

## **Performance Report – September 2016**

### **Report of the Head of Adult Commissioning and Health and the Head of Adult Care Operations and Health**

#### **Introduction and Background**

The Adult Performance Framework (APF) (Appendix A) is structured under the current adult vision priority areas to highlight areas of good performance and where improvement and further development are needed.

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

##### **Are we keeping people safe?**

Safeguarding in Devon is performing well. The number of safeguarding concerns starting has been reducing steadily over the last 12 months, whilst the number moving on to the enquiry stage has been static. A key area in adult safeguarding is 'Making safeguarding personal and meeting the preferred outcomes of the individual'. Devon currently performs at 100% (September data) and further changes have been introduced to ensure the outcomes for the individuals concerned are captured at the start of a process and reviewed as met or partially met at the end.

The Deprivation of Liberties safeguards (DOLs) team continue to manage the substantial increased demand for authorisations in Devon. This picture is reflected nationally, following the Cheshire West ruling, and Devons performance is similar to statistical and regional neighbours for requests. Our completion rate is less due to lower staff resource than comparators, for example; Dorset has comparable core staffing but maximises its completion rate via the use of additional independent assessors. Cumbria had used the one off grant monies from central Government 2015-2016 to successfully manage demand. However, with this being non reoccurring Cumbria is now facing significant challenges. KS14 – Deprivation of Liberty Safeguards and Court of Protection. To ensure that resources are focused on individuals with the highest priority need the service has adopted the ADASS recommended triage tool in conjunction with locally agreed priority groups. This also enables cases requiring application to the Court to be readily identified and actioned. This area is actively monitored, and is identified on the corporate risk register

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

The quality of services commissioned in Devon is good, and compares very well to our regional and national comparators. The number of "quality suspensions" with providers peaked in March (12) and is currently at 5 across the county. In these instances there is a multi-agency Quality Assurance Improvement approach which responds proactively and in circumstances where quality or safety issues have emerged through inspection or safeguarding enquiries. The approach to quality improvement is to identify quality risks early and intervene and support as a preventative measure in collaboration with providers.

Supply of personal care remains a challenge in some areas of Devon, particularly the Eastern locality. Weekly tracking takes place of personal care packages not arranged in a timely way and this is reviewed in a weekly telephone call with NHS partners and our lead providers for 'Living Well at Home', the new personal care framework. As reported previously there has been a 6.1% increase in demand for personal care over the last 2 years and it is important to place supply and availability of care in this context. This area of concern is logged on the corporate risk register as Risk TG11 – Market Capacity (Personal Care).

The Proud to Care campaign works with a range of agencies to help improve recruitment and retention in the personal care sector. It includes a website, a job vacancy portal and shares good practice and partnership working across its agencies, as well as developing health and care career pathways.

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

### **Are we enabling people to be independent for longer?**

A key priority of adult social care is to promote independence continuously through the social care pathway. From creating the conditions where people and communities are able to help themselves (Prevention); making independence the key outcome of all services and a core principle of a shared culture (Integration); resolving needs of individuals through information, advice and signposting (First Contact); following a strengths based approach of the individual, their family, social networks and community (Assessment); extending the reach, and improving the effectiveness of available short-term interventions, and moving to outcome based commissioning where recovery of independence is a default expectation.

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. As reported at Quarter 1, work is 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, a "strengths based approach", and only where necessary, receive care and support from adult social care in a timely and appropriate setting. New indicators to measure the impact of these changes are to be developed by December 2016. The proof of concept in Northern Devon, which started in September, has made changes to the adult social care pathway. The changes are designed to ensure that people who make repeat contact with adult social care receive a timely and resolution focused response. Early measures suggest that this new approach is starting to indicate a positive impact with the pressures on the Care Direct Plus Northern team reducing. This creates the capacity needed for staff to work differently.

### **Are we supporting carers well?**

Following the Care Act, Devon remodelled the assessment and support process for Carers. To date, over 6,000 Carer Assessments have been completed, the majority by Devon Carers. Carers who have been assessed have a very high level of self-directed support, and use Direct Payments. Devon performs well compared to regional and national comparators. 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, and again Devon performs well and better than comparator groups. This survey is biannual and will take place once more during 2016/17.

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

### **Are we extending choice and control?**

Devon performs very well in the areas of self-directed support (giving people a 'Personal Budget') and use of direct payments for those people in receipt of services, comparing better than regional and national comparators. Devon service users also report high levels of feeling they have 'control over their daily lives' in the Adult Social Care survey and again Devon is better than its comparator group and nationally.

### **Do we help keep people out of hospital wherever possible?**

Delayed transfers of care (DToc), remains an area requiring improvement. 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. Devon is performing worse than the England and comparator average for both indicators.

Improvement work for hospital delays 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. This is overseen by the new A&E Board

Devon offers a Social Care Reablement service to people. Since April 2016, 880 people have received this service, and over 90% required no further social care support. Further work with our NHS partners continues, as we explore opportunities to further develop the 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.

### **Do we help people to remain at home wherever possible?**

Devon is good at keeping people at home rather than place into a residential or nursing care setting. We are better (make fewer placements) than our national and comparator authorities for making permanent admission into a care home.

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

### **Are we delivering an effective care management service?**

Devon requires improvement in some areas of this vision. Assessments being completed within 28 days and completion of Annual Reviews are below our 2016/17 targets. As these are 'local' targets we aren't able compare ourselves to other authorities. A range of actions have been implemented, since August 2016, to make improvements in practice and streamline arrangements for front line staff which are designed to have a positive impact on these indicators.

From September 2016 the proof of concept work in Northern Devon is changing how the service responds to people who have already had contact with adult social care. This model directs people or referrers to staff at Care Direct Plus (Northern) where there is 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.

There are 2 entries on the Corporate Risk Register (Appendix B) that impact on this vision Priority; KS19 – Continuing Health Care; KS20 – Care Management capacity and effectiveness. All risks are appropriately mitigated and reviewed on a monthly basis.

### **Are we helping people to improve their lives?**

In Devon, people with a learning disability or using mental health services are more likely to be in stable accommodation than people regionally or nationally. People with a learning disability are also far more likely to be in paid employment than people regionally or nationally. For people using mental health services we are meeting the 2016/17 target and compare well nationally, but our regional and comparator groups are higher.

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

In Devon recorded sickness absence levels are currently good and below the 2016/17 target. The highest incidence of recorded sickness is psychological / mental health and accounts for approx. 30% of lost time.

Devon has a good qualification profile of its social care workforce with over 38.2% qualified to NVQ Level 4 or above. And in August approximately 86.5% of expected supervision had taken place.

Turn-over rates for Senior Social workers is higher in Devon than nationally, whilst for Occupational Therapists Devon is slightly under the national average.

## **6 Risk Management**

Risk management arrangements are well embedded within adult social care and health with the Head of Service Risk Registers reviewed by the respective management teams on a monthly basis. The process for escalation of high level risks for consideration at by the Care and Health Leadership Team works well with the Corporate and Leadership Team Risk Registers reviewed monthly.

Two new risks have been escalated to the Corporate Risk Register as follows:

KS14 Deprivation of Liberties Safeguards (DoLS) and Court of Protection (CoP): where without mitigating actions a Supreme Court ruling presents significant financial risk due to the likely increase in DoLS and CoP assessments required and associated legal costs. This will impact on both Adults and Children's Services as required to seek authorisation from age 16. The mitigated risk score is currently 20 (High).

K20 Care management capacity and effectiveness: where without mitigating actions that pressures currently being experienced by the care management service have potential to impact adversely on service user experience. The mitigated risk score is 25 (Very High).

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Electoral Divisions: ALL

Local Government Act 1972: List of Background Papers

None

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