Performance Report – June 2016
Report of the Head of Social Care Commissioning and Head of Adult Social Care

Introduction and Background

The Adult Performance Framework (APF) is structured under the current adult vision priority areas to highlight areas of good performance and where improvement and further development is needed. A number of indicators remain under development as the service ensures they are the right measures to understand the impact and outcomes for individuals, their carers and communities.

1.   Vision Priority 1 -   To ensure that people are using services feel safe

1.1   Service user views are captured annually as part of the annual Adult Social Care User Survey. The detailed data in APF relates to 2014-15. Provisional outcome for 2015-16 show improvement in these perception indicators

1.2   The indicators relating to Use of Deprivation of liberty standards (DOLs) and safeguarding are under development in the report. However the latest data in relation to DOLs indicates that the service has 2903 applications waiting assessment. This is an area of continued pressure and action continues to streamline the process where possible and ensure that the work is prioritised by an agreed triage system based on national guidelines.   As reported previously this remains a national issue and Devon is similar to other authorities in our statistical neighbour groups

1.3   A key indicator in adult safeguarding is 'Making safeguarding personal and meeting the preferred outcomes of the individual'. Devon currently performs at 85.7% (June data) and further changes being introduced will ensure the outcomes are captured at the start of a process and reviewed as met or partially met at the end.

1.4   The quality of services commissioned by the council continues to improve against both regional and national comparators. The number of "suspensions" with providers peaked in March and is currently at 9 across the county. In these instances the multi-agency Quality Assurance Improvement Team is involved in securing required changes before any new placements are made. As previously reported to Scrutiny approach to quality improvement is to identify quality risks early and intervene and support as a preventative measure in collaboration with providers.

1.5   There remain ongoing challenges securing supply of care in some instances. Weekly tracking takes place of personal care packages not arranged in a timely way and this is reviewed in a weekly telephone call with all NHS partners. A new personal care framework has recently been let with responsibility for supply chain management being passed to the 'lead provider' in each zone. We expect this to make a difference but the workforce challenge of securing care workers (and retaining them) remains a difficult one. It should also be noted that demand for personal care has significantly increased over the last 2 years and it is important to place supply and availability of care in this context.

Increase in Personal Care Hours Purchased by DCC

	Hours purchased per week	Increase from May 2014		Increase from May 15	
		Hours	%	Hours	%
May 2014	34,482	x	x	x	x
May 2015	36,590	2,108	6.1	x	x
May 2016	39,082	4,600	13.3	2,492	6.1

2. Vision Priority 2 - To reduce or delay any need for long term social care and support

2.1 A key priority of adult social care is to promote independence.

- Through prevention:
  - Creating the conditions where people and communities help themselves
- In integration:
  - Making independence the key outcome of all services and core principle of shared culture
- At first contact:
  - Effectively resolving the needs of individuals through information, advice, signposting
- At assessment:
  - Focussing on strengths of individual, their family and social networks, and their community
- Through short-term interventions:
  - Developing the menu of services, extending their reach, improving their effectiveness, reviewing the impact
- Through long-term services:
  - Making the default expectation further recovery of independence, outcomes-based commissioning to achieve this

2.2 Benchmarking of performance indicates Devon has both a greater incidence of people contacting the authority for support and a higher level of spend on those eligible for support from the council. There is work underway to ensure that we understand how the 'front door' for social care operates to ensure that people have the best opportunity to maximise their independence by being supported to find solutions within their local community and only where necessary receive care and support from adult social care in a timely and appropriate setting. This includes ensuring that individuals and their families have access to high quality information. Devon has launched Pinpoint as the digital solution to enable people to find a wealth of information, advice and support. The usage of this new improved facility will be monitored to support future improvements.

2.3 This vision priority area includes a range of indicators that measure impact for carers. Feedback from carers is captured biannually through the national Survey of Adult Carers, which enables performance to be benchmarked nationally, regionally and against statistical neighbours. Devon performance for the composite indicator 'Carer Reported Quality of Life' is good and above benchmarks. Likewise for % of carers having as much social contact as they would like. Devon performs well against the carers personalisation measures and is above England and Regional Comparators for 2014/15.

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

3.1   For those people in receipt of services there is generally good performance against comparators for use of Direct Payments and user satisfaction levels.

3.2   This vision area also includes the delayed transfers of care (DToC) monitoring. The performance in June 2016 indicates a continuing deterioration of performance both in the indicator that measures all delays (which is over the national and comparator averages), and those that relate only to adult social care. Devon is under the England and comparator average for the social care only delays

3.3   This reflects national pressures in the health and care system which is being addressed in Devon through work with NHS partners in the sustainability and Transformation plan (STP) to develop a 'new model of care' and improve length of stay activity in acute hospitals.

3.4   The most significant area of delay in Devon relates to 'further non acute NHS care' these are usually people awaiting transfer to a community hospital. For the social care only delays the main areas of delay relate to people waiting for either a care home placement or a package of care in their own home.

Delayed transfers of care – by organisational responsibility

	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
NHS	96	118	92	107	70	77	68	85	66	74	101	96
Social Care	21	17	24	22	26	22	14	27	30	20	27	31
Both NHS & Social Care	10	11	13	12	12	14	9	6	9	10	12	10
Total	127	146	129	141	108	113	91	118	105	104	140	137
NHS %	75.59%	80.82%	71.32%	75.89%	64.81%	68.14%	74.73%	72.03%	62.86%	71.15%	72.14%	70.07%
Social Care %	16.54%	11.64%	18.60%	15.60%	24.07%	19.47%	15.38%	22.88%	28.57%	19.23%	19.29%	22.63%
Both NHS & Social Care %	7.87%	7.53%	10.08%	8.51%	11.11%	12.39%	9.89%	5.08%	8.57%	9.62%	8.57%	7.30%

3.5   Adult social care has now fully implemented weekend working to support hospital discharge arrangements for acute and community hospitals and ensure assessment and support planning functions over the weekend.

3.6   Improvement work on this indicator is overseen by the multi-agency Better Care Fund Plan and work continues to improve and strengthen the action plans that have been developed at a Devon wide level for implementation through locality level groups (such as system resilience groups)

3.7   Devon is now actively working with NHS partners to explore opportunities to   further develop the social care reablement offer and Rapid Response service into a more aligned service. This will focus on promoting independence which maximises the

existing capacity of the separate services and looks to develop new capability and improve the effectiveness and reach of these services. It will enhance short term interventions to enable people to remain safe and well out of hospital or return home with the right level of support from hospital in a timely way. It is anticipated that this will start to deliver from Q4 in 2016/17 and impact on DToC indicators.

3.8 Devon performs well against national and comparator authorities in relation to residential and nursing care admissions for people over 65 years. For residential and nursing admissions for people under 65 there has been improvement in 2016 which has continued in June 2016 with performance below comparator average.

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

4.1 The indicators in this vision area focus on the effectiveness and efficiency of the care management service. The focus is on improving performance in key areas, for example, productivity, efficiency (by removing duplication) and demand management including pre-contact, at point of contact and when people are receiving services.

4.2 The indicators demonstrate that Devon is below target in the timeliness of assessment and completion of annual review. Now that the restructure of the service is complete a range of actions are being implemented (from August 2016) to achieve improvements in practice and streamline arrangements for front line staff which are designed to have a positive impact on these indicators. This should improve the productivity of teams and increase both assessment and review capacity.

4.3 From September 2016 there is a proof of concept in Northern Devon which will change how the service responds to people who have already had contact with adult social care. This model will direct people or referrers to staff at Care Direct Plus where there will be a more immediate and timely response to help with the presenting issue and ensure wherever possible the individual is able to use their own resources and local community capacity to resolve needs, or where necessary to respond to eligible social care needs. This should reduce demand within the service and improve performance.

4.4. Members will be aware that new 'lead provider' personal care arrangements are now in place. A key strategy in improving performance is to develop a 'trusted assessor' model and delegate some activities for review and assessment to trusted providers. This will be a key part of the personal care contract development. We expect this to have impact during 2017/18.

4.5 There are 2 employment indicators (IE and IF) where performance remains below our internal target but above or around the national average. This particularly applies to adults with mental health issues in paid employment. Underway is a piece of joint commissioning with Devon Partnership Trust to retarget our investment in this area to improve interventions against this particular group.

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

5.1 Workforce indicators are captured in this area of the report. The full workforce dashboard is in development with colleagues from HR. However it is intended to provide a combined view of the current workforce in terms of numbers, vacancies. turnover, sickness absence, qualifications, supervision and appraisal.

5.2 Sickness absence levels are currently good and below target, and the qualification profile of the workforce is good with over 38% qualified to NVQ Level 4 or above. There is further work needed on the accuracy of data relating to supervision and appraisal of staff groups

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Electoral Divisions: ALL

Local Government Act 1972: List of Background Papers
None

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Devon Adult Social Care

Senior Leadership Team
Adult Social Care & Social Care Commissioning
Adult Performance Framework
June 2016

Vision Priority 1: To ensure that people using services feel safe		
1. 1	Are we keeping people safe?	
	1.1 .1	Are people feeling safe?
	1.1.2	Do people who receive services think they make them feel safer?
	1.1.3	Is our use of Deprivation of Liberties Standards proportionate?
	1.1.4	Are safeguarding concerns and enquiries increasing
1.2.	Do we commission services which are affordable, sufficient and of at least adequate quality?	
	1.2.1	Is there sufficent supply for residential/nursing care, personal care and unregulated care?
	1.2.2	Is the supply for residential/nursing care, personal care and unregulated care of adequate quality?:
Vision Priority 2: To reduce or delay any need for long term social care and support		
2.1.	Are we enabling people to be independent for longer?	
	2.1.1	How do we best measure the impact of prevention?
	2.1.2	Is information, advice and signposting diverting people from requiring assessment?
	2.1.3	How can we evidence the reducing need of people?
	2.1.4	Do people find it easy to access information and advice?
2.2	Are we supporting carers well?	
	2.2.1	Are carers saying their quality of life is improving?
	2.2.2	Are people getting enough social contact?
	2.2.3	Are carers being assessed receiving a service as a result?
	2.2.4	What proportion of carers receiving a service do so via a personal budget?
	2.2.5	What proportion of carers receiving a service do so via a direct payment?
	2.2.6	Are we supporting more carers directly?
	2.2.7	Are we supporting more carers indirectly?
	2.2.8	How many carers are being assessed/identified?
Vision Priority 3: To expand the use of community based services and reduce the use of institutional care		
3.1.	Are we extending choice and control?	
	3.1.1	Are people offered and taking up a personal budget?
	3.1.2	Are people taking up Direct Payments as the preferred personal budget option?
	3.1.3	Are people using personal budgets saying they have more choice and control?
	3.1.4	Are allocated budgets in line with assessed need?
	3.1.5	Do people receive a service quickly?
3.2	Do we help keep people out of hospital wherever possible?	
	3.2.1	Are delayed transfers of care reducing?
	3.2.2	In particular are delayed transfers of care attributable to social care reducing?
	3.2.4	Are older people discharged from hospital offered appropriate reablement and rehabilitation?
	3.2.5	Is the reablement and rehabilitation of older people being discharged from hospital effective?
	3.2.6	Is ASC contributing to minimising hospital admissions?
3.3	Do we help people to remain at home wherever possible? / Are we minimising the use of residential services?	
	3.3.1	Are younger adults being maintained in their own homes?
	3.3.2	Are older adults being maintained in their own homes?
	3.3.3	Are we reducing the balance of residential vs community services?
	3.3.4	Is there a balance of service provision in the market place? Are there adequate services to meet community need?
	3.3.5	Are we increasing the number of people we support in the community?
Vision Priority 4: To ensure that people have a positive experience of social care services		
4.1.	Are we delivering an effective care management service?	
	4.1.1	Are people assessed in a timely way?
	4.1.2	Are people reviewed i)6 - 8 weeks after assessment, and ii) annually?
	4.1.3	Is the quality of assessment, review and care planning audited as good?
	4.1.4	Is the user/carer perception of the quality of assessment, review and care planning good?
	4.1.5	Productivity of teams
	4.1.6	Is our safeguarding response timely?
	4.1.7	Are safeguarding enquiries and concerns recurring for the same people?
	4.1.8	Is our use of Mental Capacity Act assessments proportionate?
	4.1.9	What are the outcomes for the clients?
	4.1.10	Transitions into Adult Services
4.2	Are we improving peoples lives? OR Are we helping people to improve their lives?	
	4.2.1	Are younger adults living independently?
	4.2.2	Are younger adults in employment?
	4.2.3	Are people getting enough social contact?
	4.2.4	Are service users saying their quality of life is improving?
	4.2.5	What are the outcomes of what we do?
Vision Priority 5: To ensure the social care workforce can deliver effective, high quality services		
5.1.	Do we have a workforce which is well trained and competent to meet the needs of service users and carers?	
	5.1.1	Workforce FTE, vacancies, agency staff, sickness,maternity and adoption
	5.1.2	Absence
	5.1.3	Appraisal and Supervision
	5.1.4	Recruitment and Retention
	5.1.5	Qualified Workforce
Vision Priority 6: To ensure that strategic planning and commissioning of adult social care services is integrated with the NHS and other partners		
6.1.		

Adult's Services APF Scorecard - June 2016

Code	Title	2014/15 Benchmarking				2015/16 ACS Targets	2016/17 ACS Targets	2016/17 June Performance
		Devon Average	Regional (South West) Average	Comparator (CIPFA) Average	England (National) Average	Devon Target 2015/16	Devon Target 2016/17	Performance @ June 2016
Vision Priority 1: To ensure that people using services feel safe								
1.1 We are keeping people safe								
4B	Users who say services have made them feel safe and secure	79.5%	86.9%	84.7%	84.5%	79.9%	84.5%	(14/15) 79.40%
4A	Users who feel safe	65.8%	68.3%	69.4%	68.5%	66.3%	68.3%	(14/15) 65.82%
L24	Rate of DOLS per 100,000 population	N/A	N/A	N/A	N/A	N/A	tbc	335
L25	Safeguarding alert volumes	N/A	N/A	N/A	N/A	N/A	tbc	2,341
L26	Whole service investigation volumes	N/A	N/A	N/A	N/A	N/A	tbc	8
APF 1.1.4	Making Safeguarding Personal - meeting preferred outcomes	N/A	N/A	N/A	N/A	N/A	tbc	85.7%
APF 1.1	**Further development of Safeguarding measures**	N/A	N/A	N/A	N/A	N/A		N/A
1.2 We commission services which are affordable, sufficient and of at least adequate quality								
APF 1.2.1	Unfulfilled Care Packages	N/A	N/A	N/A	N/A	N/A	tbc	93
3A	Overall satisfaction of people who use services with their care and support	68.5%	67.4%	66.0%	64.7%	68.0%	68.0%	(14/15) 68.45%
APF 1.2.2	Percentage of commissioned services in Devon graded by CQC as Compliant (assumes outstanding/good): NEW inspection regime	N/A	54.0%	N/A	N/A	No Target	66.0%	71.5%
APF 1.2	**Further development of Market Provision and Commissioning**	N/A	N/A	N/A	N/A	N/A		N/A
Vision Priority 2: To reduce or delay any need for long term social care and support								
2.1. We are enabling people to be independent for longer								
3D part 1	People who find it easy to find information about support	74.7%	76.6%	74.6%	74.5%	71.0%	74.5%	(14/15) 72.97%
APF 2.1	**Further development of reporting for this section**	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2.2 We are supporting carers well								
1D	Carer reported quality of life	8.1	7.9	7.8	7.9	8.2	8.2	(14/15) 8.2
1I part 2	Carers who reported that they had as much social contact as they would like	39.0%	36.4%	35.6%	38.5%	45.0%	39.0%	(14/15) 39%
NI135	Carers receiving needs assessment/ review/ and a specific carer's service, or advice and information	N/A	N/A	N/A	N/A	N/A	tbc	50.8%
1C Part 1 b	Carers receiving self-directed support	89.4%	71.0%	73.1%	77.4%	NO TARGET	89.4%	97.8%
1C Part 2 b	Carers receiving direct payments for support direct to carer	56.4%	47.7%	60.2%	66.9%	NO TARGET	66.9%	47.2%
APF 2.2.8	Number of Carers being identified / assessed	N/A	N/A	N/A	N/A	N/A	tbc	4,562
3B	Overall satisfaction of carers with social services	41.4%	41.9%	40.9%	41.2%	46.1%	41.9%	(14/15) 41.4%
3C	Carers who report that they have been included or consulted in discussion about the person they care for	73.0%	72.2%	73.1%	72.3%	73.7%	73.7%	(14/15) 73%
Vision Priority 3: To expand the use of community based services and reduce the use of institutional care								
3.1. We are extending choice and control								
1C Part 1 a	Adults receiving self-directed support	89.9%	79.2%	83.4%	83.7%	NO TARGET	89.9%	80.8%
1C Part 2 a	Adults receiving direct payments	33.5%	24.7%	28.1%	26.3%	NO TARGET	33.5%	31.4%
1B	People who have control over their daily life	79.9%	79.9%	78.6%	77.3%	79.0%	79.9%	(14/15) 79.84%
APF 3.1.4	% variance from Estimated Budget to Agreed Budget	N/A	N/A	N/A	N/A	N/A	tbc	3.9%
APF 3.1.4	Average agreed budget	N/A	N/A	N/A	N/A	N/A	tbc	£256.00
NI133	Waiting times for Services	N/A	N/A	N/A	N/A	N/A	94.8%	94.4%

Ref	Description					Target		Result
3.2. We help keep people out of hospital wherever possible								
2C Part 1	DTOC (Delayed transfers of care) from hospital per 100,000 population	16.9	15.0	12.7	11.1	10.5	tbc	19.3
2C Part 2	DTOC attributable to social care or jointly to social care and the NHS	4.7	5.9	3.9	3.7	3.0	tbc	5.4
2B part 1	Older people (65+) still at home 91 days after hospital discharge into reablement/rehab services (effectiveness of the service)	88.8%	84.0%	82.9%	82.1%	81.5%	81.5%	92.8%
2B part 2	Older people (65+) still at home 91 days after hospital discharge into reablement/rehab services (offered the service)	1.4%	3.5%	2.8%	3.1%	3.3%	tbc	1.7%
2D	Received a short term service during the year where the sequel to the service was either no ongoing support or support of a lower level	88.4%	76.0%	77.3%	74.6%	NO TARGET	88.4	88.7%
3.3 We help people to remain at home wherever possible / We are minimising the use of residential services								
2A part 1	Long-term support needs of younger adults (18-64) met by admission to residential and nursing care homes, per 100,000 population	19.7	16.8	15.1	14.2	17.0	15.1	14.4
2A part 2	Long-term support needs of older adults (65+) met by admission to residential and nursing care homes, per 100,000 population	601.8	678.2	642.8	668.8	540.5	514.6	537.9
NI 135	Carers receiving needs assessment/ review/ and a specific carer's service, or advice and information	N/A	N/A	N/A		DELETE		
Vision Priority 4: To ensure that people have a positive experience of social care services								
4.1. We are delivering an effective care management service								
NI 132	Timeliness of social care assessment - new clients assessed within 28 days	N/A	N/A	N/A	N/A	80.0%	80.0%	67.9%
L37	Annual review - reviewable services	N/A	N/A	N/A	N/A	75.0%	75.0%	54.9%
APF 4.1.3	Practice Quality Review - Managers who completed at least one PQR	N/A	N/A	N/A	N/A	N/A	tbc	64.8%
APF 4.1.3	Practice Quality Review - Percentage of requested cases completed	N/A	N/A	N/A	N/A	N/A	tbc	61.51%
APF 4.1.3	Practice Quality Review - Number completed (Number requested)	N/A	N/A	N/A	N/A	N/A	tbc #	50 (84)
L74a	Proportion of safeguarding strategy meetings/agreements held within 7 working days	N/A	N/A	N/A	N/A	80%	80%	46.4%
L77	Proportion of safeguarding case conferences held within 30 working days of strategy meetings	N/A	N/A	N/A	N/A	80.0%	80.0%	86.5%
L27	Mental Capacity Act assessments completed	N/A	N/A	N/A	N/A	N/A	tbc	1,881
APF 4.1	Productivity of Team / Worker	N/A	N/A	N/A	N/A	N/A		N/A
4.2 We are improving peoples lives OR We are helping people to improve their lives								
1G	Adults with a learning disability who live in their own home or with their family	65.6%	69.5%	69.9%	73.3%	72.1%	69.5%	74.8%
1H	Adults in contact with secondary mental health services living independently, with or without support	60.9%	53.8%	55.2%	59.7%	60.8%	tbc	64.3%
1E	Adults with a learning disability in paid employment	6.8%	6.3%	6.1%	6.0%	8.0%	8.0%	7.6%
1F	Adults with secondary mental health services in paid employment	6.3%	8.4%	8.4%	6.8%	7.4%	tbc	6.7%
1I part 1	Adults who reported that they had as much social contact as they would like	42.8%	45.7%	45.4%	44.8%	45.0%	44.8%	42.9%
1A	Social care related quality of life	19.0	19.3	19.2	19.1	19.0	19.1	(14/15) 19
Vision Priority 5: To ensure the social care workforce								
5.1. We have a workforce which is well trained and competent to meet the needs of service users and carers								
L21	Percent of working days lost to sickness	N/A	N/A	N/A	N/A	4.8%	4.5%	4.2%
L23	Staff supervision meetings	N/A	N/A	N/A	N/A	100.0%	100.0%	
NEW	Staff appraisal meetings	N/A	N/A	N/A	N/A	100.0%	100.0%	not reported

Vision Priority 1: To ensure that people using services feel safe

1. 1 Are we keeping people safe?

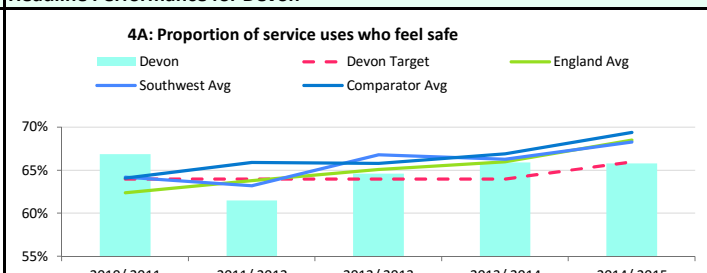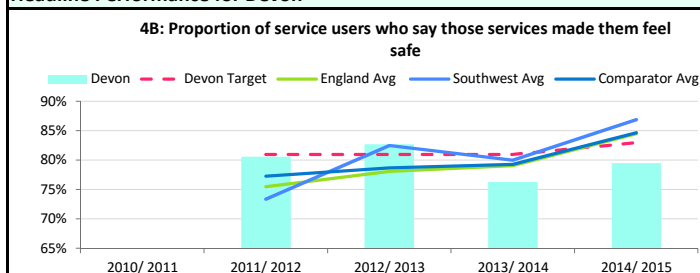**Summary of Performance (Insight and Impact analysis) -**

Service user views are captured annually as part of the national Adult Social Care User Survey. Published data relates to 2014-15, where Devon performance remains below benchmarks for both ASCOF perception measures of 'safety'. Provisional outcomes for 2015-16 show improvements in both indicators. DEPRIVATION OF LIBERTIES SAFEGUARDS (DoLS): following the Cheshire West ruling, there is significant pressure in the system. Waiting lists for applications stood at 2,903 at the end of June. Work to develop workflow reports for those DoLS applications triaged as high priority will follow Care First development. As this work progresses we will be better able to describe the impact of actions to ensure the right people are being prioritised. SAFEGUARDING: as a result of the Care Act, safeguarding terminology changed for 2015/16 from alerts/referrals/investigation to concerns/enquiries. New forms were introduced in DCC to reflect these changes from August 2015. Further changes have been made to the Enquiry form to better capture data on outcomes relating to risk assessment and Making Safeguarding Personal. Rolling 12 months data will reflect a mixed picture of data before and after these form and threshold change. Section 42 Safeguarding Enquiries are those which meet the following criteria: the adult has needs for care and support; the adult is experiencing or is at risk of abuse or neglect; as a result of these needs is unable to protect themselves against the abuse or neglect or risk of it. The number of concerns increased following Care Act implementation but is stabilising following management action. Alternative options for addressing the presenting issue (including care management) are considered before making the threshold decision; this may explain the apparently low percentage of concerns moving to enquiries. National comparators for concerns and enquiries will be available in October 2016 when the Safeguarding Adult Collection data is published.

1.1 .1 Are people feeling safe?

Headline Performance for Devon

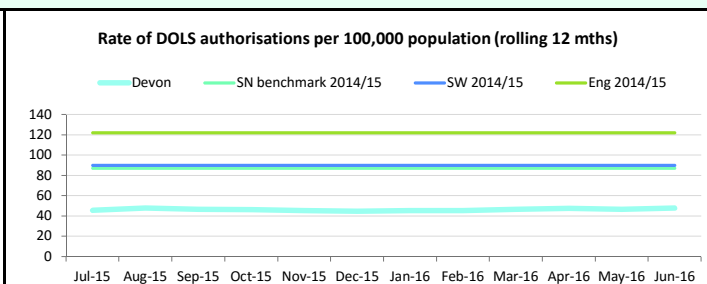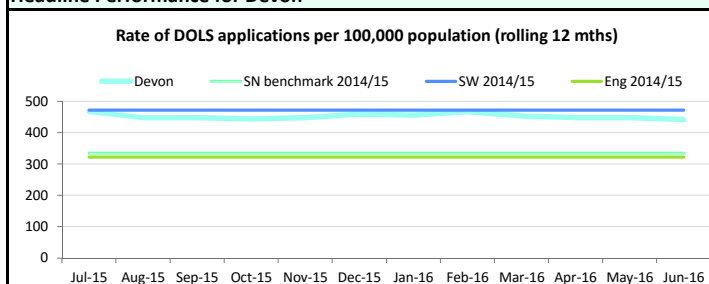**1.1.2 Do people who receive services think they make them feel safer?**

Headline Performance for Devon

4B: Proportion of service users who say those services made them feel safe

4A: Proportion of service uses who feel safe

4B	2011/ 2012	2012/ 2013	2013/ 2014	2014/ 2015	16/17 Target	England Avg 14/15	SW Avg 14/15	Comp. Avg 14/15	4A	2011/ 2012	2012/ 2013	2013/ 2014	2014/ 2015	Target	England Avg 14/15	SW Avg 14/15	Comp. Avg 14/15
Devon	80.6%	82.7%	76.30%	79.40%	84.50%	84.50%	86.90%	84.70%	Devon	61.5%	64.6%	65.90%	65.80%	68.30%	68.50%	68.30%	69.40%

1.1.3 Is our use of Deprivation of Liberties Standards proportionate?

Headline Performance for Devon

Rate of DOLS applications per 100,000 population (rolling 12 mths)

Rate of DOLS authorisations per 100,000 population (rolling 12 mths)

1.1.4 Are safeguarding concerns and enquiries increasing?

Headline Performance for Devon

Safeguarding concern rate per 100,000 population (rolling 12 mths)

Safeguarding enquiry rate per 100,000 population

Percentage of Concerns that move to Enquiries (rolling 12 mths)
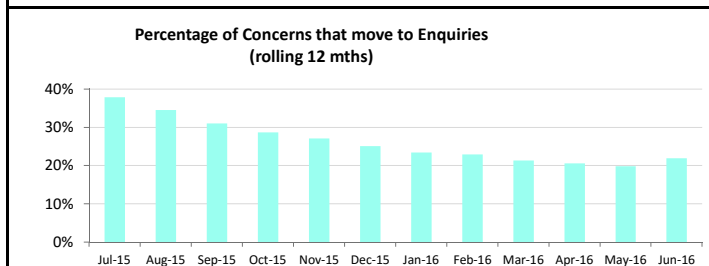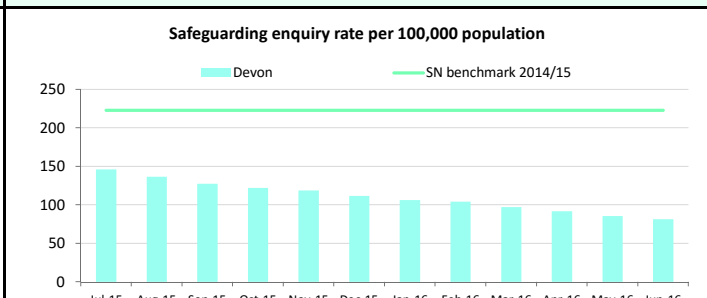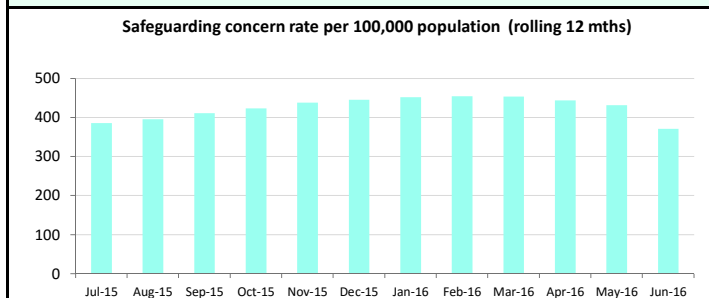
Outcomes of Safeguarding Concerns - from Aug 2015

	All concerns		s42 Concerns	
No further action	286	11.0%	17	2.4%
NFSA	517	19.8%	54	7.7%
NFSA -info & advice	471	18.1%	65	9.3%
NFSA - social care assessment	825	31.6%	68	9.7%
Proceed to enquiry	510	19.5%	496	70.9%
Total	2609		700	

No further safeguarding action (NFSA)

Volume of whole service investigations (rolling 12 mths)

Whole Service Safeguarding Prevention data under development

Safeguarding Risk Assessment Outcomes - 6 mths to end Jun 2016

Risk Identified	122
Risk Identified %	67.8%
No Risk identified/inconclusive	23
No Risk identified/inconclusive %	12.8%
Ceased at individual request	3
Ceased at individual request %	1.7%

Safeguarding Risk Assessment Outcomes

Making Safeguarding personal - have the person's preferred outcomes been clarified? (%)

Making Safeguarding personal - if asked, were outcomes met/partially met? (%)

1.2. Do we commission services which are affordable, sufficient and of at least adequate quality?

Summary of Performance (Insight and Impact analysis) -

The Care Quality Commission (CQC) changed its inspection regime in October 2014. Quality is assessed by the percentage of all social care providers rated Good or Outstanding by CQC. Performance has steadily been improving and was at 68% (1 May 2016) which is slightly higher than the rate for England (67%), and slightly lower than the South West region rate of 69%. Quality for community based providers (80%) is markedly higher than for the residential care sector (66%). This remains a priority areas for development along with a better understanding of market sufficiency and price.
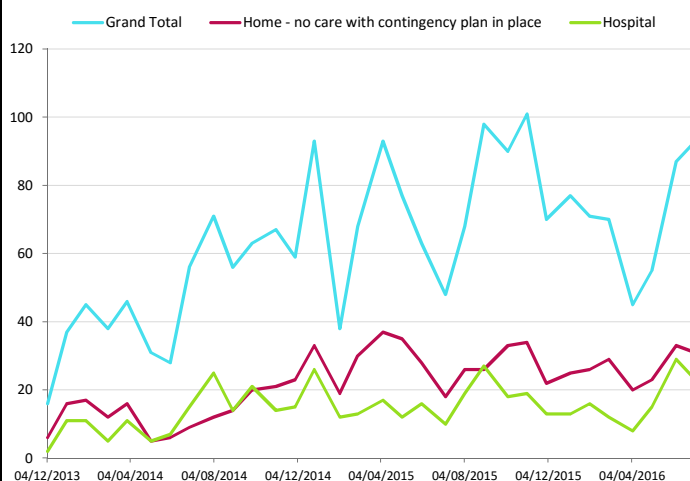
1.2.1 Is there sufficient supply for residential/nursing care, personal care and unregulated care?

Unfulfilled care packages

Below is an extract from the Unfulfilled Care Packages report, dated 05/07/2016. There were a total of 93 people with unfulfilled care packages that week, of which 45 were new to the list in that week. As at the end of June 2016 there were 3690 people in receipt of personal care, meaning UCPs represent 2.5% of personal care clients. Whilst Eastern has the most Unfulfilled packages of care, Southern has 1 case which have been waiting the longest. Opposite is a graph showing the monthly snapshot trend since 01/12/2013, and includes number of clients who are in hospital, or at home with no care.

Monthly snapshot of total unfulfilled care packages since 01/12/2013

| Length of time without supply	Eastern	Northern	Southern	Grand Total	New clients to the list
Less than 4 weeks	49	8	14	71	45
Between 4 & 7 Weeks	8	2	2	12	0
Between 8 & 11 Weeks	3		2	5	0
Between 12 & 15 Weeks	1			1	0
24 Weeks			1	1	0
29 Weeks		1		1	0
34 Weeks	1			1	0
45 Weeks			1	1	0
Grand Total	**62**	**11**	**20**	**93**	**45**

1.2.2 Is the supply for residential/nursing care, personal care and unregulated care of adequate quality?

### ASCOF 3A: overall satisfaction of people who use services with their care and support

3A	2010/11	2011/12	2012/13	2013/14	2014/15
Devon	64.10%	63.00%	67.70%	66.80%	68.45%
England	62.10%	62.80%	64.10%	64.80%	64.70%
SN	64.10%	62.80%	64.90%	65.30%	66.00%

3A Overall satisfaction of people with their care and support
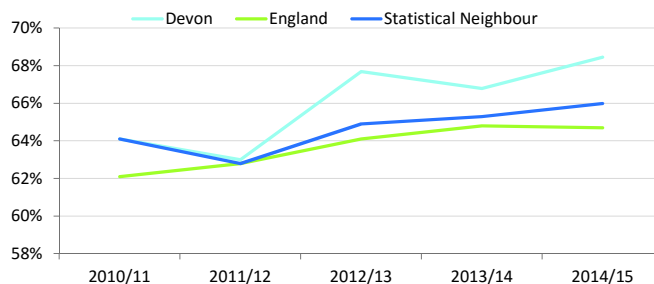
As determined by the regulator? CQC Inspections

Devon - New Style Inspection Results *(Cumulative to date)*
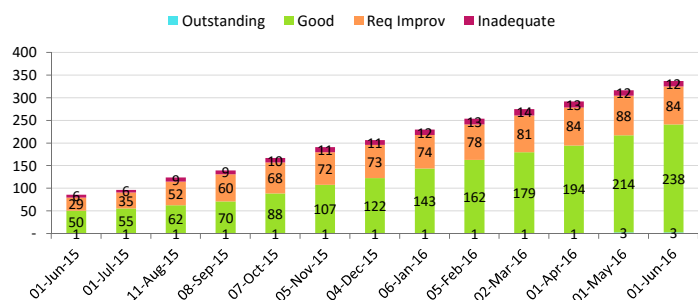
Overall Outstanding or Good Rating
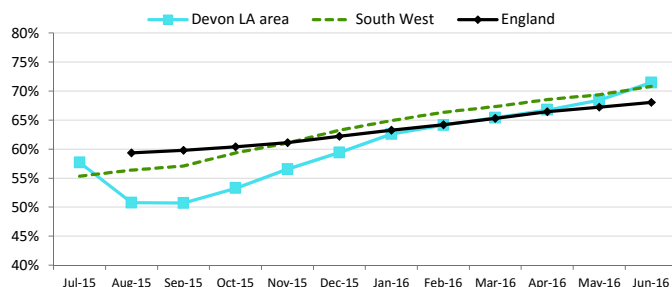
Overall Outstanding or Good Rating - Residential Social Care
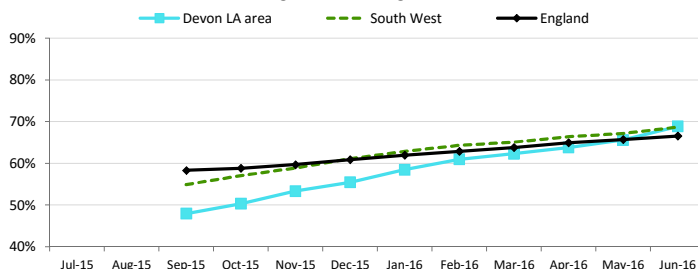
Overall Outstanding or Good Rating - Community Based Adult Social Care
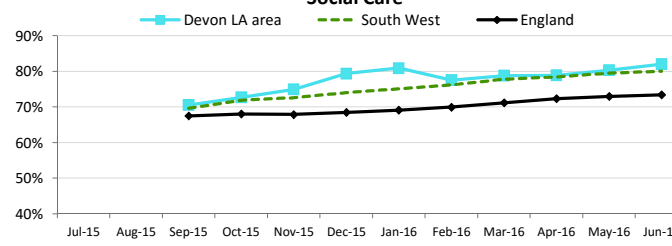
Residential Social Care - % rated Outstanding or Good, by domain
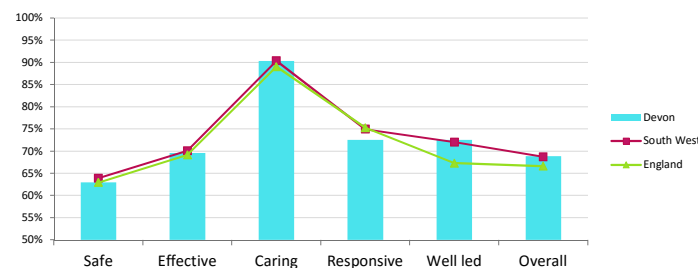
Community Based Social Care - % rated Outstanding or Good, by domain
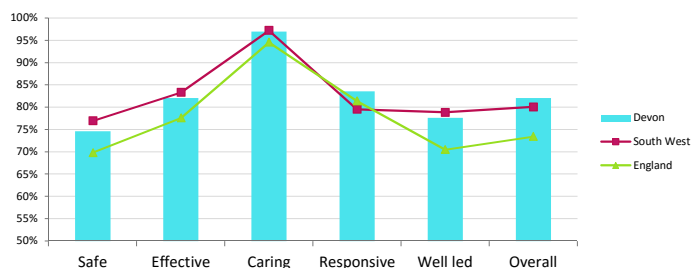
As determined by Devon? Quality Assurance and Improvement Team (QAIT)

Quality Provider Placement Suspensions
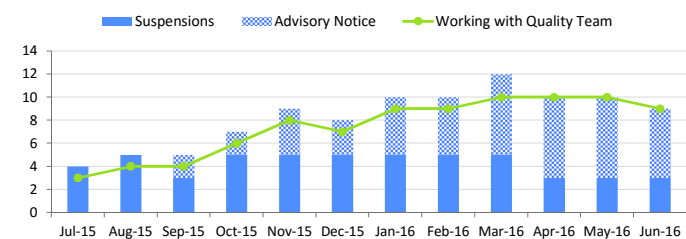
Safeguarding Provider Placement Suspensions
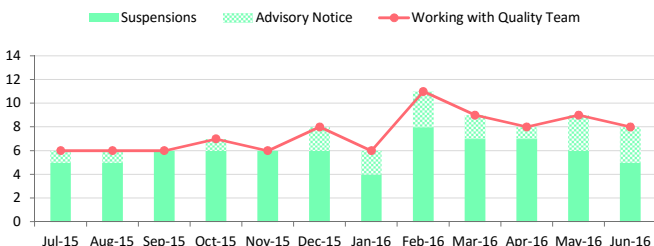
Other areas in development: Summary of QAIT team processes; As viewed by the users of the services and their carers? CQC Ratings reports; Suspension reporting from the QAIT; Healthwatch checks

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

2.1 Are we enabling people to be independent for longer?

Summary of Performance (Insight and Impact analysis) -

Following feedback this area is being re-developed and will be available later in Quarter 2.

2.1.1 How do we best measure the impact of prevention?	2.1.2 Is information, advice and signposting diverting people from requiring assessment?
Area for discussion and development *Primary – public health outcomes framework* *Secondary – community capacity building, information and advice, reablement/rehabilitation/recovery etc* *Tertiary – Social Care Reablement/Community Enabling, Time for Life*	*to be redeveloped with headlines from the new monthly team productivity data - content to be agreed with SLT*

2.1.3 How can we evidence the reducing need of people?

2.1.4 Do people find it easy to access information and advice?

Headline Performance for Devon

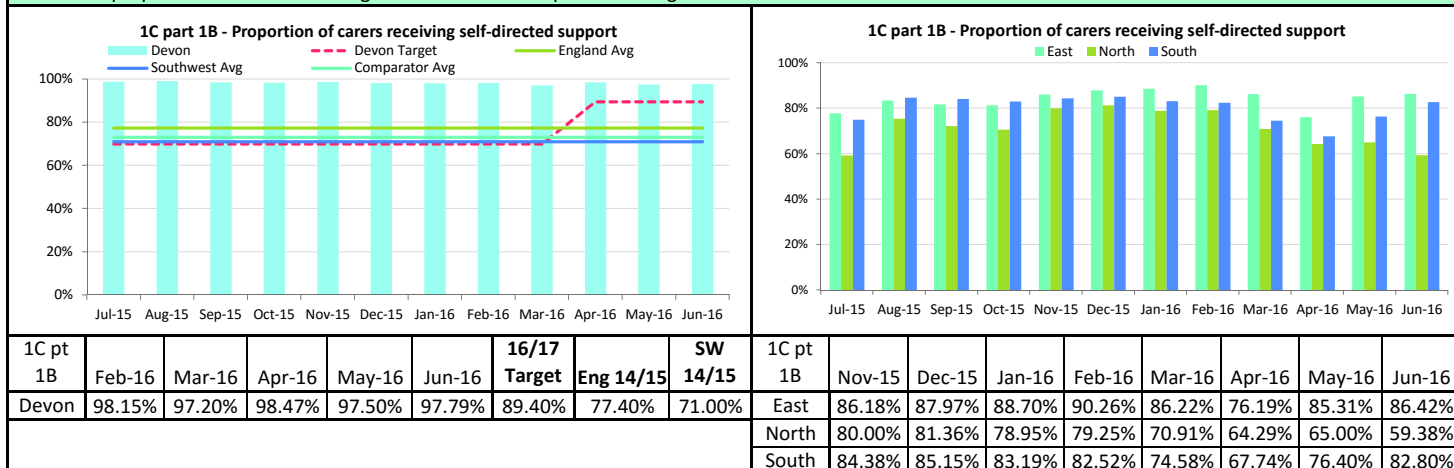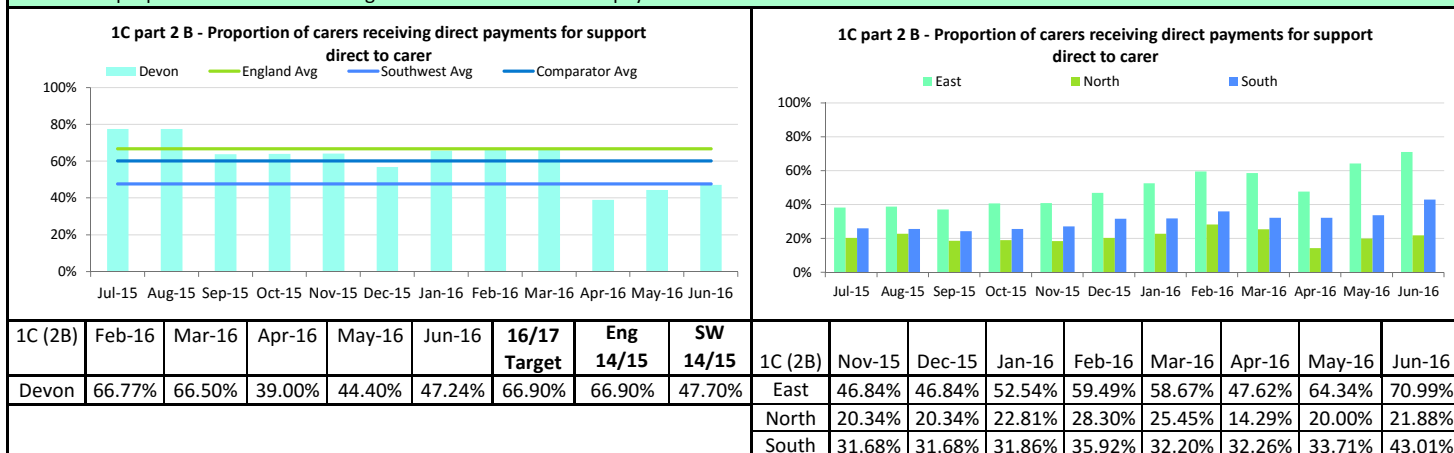|	2010/11	2011/12	2012/13	2013/14	2014/15	Target
3D - Proportion of people who use services and carers who find it easy to find information about services	72	76.1	73.1			
3D(1) - Proportion of people who use services who find it easy to find information about services				74.6	74.7	71.0
3D(2) - Proportion of carers who find it easy to find information about services					66.1	

3D service users & carers find information about services easy

2.2 Are we supporting carers well?

Summary of Performance (Insight and Impact analysis) -

Implementation of the carers elements of the Care Act has resulted in a revised three tier offer for carers, which has resulted in significant practice and process changes. The Care Act provided carers with an entitlement to individual assessment and since April 2015 5,435 Carers Assessments have been started, of which 4,764 had been completed by 30th June 2016. Of the completed assessment forms during 2015/16 49.47% had an outcome of Social Care offer. Feedback from carers is captured biennially through the national Survey of Adult Carers, which enables performance to be benchmarked Nationally, Regionally and against Statistical Neighbours. Devon performance for the composite indicator ASCOF 1D, Carer reported Quality of Life is good and above benchmarks. Likewise for ASCOF 1I (part 2) % of carers having as much social contact as they would like. Devon performs well against the carers personalisation measures ASCOF 1C parts 1b and 2b and is above England and Regional Comparators for 2014/15.

2.2.1 Are carers saying their quality of life is improving?

1D Carer reported Quality of Life

1D	Devon 2013/14	Eng 13/14	SW 13/14	Devon 2014/15	Eng 14/15	SW 14/15	Devon Target
	8.2%	8.1%	8.1%	8.1%	7.9%	7.9%	8.20%

2.2.2 Are people getting enough social contact?

1I part 2 - Proportion of carers who reported that they had as much social contact as they would like

1I pt 2	2014/15	Target 16/17	Eng 14/15	SN 14/15
Devon	39	39	38.5	35.6

2.2.3 Are carers being assessed receiving a service as a result?

NI135 - Carers receiving needs assessment / review and a specific carer's service

N135	Mar-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Devon	54.14%	51.17%	47.16%	43.63%	55.37%	53.13%	51.99%	50.84%

Carer Assessment outcomes

2.2.4 What proportion of carers receiving a service do so via a personal budget?

1C part 1B - Proportion of carers receiving self-directed support

Legend: Devon | Devon Target | England Avg | Southwest Avg | Comparator Avg

1C part 1B - Proportion of carers receiving self-directed support

Legend: East | North | South

1C pt 1B	Feb-16	Mar-16	Apr-16	May-16	Jun-16	16/17 Target	Eng 14/15	SW 14/15
Devon	98.15%	97.20%	98.47%	97.50%	97.79%	89.40%	77.40%	71.00%

1C pt 1B	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
East	86.18%	87.97%	88.70%	90.26%	86.22%	76.19%	85.31%	86.42%
North	80.00%	81.36%	78.95%	79.25%	70.91%	64.29%	65.00%	59.38%
South	84.38%	85.15%	83.19%	82.52%	74.58%	67.74%	76.40%	82.80%

2.2.5 What proportion of carers receiving a service do so via a direct payment?

1C part 2 B - Proportion of carers receiving direct payments for support direct to carer

Legend: Devon | England Avg | Southwest Avg | Comparator Avg

1C part 2 B - Proportion of carers receiving direct payments for support direct to carer

Legend: East | North | South

1C (2B)	Feb-16	Mar-16	Apr-16	May-16	Jun-16	16/17 Target	Eng 14/15	SW 14/15
Devon	66.77%	66.50%	39.00%	44.40%	47.24%	66.90%	66.90%	47.70%

1C (2B)	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
East	46.84%	46.84%	52.54%	59.49%	58.67%	47.62%	64.34%	70.99%
North	20.34%	20.34%	22.81%	28.30%	25.45%	14.29%	20.00%	21.88%
South	31.68%	31.68%	31.86%	35.92%	32.20%	32.26%	33.71%	43.01%

2.2.6 Are we supporting more carers directly?

Carer Support plans for direct support to Carer

Legend: Level 1 or 2 only | Level 3 Personal Budget

2.2.7 Are we supporting more carers indirectly?

Carer support plans for replacement care

Legend: Level 3 Rep't Care/Resp and Pers Bud | Level 3 Replacement Care/Respite

2.2.8 How many carers are being assessed/identified?

Carer Assessments started and completed

Legend: Started | Completed

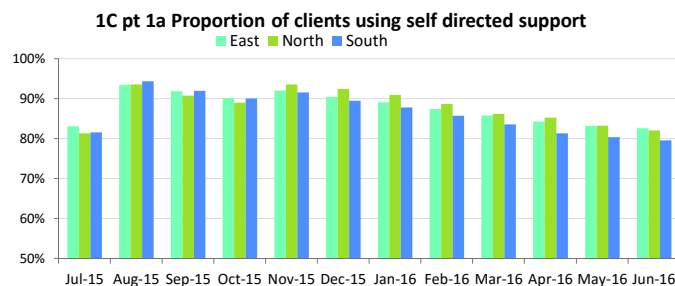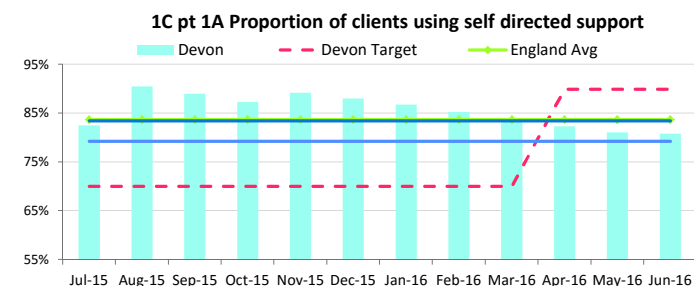| Vision Priority 3: To expand the use of community based services and reduce the use of institutional care |
|---|
| 3.1. Are we extending choice and control? |
| Summary of Performance (Insight and Impact analysis) - |
| Devon performs well against the national personalisation metrics: ASCOF 1C parts 1A and 2A, which measure self directed support and direct payments; benchmarking in excess of comparators in 2014-15. Current performance against both measures has declined during 2015-16 and is currently under investigation. Service user perceptions are measured annually through the national Adult Social Care User Survey, which enables benchmarking of performance. In 2014-15, Devon performance against ASCOF 1B (Proportion of people who feel they have control in their daily lives) was above national and regional comparators. A new resource allocation system was introduced in 2015-16 to provide a more equitable and transparent basis for funding decisions. Local indicators are currently being used to monitor resources allocated to fund care packages. Data shows that for Learning Disability service users Agreed budgets are routinely lower than Estimated, whereas the converse is true for Older People and Physical Disabilty service users. |

3.1.1 Are people offered and taking up a personal budget?

Headline Performance for Devon	Area breakdown of performance

1C pt 1A Proportion of clients using self directed support

1C pt 1a Proportion of clients using self directed support

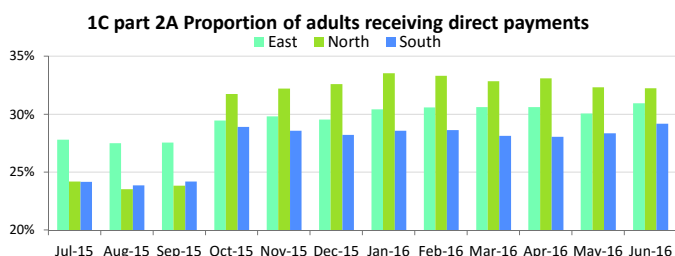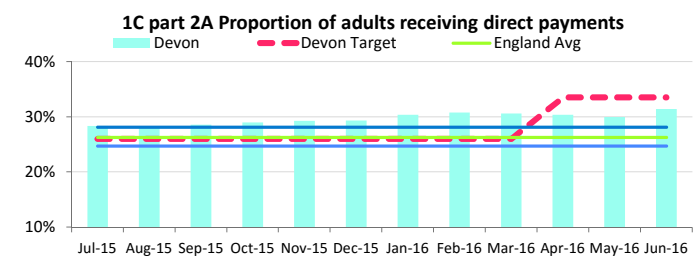| IC 1a	Mar-15	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Devon 16/17	Eng 14/15
Devon	89.90%	85.23%	83.49%	82.33%	81.06%	80.79%	89.90%	83.70%

Devon performance prior to March 2015 was based on the previous definition of 1c part 1

1C 1a	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
East	92.04%	90.47%	89.08%	87.41%	85.82%	84.35%	83.21%	82.65%
North	93.62%	92.49%	90.92%	88.68%	86.20%	85.26%	83.24%	82.09%
South	91.61%	89.48%	87.80%	85.75%	83.56%	81.38%	80.38%	79.60%

3.1.2 Are people taking up Direct Payments as the preferred personal budget option?

Headline Performance for Devon	Area breakdown of performance

1C part 2A Proportion of adults receiving direct payments

1C part 2A Proportion of adults receiving direct payments

1C part 2A	Mar-15	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Devon 16/17	Eng 14/15
Devon	31.20%	30.81%	30.62%	30.38%	29.98%	31.44%	33.50%	26.30%
Target	26.00%	26.00%	26.00%	33.50%	33.50%	33.50%		

1C part 2A	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
East	29.81%	29.54%	30.44%	30.61%	30.63%	30.63%	30.08%	30.96%
North	32.23%	32.61%	33.55%	33.33%	32.85%	33.10%	32.33%	32.25%
South	28.58%	28.23%	28.58%	28.63%	28.15%	28.06%	28.36%	29.20%

3.1.3 Are people using personal budgets saying they have more choice and control?

Headline Performance for Devon	

1B - Proportion of people who use services who have control over their daily life

This National Indicator is taken from the Annual Users Survey. Devon's performance for 2014/15 has improved slightly to 79.9% and is meeting the 2014/15 target. Performance in Devon is higher than the 2014/15 England average of 77.3% and the 2013/14 SW regional average of 78.60%
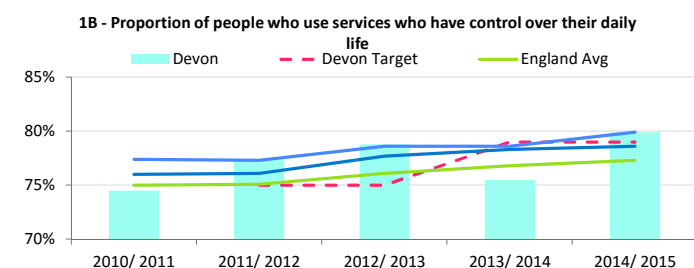
1B	2010/11	2011/12	2012/13	2013/14	2014/15	Target 16/17	Eng 14/15	Comp 14/15
Devon	74.50%	77.40%	78.70%	75.50%	79.84%	79.90%	77.30%	78.60%

3.1.4 Are allocated budgets in line with assessed need?

Headline Performance for Devon

Average Agreed Budget (L79) — Devon, AD Total, LD Total
(chart: Jul-15 to Jun-16)

Average Agreed Budget (L79) — East, North, South
(chart: Jul-15 to Jun-16)

% variance from estimated to agreed budget (L80) — Devon, AD Total, LD Total
(chart: Jul-15 to Jun-16)

% variance from estimated to agreed budget (L80) — East, North, South
(chart: Jul-15 to Jun-16)
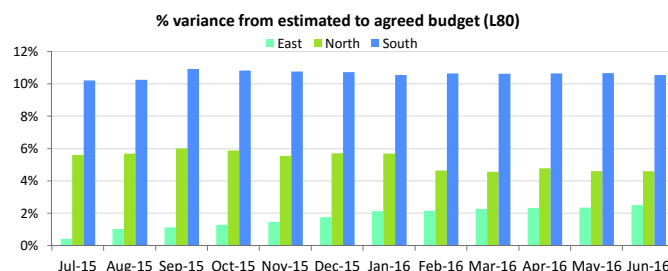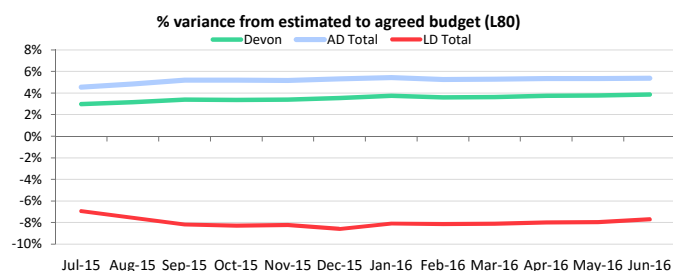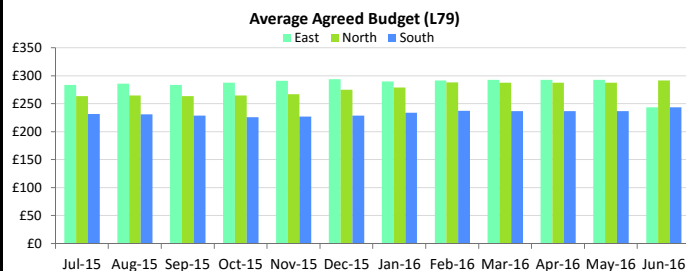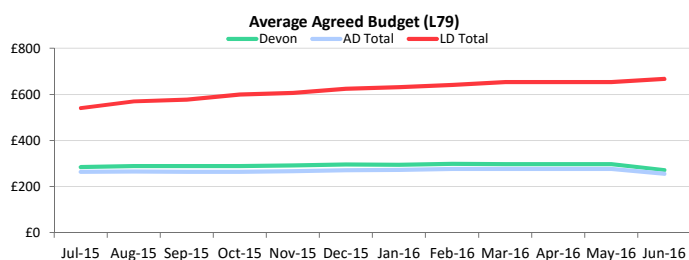
3.1.5 Do people receive a service quickly?

Headline Performance for Devon

NI133 Waiting time for services — Devon, East, North, South, Devon Target
(chart: Jul-15 to Jun-16)

NI133	Mar-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Devon	94.81%	94.71%	94.70%	94.57%	94.73%	94.17%	94.34%	94.38%
East	95.28%	94.59%	94.59%	94.14%	94.21%	93.66%	93.93%	93.81%
North	95.83%	95.43%	95.44%	95.11%	95.27%	95.23%	95.35%	95.49%
South	94.78%	95.01%	94.97%	95.19%	95.58%	94.74%	94.77%	94.78%
Target 16/17	94.80%							

area to be developed - Waiting times for service provision; meeting most eligible need for lowest cost

3.2 Do we help keep people out of hospital wherever possible?

Summary of Performance (Insight and Impact analysis) -

Understanding and improving delayed transfers of care is a priority area. Local, Regional and National performance has been in decline throughout 2015-16 and remains a cause for concern. Current performance against ASCOF 2C (part 1) Delayed Transfer of Care (all sources) has increased to 19.28 per 100,000 population and is well in excess of the 2015-16 England (12.31) and Regional (17.4) comparators. Improvement Plans are in place and actions are in-hand to improve recording co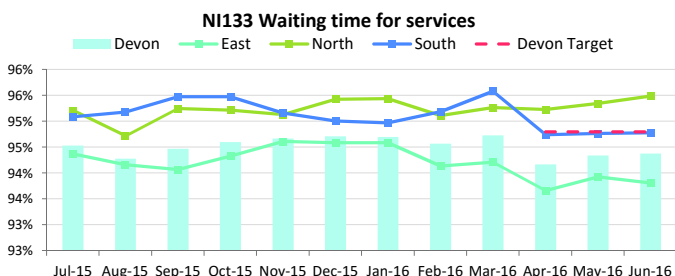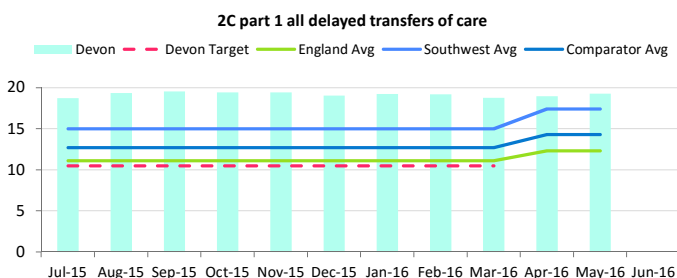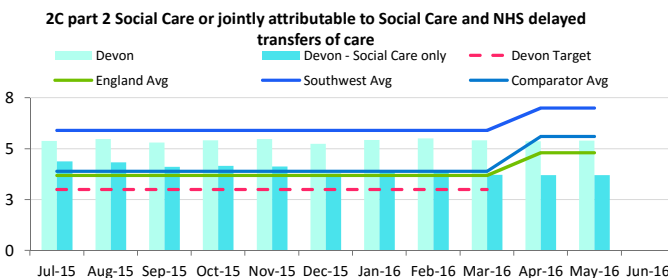nsistency. Analysis shows the majority of cases for delayed discharge are waiting for further non acute NHS care which includes intermediate care and reablement. This affected the largest number of patients (577 out of 1,459) and caused the largest number of days of delay (17,417 out of 48,831). For acute beds the RD&E has the largest number of delayed patients (715 out of 907). For non-acute beds, the provider with the largest delays is DPT (228 out of 552).

ASCOF 2C (part 2) measures delays attributable to social care/both: current performance has increased slightly on last month to 5.41 and is in excess of target (3.0) and the 2014-15 national comparator (5.4). Over the last 12 months, 409 patients were delayed due to social care/both, the highest reason for delay was awaiting care package in own home which affected 97 patients (24%). 77 (19%) patients were delayed due to waiting for a Nursing Home placement, 76 (19%) were waiting for completion of assessment. Devon performs well with regard to the effectiveness of its reablement offer (ASCOF 2B part 1), but poorly with regard to its coverage (ASCOF 2B part 2) which is being addressed through the Better Care Fund.

3.2.1 Are delayed transfers of care reducing?

2C part 1 all delayed transfers of care — Devon, Devon Target, England Avg, Southwest Avg, Comparator Avg
(chart: Jul-15 to Jun-16)

3.2.2 In particular are delayed transfers of care attributable to social care reducing?

2C part 2 Social Care or jointly attributable to Social Care and NHS delayed transfers of care — Devon, Devon - Social Care only, Devon Target, England Avg, Southwest Avg, Comparator Avg
(chart: Jul-15 to Jun-16)

2C pt 1	Mar-15	Feb-16	Mar-16	Apr-16	May-16	Target 15/16	Devon 15/16	Eng 15/16
Devon	17.76	19.20	18.79	18.97	19.28	10.5	18.8	12.3

2C pt 2	Mar-15	Feb-16	Mar-16	Apr-16	May-16	Target 15/16	Devon 15/16	Eng 15/16
Devon	4.11	5.51	5.42	5.37	5.41	3.0	5.4	4.8

3.2.3 Where there are delayed transfers of care do we understand why?

Headline Performance for Devon	Headline Performance for Devon

2C(i) Average monthly rate of delays by reason per 100,000 of population (May 16)
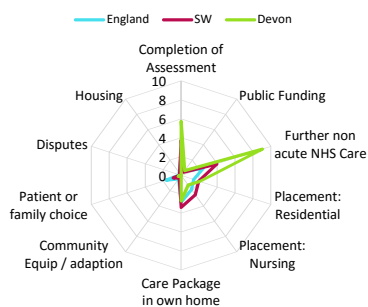
Legend: England, SW, Devon

2C(ii) Average monthly rate of delays by reason per 100,000 of population (May 16)
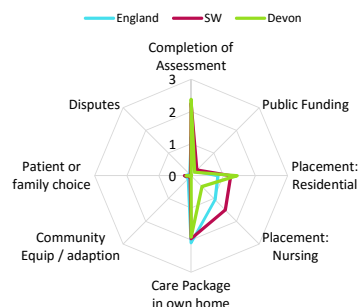
Legend: England, SW, Devon

3.2.4 Are older people discharged from hospital offered appropriate reablement and rehabilitation?

2B pt 2 Proportion 65+ offered reablement services upon discharge from hospital

Legend: Devon, Devon Target, England Avg, Southwest Avg, Comparator Avg

SCR New Referrals

Legend: Exeter, Honiton, Tiverton, Barnstaple, SHWD, Teignbridge

Percentage of SCR Referrals for Hospital Discharge - June 2016
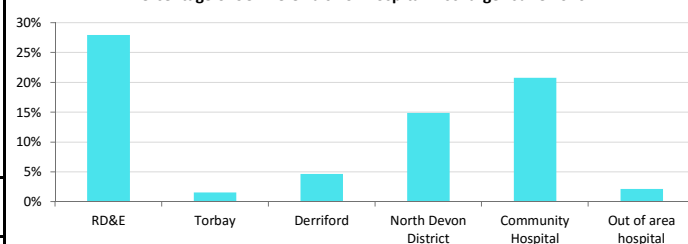
2B pt 2	Mar-16	Apr-16	May-16	Jun-16	Target 15/16	Devon 14/15	Eng 14/15	SW 14/15
Devon	1.41%	1.63%	1.65%	1.68%	3.30%	1.40%	3.10%	3.50%

3.2.5 Is the reablement and rehabilitation of older people being discharged from hospital effective?

2B pt 1 Proportion 65+ still at home 91 days after hospital discharge into reablement/rehab services

Legend: Devon, Devon Target, England Avg

2D Outcome of short-term services: sequels to services

Legend: Devon, England Avg, Southwest Avg, Comparator Avg
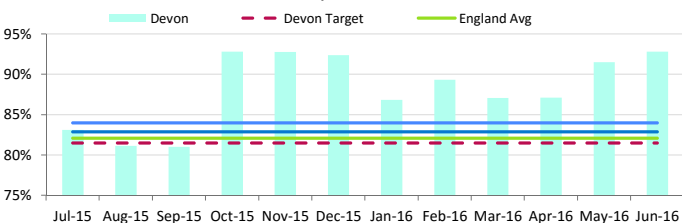
2B pt 1	Mar-15	Apr-16	May-16	Jun-16	Target 15/16	Devon 14/15	Eng 14/15	SW 14/15
Devon	87.50%	87.14%	91.51%	92.82%	81.50%	88.80%	82.10%	84.00%
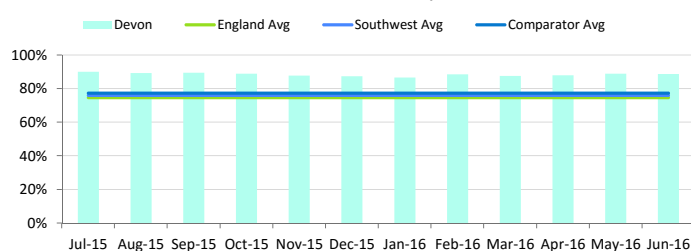
2D	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Devon 16/17	Eng 14/15	SW 14/15
Devon	88.48%	87.53%	87.87%	88.87%	88.67%	88.40%	74.60%	76.00%

3.2.6 Is ASC contributing to minimising hospital admissions?

area to be developed
Health report on Avoidable Emergency Admissions – anything else? Do CHSC Teams reduce admissions?
Link to the ECM service.
BCF target – Emergency Admissions

3.3 Do we help people to remain at home wherever possible ?/ Are we minimising the use of residential services?

Summary of Performance (Insight and Impact analysis) -

Permanent admissions to residential and nursing care (ASCOF 2A) for service users aged 18-64 (part 1) and 65 and over (part 2) have seen an improvement during 2015-16 when compared to 2014-15. Performance for both parts of the indicator is ahead of target. For the 18-64 cohort, performance remains above the 2014-15 England comparator (14.2) and for service users aged 65 and over, performance is significantly better than 2014-15 comparators.

3.3.1 Are younger adults being maintained in their own homes?
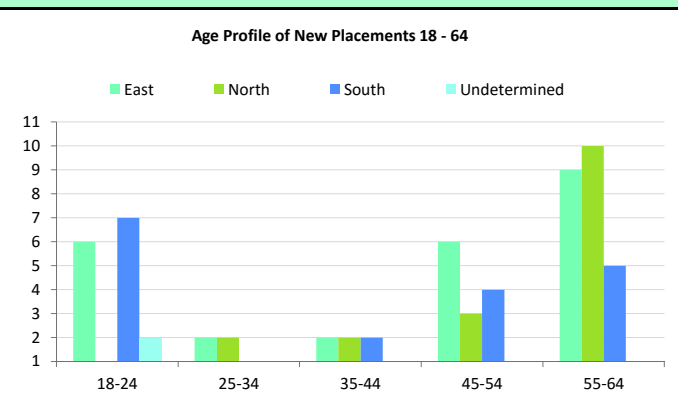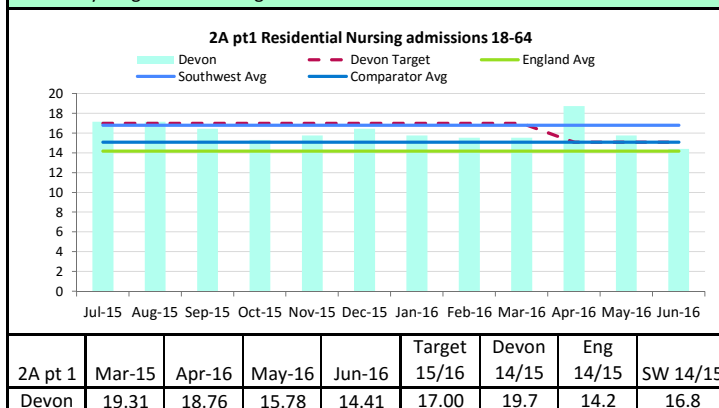
2A pt1 Residential Nursing admissions 18-64

Age Profile of New Placements 18 - 64

2A pt 1	Mar-15	Apr-16	May-16	Jun-16	Target 15/16	Devon 14/15	Eng 14/15	SW 14/15
Devon	19.31	18.76	15.78	14.41	17.00	19.7	14.2	16.8

3.3.2 Are older adults being maintained in their own homes?

2A pt2 - 65+ admissions to long term care

Age Profile of New Placements 65+

2A pt 2	Mar-15	Apr-16	May-16	Jun-16	Target 15/16	Devon 14/15	Eng 14/15	SW 14/15
Devon	441.08	568.05	545.99	537.92	540.5	601.8	668.8	678.2
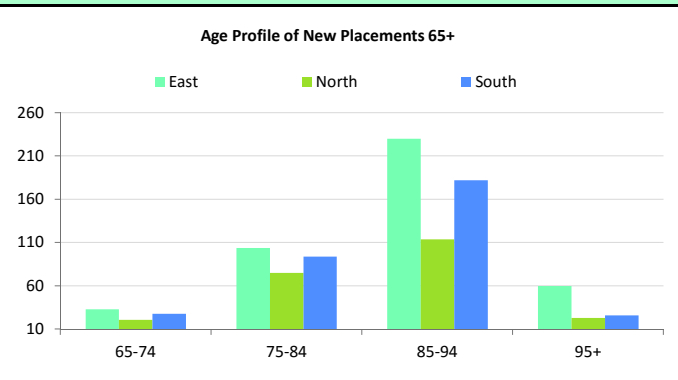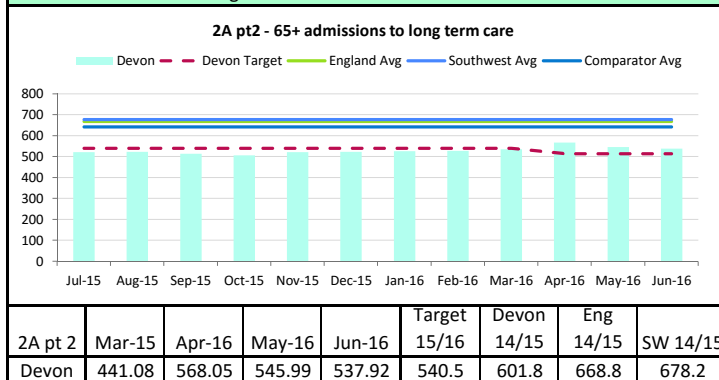
3.3.3 Are we reducing the balance of residential vs community services?

to be developed

3.3.4 Is there a balance of service provision in the market place? Are there adequate services to meet community need?

Area of development-Market Position Statement

3.3.5 Are we increasing the number of people we support in the community?

Area for development :Rate of people receiving a community based service per 100,000;	*Area for development :Rate of people receiving SCR/CE or Personal Care per 100,000*

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

4.1. Are we delivering an effective care management service?

Summary of Performance (Insight and Impact analysis) -

The care management service has recently been reorganised leading to integration of learning disability teams with older people and physical disability teams. The staffing establishment has been a previous concern, but vacancy levels have now returned to more normal levels. The focus is now on improving performance in key areas, for example, productivity, efficiency (by removing duplication) and demand management (pre-contact, at point of contact and when people are receiving services).

4.1.1 Are people assessed in a timely way?

NI132 Timeliness of assessment

NI132 Assessments completed within 28 days (new clients) — Devon / Devon Target

NI132 Assessments completed within 28 days (new clients) — East, North, South

NI132	Mar-15	Feb-16	Mar-16	Apr-16	May-16	Jun-16	14/15 Devon	Target
Devon	74.50%	67.36%	70.87%	67.94%	68.33%	67.85%	74.50%	80.00%

NI132	Mar-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
East	79.42%	70.14%	70.12%	68.29%	66.66%	64.07%	64.07%	63.22%
North	69.06%	67.84%	67.88%	67.65%	66.71%	66.12%	66.12%	65.43%
South	76.40%	73.48%	73.45%	72.40%	67.97%	67.51%	67.51%	66.67%

NI132 Assessments by Primary Support Reason

NI132 by Primary Support Reason — Learning Disability Support, Mental Health Support, (blank), Social Support, Physical Support, Memory and Cognition, Sensory Support

Waiting List for Devon

Weekly Waiting List Summary — 0-14, 15-28, 29-99, 100+, CDP Total, CHSC Total

4.1.2 Are people reviewed i)6 - 8 weeks after assessment, and ii) annually?

L37 Annual Reviews for clients in receipt of a service open for 365+ days

L37 Annual Review - reviewable services only — Devon / Devon Target

L37	Mar-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Target
Devon	62.02%	57.58%	56.04%	54.55%	55.02%	54.85%	54.94%	75.00%

Summary of Due and Overdue Reviews for 2016/17 by Area and age band

	1) Under 31 days	2) 31 to 90 days	3) 91 to 365 days	4) Over 365 days	Total Overdue	Total Due	Grand Total
Eastern	210	265	773	488	1,736	2018	3754
18-64	74	118	382	294	868	552	1420
65+	136	147	391	193	867	1466	2333
No DOB				1	1		1
Under 18							
Northern	133	151	238	146	668	1159	1827
18-64	33	38	114	127	312	285	597
65+	100	112	124	19	355	872	1227
No DOB		1			1	2	3
Under 18							
Southern	179	221	691	414	1,505	1485	2990
18-64	56	87	273	198	614	385	999
65+	123	134	418	216	891	1100	1991
No DOB							
Grand Total	522	637	1,702	1,048	3,909	4662	8571

L37 performance breakdown by Area

L37 Annual Review - reviewable services only — East, North, South

L37 performance breakdown by Area

L37	Mar-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
East	64.01%	52.23%	51.89%	51.68%	50.40%	50.50%	50.66%	50.82%
North	65.47%	60.37%	60.43%	59.97%	59.84%	60.28%	60.38%	61.05%
South	62.40%	51.90%	51.20%	50.41%	49.09%	50.20%	50.43%	51.18%

**4.1.3 Is the quality of assessment, review and care planning audited as good?**

Summary of March 2016 Practice Quality Review

A new desktop process to monitor the quality of social work practice was introduced in January 2016. The process identifies a random sample of cases to be reviewed against a set of standardised assessment criteria. During June, 84 cases were identified for review with 50 completed (61.51%). The process is currently being embedded and it is anticipated that completion rates will improve over time. Of thoses cases reviewed in June, a total 59.75% of all questions are scored as Fully met, with 12.5% being Partially met. During May, 12 Safeguarding Practice Quality Reviews were requested and 9 completed (66.66%). Of these, in total 66.67% were scored as Fully met and 18.8% being Partially met. Further reporting metrics are in development with the Prinicpal Social Worker.
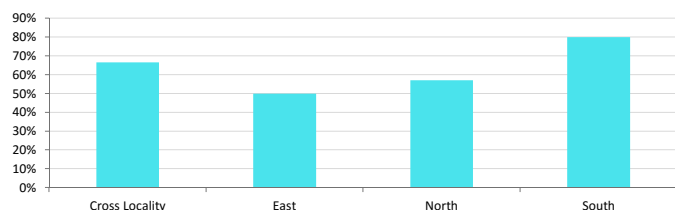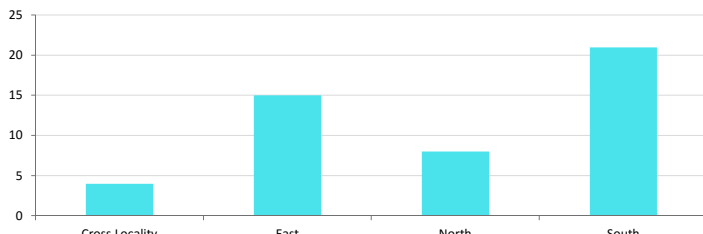

June 2016 Practice Quality Review Scores
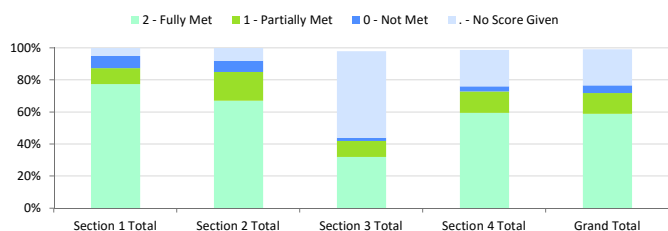
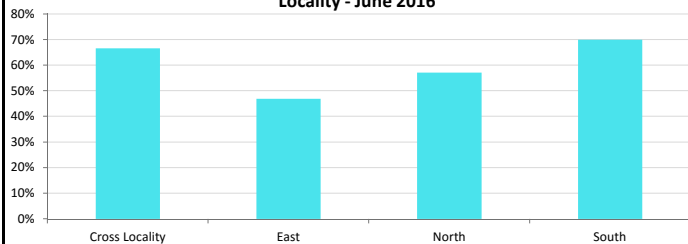June 2016 Safeguarding Adults Practice Quality Review Scores
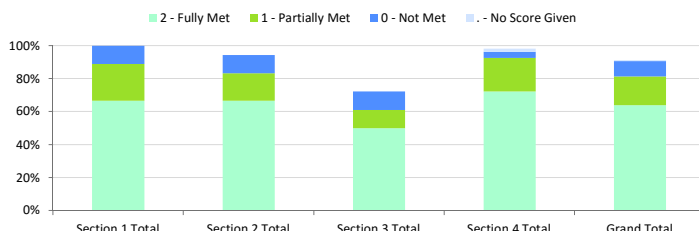
Percentage of managers who completed at least one Practice Quality Review in June 2016

Number of Practice Quality Review Completed by Locality - June 2016

Percentage of Practice Quality Reviews completed by managers by Locality - June 2016

Practice Quality Review - My Assessment - Average Score by Locality (June2016)
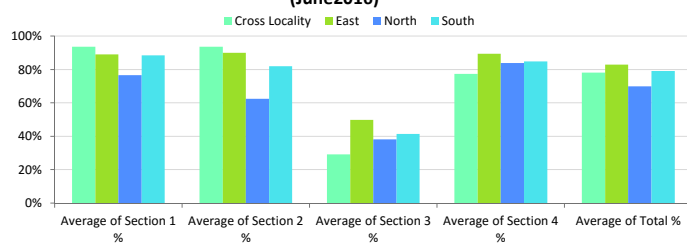
4.1.4 Is the user/carer perception of the quality of assessment, review and care planning good?

to be developed - summary of quarterly complaints / compliments

Area for development - feedback

4.1.5 Productivity of teams

Number of Assessments and Reviews completed per FTE per month by Area

Completed Assessment and Reviews per FTE per month by team type

4.1.6 Is our safeguarding response timely?

L74a Safeguarding Strategy meetings held within 7 days

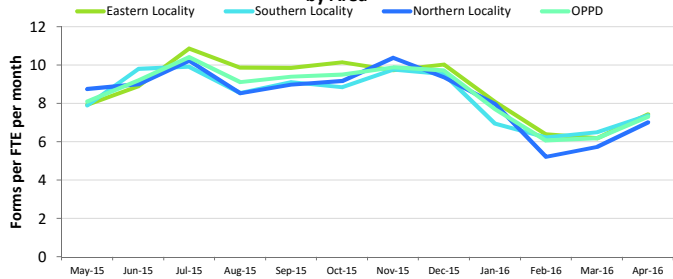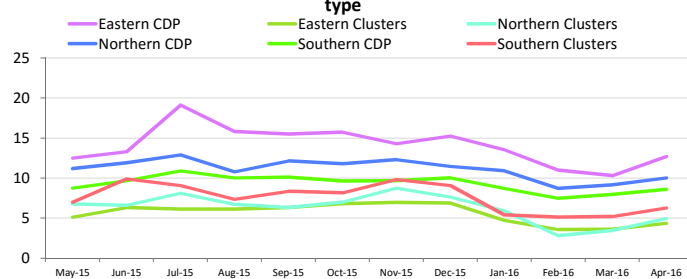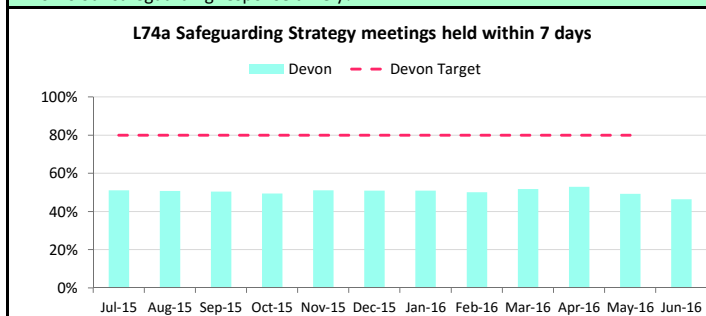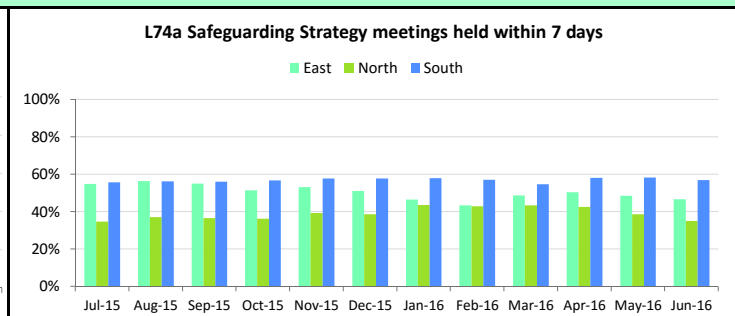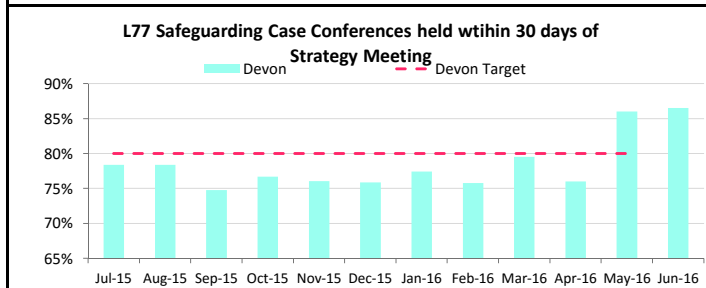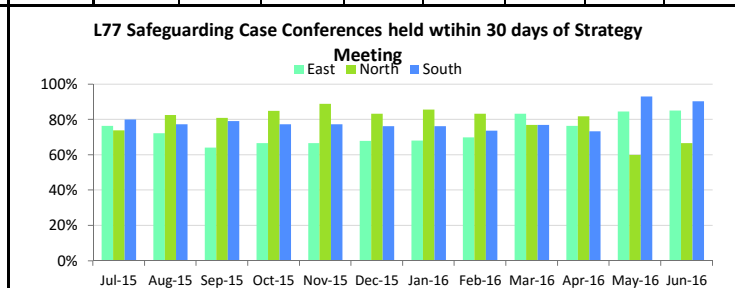| L74a	Mar-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Target
Devon	49.12%	51.00%	50.13%	51.78%	52.99%	49.37%	46.39%	80.00%

L74a Safeguarding Strategy meetings held within 7 days

L74a	Mar-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
East	57.62%	51.18%	46.55%	43.48%	48.72%	50.46%	48.57%	46.60%
North	21.92%	38.71%	43.64%	42.86%	43.48%	42.55%	38.71%	35.00%
South	56.41%	57.80%	57.94%	57.14%	54.74%	58.06%	58.33%	56.92%

L77 Safeguarding Case Conferences held wtihin 30 days of Strategy Meeting

L77	Mar-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Target
Devon	82.20%	77.50%	75.81%	75.81%	76.00%	86.05%	85.52%	80.00%

L77 Safeguarding Case Conferences held wtihin 30 days of Strategy Meeting

L77	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
East	66.67%	68.00%	68.18%	70.00%	79.55%	76.47%	84.62%	85.19%
North	88.89%	83.33%	85.71%	83.33%	79.71%	81.82%	60.00%	66.67%
South	77.27%	76.19%	76.19%	73.68%	100.00%	73.33%	93.10%	90.32%

4.1.7 Are safeguarding enquiries and concerns recurring for the same people?

Area in development: Repeat enquiries and concerns within 12 months

4.1.8 Is our use of Mental Capacity Act assessments proportionate?

L27 Mental Capacity Act assessments completed
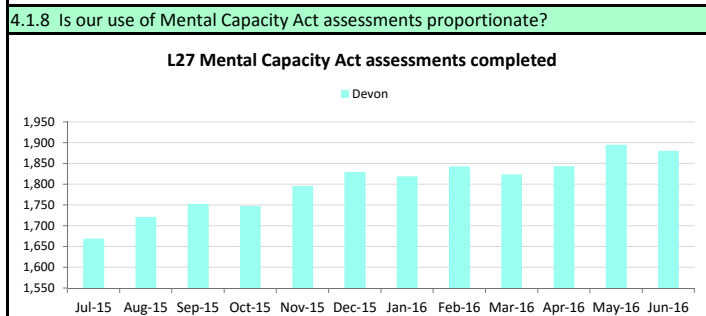
L27	Mar-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Devon	1,598	1,830	1,819	1,843	1,824	1,844	1,895	1,881

4.1.9 What are the outcomes for the clients?

Area in development:- SALT sequels to assessment
Clients having multiple assessments through the year
Outcomes of assessments ie close/nfa; social care offer
% of population referred to social care – prevelance of need

4.1.10 Transitions into Adult Services

Area in development: Preparing for Adulthood activity monitoring and reporting

4.2 Are we improving peoples lives OR Are we helping people to improve their lives?

Summary of Performance (Insight and Impact analysis) -

During 2014-15, service user classifications changed from primary client group to recording the primary reason for their support. This reduced the numbers of service users receiving Learning Disability Support and adversely impacted on the 2014-15 final performance against ASCOF indicators 1E (employment) and 1G (settled accommodation). Current performance benchmarks well and is ahead of all 2014-15 comparators for both indicators. The comparable indicators (ASCOF 1F and 1H) report performance for service users aged 18-69 with a Mental Health Support reason. Current performance is below all 2014-15 benchmarks with regard to employment and in excess of 2014-15 comparators for accommodation. Service user perceptions are capture annually in the national Adult Social Care User Survey. Performance against the quality of life indicator (ASCOF 1A) is marginally below comparators in 2014-15, but overall is static agains the prevous year.

4.2.1 Are younger adults living independently?

1G Proportion of adults with learning disabilities in stable accommodation

1G Proportion of adults with learning disabilities in stable accommodation
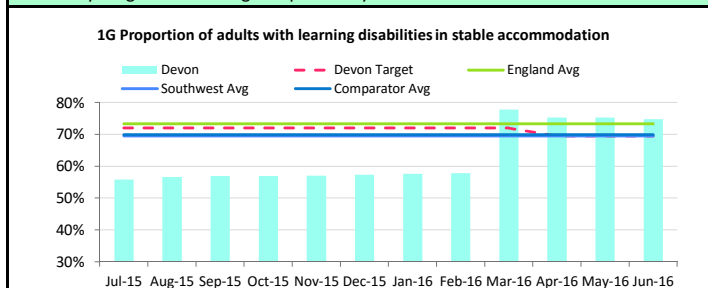
1G	Mar-15	Mar-16	Apr-16	May-16	Jun-16	16/17 Target	Devon 14/15	England 14/15
Devon	71.24%	77.79%	75.32%	75.32%	74.78%	69.50%	65.60%	73.30%
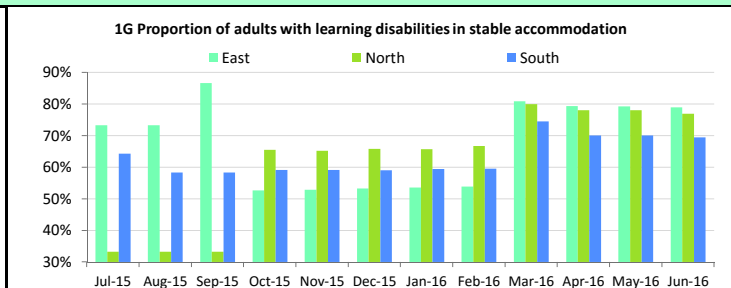
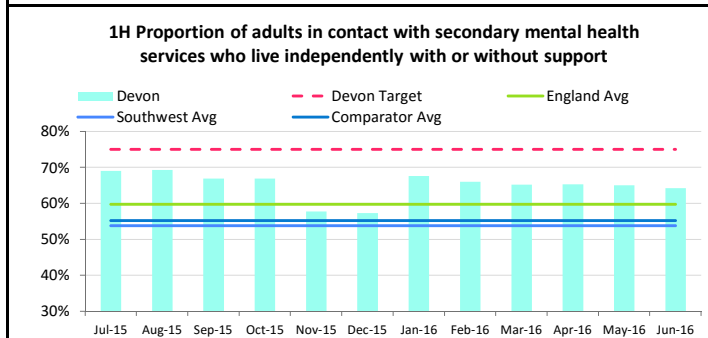| 1G	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
East	52.84%	53.30%	53.58%	53.87%	80.92%	79.36%	79.23%	78.94%
North	65.22%	65.85%	65.77%	66.76%	79.95%	78.10%	78.06%	76.90%
South	59.15%	59.06%	59.51%	59.60%	74.50%	70.03%	70.06%	69.43%

1H Proportion of adults in contact with secondary mental health services who live independently with or without support

1H	Mar-15	Mar-16	Apr-16	May-16	Jun-16	Target 15/16	England 14/15	SW 14/15
Devon	63.58%	65.27%	65.34%	65.05%	64.26%	75.00%	59.70%	53.80%

4.2.2 Are younger adults in employment?

1E Proportion of adults with learning disabilities in paid employment

1E Proportion of adults with learning disabilities in paid employment
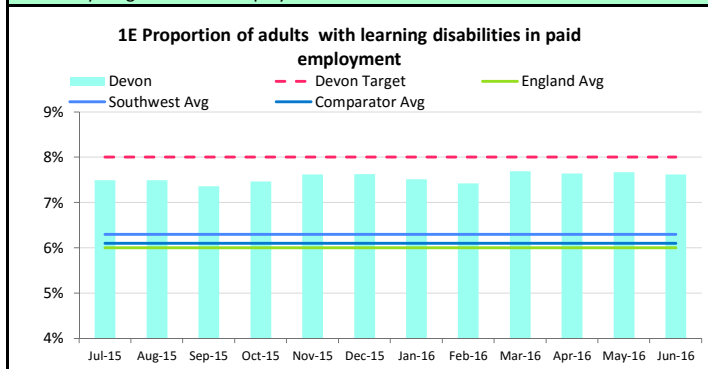
1E	Mar-15	Mar-16	Apr-16	May-16	Jun-16	Target	Devon 14/15	England 14/15
Devon	9.04%	7.69%	7.64%	7.67%	7.62%	8.00%	6.80%	6%
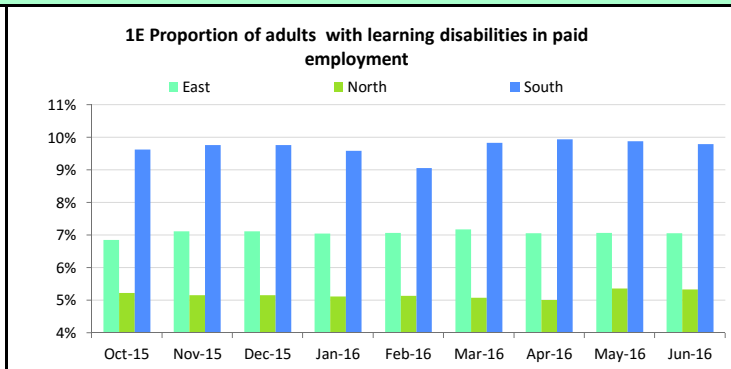
1E	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
East	7.12%	7.12%	7.05%	7.07%	7.18%	7.06%	7.07%	7.06%
North	5.16%	5.16%	5.12%	5.14%	5.08%	5.01%	5.36%	5.33%
South	9.76%	9.76%	9.59%	9.06%	9.83%	9.94%	9.88%	9.79%

1F Proportion of adults in contact with secondary mental health in paid employment
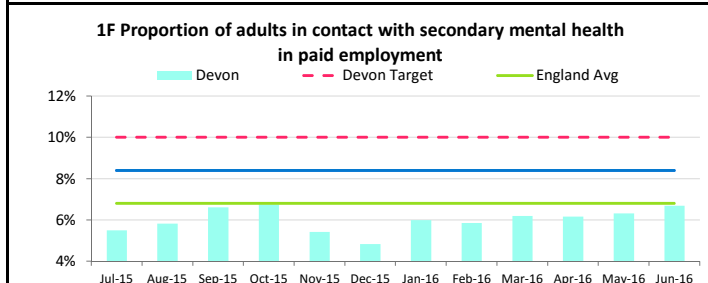
1F	Mar-15	Mar-16	Apr-16	May-16	Jun-16	Target	Devon 14/15	England 14/15
Devon	6.36%	6.19%	6.16%	6.32%	6.70%	10.00%	6.30%	6.80%

4.2.3 Are people getting enough social contact?	4.2.4 Are service users saying their quality of life is improving?

1I part 1 Proportion of people who use services who reported that they had as much social contact as they would like

Devon — Devon Target — England Avg — Southwest Avg — Comparator Avg

1A Social Care related quality of life

Devon — Devon Target — England Avg
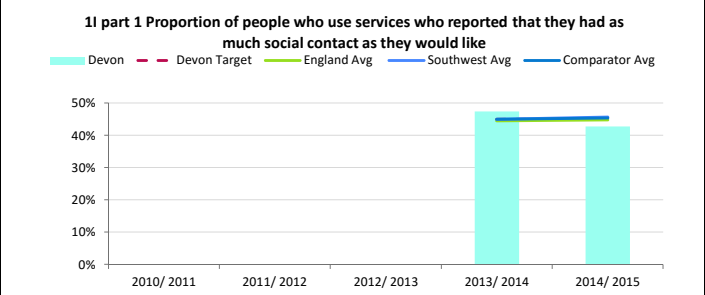
1I pt 1	2013/14	2014/15	Target 16/17	England 14/15	SW 14/15
Devon	47.50%	42.80%	44.80%	44.80%	45.70%
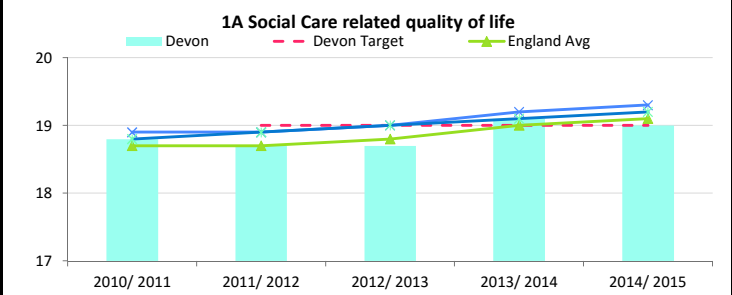
1A	2010/11	2011/12	2012/13	2013/14	2014/15	Target 16/17	England 14/15	Comp. 14/15
Devon	18.8	18.7	18.7	19.1	19.0	19.1	19.1	19.2

4.2.5 What are the outcomes of what we do?

Area for development: Information from service users annual reviews What data is on the review tab? What can it tell us? Embedding of the POET questionnaire into future practice and process

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

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

Summary of Performance (Insight and Impact analysis) -

This section of the Adult Performance Framework has been developed to monitor the quality of the Adult Social Care workforce. Its focus is to provide a combined view of the current workforce in terms of numbers, vacancies. turnover, sickness absence, qualifications, supervision and appraisal. The intention is to answer a range of important questions, for example: Is the workforce happy/unhappy? Are they supported by Managers? Do we enable them to develop? Do we make sure they have the right tools to do their jobs well? Are we able to recruit suitable staff?

Headline themes: Devon's 2015-16 turnover rates for Social Workers is in excess of the national benchmark published in the NMDS-SC. Internally, comparing turnover between roles shows higher turnover in Social Workers than for Occupational Therapists. The recent regrading of Social Workers is starting to stabilise this position. Sickness absence levels are currently good and below target, but the level of absence attributable to mental health/psychological issues (18.93%) could give cause for concern. The qualifcation profile of the workforce is good with over 38% qualified to NVQ Level 4 or above.

5.1.1 Workforce FTE, vacancies, agency staff, sickness, maternity and adoption

The following charts aim to show the actual FTE worked during the month compared to the budgeted FTE. They also show a breakdown of agency staff employed, vacancies and FTE lost to sickness, maternity and adoption leave. The negative figure for Mar-16 Vacancy for HSCT South is because of an error where no Budgeted FTE is displayed for the Hospital Discharge Team. Agency and vacancy data is only available since March 2016

Key to charts:

99.99 **Budgeted FTE**

Vacancies

FTE lost to sickness, maternity & adoption leave

99.99 Actual FTE + Agency FTE - FTE lost to sickness, maternity & adoption

*These figures do not take into account any annual leave taken during the period or days spent on training courses.

Data sources:

HR database Budgeted FTE monthly extract

HR database Performance Indicator absence extracts

CDP East
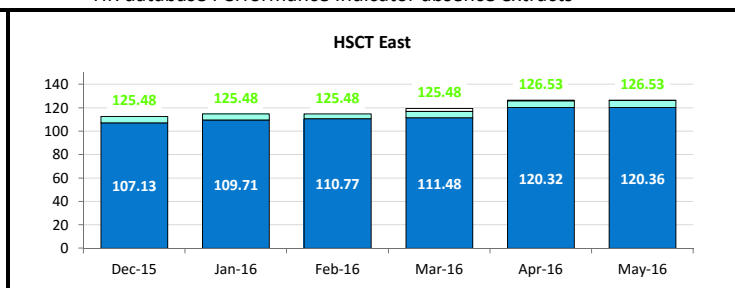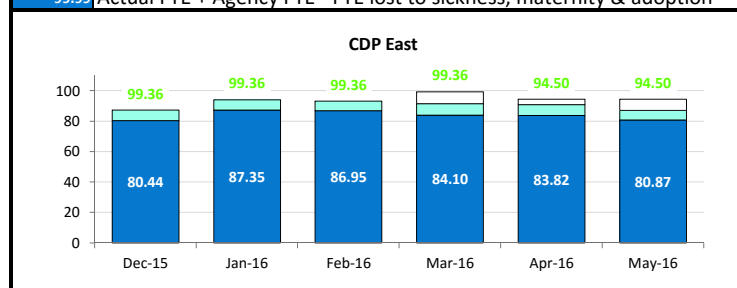
	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
FTE Lost to Sickness	3.52	3.18	2.60	4.91	4.38	3.58
Maternity & Adoption	3.41	3.65	3.65	2.65	2.65	2.65
Agency	n/a	n/a	n/a	0.00	0.00	0.00
Vacancy (inc. Agency)	n/a	n/a	n/a	7.70	3.65	7.40

HSCT East

	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
FTE Lost to Sickness	3.93	3.66	2.60	3.91	3.42	3.58
Maternity & Adoption	1.59	1.59	1.59	1.59	2.41	2.41
Agency	n/a	n/a	n/a	7.41	13.41	13.41
Vacancy (inc. Agency)	n/a	n/a	n/a	9.91	13.79	13.59

CDP North
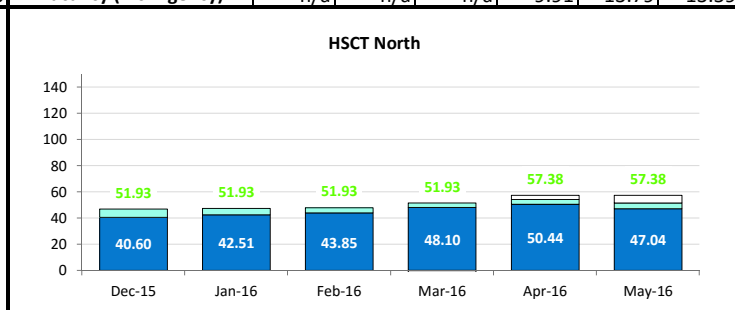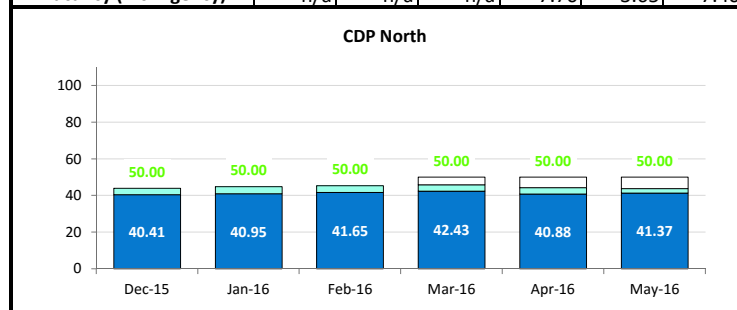
	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
FTE Lost to Sickness	1.96	2.97	2.63	2.45	2.50	2.39
Maternity & Adoption	1.65	1.00	1.00	1.00	1.00	0.00
Agency	n/a	n/a	n/a	0.00	0.00	0.00
Vacancy (inc. Agency)	n/a	n/a	n/a	4.12	5.62	6.24

HSCT North

	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
FTE Lost to Sickness	4.33	3.10	2.25	2.35	2.62	3.46
Maternity & Adoption	1.81	1.81	1.81	1.00	1.00	1.00
Agency	n/a	n/a	n/a	2.00	4.00	4.00
Vacancy (inc. Agency)	n/a	n/a	n/a	0.48	7.72	9.88

CDP South
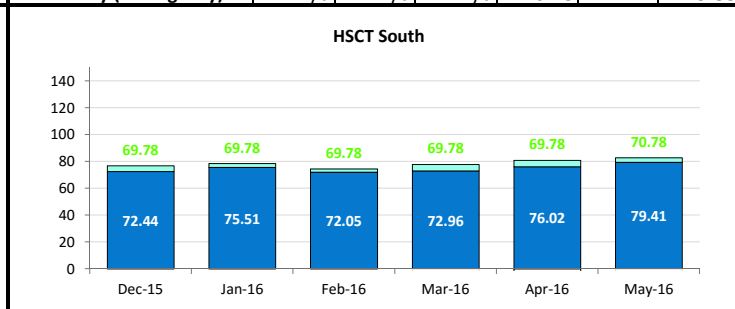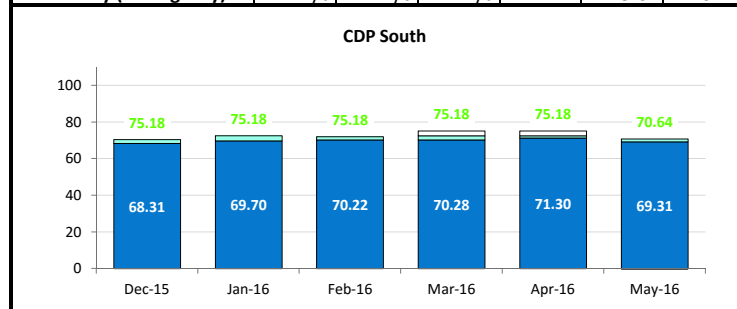
	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
FTE Lost to Sickness	2.17	2.79	1.86	2.26	1.24	1.51
Maternity & Adoption	0.00	0.00	0.00	0.00	0.00	0.00
Agency	n/a	n/a	n/a	1.00	1.00	1.00
Vacancy (inc. Agency)	n/a	n/a	n/a	3.64	3.64	0.82

HSCT South

	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
FTE Lost to Sickness	2.66	1.29	0.75	2.45	2.43	1.84
Maternity & Adoption	1.61	1.61	1.61	2.42	2.42	1.42
Agency	n/a	n/a	n/a	9.50	14.50	14.50
Vacancy (inc. Agency)	n/a	n/a	n/a	-3.55	3.41	2.61

Care Management

	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
FTE Lost to Sickness	18.56	16.99	13.52	19.12	16.59	16.36
Maternity & Adoption	10.07	9.66	9.66	8.66	9.48	0.00
Agency	n/a	n/a	n/a	19.91	32.91	32.91
Vacancy (inc. Agency)	n/a	n/a	n/a	36.87	37.43	40.54

Residential

	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
FTE Lost to Sickness	6.05	5.21	4.19	2.26	4.58	3.83
Maternity & Adoption	3.27	2.02	1.46	0.87	0.28	0.28
Agency	n/a	n/a	n/a	0.00	0.00	0.00
Vacancy (inc. Agency)	n/a	n/a	n/a	0.15	0.08	-0.15

Community Teams

	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
FTE Lost to Sickness	8.60	10.13	6.19	7.92	7.28	4.49
Maternity & Adoption	0.81	0.81	0.81	1.49	1.49	1.49
Agency	n/a	n/a	n/a	0.00	0.00	0.00
Vacancy (inc. Agency)	n/a	n/a	n/a	0.19	0.62	2.52

Social Care Reablement

	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
FTE Lost to Sickness	6.63	6.99	6.25	5.91	7.83	8.04
Maternity & Adoption	2.95	2.95	2.95	1.30	1.30	1.30
Agency	n/a	n/a	n/a	0.00	0.00	0.00
Vacancy (inc. Agency)	n/a	n/a	n/a	14.11	8.16	-3.11

Social Care Commissioning

	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
FTE Lost to Sickness	6.08	3.36	3.57	3.02	2.97	1.21
Maternity & Adoption	1.00	1.00	1.00	1.00	1.00	1.00
Agency	n/a	n/a	n/a	0.00	0.00	0.00
Vacancy (inc. Agency)	n/a	n/a	n/a	1.98	0.98	-1.21

The charts below aim to show the actual FTE worked during the month compared to the budgeted FTE for Senior Social Workers and Occupational Therapists. They also show a breakdown of agency staff employed, vacancies and FTE lost to sickness, maternity and adoption leave.

These figures do not take into account any annual leave taken during the period or days spent on training courses.

Senior Social Workers

	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
FTE Lost to Sickness	3.16	3.27	2.16	3.57	4.12	4.16
Maternity & Adoption	4.41	4.41	4.41	3.59	4.41	3.41
Agency	n/a	n/a	n/a	17.10	17.10	17.10
Vacancy (inc. Agency)	n/a	n/a	n/a	11.23	18.64	13.63

Occupational Therapists

	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
FTE Lost to Sickness	3.46	2.96	1.71	2.00	2.14	1.71
Maternity & Adoption	1.61	1.61	1.61	2.42	2.42	2.42
Agency	n/a	n/a	n/a	2.81	2.81	2.81
Vacancy (inc. Agency)	n/a	n/a	n/a	5.73	2.73	4.00

5.1.2 Absence

L21 - Working days lost due to sickness (Adult Care Management)

Legend: L21 - Percentage of working days lost (ACM) — Sickness - Target

Top reasons for Sickness Absence (Adult Social Care)

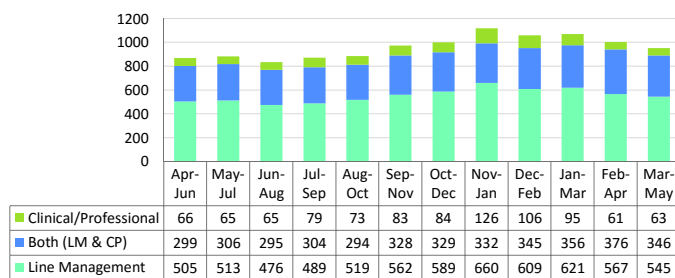Legend: Psychological / Mental Health — Skeletal / Muscular — Surgery — Cold / Cough / Flu

5.1.3 Appraisal and supervision

Percentage of expected supervisions which have taken place


Meetings which have taken place in 3 month periods

	Apr-Jun	May-Jul	Jun-Aug	Jul-Sep	Aug-Oct	Sep-Nov	Oct-Dec	Nov-Jan	Dec-Feb	Jan-Mar	Feb-Apr	Mar-May
Clinical/Professional	66	65	65	79	73	83	84	126	106	95	61	63
Both (LM & CP)	299	306	295	304	294	328	329	332	345	356	376	346
Line Management	505	513	476	489	519	562	589	660	609	621	567	545

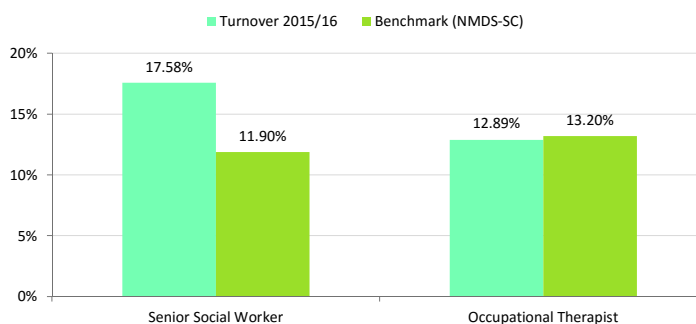| Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
81.0%	79.7%	81.4%	81.4%	80.3%	85.9%	89.4%	85.4%	85.1%

Appraisals - 224 staff have had an apprasial in the past 12 months

Staff - There were 498 staff during the March - May period

5.1.4 Recruitment and retention

Voluntary Staff Turnover (FTE) rolling 12 monthly

Legend: Senior Social Worker — Occupational Therapist
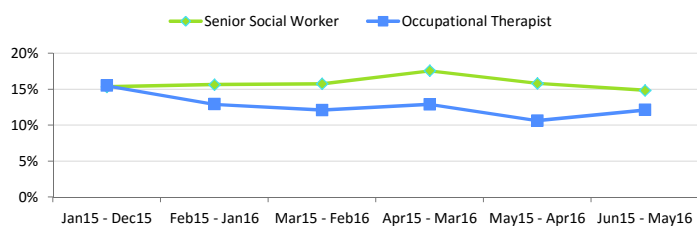
Staff Turnover by Job role 2015/16

Legend: Turnover 2015/16 — Benchmark (NMDS-SC)

Senior Social Worker: 17.58% / 11.90%
Occupational Therapist: 12.89% / 13.20%

Leavers (Headcount)	Feb15 - Jan16	Mar15 - Feb16	Apr15 - Mar16	May15 - Apr16	Jun15 - May16
Senior Social Worker	17	16	17	15	14
Occupational Therapist	8	8	8	7	8

Please note - Headcounts are calculated as an average of staff employed throughout the 12 month period. All data from Oracle HR database.

5.1.5 Qualified workforce

Qualified Staff

- Level 4 or above: 38.20%
- Level 3: 18.10%
- Level 2: 20.10%
- Entry Level or Level 1: 0.10%
- Other relevant social care qualification(s): 5.70%
- Any other qualification(s): 2.30%
- No qualifications held: 15.60%
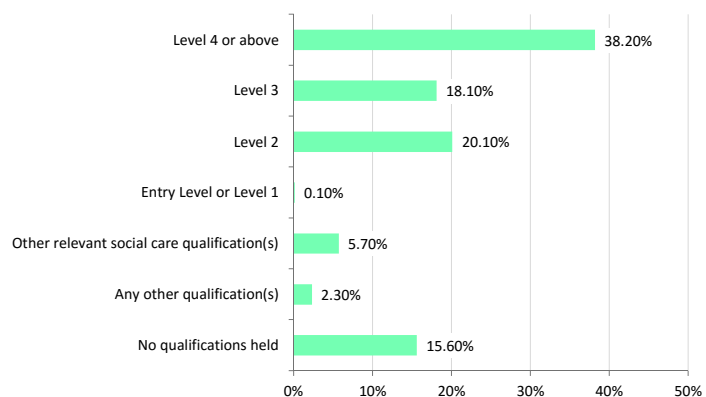
The qualified staff data is extracted from the NMDS-SC system based on data submitted by DCC in October 2015.

Approximately 28% of employees are recorded as "Not Known" which are not included in the analysis. Work is underway to set up systems to collect this missing data. Once collected the NMDS-SC system will be updated.

All employees where a qualification is mandatory have qualifications recored in the NMDS-SC

Vision Priority 6: To ensure that strategic planning and commissioning of adult social care services is integrated with the NHS and other partners
6.1.
Summary of Performance (Insight and Impact analysis) -

PEOPLE RISKS INCLUDED ON THE CORPORATE RISK REGISTER
(AS AT 9 AUGUST 2016)

APPENDIX D

KEY:

Mitigating Controls:		Over due review	Red	Amber	Green	Completed

Risks:		Review over due 0+ (Red)	Very High 21+ (Purple)	High 13+ (Red)	Medium 10+ (Amber)	Low 1+ (Yellow)

Risk Code and Status:		Scope of Risk:		Current position/actions taken/accountable officer:	
TG11: Market capacity adult social care		Without mitigating action there is risk that: *the supply of personal care of the right quality is currently stretched in some parts of Devon increasing the risk that we cannot maintain all people who require it safely in their own homes, achieve safe discharge from hospital and with potential to increase admissions to residential and nursing care. Additionally the CCG's planned closure of community hospitals presents a further market capacity risk with regard to intermediate care.*		**Risk Owner:**	Tim Golby
Inherent Risk:	30			**Accountable Officer:**	Jennie Stephens
Current Risk:	24				
Mitigating controls (including RAG rating):			**Direction of Travel:**	**Additional comments (if appropriate):**	
Green	a) Reprocurement of personal care via new framework: contracts awarded in March, transition to new arrangements in June.		↑	Bids for Framework Contracts currently being evaluated. On-going work with providers to secure immediate supply with regular monitoring of position. Above inflationary award issued for current year. Launching a promotional campaign with providers to encourage workforce recruitment and retention across the sector.	
Amber	b) Refresh of Adult Social Care Market Position Statement		↔		
Green	c) Provider Engagement Network		↔		
Amber	d) Performance monitoring of call off against the framework agreement		↔		
Amber	e) Work with providers to address capacity shortfall		↔		
Amber	f) Investigations of new solutions/new way of working		↔		
Green	g) Weekly SITREPS and escalation		↔		
Amber	h) Provider of last resort option		↔		

Risk Code and Status:		Scope of Risk:		Current position/actions taken/accountable officer:	
TG15: Reduction in funding affects service		Without mitigating actions there is risk that: *potential loss of funding affecting DCC service delivery in the event of changes made in the Comprehensive Spending Review and subsequent Local Government Settlement given inflationary pressures in market and demographic growth. Also, potential judicial risk, e.g. current Supreme court case on separating costs of nursing care from costs of care.*		**Risk Owner:**	Tim Golby
Inherent Risk:	30			**Accountable Officer:**	Jennie Stephens
Current Risk:	30				
Mitigating controls (including RAG rating):			**Direction of Travel:**	**Additional comments (if appropriate):**	
Green	a) Options on 2% precept		↔	The current risk remains assessed at 30 (VERY HIGH) as a result of the on-going financial pressures being experienced by NEW CCG. Announcement of Success Regime and national focus on Devon is still being worked through and remains a very high risk to the Local Authority. Funding pressures being experienced across other areas of People's services, including Children's Social Care and Education.	
Amber	b) Increase in BCF funding		↔		

PEOPLE RISKS INCLUDED ON THE CORPORATE RISK REGISTER
(AS AT 9 AUGUST 2016)

APPENDIX D

KEY:

Mitigating Controls:		Over due review	Red	Amber	Green	Completed

Risks:		Review over due 0+ (Red)	Very High 21+ (Purple)	High 13+ (Red)	Medium 10+ (Amber)	Low 1+ (Yellow)

Risk Code and Status:		Scope of Risk:	Current position/actions taken/accountable officer:	
TG20: Market Capacity (Residential & Nursing)		Without mitigating actions there is risk that: *the supply of residential and nursing care of the right quality is currently stretched in some parts of Devon increasing the risk that we cannot achieve safe discharge from hospital. Difficulties in recruiting care staff further increases this risk. Additionally, the CCG's planned closure of community hospitals presents a further market capacity risk with regard to intermediate care.*	**Risk Owner:**	Tim Golby
Inherent Risk:	30		**Accountable Officer:**	Jennie Stephens
Current Risk:	30			

Mitigating controls (including RAG rating):		Direction of Travel:	Additional comments (if appropriate):
	a) Capital investment programme led by BR team to increase capacity in areas of highest need		
	b) New care homes contract including block bed provisions 2017-18		
	c) Working with CCGs re. intermediate care to ensure fit to contract		
	d) Improving relationship with the market via sector lead to increase market engagement		
	e) Fee uplift has stabilised market failure		
	f) Workforce development programme being extended to private sector		

Risk Code and Status:		Scope of Risk:	Current position/actions taken/accountable officer:	
TG29: Budget Management		Without mitigating actions there is risk *that a broader corporate overview of timing, impact or scope of service or policy changes gives rise to review or reconsideration of proposals*	**Risk Owner:**	Tim Golby/Keri Storey/Sue Clarke/Jo Olsson
Inherent Risk:	25		**Accountable Officer:**	Jennie Stephens
Current Risk:	20			

Mitigating controls (including RAG rating):		Direction of Travel:	Additional comments (if appropriate):
Amber	a) Thoroughness of consultation of proposals	↔	
Amber	b) Thorough risk assessment of plans and policy changes	↔	

PEOPLE RISKS INCLUDED ON THE CORPORATE RISK REGISTER
(AS AT 9 AUGUST 2016)

APPENDIX D

KEY:

Mitigating Controls:		Over due review		Red		Amber		Green		Completed

Risks:		Review over due 0+ (Red)		Very High 21+ (Purple)		High 13+ (Red)		Medium 10+ (Amber)		Low 1+ (Yellow)

Risk Code and Status:		Scope of Risk:	Current position/actions taken/accountable officer:	
KS19: Continuing Health Care		Without mitigating actions there is risk that: *significant delays in assessments and determinations of CHC eligibility leading to operational inefficiencies, possible clinical risk if people with primary care needs are not being appropriately case managed by NHS professionals; and financial risk to the Council as well as impact on individuals and families*	**Risk Owner:**	Keri Storey
Inherent Risk:	30		**Accountable Officer:**	Jennie Stephens
Current Risk:	25			
Mitigating controls (including RAG rating):			**Direction of Travel:**	**Additional comments (if appropriate):**
Amber	a) Issues escalated to NEW Devon CCG and some actions agreed which may mitigate		↑	This is a key area of work for the NEW Devon Success Regime. Adult social care exploring opportunities to be part of this work including discussions about new models of care for discharge which focus on supporting people back home, and consideration of joint commissioning arrangements to enable co-ordinated discussions with care market
Amber	b) Formal disputes being raised and Disputes Protocol redrafted but not yet signed off		↔	
Amber	c) Further training for staff planned in PPAC.		↔	
Amber	d) Agreement reached to move the NHS Learning Disabilities nurses back to NHS management to simplified the accountabilities for case management and assessment		↑	
Amber	e) Discussions underway with CCG to consider future 4 week funding arrangements			
Amber	f) NEW Devon supporting work on 2015-16 cases that were delayed in assessment or panel decisions.			

Risk Code and Status:		Scope of Risk:	Current position/actions taken/accountable officer:	
JO23: Children's Services Budget Pressures and Allocation		Without mitigating actions there is risk that: *the impact across People's services of budget pressures and allocation issues within children's services. Significant overspends are currently being forecast within Education transport and a range of social care budgets could threaten overall financial stability and impact on core service delivery.*	**Risk Owner:**	Jo Olsson/Sue Clarke
Inherent Risk:	30		**Accountable Officer:**	Jennie Stephens
Current Risk:	30			
Mitigating controls (including RAG rating):			**Direction of Travel:**	**Additional comments (if appropriate):**
Amber	a) Regular financial performance reporting to CLT		↔	Signficiant overspends are currently being forecast within Education transport and a range of children's social care budgets, which threaten the overall financial stability of People's Services.
Amber	b) Weekly children's social care management meetings focussing on budget pressures		↔	
Amber	c) Focus for LTP discussions		↔	
Amber	d) Scrutiny reporting		↔	
Amber	e) Task Group led by Leader of the Council		↑	

Risk Code and Status:		Scope of Risk:	Current position/actions taken/accountable officer:	
SC1: School Transport		Without mitigating actions there is risk that: *Rising overspend on home to school transport is having a deleterious effect on Education and Learning's core budgets and initiatives that are currently absorbing the substantial overspend. Action to address overspend has had limited short term impact against rising costs due to increased expectations and the complexity of individual transport requested.*	**Risk Owner:**	Sue Clarke
Inherent Risk:	30		**Accountable Officer:**	Jennie Stephens
Current Risk:	20			
Mitigating controls (including RAG rating):			**Direction of Travel:**	**Additional comments (if appropriate):**
Amber	a) Management actions within Transport Coordination Service (TCS) involving route analysis and efficiency savings. Transfer of management of Education Transport Team to TCS.		↔	Continuing overspends on home to school transport are having deleterious effects on Education and Learning core budgets and initiatives, which are currently absorbing this substantial overspend.
Amber	b) TCS monitoring and regular review across all areas of spend		↔	
Amber	c) Policy regularly reviewed and adjusted to reduce areas of discretionary spend		↔	
Amber	d) Actions identified through corporate transport project board		↔	