sector as a place to work and develop a career.

What do we allocate our budget to and who do we spend it on?

Devon County Council budget

Devon County Council sets an annual budget and publishes information about it in the form of a [budget book](#). In 2016, the Council has decided to levy a 2% council tax precept to help meet inflationary pressures on adult social care spend, including the implementation of the National Living Wage. Almost £193mn was budgeted for adult social care in 2015-16; in 2016-17 this rises to £198mn, reflecting demographic and market pressures and the priority the people of Devon and the members of the council who represent them give to this service.

Over the past five years the County Council has saved £174m – giving a total current net budget of £500m to spend on important public services such as [adult social care](#) in Devon. New Government spending targets means that a further £110m of savings are likely to be needed over the next 4 years with up to £40m of this in the coming year 2016/17. People in Devon have had the opportunity to influence how this money is spent in our [‘tough choices’](#) consultation programme.

How does our spend compare with others?

When comparing our net spend per head of population on adult social care with similar authorities, Devon is just above average.

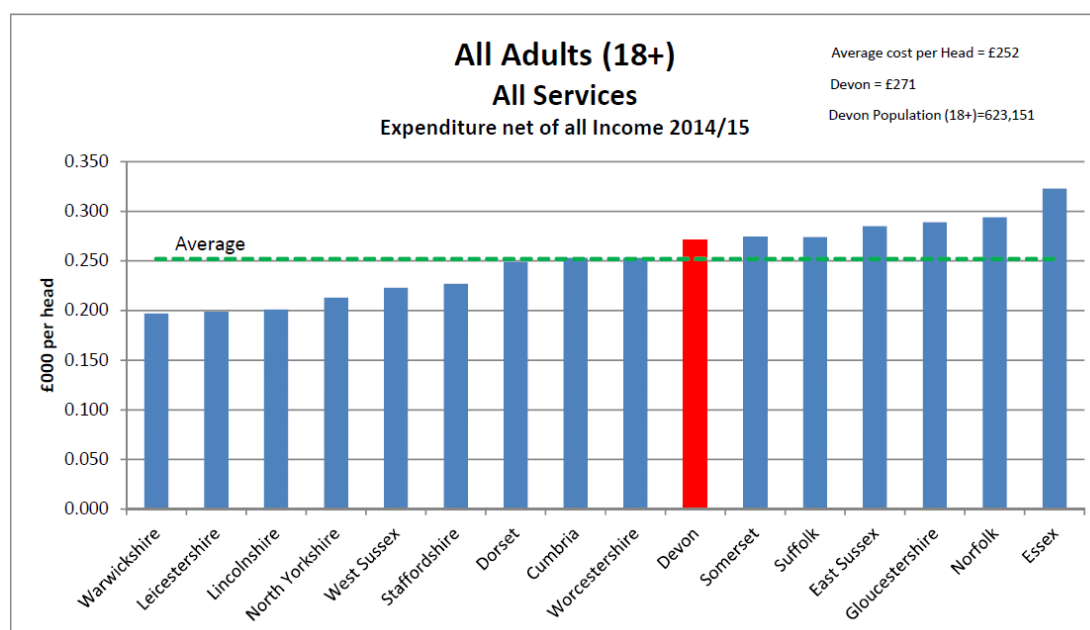


Figure 33: Net spend per head of population on all adult social care

When looking at older adults only, we are similarly close to the average. It should be noted that the proportion of the 65+ population in Devon who are 85+ is greater than the average of this group of local authority areas and 85 is the average age at which an older person begins to receive social care services.

Further analysis has shown that we are relatively high spenders on people with dementia even taking into account our population profile. We are doing more work to evaluate our assessment of the needs of people with dementia, the services we provide to support them in their own homes, and the unusually high proportion of

people with dementia in residential and nursing care in Devon, who also have a longer length of stay in care than is typical.

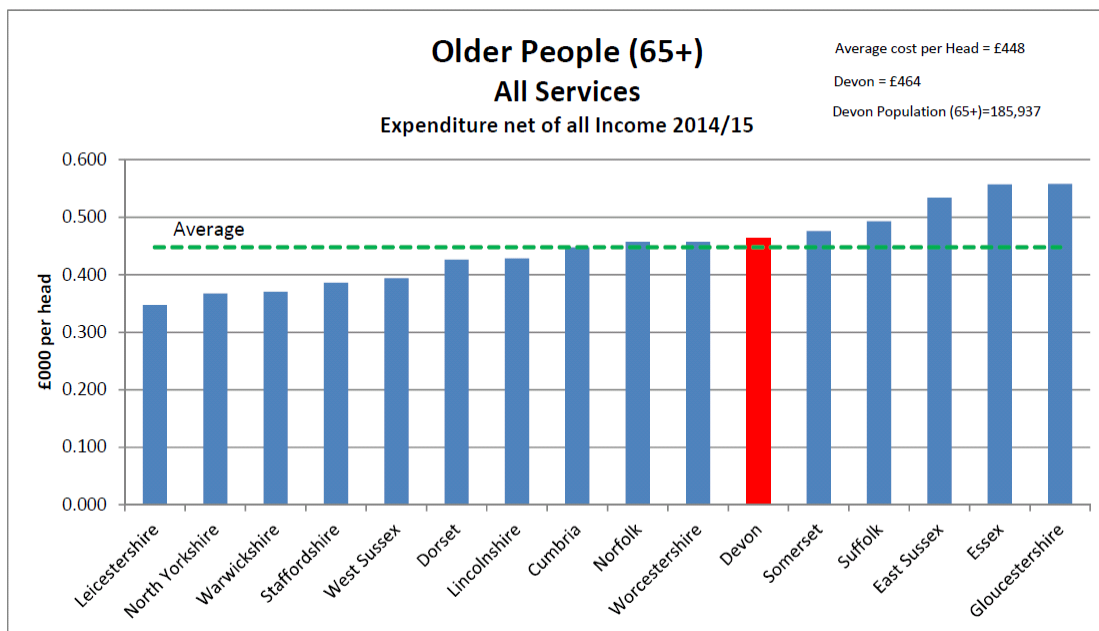


Figure 34: Net spend per head of 65+ population on all adult social care

When looking at younger adults, and breaking down by their primary reason for needing our support, our net spend per head of population is average for people with physical disabilities, just above average for people with learning disabilities, and above average for people with mental health issues.

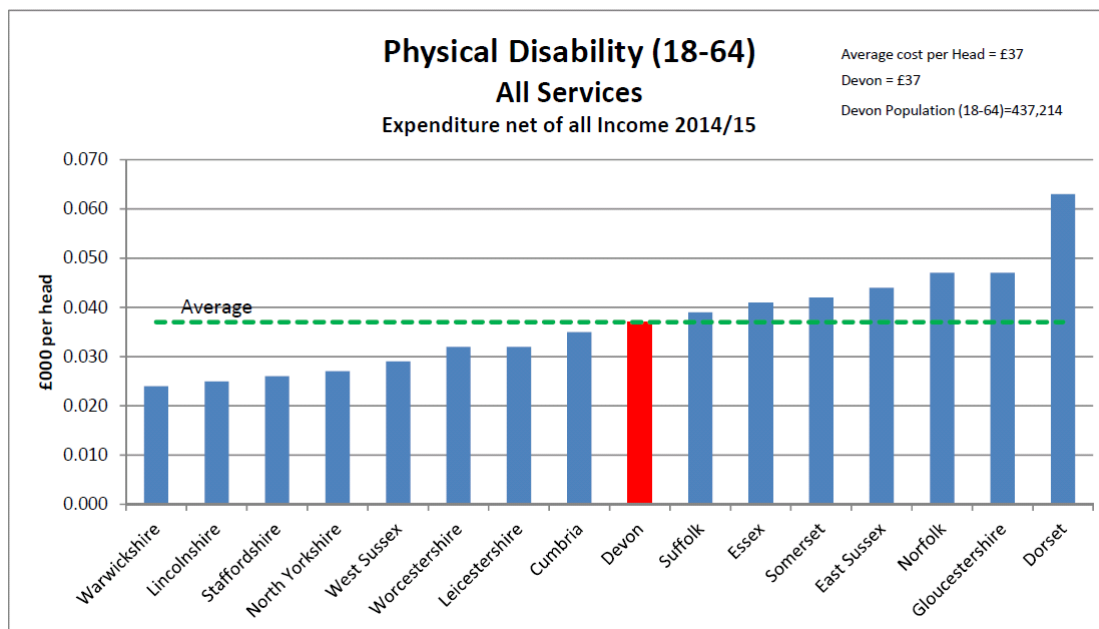


Figure 35: Net spend per head of 18-65+ population on adult social care for people with physical disabilities

We spend more per head on supporting people with learning disabilities in the community and less per head on supporting them in residential settings, having been

successful at reducing admissions into residential care and controlling the costs of specialist provision.

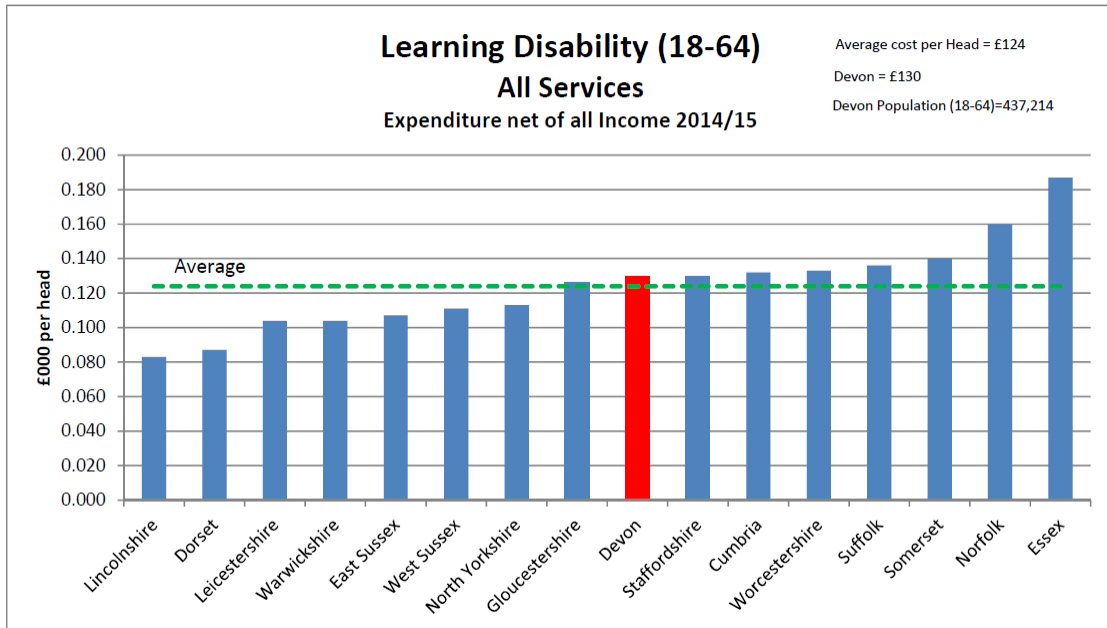


Figure 36: Net spend per head of 18-65+ population on adult social care for people with learning disabilities

Our relatively high spend per head on people with mental health issues is apparent in both community-based and residential services and we are working with our provider the [Devon Partnership Trust](#) to understand this and focus our limited resources on the services that make the most difference to improving people’s lives.

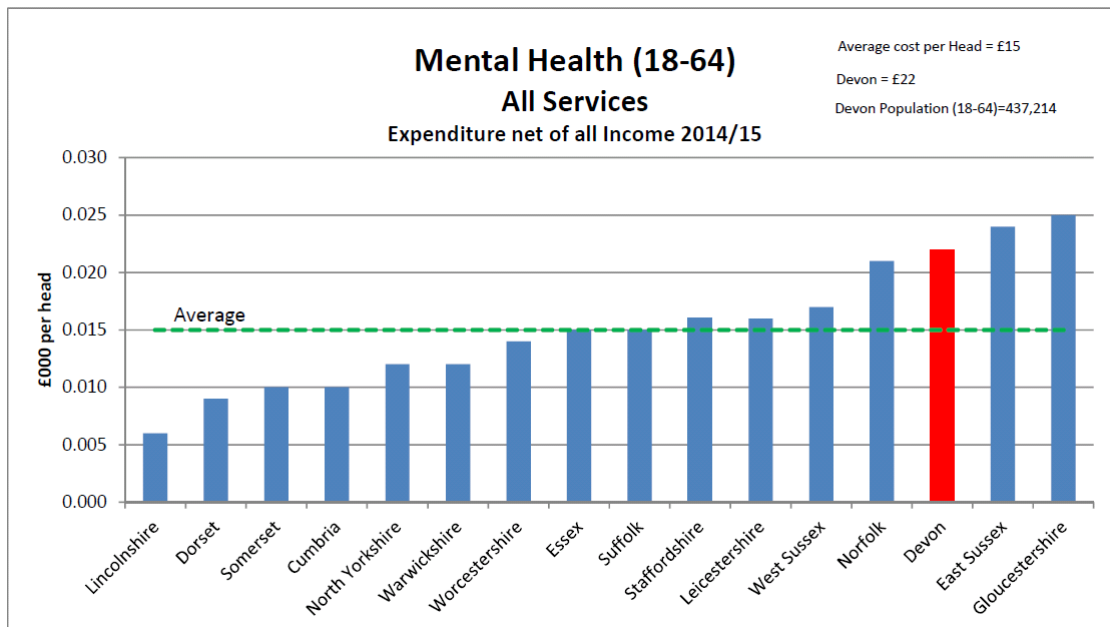


Figure 37: Net spend per head of 18-65+ population on adult social care for people with mental health issues

Adult Social Care in Devon: Annual Report 2015

Who do we spend it on?

Devon’s population profile is different to that of England in several key respects: it has a smaller proportion of young people, a smaller proportion of people of working age, and a third more people who are 65 and over. These trends are projected to continue over the next 20 years, with the number of people over 85 doubling, and the proportion of people of working age reducing towards 50%.

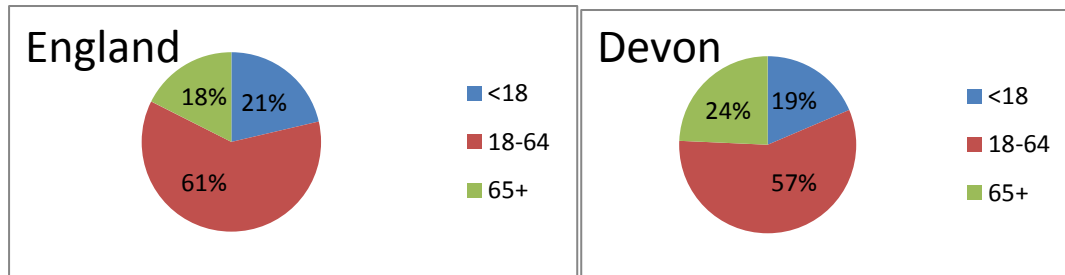


Figure 38: Population Profile: England versus Devon

In Devon, we support more older people per 100,000 population in the community than the average in comparator authorities, and about the same number of younger adults. Despite having a more aged population than the England average, we support comparatively less people, our population being relatively more healthy and less deprived than the England average.

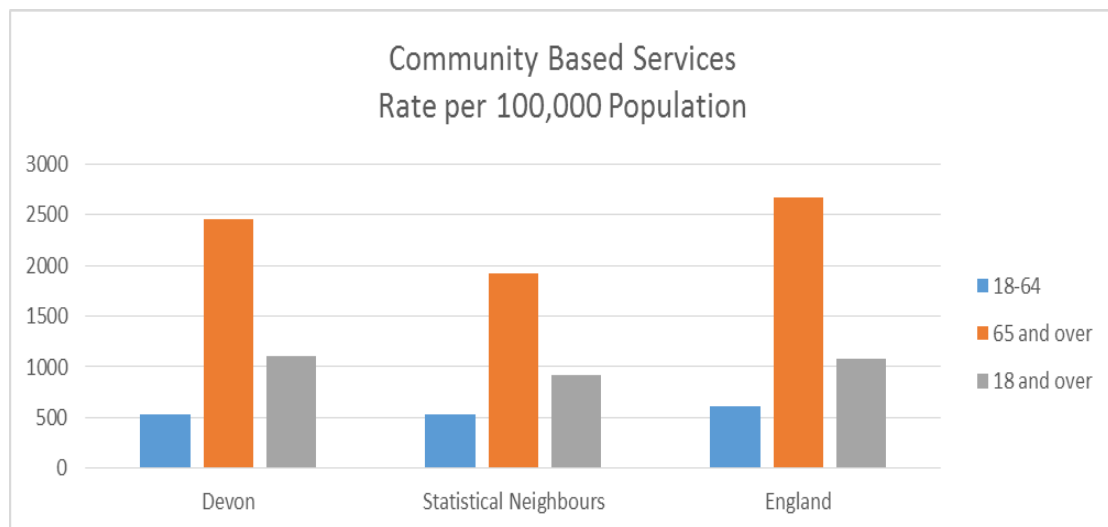


Figure 39: rate of provision of community based services per 100,000 population

Similarly, we support more older people per 100,000 population in residential/nursing than the average in comparator authorities, and about the same number of younger adults. Despite having a more aged population than the England average, we support comparatively less people, our population being relatively more healthy and less deprived than the England average.

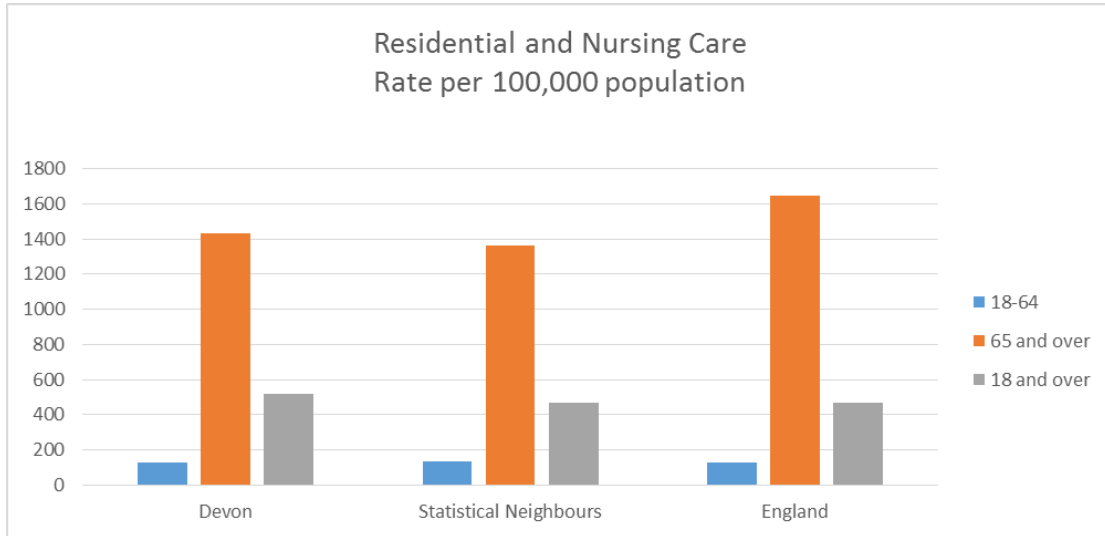


Figure 40: rate of provision of residential/nursing services per 100,000 population

Over the last 5 years, a period marked by budget reductions in local authorities, we have maintained the number of older people we serve and increased the number of younger adults.

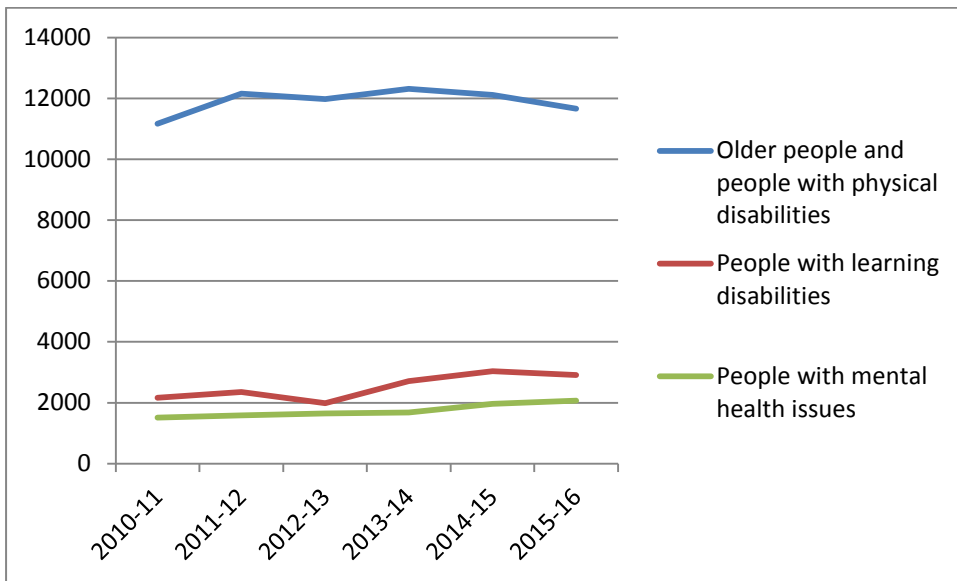


Figure 41: Number of service agreements budgeted for by primary support reason

We have been successful in our strategy of supporting more people in their own homes rather than in residential/nursing care. In particular, we have significantly increased the number of people receiving short-term services such as social care reablement, designed to help them regain their capacity for independence after a period in hospital or other health crisis.

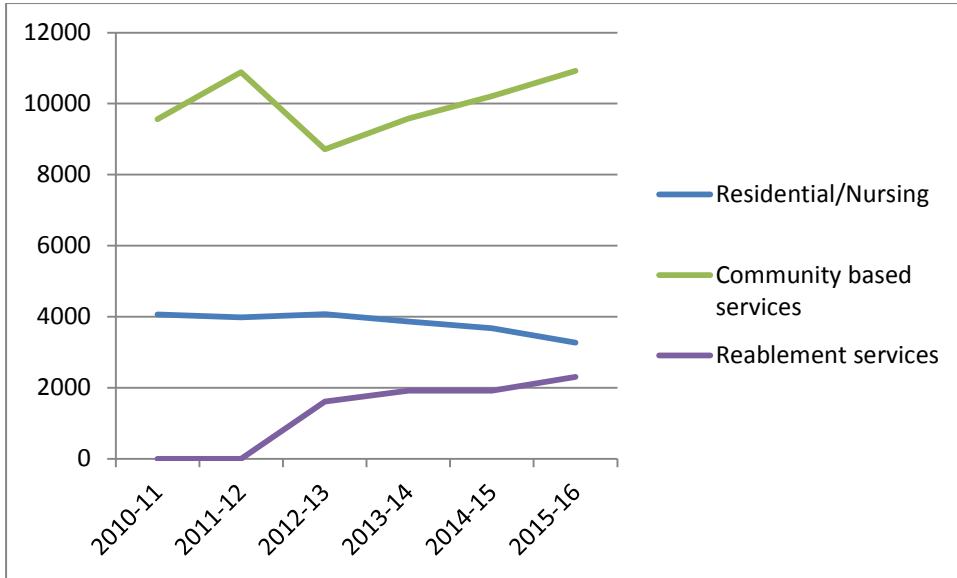


Figure 42: Number of service agreements budgeted for by service type

Over the same period, we have made a significant shift from direct provision to commissioning services in the independent and voluntary sector and that will continue, the current exception being social care reablement services which are provided in-house.

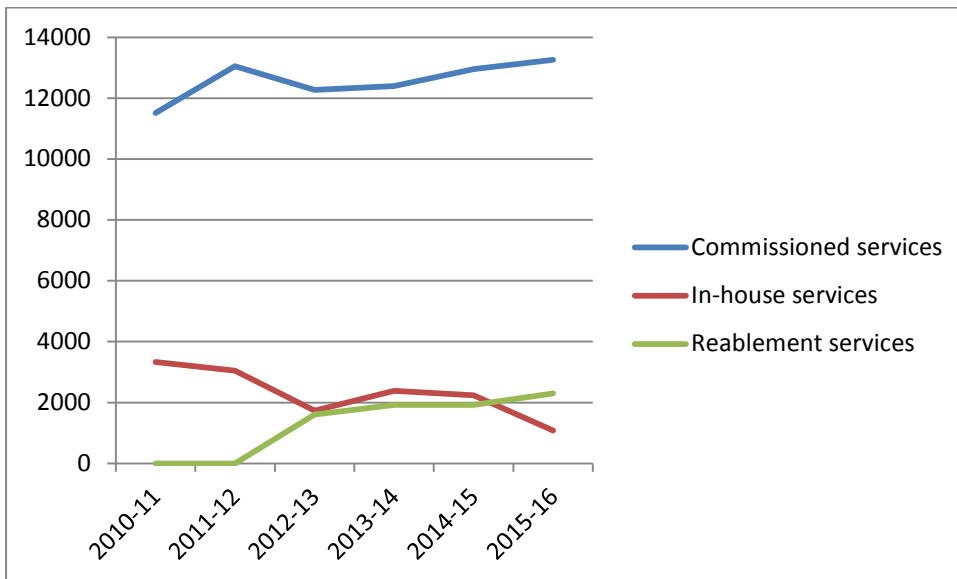


Figure 43: Number of service agreements budgeted for by provider type

How do costs in Devon compare with elsewhere?

The unit cost of personal care is less than the south-west regional average, and less than the England average for services commissioned by the local authority. However, over 2015 we have experienced cost pressures in this market, with particular workforce recruitment challenges in Exeter and the South Hams.

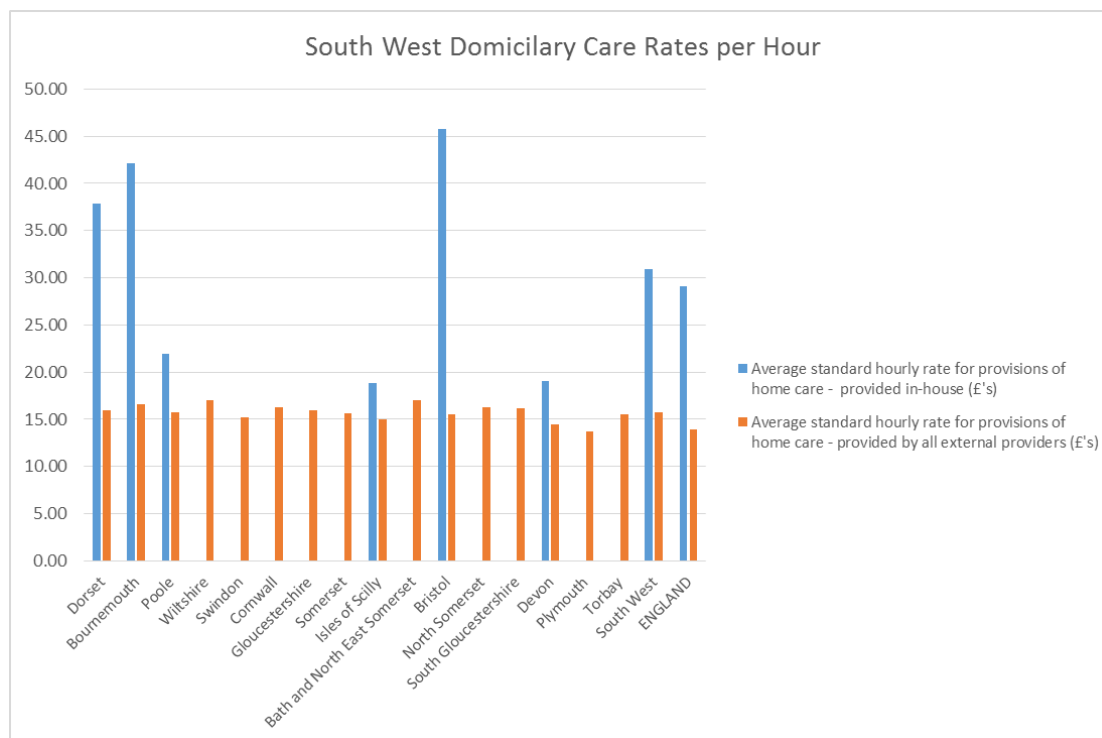


Figure 44: average cost of personal care per hour in the south-west region in 2014-15

We are out to tender under a new personal care framework and expect these cost pressures to be reflected in higher unit costs in 2016.

The average cost of residential and nursing care has been above comparators in 2014-15. This is in part due to the additional costs of our in-house residential care homes, most of which we have now closed. However, we have also seen the increasing use of market premia to secure appropriate care indicating inflationary pressures in the market.

For younger adults, our average cost is below average for people with Learning Disabilities and people with Mental Health issues but above average for people with Physical Disabilities and those with Sensory Disabilities. For older adults, in the key categories of people with physical frailties and those with dementia our weekly costs are now greater than the regional and national averages.

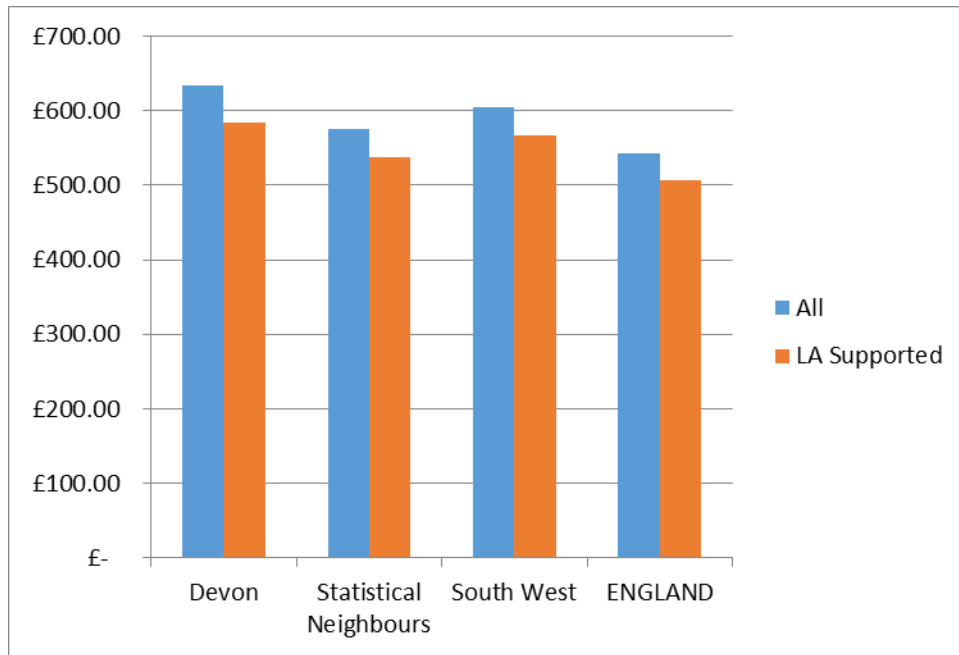


Figure 45: average cost of residential/nursing care per week in 2014-15

We are now considering alternative approaches to the commissioning of residential and nursing care as we seek to ensure a sustainable market at an affordable price providing sufficient good quality options where people need them into the future.

Key facts about adult social care in Devon

In October 2015...

Care Management

6,469	Adult Social Care Enquiries from members of the public
2,004	Blue Badge Enquiries
5,312	Adult Social Care Enquiries from professionals
1,782	Completed assessments
953	Completed reviews

Adult Social Care Demand Mapping

CSC calls during the 5 week period 26/10/15 – 29/11/15. CDP calls and assessments/reviews completed in CDP and CHSCTs during October 2015

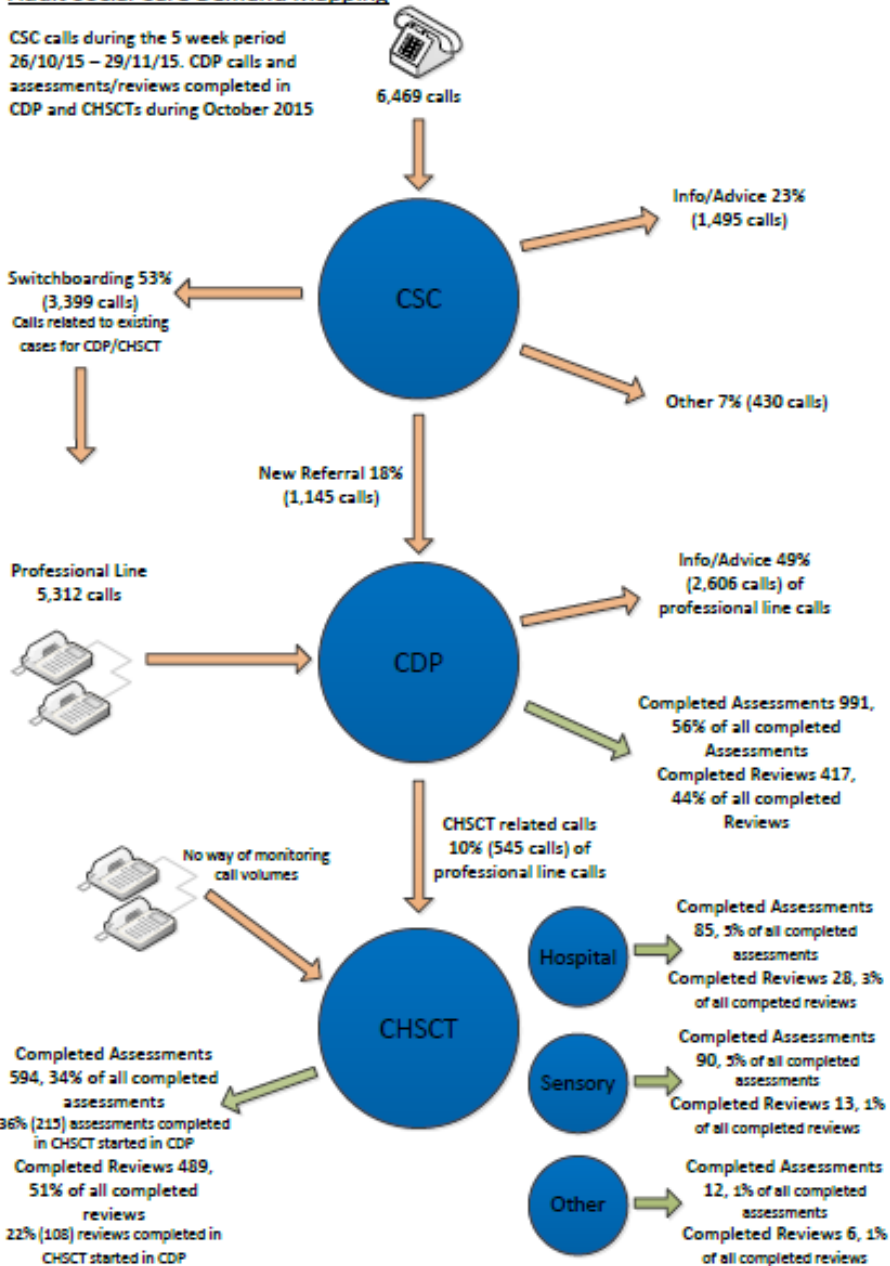


Figure 46: Activity in the care management system in October 2015

Residential services

2,061	People with disabilities and older people in residential care
68	New admissions into residential care
543	People with disabilities and older people in nursing care
16	New admissions into residential care
522	People with learning disabilities in residential care
129	People with mental health issues in residential care

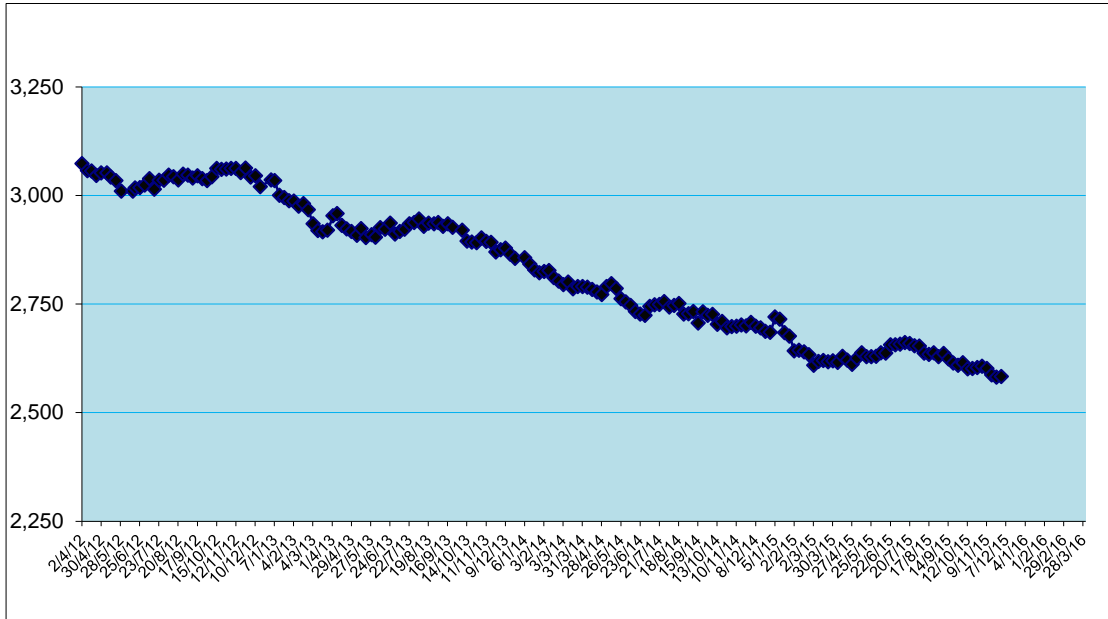


Figure 47: Trend in residential and nursing care for older people and people with physical disabilities in Devon 2012 to 2015

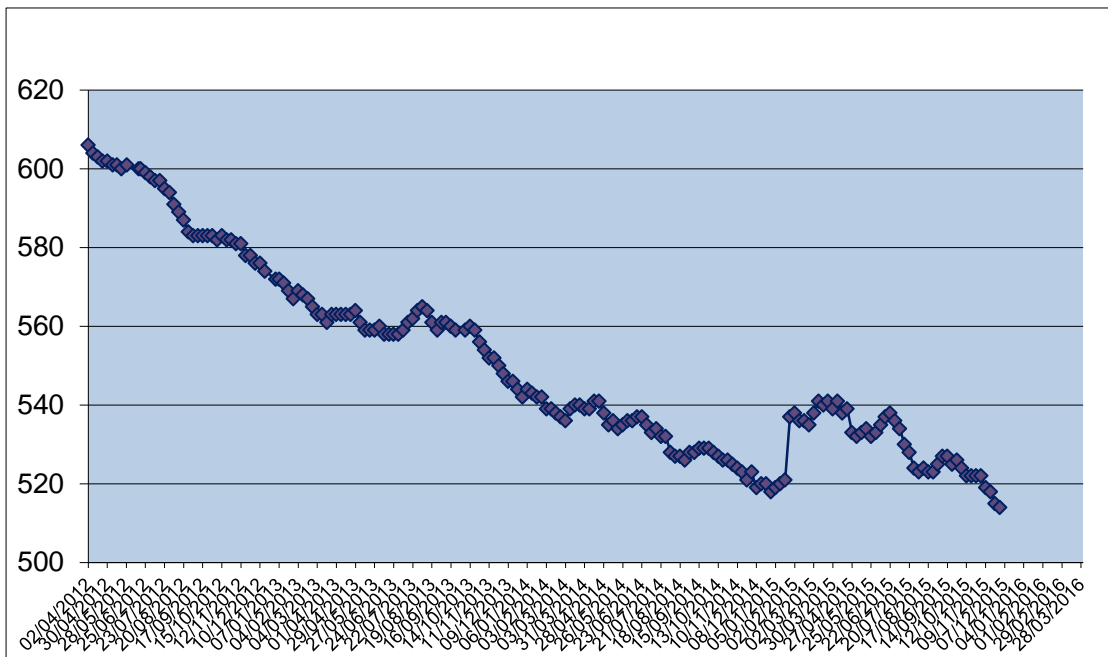


Figure 48: Trend in residential and nursing care for people with learning disabilities in Devon 2012 to 2015

Adult Social Care in Devon: Annual Report 2015

Community-based services

9,296 People receiving community based services

Of whom...

- 4,293 People receiving personal care services
- 38, 342 Hours of personal care delivered in a typical week
- 9.1 Hours of personal care delivered on average per person
- 2,400 Recipients of direct payments
- 2,323 People received day services
- 111 People discharged from hospital received social care reablement services

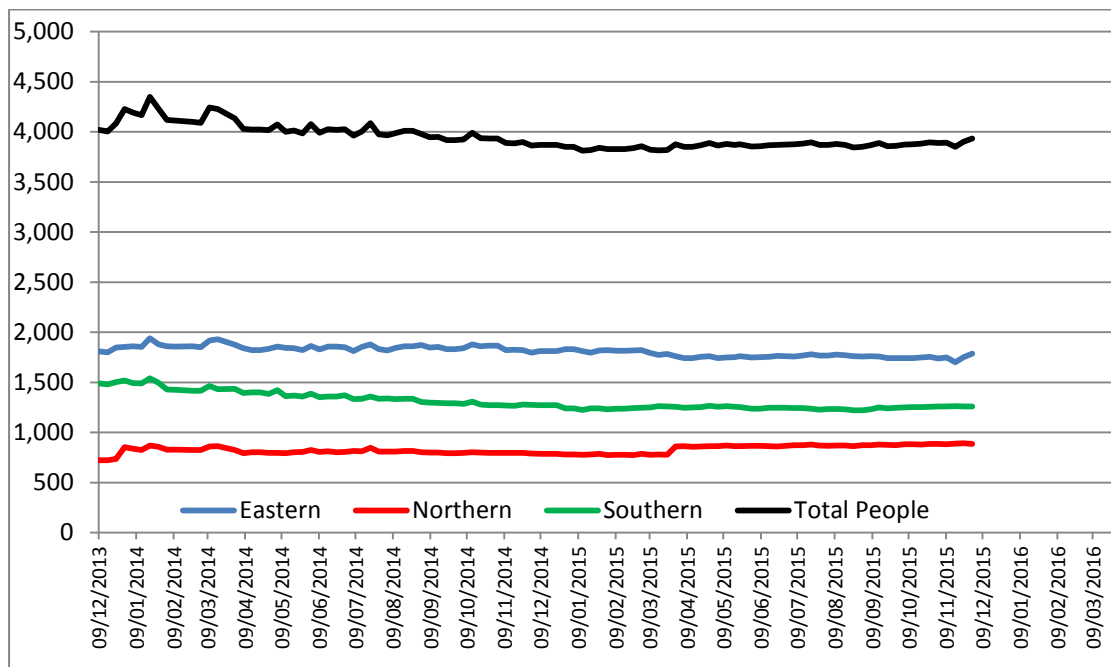


Figure 49: Trend in the number of people receiving personal care in Devon 2014 to 2015

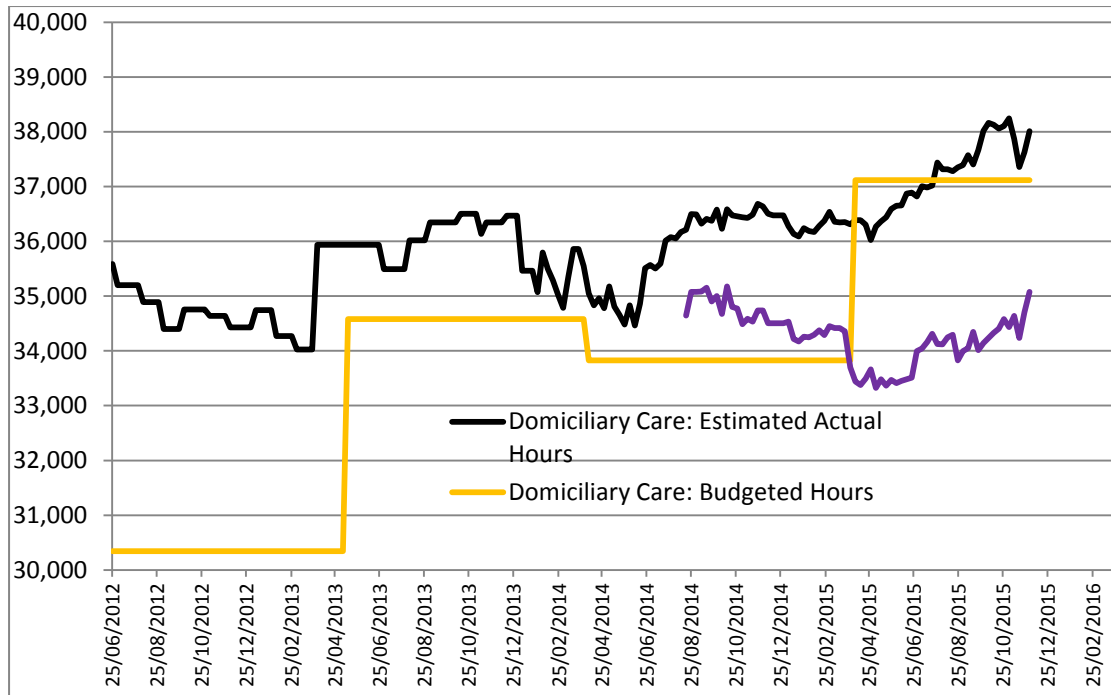


Figure 50: Trend in number of hours of personal care delivered in Devon 2012 to 2015

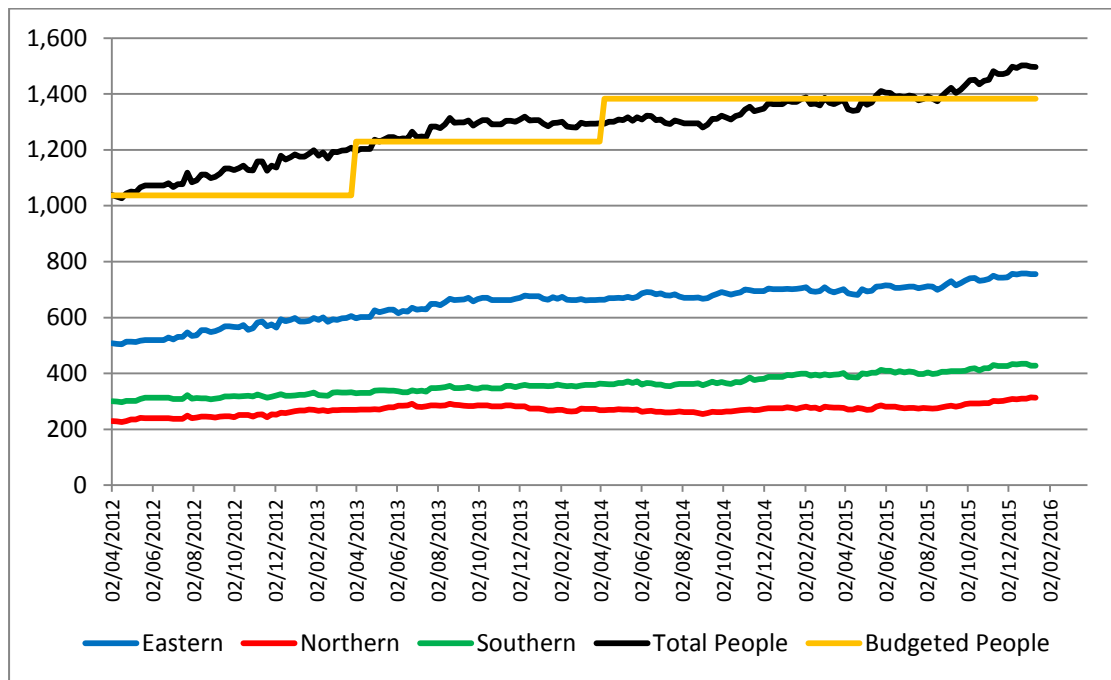


Figure 51: Trend in number of people receiving direct payments 2012 to 2015

Useful links

[A Glossary of Adult Social Care Terms](#)

The Safeguarding of Vulnerable Adults in Devon

[Devon Safeguarding Adults Board](#)

[Devon Safeguarding Vulnerable Adults policy and guidance](#)

[Serious Case Reviews](#)

[Annual Report 2014-15](#)

Our performance – Adult Social Care in Devon

[Adult Social Care in Devon 2014 Annual Report](#)

[Peer Challenge of adult social care in Devon June 2015](#)

[Adult Social Care Outcomes Framework in Devon 2014-15](#)

Our performance – Devon County Council

[Peer Challenge of Devon County Council September 2015](#)

[Annual Public Health Reports](#)

Our strategies - Adult Social Care in Devon

[Vision of Care and Support for Vulnerable Adults in Devon](#)

[The Care Act in Devon](#)

[A mental health commissioning strategy for Devon, Plymouth and Torbay 2014-2017](#)

[Living well with a learning disability in Devon 2014-2017: draft strategy](#)

[Living well with dementia in Devon – making progress 2014-2016](#)

[Carers in Devon: joint strategy 2014-2019](#)

People with autism in Devon: joint strategy – link to document if approved

Our strategies – Devon County Council

[Devon County Council Strategic Plan 2014-20: Better Together](#)

[Devon County Council Operating Model](#)

[Devon Joint Health and Wellbeing Strategy](#)

Our joint work with the NHS in Devon

[Better Care Fund plan and monitoring reports](#)

Our governance

[The democratic structures of Devon County Council](#)

[The budget of Devon County Council](#)

[Impact assessments applying to Devon County Council services](#)

[Consultations applying to Devon County Council services](#)

Our assessment of the needs of the population in Devon

<http://www.devonhealthandwellbeing.org.uk/jsna/>

Our assessment of the adult social care market in Devon

<https://new.devon.gov.uk/providerengagementnetwork/statements/>

The social care workforce

[Skills for Care](#)

[Devon Care Training](#)

[Proud to Care](#)

[Devon Choice and Support](#)

Some of our partners – local government

[Heart of the South West devolution prospectus](#)

[East Devon District Council](#)

[Exeter City Council](#)

[Mid Devon District Council](#)

[North Devon District Council](#)

[South Hams District Council](#)

[Teignbridge District Council](#)

[Torrige District Council](#)

[West Devon Borough Council](#)

[Plymouth City Council](#)

[Somerset County Council](#)

[Torbay Council](#)

Some of our partners – NHS

[NHS Northern, Eastern and Western Devon CCG](#)

[NHS South Devon and Torbay CCG](#)

[Royal Devon and Exeter NHS Foundation Trust](#)

[Plymouth Hospitals NHS Trust](#)

[Northern Devon Healthcare NHS Trust](#)

[Torbay and South Devon NHS Foundation Trust](#)

[Devon Partnership NHS Trust](#)

[South Western Ambulance Service NHS Foundation Trust](#)

[Devon Doctors](#)

[Plymouth Community Healthcare](#)

Some of our partners – other local

[Provider Engagement Network – Devon](#)

[Devon Voluntary Action](#)

[Healthwatch Devon](#)

[Joint Engagement Board - Devon](#)

[Directory of healthcare providers](#)

[Directory of social care providers](#)

Some of our partners – national

[Department of Health](#)

[Department for Communities and Local Government](#)

[NHS England](#)

[Care Quality Commission](#)

[Skills for Care](#)

[Local Government Association](#)

[Think Local, Act Personal](#)

[Towards Excellence in Adult Social Care](#)

[Health and Social Care Information Centre](#)

[National Adult Social Care Intelligence Service](#)

[King's Fund](#)

[Research in Practice - Adults](#)

[Care Knowledge](#)

National Reports - ADASS

[Distinctive, Valued, Personal: Why Social Care Matters: The Next Five Years](#)

[Budget Survey 2015](#)

[Adult social care, health and wellbeing: A Shared Commitment \(submission to the Comprehensive Spending Review\)](#)

National Reports – Care Quality Commission

[State of Care 2014-15](#)

[Deprivation of Liberty Safeguards 2014-15](#)

[Annual Report 2014-15](#)

National Reports – County Councils Network

[Market Sustainability and the Care Act](#)

[County Devolution: Health and Social Care](#)

[The State of Care in Counties](#)

National Reports – Local Government Association

[Making Safeguarding Personal 2014-15](#)

[Ageing: The Silver Lining](#)