

## Performance Report – December 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 1) is structured under the current adult vision priority areas to highlight areas of good performance and where improvement and further development are needed. Targets are set annually in line with 'good' Local Authorities in order to promote performance improvement. Forty six performance indicators are reported within the APF of which 32 have annual targets set. Performance against these indicators is RAG rated as follows: 17 (53.1%) are green, 6 (18.8%) are amber (1-5% from target) and 9 (28.1%) are red (more than 5% from target).

The Adult Care and Health Management Information Team supplement the over-arching performance framework with a suite of comprehensive weekly and monthly data and information reports to support managers with their management and oversight of priority areas.

The performance commentary in this report reflects the reported position as at December 2016 (Quarter 3).

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

##### Are we keeping people safe?

We believe that 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 increased marginally over Quarter 2. A key area in adult safeguarding is 'Making safeguarding personal and meeting the preferred outcomes of the individual'. Current performance is at the 90.0% target 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.

Service user perceptions are collected annually as part of the Social Care User Survey. There are two national indicators relating to safeguarding vulnerable people and protecting them from avoidable harm. Despite an improvement in performance against both these measures service users in Devon still feel less safe than those in other areas of the region and England.

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 Devon's performance is similar to statistical and regional neighbours for requests. Our completion rate may be 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. We ensure that resources are focused on individuals with the highest priority need by adopting 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 as KS14 'The Council fails to meet its statutory obligations and individuals are put at unacceptable risk'.

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

The quality of services commissioned in Devon is good, and based on the outcomes of CQC inspections is now ahead of regional and national comparators. As at 31 December 2016, 262 (83.7%) Residential and Nursing Care Homes and 77 (87.5%) community based adult social care

providers inspected under the revised CQC inspection regime were judged to be either Outstanding or Good.

The number of “quality suspensions” with providers peaked in March (12) and is currently at 6 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. Our approach to quality improvement is to identify quality risks early and intervene and support as a preventative measure in collaboration with providers.

Personal care supply 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 TG11 ‘The Council fails to meet its statutory market sufficiency requirement for personal care placing individuals at risk in the community or hospital setting’.

## **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?**

One of our key priorities is to promote independence at all stages of the social care pathway. We do this by 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.

Feedback from service users and carers is captured through statutory surveys. During 2015-16, the DCC website was undergoing change with some of the web-links not working correctly, which adversely affected service user perceptions on the ease of access to information and support. Good quality information and advice is an essential feature to effectively manage demand and improvements have been made, including ‘Pinpoint’ as the on-line directory of services across Devon.

Our performance benchmarking 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. In September we introduced a ‘proof of concept’ in Northern Devon, which has been successful in reducing handoffs between care direct and Care Direct Plus. This approach ensures that people who make repeat contact with adult social care receive a timely and resolution focused response. From 20<sup>th</sup> February this has been extended to the Southern and Western areas of Devon. If successful this will help create productive staff capacity.

### **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 for the national measures of Carer Self Directed Support (Personal Budgets) and Direct Payments.

Feedback from carers is captured every other year through the national Survey of Adult Carers, which enables performance to be benchmarked nationally, regionally and against statistical neighbours; Devon performs well and better than comparator groups. However, the overall

satisfaction of carers declined in 2014-15, which coincided with the consultation on changes to the Carers Offer to make it Care Act compliant. The next Carers Survey will take place once again during 2016-17 with results available in May 2017.

### **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 User 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) remain an area of concern with significant pressure within the health and care system, particularly with regard to 'further non-acute NHS care'. This reflects national pressures which are 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. When looking at all NHS and social care delays Devon is performing worse than the England and comparator average for both indicators, although the proportion of delays attributable to social care only is less than comparators.

Our improvement work for hospital delays is overseen by the locality level Accident and Emergency Boards and work continues to improve and strengthen action plans that have been developed as part of the Better Care Fund arrangements. This is overseen by the Devon wide Accident and Emergency (A&E) Board

We have an effective Social Care Reablement offer with approximately 90% of people accessing the service requiring no further social care support after this short term intervention. 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 placed into a residential or nursing care setting. We are better (make fewer placements) than our national and comparator authorities for making permanent admissions into a residential or nursing 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?**

From our performance data we are aware that we need to make 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 to compare ourselves to other authorities. Since August 2016, a range of actions have been implemented to make improvements in practice and streamline arrangements for front line staff which are designed to have a positive impact on these indicators. Weekly and monthly data and information reports are produced to support managers with their management and oversight of this priority area.

Our 'proof of concept' work in Northern and Southern Devon is changing how the service responds to people who have already had contact with adult social care. The revised model will direct people

or referrers to staff at Care Direct Plus 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 that impact on this vision Priority: KS19 'The Council fails to meet its statutory obligations to ensure Continuing Health Care (CHC) is appropriately assessed by the NHS' and KS20 'The Council fails to meet its statutory obligations for the timeliness of assessment for adults'. All risks are appropriately mitigated and reviewed on a monthly basis.

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

From our performance data, we know 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 employment 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**

Our 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 approximately 35% of lost time.

Devon has a good qualification profile of its social care workforce with over 28.3% qualified to NVQ Level 4 or above. And in November approximately 81% of expected supervision had taken place.

From published data, we know 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.

No new risks have been escalated to the Corporate Risk Register during this period.

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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 Care Operations and Health & Adult Commissioning and Health Adult Performance Framework December 2016**

<a href="#">Vision Priority 1: To ensure that people using services feel safe</a>	
1.1	<a href="#">Are we keeping people safe?</a>
	<ul style="list-style-type: none"> <li>1.1.1 Are people feeling safe?</li> <li>1.1.2 Do people who receive services think they make them feel safer?</li> <li>1.1.3 Is our use of Deprivation of Liberties Standards proportionate?</li> <li>1.1.4 Are safeguarding concerns and enquiries increasing?</li> </ul>
1.2.	<a href="#">Do we commission services which are affordable, sufficient and of at least adequate quality?</a>
	<ul style="list-style-type: none"> <li>1.2.1 Is there sufficient supply for residential/nursing care, personal care and unregulated care?</li> <li>1.2.2 Is the supply for residential/nursing care, personal care and unregulated care of adequate quality?:</li> </ul>
<a href="#">Vision Priority 2: To reduce or delay any need for long term social care and support</a>	
2.1.	<a href="#">Are we enabling people to be independent for longer?</a>
	<ul style="list-style-type: none"> <li>2.1.1 How do we best measure the impact of prevention?</li> <li>2.1.2 Is information, advice and signposting diverting people from requiring assessment?</li> <li>2.1.3 How can we evidence the reducing need of people?</li> <li>2.1.4 Do people find it easy to access information and advice?</li> </ul>
2.2	<a href="#">Are we supporting carers well?</a>
	<ul style="list-style-type: none"> <li>2.2.1 Are carers saying their quality of life is improving?</li> <li>2.2.2 Are people getting enough social contact?</li> <li>2.2.3 Are carers being assessed receiving a service as a result?</li> <li>2.2.4 What proportion of carers receiving a service do so via a personal budget?</li> <li>2.2.5 What proportion of carers receiving a service do so via a direct payment?</li> <li>2.2.6 Are we supporting more carers directly?</li> <li>2.2.7 Are we supporting more carers indirectly?</li> <li>2.2.8 How many carers are being assessed/identified?</li> </ul>
<a href="#">Vision Priority 3: To expand the use of community based services and reduce the use of institutional care</a>	
3.1.	<a href="#">Are we extending choice and control?</a>
	<ul style="list-style-type: none"> <li>3.1.1 Are people offered and taking up a personal budget?</li> <li>3.1.2 Are people taking up Direct Payments as the preferred personal budget option?</li> <li>3.1.3 Are people using personal budgets saying they have more choice and control?</li> <li>3.1.4 Are allocated budgets in line with assessed need?</li> <li>3.1.5 Do people receive a service quickly?</li> </ul>
3.2	<a href="#">Do we help keep people out of hospital wherever possible?</a>
	<ul style="list-style-type: none"> <li>3.2.1 Are delayed transfers of care reducing?</li> <li>3.2.2 In particular are delayed transfers of care attributable to social care reducing?</li> <li>3.2.4 Are older people discharged from hospital offered appropriate reablement and rehabilitation?</li> <li>3.2.5 Is the reablement and rehabilitation of older people being discharged from hospital effective?</li> <li>3.2.6 Is ASC contributing to minimising hospital admissions?</li> </ul>
3.3	<a href="#">Do we help people to remain at home wherever possible? / Are we minimising the use of residential services?</a>
	<ul style="list-style-type: none"> <li>3.3.1 Are younger adults being maintained in their own homes?</li> <li>3.3.2 Are older adults being maintained in their own homes?</li> <li>3.3.3 Are we reducing the balance of residential vs community services?</li> <li>3.3.4 Is there a balance of service provision in the market place? Are there adequate services to meet community need?</li> <li>3.3.5 Are we increasing the number of people we support in the community?</li> </ul>
<a href="#">Vision Priority 4: To ensure that people have a positive experience of social care services</a>	
4.1.	<a href="#">Are we delivering an effective care management service?</a>
	<ul style="list-style-type: none"> <li>4.1.1 Are people assessed in a timely way?</li> <li>4.1.2 Are people reviewed i)6 - 8 weeks after assessment, and ii) annually?</li> <li>4.1.3 Is the quality of assessment, review and care planning audited as good?</li> <li>4.1.4 Is the user/carer perception of the quality of assessment, review and care planning good?</li> <li>4.1.5 Productivity of teams</li> <li>4.1.6 Is our safeguarding response timely?</li> <li>4.1.7 Are safeguarding enquiries and concerns recurring for the same people?</li> <li>4.1.8 Is our use of Mental Capacity Act assessments proportionate?</li> <li>4.1.9 What are the outcomes for the clients?</li> <li>4.1.10 Transitions into Adult Services</li> </ul>
4.2	<a href="#">Are we improving peoples lives? OR Are we helping people to improve their lives?</a>
	<ul style="list-style-type: none"> <li>4.2.1 Are younger adults living independently?</li> <li>4.2.2 Are younger adults in employment?</li> <li>4.2.3 Are people getting enough social contact?</li> <li>4.2.4 Are service users saying their quality of life is improving?</li> <li>4.2.5 What are the outcomes of what we do?</li> </ul>
<a href="#">Vision Priority 5: To ensure the social care workforce can deliver effective, high quality services</a>	
5.1.	<a href="#">Do we have a workforce which is well trained and competent to meet the needs of service users and carers?</a>
	<ul style="list-style-type: none"> <li>5.1.1 Workforce FTE, vacancies, agency staff, sickness,maternity and adoption</li> <li>5.1.2 Absence</li> <li>5.1.3 Appraisal and Supervision</li> <li>5.1.4 Recruitment and Retention</li> <li>5.1.5 Qualified Workforce</li> </ul>
<a href="#">Vision Priority 6: To ensure that strategic planning and commissioning of adult social care services is integrated with the NHS and other partners</a>	
6.1.	

## Adult's Services APF Scorecard - December 2016

		2015/16 Benchmarking				2015/16 ACS Targets	2016/17 ACS Targets	2016/17 December Performance
Code	Title	Devon	Regional	Comparator	England	Devon Target 2015/16	Devon Target 2016/17	Performance @ Dec 2016
<b>Vision Priority 1: To ensure that people using services feel safe</b>								
<b>1.1 We are keeping people safe</b>								
4B	Users who say services have made them feel safe and secure	82.0%	87.1%	85.2%	85.4%	79.9%	84.5%	82.0%
4A	Users who feel safe	69.0%	69.6%	68.7%	69.2%	66.3%	68.3%	69.0%
L24	Rate of DOLS per 100,000 population	N/A	N/A	N/A	N/A	N/A	No Target	364
L25	Safeguarding alert volumes	N/A	N/A	N/A	N/A	N/A	No Target	2,140
L26	Whole service investigation volumes	N/A	N/A	N/A	N/A	N/A	No Target	8
APF 1.1.4	Making Safeguarding Personal - meeting preferred outcomes	N/A	N/A	N/A	N/A	N/A	No Target	26.5%
<b>1.2 We commission services which are affordable, sufficient and of at least adequate quality</b>								
APF 1.2.1	Unfulfilled Care Packages	N/A	N/A	N/A	N/A	N/A	No Target	164
3A	Overall satisfaction of people who use services with their care and support	68.0%	66.3%	64.6%	64.4%	68.0%	68.0%	68.0%
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%	85.0%
<b>Vision Priority 2: To reduce or delay any need for long term social care and support</b>								
<b>2.1. We are enabling people to be independent for longer</b>								
3D part 1	People who find it easy to find information about support	70.0%	73.3%	72.4%	73.5%	71.0%	74.5%	70.0%
<b>2.2 We are supporting carers well</b>								
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) 39.0%
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	No Target	45.8%
1C Part 1 b	Carers receiving self-directed support	70.9%	55.4%	60.7%	77.7%	No Target	89.4%	98.3%
1C Part 2 b	Carers receiving direct payments for support direct to carer	44.4%	44.4%	55.2%	67.4%	No Target	66.9%	43.1%
APF 2.2.8	Number of Carers being identified / assessed	N/A	N/A	N/A	N/A	N/A	No Target	6,684
3B	Overall satisfaction of carers with social services	41.4%	41.9%	40.8%	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%	73.0%	72.3%	73.7%	73.7%	(14/15) 73.0%
<b>Vision Priority 3: To expand the use of community based services and reduce the use of institutional care</b>								
<b>3.1. We are extending choice and control</b>								
1C Part 1 a	Adults receiving self-directed support	84.0%	81.1%	86.0%	86.9%	No Target	89.9%	87.8%
1C Part 2 a	Adults receiving direct payments	30.6%	28.5%	30.4%	28.1%	No Target	33.5%	33.7%
1B	People who have control over their daily life	76.8%	78.8%	77.7%	76.6%	79.0%	79.9%	76.8%
APF 3.1.4	% variance from Estimated Budget to Agreed Budget	N/A	N/A	N/A	N/A	N/A	No Target	5.8%
APF 3.1.4	Average agreed budget	N/A	N/A	N/A	N/A	N/A	No Target	£284.19
NI133	Waiting times for Services	N/A	N/A	N/A	N/A	N/A	94.8%	95.4%

<b>3.2. We help keep people out of hospital wherever possible</b>									
2C Part 1	DTOC (Delayed transfers of care) from hospital per 100,000 population		18.6	17.3	14.0	12.1	10.5	No Target	20.49 (Nov)
2C Part 2	DTOC attributable to social care or jointly to social care and the NHS		5.4	6.9	5.4	4.7	3.0	No Target	6.53 (Nov)
2B part 1	Older people (65+) still at home 91 days after hospital discharge into reablement/rehab services (effectiveness of the service)		87.1%	84.1%	83.8%	82.7%	81.5%	81.5%	89.9%
2B part 2	Older people (65+) still at home 91 days after hospital discharge into reablement/rehab services (offered the service)		1.3%	2.9%	2.5%	2.9%	3.3%	No Target	1.9%
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		87.8%	82.9%	78.7%	75.8%	No Target	88.4%	91.2%
<b>3.3 We help people to remain at home wherever possible / We are minimising the use of residential services</b>									
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		13.2	13.4	13.2	13.3	17.0	15.1	12.4
2A part 2	Long-term support needs of older adults (65+) met by admission to residential and nursing care homes, per 100,000 population		500.6	606.4	557.2	628.2	540.5	514.6	522.3
<b>Vision Priority 4: To ensure that people have a positive experience of social care services</b>									
<b>4.1. We are delivering an effective care management service</b>									
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%	61.4%
L37	Annual review - reviewable services		N/A	N/A	N/A	N/A	75.0%	75.0%	52.6%
APF 4.1.3	Practice Quality Review - Percentage of requested cases completed		N/A	N/A	N/A	N/A	N/A	No Target	26.6%
APF 4.1.3	Practice Quality Review - Number completed (Number requested)		N/A	N/A	N/A	N/A	N/A	No Target	# 25 (94)
L74a	Proportion of safeguarding strategy meetings/agreements held within 7 working days		N/A	N/A	N/A	N/A	80.0%	80.0%	53.4%
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%	82.0%
L27	Mental Capacity Act assessments completed		N/A	N/A	N/A	N/A	N/A	No Target	1,892
<b>4.2 We are improving peoples lives OR We are helping people to improve their lives</b>									
1G	Adults with a learning disability who live in their own home or with their family		70.0%	72.2%	73.4%	75.4%	72.1%	69.5%	73.8%
1H	Adults in contact with secondary mental health services living independently, with or without support		63.8%	55.8%	55.1%	58.6%	60.8%	63.8%	66.1%
1E	Adults with a learning disability in paid employment		7.3%	7.0%	6.4%	5.8%	8.0%	8.0%	7.4%
1F	Adults with secondary mental health services in paid employment		5.6%	9.4%	9.0%	6.7%	7.4%	6.7%	8.0%
1I part 1	Adults who reported that they had as much social contact as they would like		42.8%	46.6%	44.6%	45.4%	45.0%	44.8%	42.8%
1A	Social care related quality of life		18.9	19.3	19.1	19.1	19.0	19.1	18.9
<b>Vision Priority 5: To ensure the social care workforce</b>									
<b>5.1. We have a workforce which is well trained and competent to meet the needs of service users and carers</b>									
L21	Percent of working days lost to sickness		N/A	N/A	N/A	N/A	4.8%	4.5%	3.2% (Nov)
L23	Staff supervision meetings		N/A	N/A	N/A	N/A	100.0%	100.0%	81.4% (Nov)



## Summary Facts and Figures at 31 Dec 2016

Reporting Period	01/01/2016 to 31/12/2016					
<b>Population</b>	<b>&lt;18</b>	<b>18-64</b>	<b>65+</b>	<b>85+</b>	<b>Total</b>	<b>Age Unknown</b>
Devon	114,905	437,214	185,937	27,246	738,056	n/a
Eastern	56,882	223,569	88,565	13,588	369,016	n/a
Northern	25,138	89,051	39,506	5,251	153,695	n/a
Southern	32,885	124,594	57,866	8,407	215,345	n/a

	<b>&lt;18</b>	<b>18-64</b>	<b>65-84</b>	<b>85+</b>	<b>Total</b>	<b>Age Unknown</b>	
<b>Care Direct Contacts</b>	n/a	n/a	n/a	n/a	95,602	n/a	<i>Number of calls answered during the period</i>
<b>Clients</b>	n/a	8,586	9,597	7,387	25,739	169	<i>Client numbers based on clients with an Assessment or Service in Period</i>
<b>Assessments</b>							
Assessments: Active in Period	n/a	n/a	n/a	n/a	35,377	n/a	<i>Assessments that were started or completed within the period or started before and still open during the period</i>
Assessments: Started in Period	n/a	n/a	n/a	n/a	32,790	n/a	<i>Assessments that were started within the period</i>
Assessments: Completed in Period	n/a	n/a	n/a	n/a	31,727	n/a	<i>Assessments that were completed within the period</i>
<b>Services</b>							
Residential	n/a	n/a	n/a	n/a	3,611	n/a	<i>DCC funded Residential clients (clients may be counted across service types)</i>
Nursing	n/a	n/a	n/a	n/a	823	n/a	<i>DCC funded Nursing clients (clients may be counted across service types)</i>
Community-Based	n/a	n/a	n/a	n/a	10,354	n/a	<i>DCC funded Community based clients (clients may be counted across service types)</i>
Direct Payments - Users	n/a	1,774	780	647	3,201	0	<i>Direct Payment Clients in Period</i>
Direct Payments - Carers	n/a	401	329	56	818	32	<i>Direct Payment Carers in Period</i>
Short Term to Maximise Independence	n/a	n/a	n/a	n/a	1,252		<i>DCC funded Short Term to Maximise Independence clients</i>
Social Care Reablement	n/a	n/a	n/a	n/a	162	n/a	<i>*Monthly - All referrals with an outcome of 'Provide Service'</i>
Community Enabling	n/a	n/a	n/a	n/a	26	n/a	<i>*Monthly - All referrals with an outcome of 'Provide Service'</i>
<b>Safeguarding concerns/enquiries</b>	n/a	n/a	n/a	n/a	2,140	n/a	
<b>Carers</b>	n/a	2,196	1,903	325	4,572	148	<i>Numbers of Carers identified from Carer Assessments</i>
<b>Providers (regulated)</b>	n/a	n/a	n/a	n/a	358	n/a	
Residential Providers	n/a	n/a	n/a	n/a	289	n/a	
Nursing Providers	n/a	n/a	n/a	n/a	69	n/a	
Community-Based Providers	n/a	n/a	n/a	n/a	490	n/a	
<b>Residential Beds</b>	n/a	n/a	n/a	n/a	2,905	n/a	
<b>DCC Staff in previous year</b>							<i>From the November 2016 extract, operations Adult Mental Health staff have moved to Commissioning</i>
ACS Head Count	n/a	n/a	n/a	n/a	1,172	n/a	
ACS FTE	n/a	n/a	n/a	n/a	913	n/a	
SCC Head Count	n/a	n/a	n/a	n/a	178	n/a	
SCC FTE	n/a	n/a	n/a	n/a	154	n/a	
<b>DCC Staff in last month</b>							<i>From the November 2016 extract, operations Adult Mental Health staff have moved to Commissioning</i>
ACS Head Count	n/a	n/a	n/a	n/a	1,172	n/a	
ACS FTE	n/a	n/a	n/a	n/a	913	n/a	
SCC Head Count	n/a	n/a	n/a	n/a	178	n/a	
SCC FTE	n/a	n/a	n/a	n/a	154	n/a	

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

**1. 1 Are we keeping people safe?**

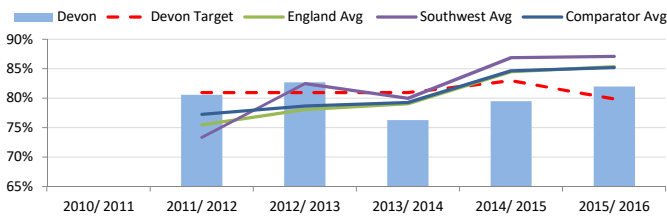
**Summary of Performance (Insight and Impact analysis) -**

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 2,913 at the end of December. 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 changes. 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 for 2015/16 are now available and included.

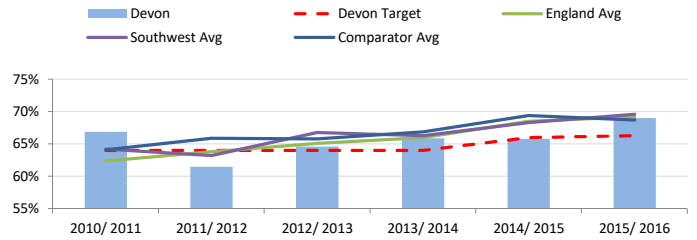
**Headline Performance for Devon**

**Headline Performance for Devon**

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



**4A: Proportion of service users who feel safe**

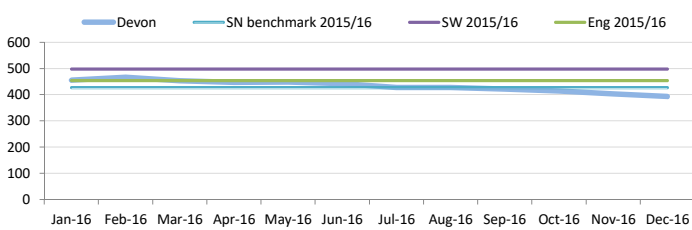


	2012/2013	2013/2014	2014/2015	2015/2016	15/16 Target	England Avg 15/16	SW Avg 15/16	Comp. Avg 15/16		2012/2013	2013/2014	2014/2015	2015/2016	Target 15/16	England Avg 15/16	SW Avg 15/16	Comp. Avg 15/16
4B	82.7%	76.3%	79.50%	82.00%	79.90%	85.40%	87.10%	85.20%	Devon	64.6%	65.9%	65.80%	69.00%	66.30%	69.20%	69.60%	68.70%

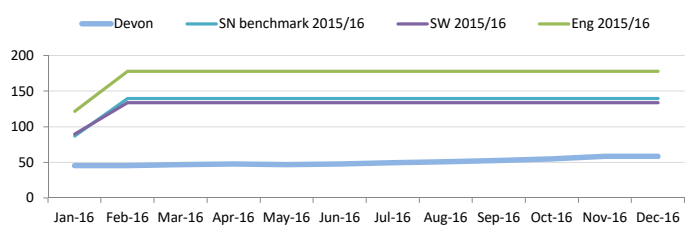
**1.1.3 Is our use of Deprivation of Liberties Standards proportionate?**

**Headline Performance for Devon**

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



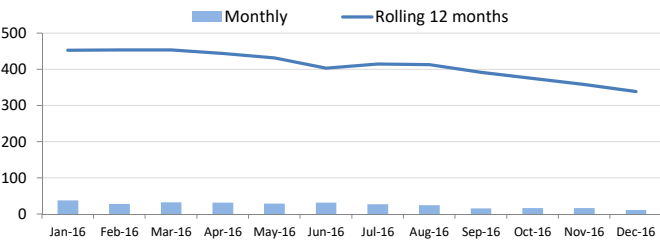
**Rate of DOLS authorisations per 100,000 population (rolling 12 mths)**



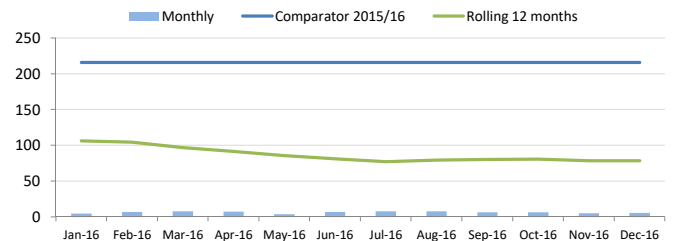
**1.1.4 Are safeguarding concerns and enquiries increasing?**

**Headline Performance for Devon**

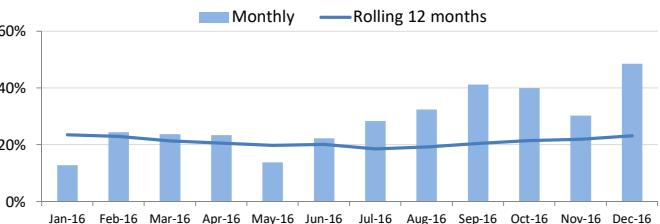
**Safeguarding concern rate per 100,000 population**



**Safeguarding enquiry rate per 100,000 population**



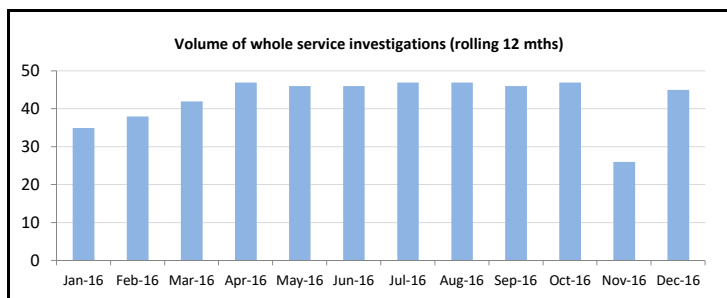
**Percentage of Concerns that move to Enquiries**



**Outcomes of Safeguarding Concerns (rolling 12 mths)**

	All concerns		s42 Concerns	
No further action	469	37.5%	32	9.5%
NFSA -info & advice	304	24.3%	26	7.7%
NFSA - social care assessment	220	17.6%	25	7.4%
Proceed to enquiry	259	20.7%	254	75.4%
Total	1252		337	

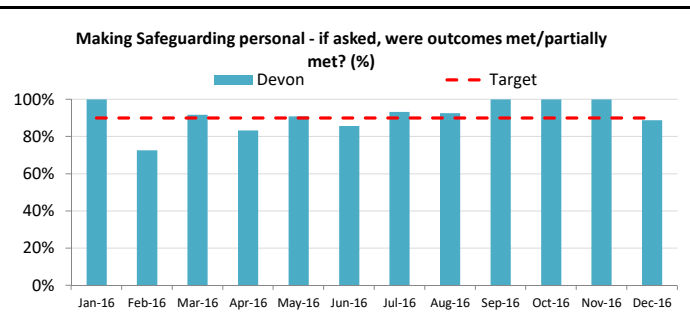
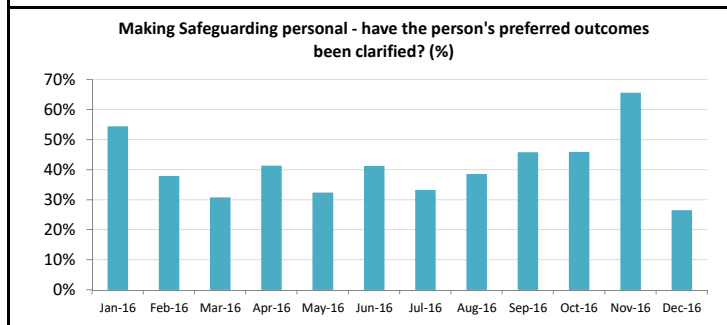
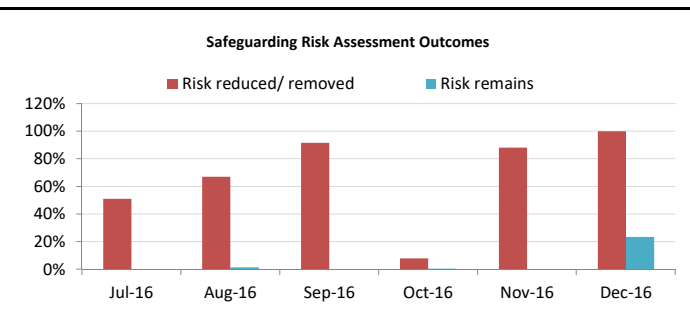
No further safeguarding action (NFSA)



Whole Service Safeguarding Prevention data under development

**Safeguarding Risk Assessment Outcomes - 6 mths to end December 2016**

Risk Identified	153
Risk Identified %	64.8%
No Risk identified/inconclusive	23
No Risk identified/inconclusive %	9.7%
Ceased at individual request	12
Ceased at individual request %	5.1%



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

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

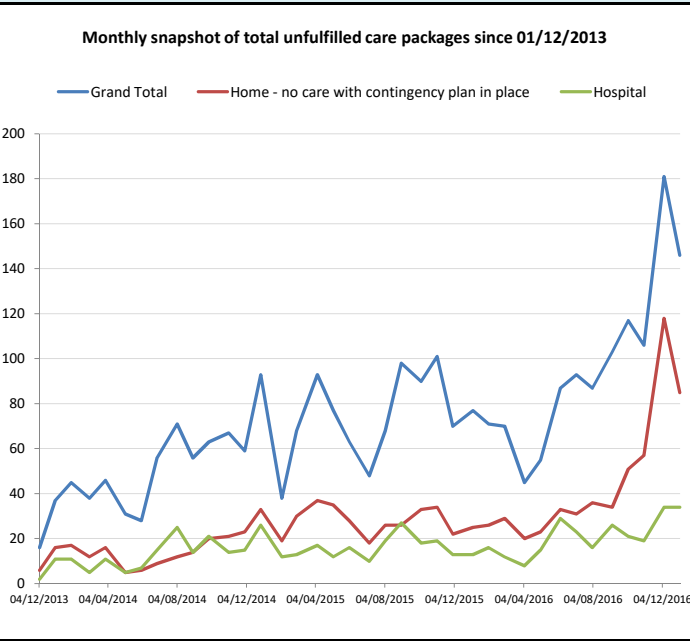
The Care Quality Commission (CQC) changed its inspection regime in October 2014. Quality is assessed by the percentage of social care providers rated Good or Outstanding by CQC. Figures show active organisations only (i.e. not inactive or de-registered organisations). Performance has steadily been improving and was at 84.6% (1 Dec 2016) which higher than both the rate for the South West region (79.9%) and the rate for England (75.1%). Quality for community based providers (89.3%) is higher than for the residential care sector (83.3%), though the gap between these is steadily closing. There has been a small rise in Quality advisory notices this month, and a fall in Safeguarding suspensions and advisory notices.

**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 03-01-2017. There were a total of 146 people with unfulfilled care packages that week, of which 38 were new to the list in that week. As at the end of December 2016 there were 4097 people in receipt of personal care, meaning UCPs represent 3.56% of personal care clients. Whilst Eastern has the most Unfulfilled packages of care, Eastern has 2 cases which has 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.

Length of time without supply	Eastern	Northern	Southern	Grand Total	New clients to the list
Less than 4 weeks	43	2	35	80	37
Between 4 & 7 Weeks	23	1	15	39	0
Between 8 & 11 Weeks	12	1	1	13	1
Between 12 & 15 Weeks	6		1	7	0
Between 16 & 19 Weeks	2			2	0
23 Weeks			1	1	0
24 Weeks			1	1	0
26 Weeks	1			1	0
29 Weeks	2			2	0
<b>Grand Total</b>	<b>89</b>	<b>4</b>	<b>53</b>	<b>146</b>	<b>38</b>

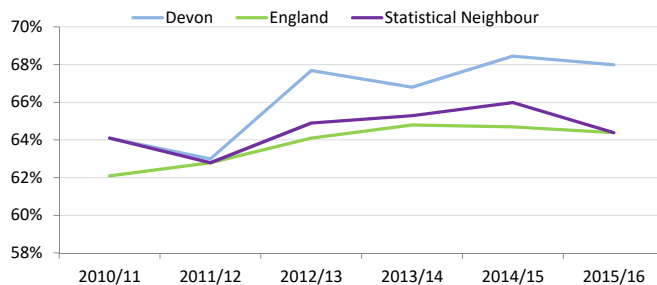


1.2.2 Is the supply for residential/nursing care, personal care and unregulated care of adequate quality?

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

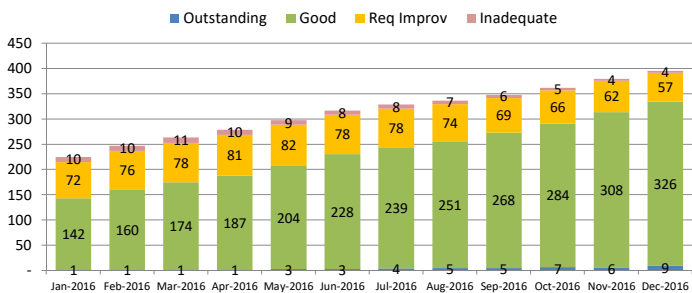
3A	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Devon	64.10%	63.00%	67.70%	66.80%	68.45%	68.00%
England	62.10%	62.80%	64.10%	64.80%	64.70%	64.40%
SN	64.10%	62.80%	64.90%	65.30%	66.00%	64.60%

3A Overall satisfaction of people with their care and support

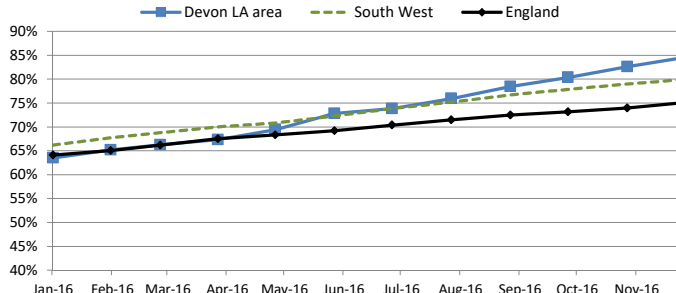


As determined by the regulator? CQC Inspections

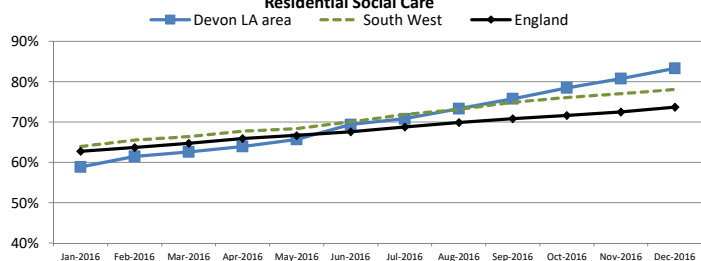
Devon - New Style Inspection Results (Cumulative to date)



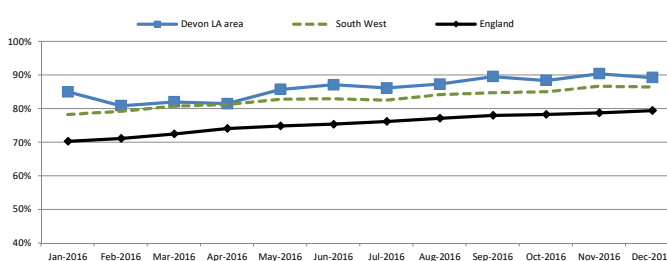
Overall Outstanding or Good Rating



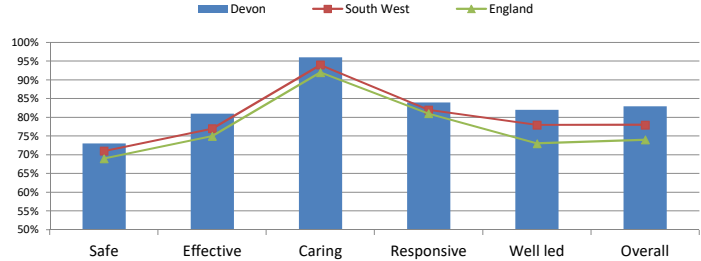
Overall Outstanding or Good Rating Residential Social Care



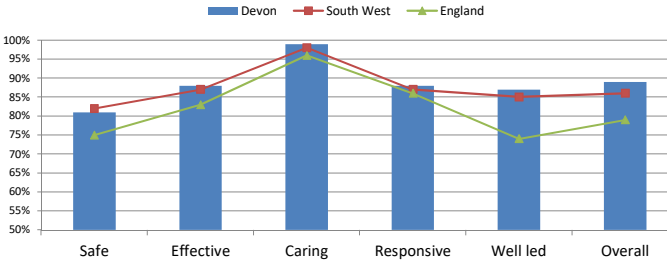
Overall Outstanding or Good Rating Community Based Adult Social Care



Residential Social Care - % rated Outstanding or Good, by domain

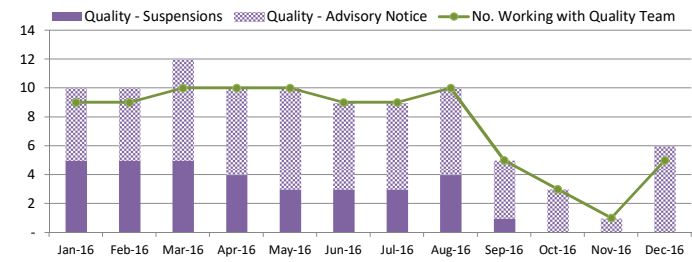


Community Based Social Care - % rated Outstanding or Good, by domain

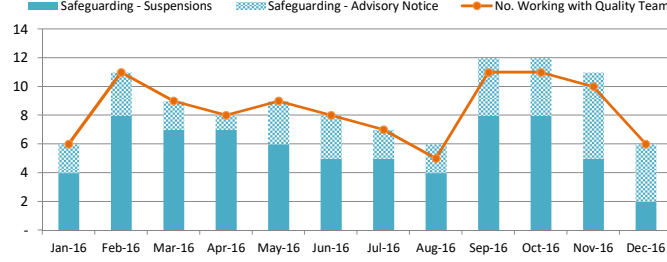


As determined by Devon? Quality Assurance and Improvement Team (QAIT)

Quality Provider Placement Suspensions

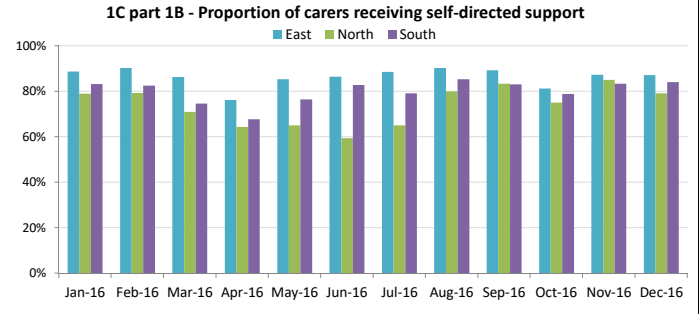
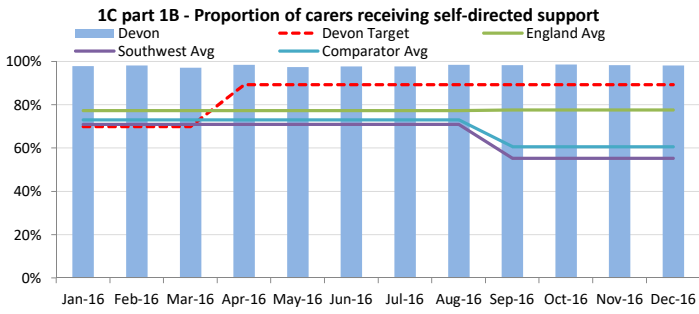


Safeguarding Provider Placement Suspensions





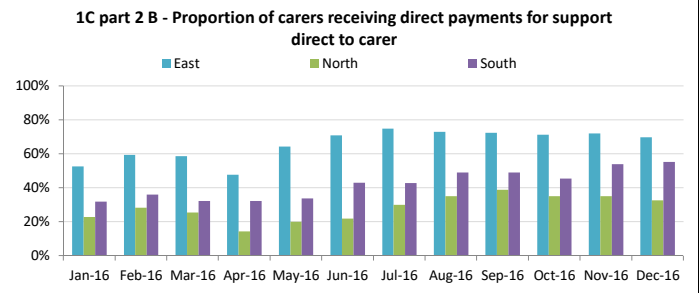
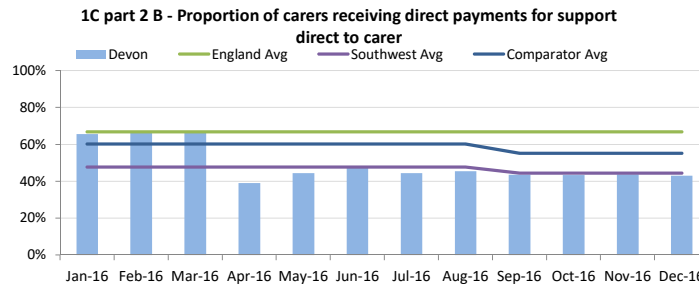
**2.2.4 What proportion of carers receiving a service do so via a personal budget?**



1C pt 1B	Mar-16	Sep-16	Oct-16	Nov-16	Dec-16	16/17 Target	Eng 15/16	SW 15/16
Devon	97.20%	98.39%	98.65%	98.33%	98.30%	89.40%	77.70%	55.40%

1C pt 1B	Mar-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
East	86.22%	86.42%	88.52%	90.27%	89.19%	81.18%	87.30%	87.15%
North	70.91%	59.38%	65.00%	80.00%	83.33%	75.00%	85.00%	79.07%
South	74.58%	82.80%	79.17%	85.29%	83.00%	78.85%	83.33%	84.04%

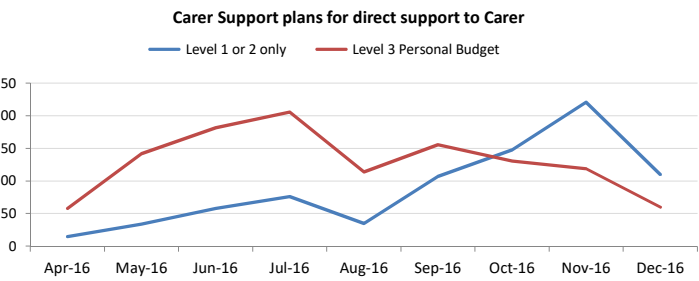
**2.2.5 What proportion of carers receiving a service do so via a direct payment?**



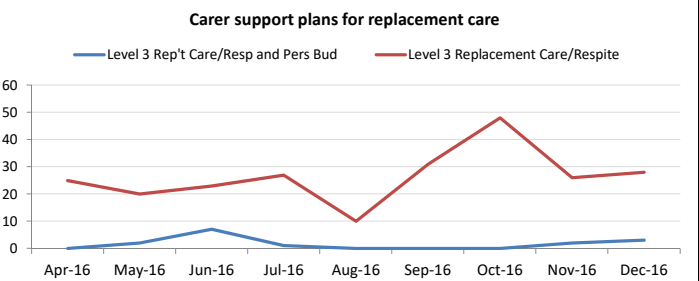
1C (2B)	Mar-16	Sep-16	Oct-16	Nov-16	Dec-16	16/17 Target	Eng 15/16	SW 15/16
Devon	66.50%	43.60%	43.49%	43.81%	43.06%	66.90%	67.40%	44.40%

1C (2B)	Mar-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
East	58.67%	70.99%	74.86%	72.97%	72.43%	71.20%	71.96%	69.83%
North	25.45%	21.88%	30.00%	35.00%	38.89%	35.14%	35.00%	32.56%
South	32.20%	43.01%	42.71%	49.02%	49.00%	45.37%	53.92%	55.32%

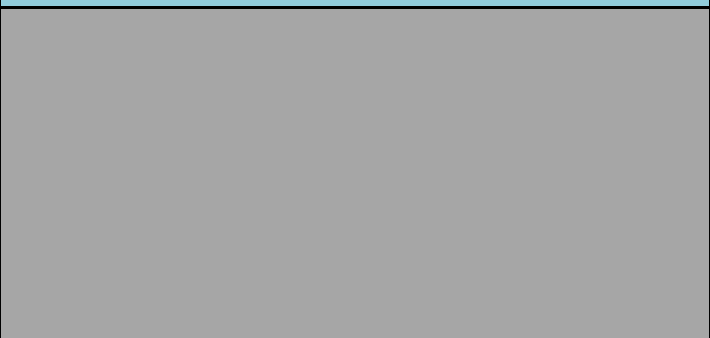
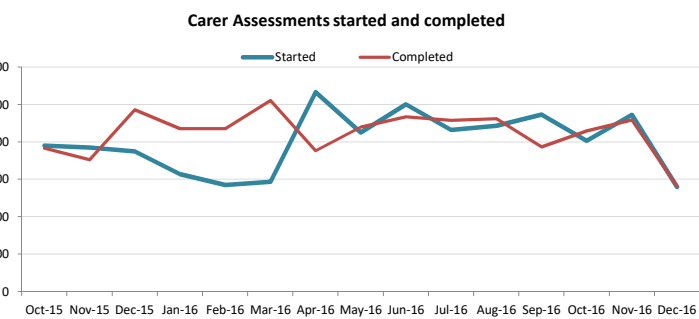
**2.2.6 Are we supporting more carers directly?**



**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?**

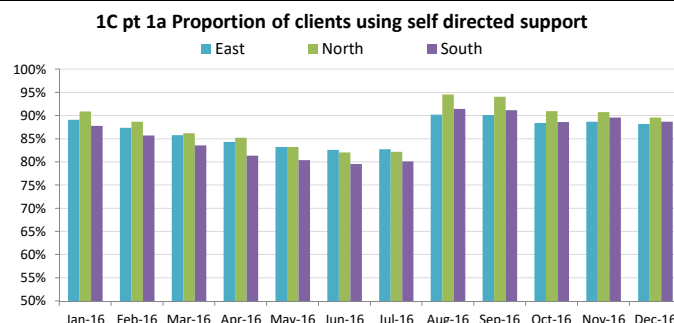
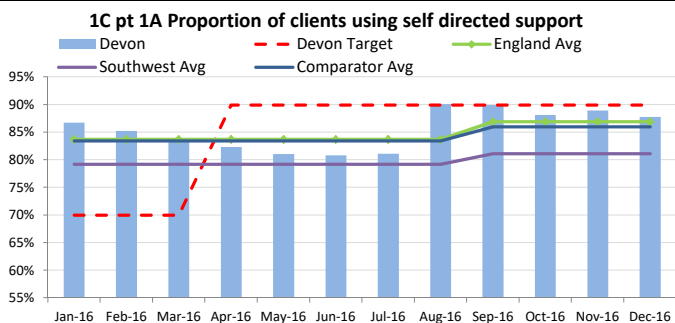
**Summary of Performance (Insight and Impact analysis) -**

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. Reported performance against both measures had declined during 2015-16. Upon investigation however, a correction has been made to the calculation process and therefore performance from August 2016 onwards has improved and is meeting the target. 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 packages. Data shows that for Learning Disability service users Agreed budgets are routinely lower than Estimated budgets, whereas the converse is true for Older People and Physical Disability service users.

**3.1.1 Are people offered and taking up a personal budget?**

**Headline Performance for Devon**

**Area breakdown of performance**



IC 1a	Mar-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Devon 16/17	Eng 15/16
Devon	83.49%	90.12%	89.90%	88.11%	88.91%	87.79%	89.90%	86.90%

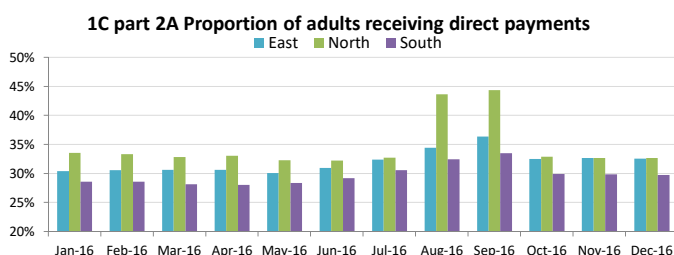
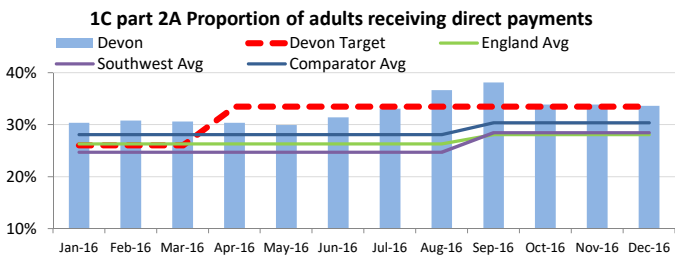
# Devon performance prior to March 2015 was based on the previous definition of 1c part 1

1C 1a	Mar-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
East	85.82%	82.65%	82.79%	90.24%	90.17%	88.40%	88.71%	88.22%
North	86.20%	82.09%	82.18%	94.54%	94.11%	91.01%	90.77%	89.57%
South	83.56%	79.60%	80.12%	91.48%	91.19%	88.62%	89.57%	88.70%

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

**Headline Performance for Devon**

**Area breakdown of performance**



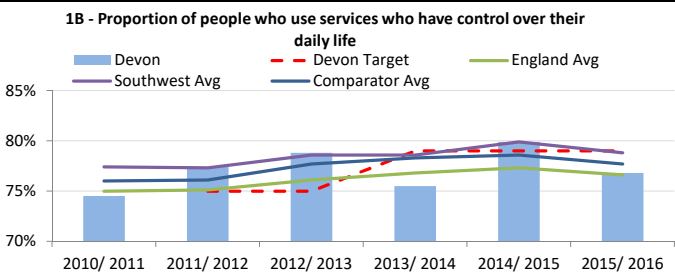
1C part 2A	Mar-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Devon 16/17	Eng 15/16
Devon	30.62%	36.68%	38.18%	33.94%	33.90%	33.65%	33.50%	28.10%
Target	26.00%	33.50%	33.50%	33.50%	33.50%	33.50%		

1C part 2A	Mar-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
East	30.63%	30.96%	32.41%	34.48%	36.40%	32.53%	32.67%	32.60%
North	32.85%	32.25%	32.72%	43.67%	44.41%	32.90%	32.69%	32.68%
South	28.15%	29.20%	30.57%	32.46%	33.51%	29.92%	29.90%	29.74%

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

**Headline Performance for Devon**

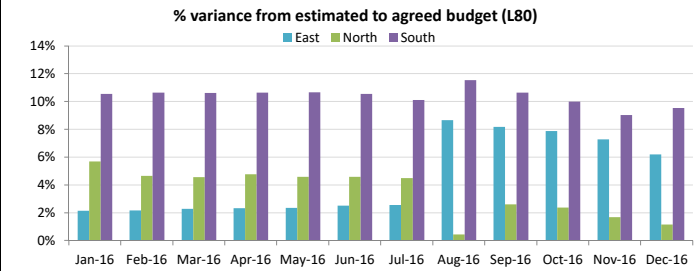
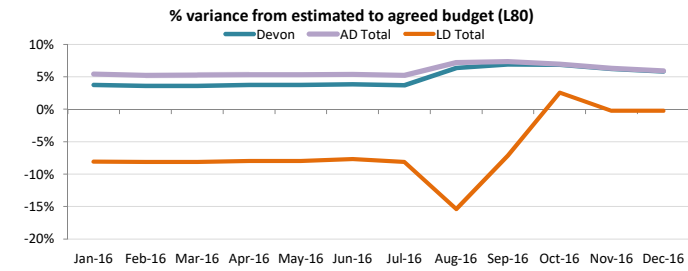
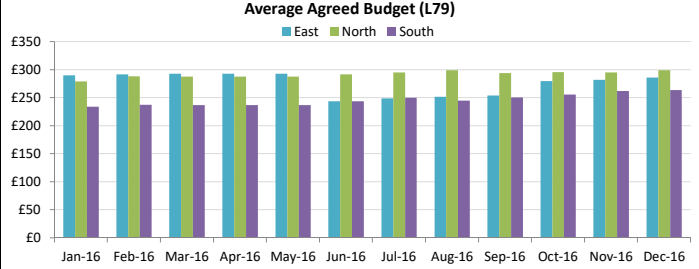
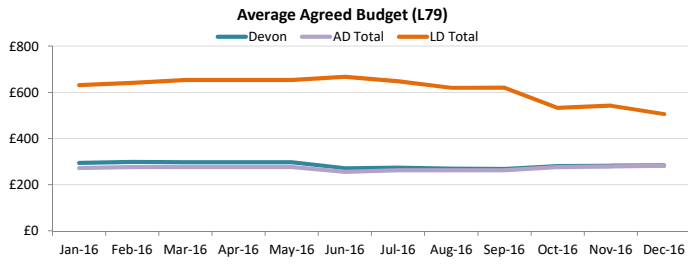
This National Indicator is taken from the Annual Users Survey. Devon's performance for 2015/16 has declined to 76.8% and below target. Performance in Devon is higher than the 2015/16 England average of 76.6% and below 2015/16 SW regional average of 78.8%



1B	2011/12	2012/13	2013/14	2014/15	2015/16	Target 16/17	Eng 15/16	Comp 15/16
Devon	77.40%	78.70%	75.50%	79.84%	76.80%	79.90%	76.60%	78.20%

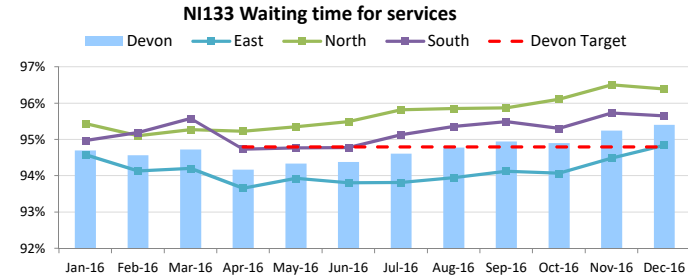
3.1.4 Are allocated budgets in line with assessed need?

Headline Performance for Devon



3.1.5 Do people receive a service quickly?

Headline Performance for Devon



NI133	Mar-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Devon	94.73%	94.38%	94.61%	94.78%	94.95%	94.90%	95.25%	95.41%
East	94.21%	93.81%	93.82%	93.95%	94.13%	94.07%	94.49%	94.84%
North	95.27%	95.49%	95.82%	95.86%	95.87%	96.11%	96.51%	96.39%
South	95.58%	94.78%	95.13%	95.36%	95.49%	95.31%	95.73%	95.65%
Target 16/17	94.80%							

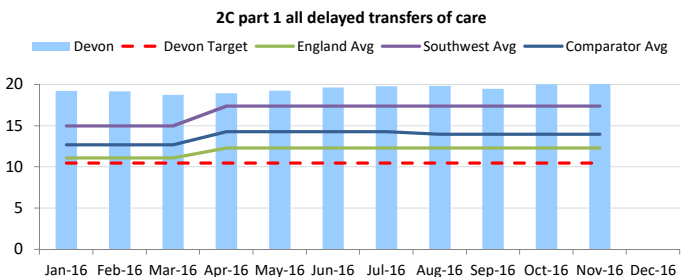
area to be developed - Waiting times for service provision; meeting most eligible need for lowest cost

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

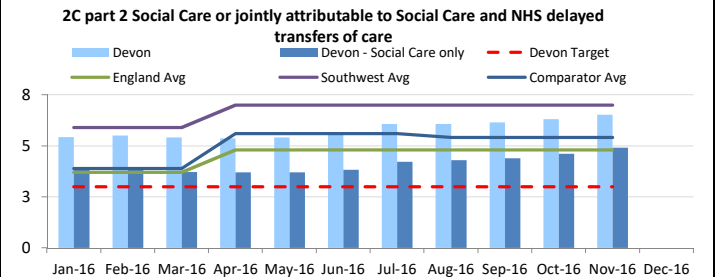
Summary of Performance (Insight and Impact analysis) -

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 20.05 per 100,000 population and is well in excess of the 2015-16 England (12.30) and Regional (17.4) comparators. Improvement Plans are in place and actions are in-hand to improve recording consistency. Analysis shows the majority of cases for delayed discharge are waiting for further non acute NHS care which includes intermediate care and reablement. Since 1st November 2015 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 (521 out of 1,517) and caused the largest number of days of delay (16,529 out of 52,952). For acute beds the RD&E has the largest number of delayed patients (736 out of 949). For non-acute beds, the provider with the largest delays is DPT (309 out of 568). ASCOF 2C (part 2) measures delays attributable to social care/both: current performance has increased slightly on last month to 6.32 which is worse than the England Average for 2015/16 of 4.80, but better than the South West average of 7.00. Performance for Social Care Only delays is 4.61 and has been increasing over recent months. Of the 478 patients delayed due to social care or jointly to social care and the NHS over the last 12 months, the highest reasons for delay were, Awaiting Care Package in own home which affected 133 patients (29%), Awaiting Completion of Assessment which affected 90 patients (19%) and Awaiting Residential Home placement which affected 89 patients (19%).

3.2.1 Are delayed transfers of care reducing?



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

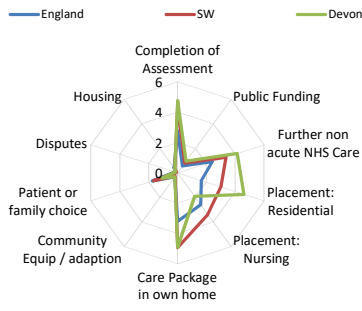


2C pt 1	Mar-16	Aug-16	Sep-16	Oct-16	Nov-16	Target 15/16	Devon 15/16	Eng 15/16	2C pt 2	Mar-16	Aug-16	Sep-16	Oct-16	Nov-16	Target 15/16	Devon 15/16	Eng 15/16
Devon	18.79	19.85	19.5	20.05	20.49	10.5	18.6	12.1	Devon	5.42	6.07	6.15	6.32	6.53	3.0	5.4	4.7

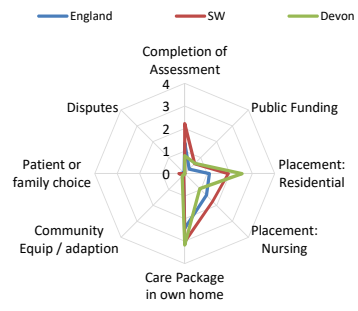


3.2.3 Where there are delayed transfers of care do we understand why?

2C(i) Average monthly rate of delays by reason per 100,000 of population (November 2016)

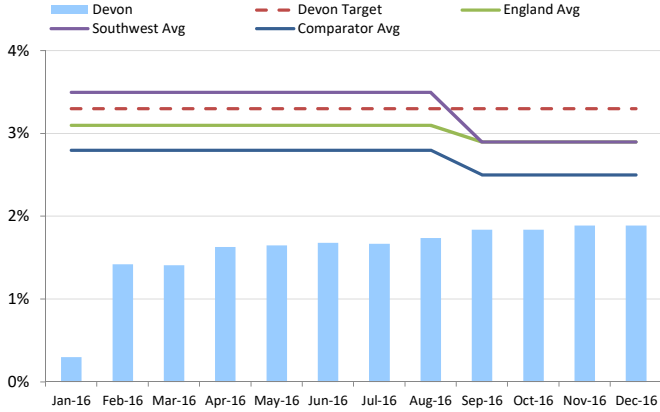


2C(ii) Average monthly rate of delays by reason per 100,000 of population (November 2016)

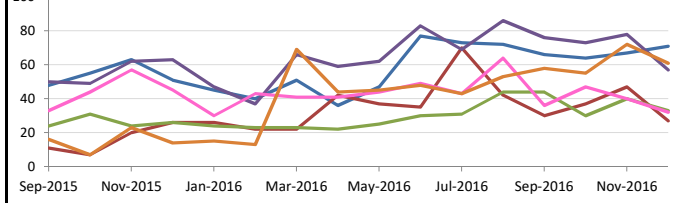


3.2.4 Are older people discharged from hospital offered appropriate reablement and rehabilitation?

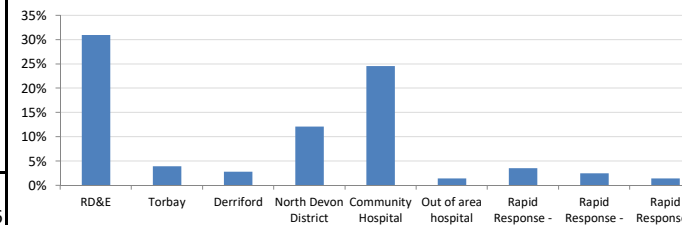
2B pt 2 Proportion 65+ offered reablement services upon discharge from hospital



SCR New Referrals

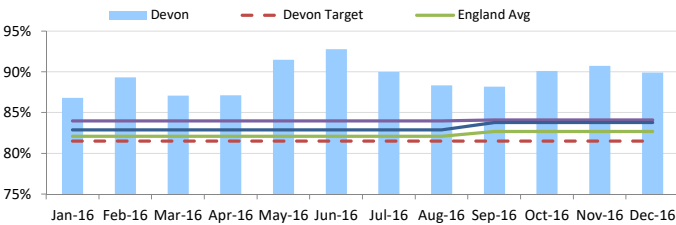


Percentage of SCR Referrals for Hospital Discharge - December 2016

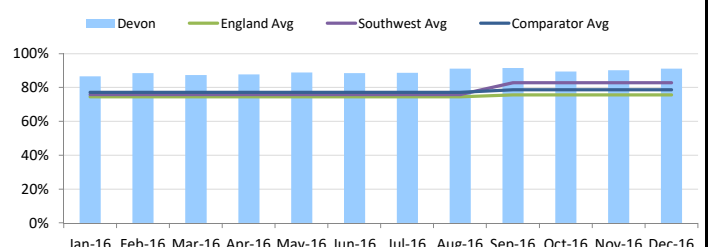


2B pt 2	Mar-16	Oct-16	Nov-16	Dec-16	Target 15/16	Devon 15/16	Eng 15/16	SW 15/16
Devon	1.41%	1.84%	1.89%	1.89%	3.30%	1.30%	2.90%	2.90%

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



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



2B pt 1	Mar-16	Oct-16	Nov-16	Dec-16	Target 16/17	Devon 15/16	Eng 15/16	SW 15/16
Devon	87.09%	90.11%	90.74%	89.92%	81.50%	87.10%	82.70%	84.10%

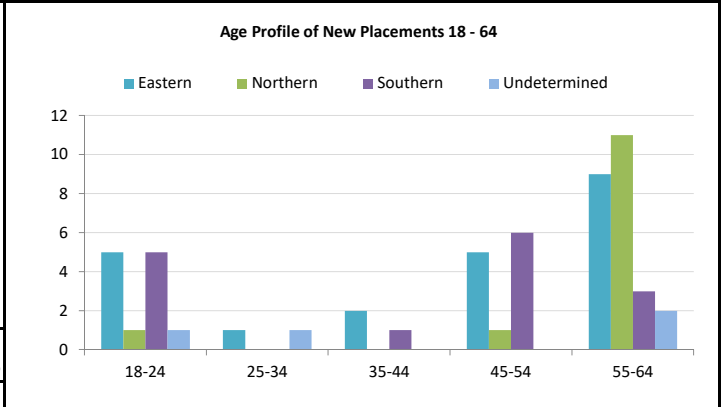
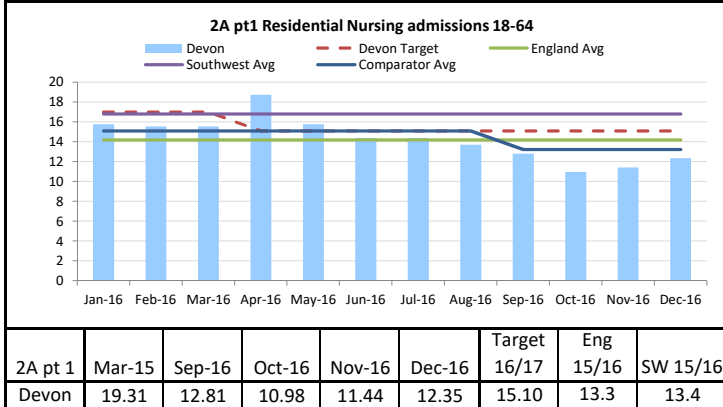
2D	Mar-16	Sep-16	Oct-16	Nov-16	Dec-16	Devon 16/17	Eng 15/16	SW 15/16
Devon	87.53%	91.60%	89.43%	90.33%	91.15%	88.40%	75.80%	82.90%

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

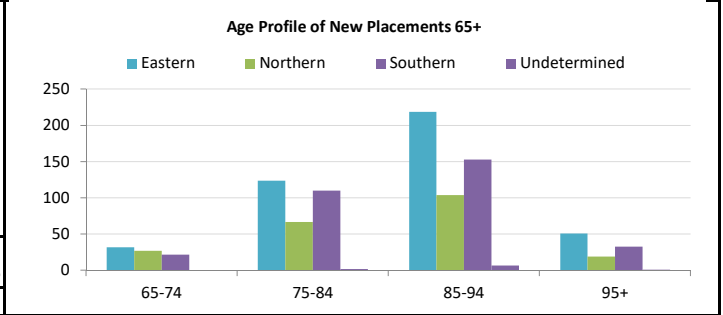
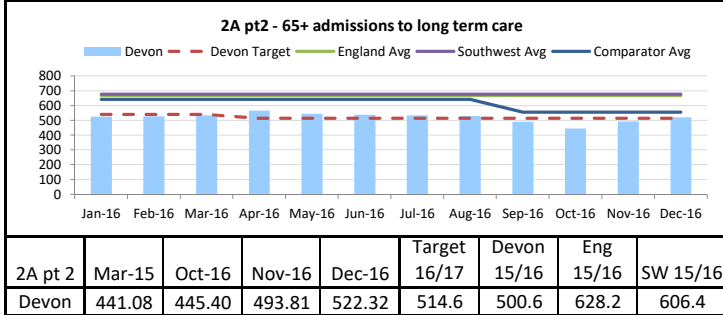
Summary of Performance (Insight and Impact analysis) -

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 is below the 2015-16 England comparator (13.3) and for service users aged 65 and over, performance is significantly better than 2015-16 comparators.

**3.3.1 Are younger adults being maintained in their own homes?**



**3.3.2 Are older adults being maintained in their own homes?**



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

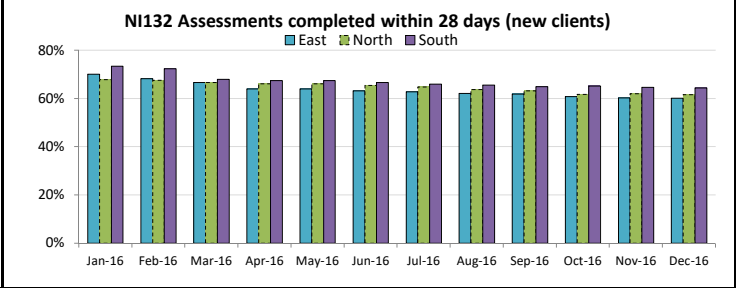
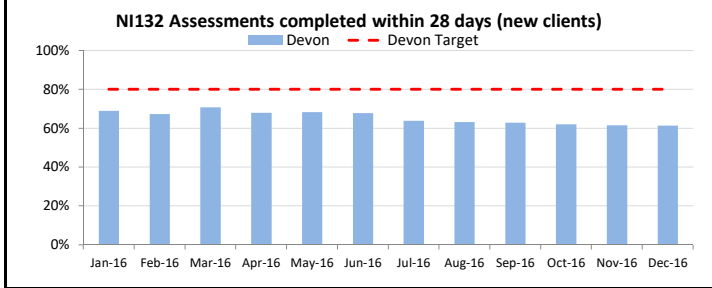
**4.1. Are we delivering an effective care management service?**

**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?**

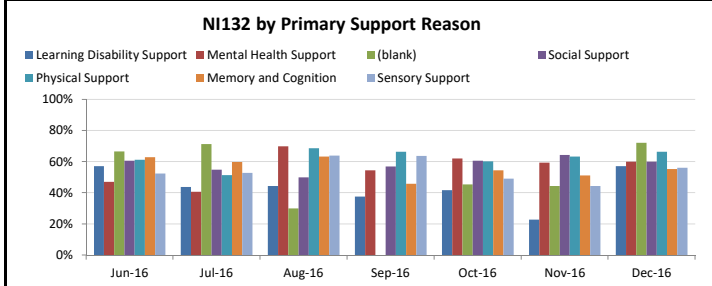
**NI132 Timeliness of assessment**



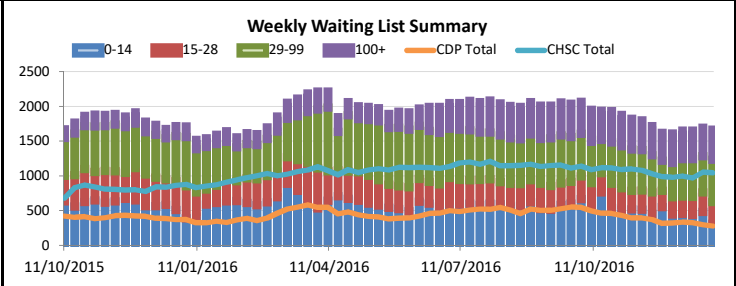
NI132	Mar-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	14/15 Devon	Target
Devon	70.87%	63.21%	62.92%	62.06%	61.66%	61.43%	74.50%	80.00%

NI132	Mar-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
East	66.66%	63.22%	62.76%	62.12%	61.83%	60.86%	60.29%	60.23%
North	66.71%	65.43%	64.80%	63.76%	63.27%	61.71%	62.04%	61.57%
South	67.97%	66.67%	65.96%	65.57%	64.97%	65.15%	64.63%	64.39%

**NI132 Assessments by Primary Support Reason**

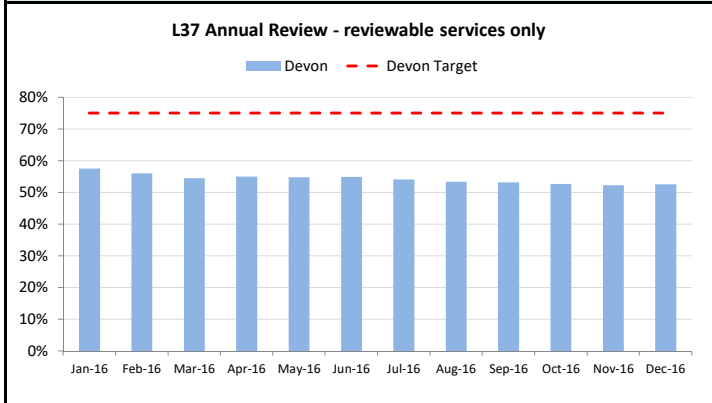


**Waiting List for Devon**



**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**

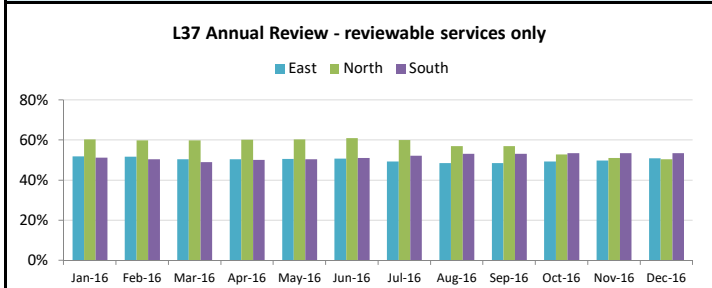


L37	Mar-15	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Target
Devon	62.02%	54.17%	53.37%	53.22%	52.74%	52.35%	52.58%	75.00%

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

	Up to 90 Days	91 to 180 days	181 to 270 Days	271 to 365 Days	Over 365 days	Total Over-due	Total Due	Grand Total
<b>Eastern</b>	<b>413</b>	<b>270</b>	<b>239</b>	<b>235</b>	<b>498</b>	<b>1,655</b>	<b>693</b>	<b>2,348</b>
18-64	133	109	107	116	285	750	217	967
65+	269	161	132	119	212	893	475	1,368
No DOB					1	1		1
Under 18	11					11	1	12
<b>Northern</b>	<b>231</b>	<b>143</b>	<b>104</b>	<b>65</b>	<b>164</b>	<b>707</b>	<b>355</b>	<b>1,062</b>
18-64	80	45	42	29	135	331	97	428
65+	151	97	62	36	29	375	258	633
No DOB								0
Under 18		1				1		1
<b>Southern</b>	<b>308</b>	<b>237</b>	<b>158</b>	<b>188</b>	<b>388</b>	<b>1,279</b>	<b>515</b>	<b>1,794</b>
18-64	106	85	71	87	226	575	133	708
65+	202	152	87	101	162	704	382	1,086
No DOB								0
Under 18								0
<b>Grand Total</b>	<b>952</b>	<b>650</b>	<b>501</b>	<b>488</b>	<b>1,050</b>	<b>3,641</b>	<b>1,563</b>	<b>5,204</b>

**L37 performance breakdown by Area**



**L37 performance breakdown by Area**

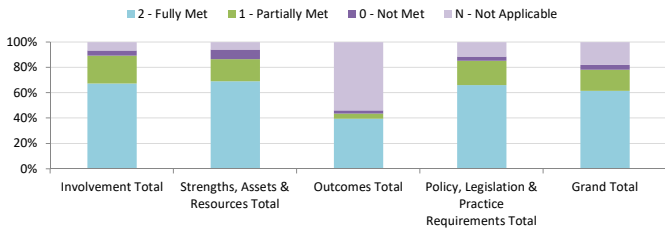
L37	Mar-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
East	50.40%	50.82%	49.40%	48.56%	48.56%	49.40%	49.91%	50.95%
North	59.84%	61.05%	60.12%	57.02%	57.02%	52.82%	51.13%	50.43%
South	49.09%	51.18%	52.21%	53.13%	53.13%	53.53%	53.47%	53.47%

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

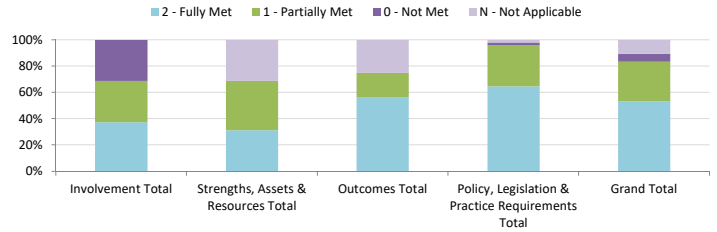
Summary of Practice Quality Review

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 December, 94 cases were identified for review with 25 completed (27.67%). Of those cases reviewed in November, a total average of 61.54% of all questions are scored as Fully met, with 16.67% being Partially met. During December, 12 Safeguarding Practice Quality Reviews were requested and 8 completed (66.67%). Of these, a total average of 53.13% were scored as Fully met and 30.21% being Partially met. Further reporting metrics are in development with the Principal Social Worker.

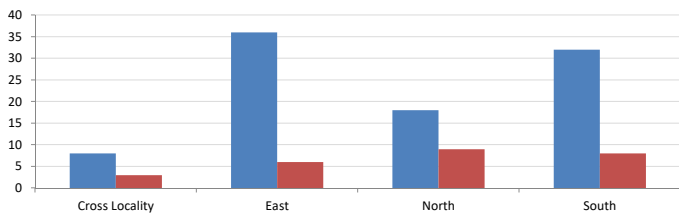
December 2016 Practice Quality Review Scores



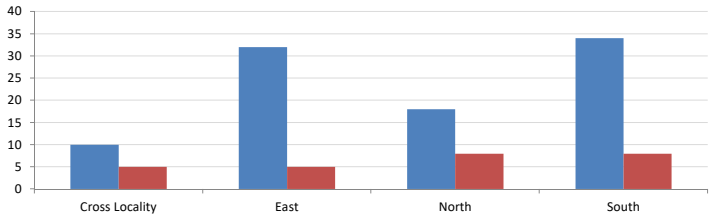
December 2016 Safeguarding Adults Practice Quality Review Scores



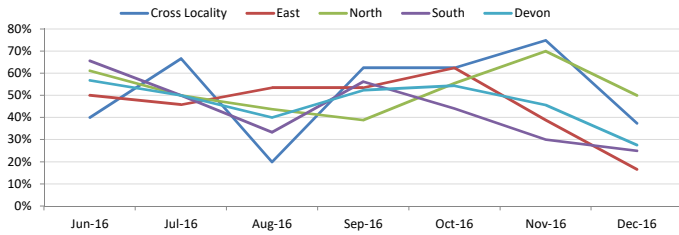
Number of My Assessment Practice Quality Review requested and completed by reviewers locality - December 2016



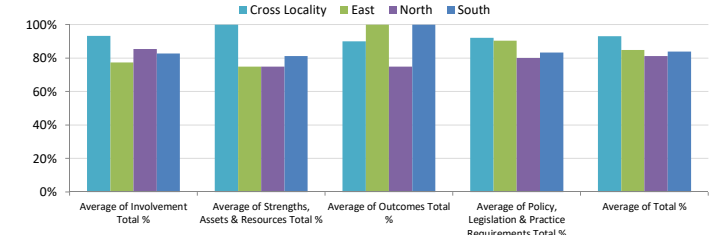
Number of My Assessment Practice Quality Review requested and completed by staff Member Locality - December 2016



Trend of Percentage of My Assessment Practice Quality Reviews completed by reviewers Locality

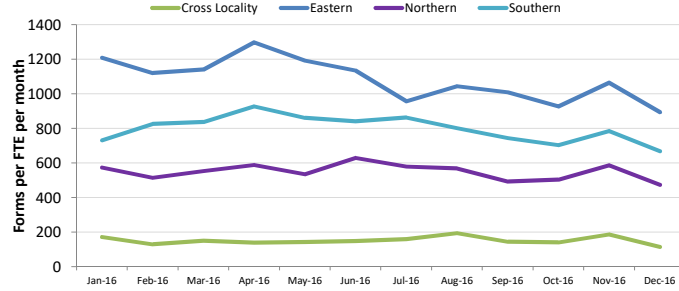


Practice Quality Review - My Assessment - Average Score by Locality - December 2016

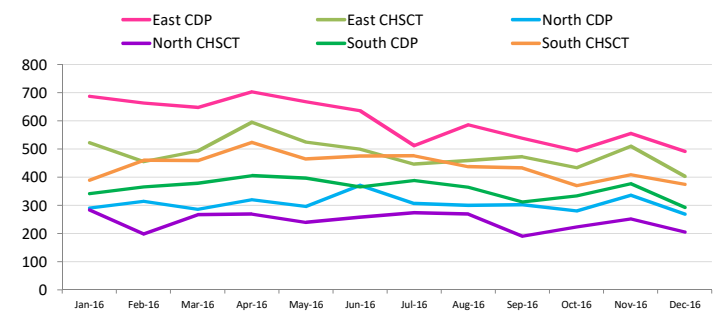


4.1.5 Productivity of teams

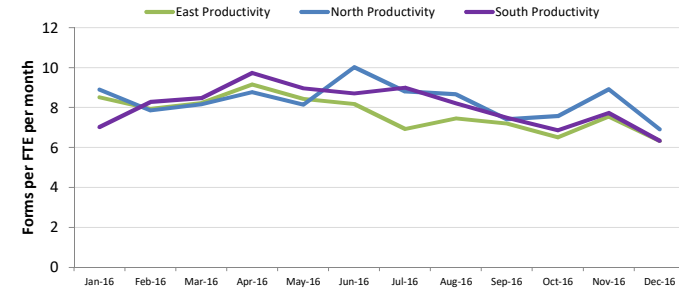
Number of Assessments and Reviews completed per locality per month



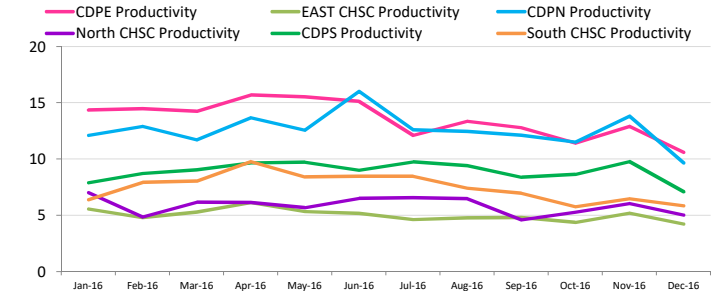
Completed Assessment and Reviews per month by team type



Locality Productivity per FTE completing My Assessments and Reviews

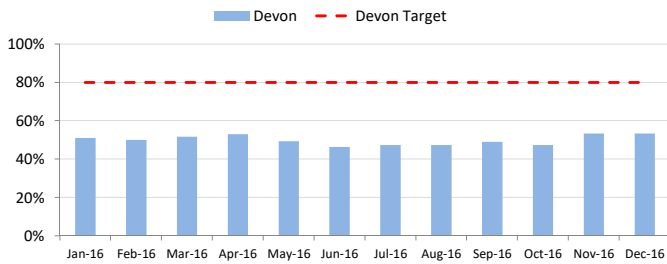


Team Type Productivity per FTE completing My Assessments and Reviews



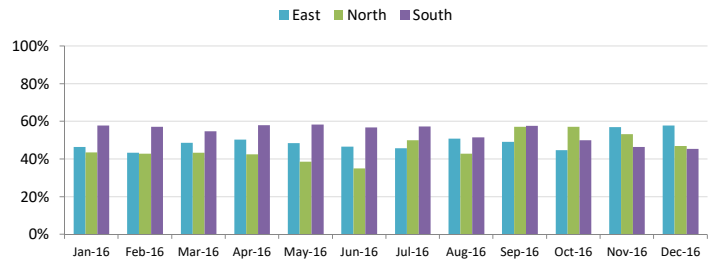
**4.1.6 Is our safeguarding response timely?**

**L74a Safeguarding Strategy meetings held within 7 days**



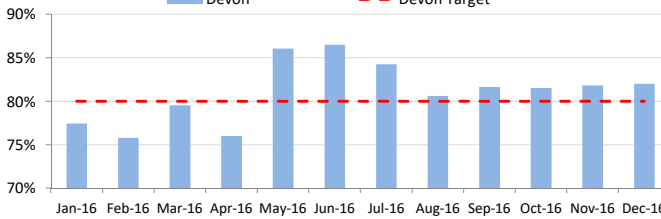
L74a	Mar-15	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Target
Devon	49.12%	47.37%	47.40%	49.12%	47.37%	53.47%	53.40%	80.00%

**L74a Safeguarding Strategy meetings held within 7 days**



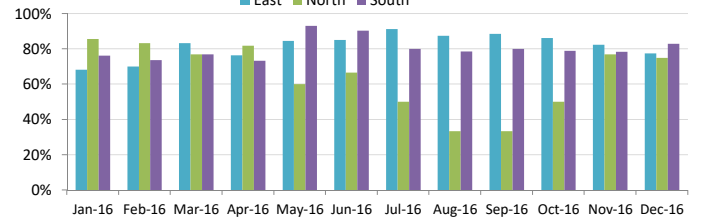
L74a	Mar-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
East	48.72%	46.60%	45.87%	50.88%	49.18%	44.85%	57.06%	57.80%
North	43.48%	35.00%	50.00%	42.86%	57.14%	57.14%	53.33%	47.06%
South	54.74%	56.92%	57.38%	51.61%	57.63%	50.00%	46.43%	45.45%

**L77 Safeguarding Case Conferences held within 30 days of Strategy Meeting**



L77	Mar-15	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Target
Devon	82.20%	84.27%	80.61%	81.63%	81.55%	81.82%	82.00%	80.00%

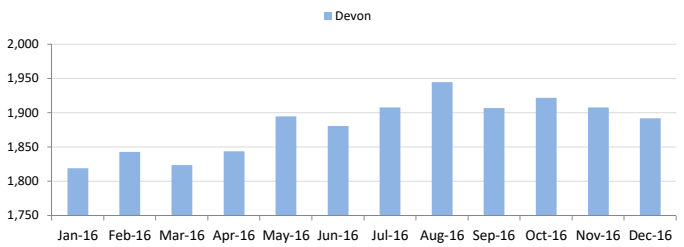
**L77 Safeguarding Case Conferences held within 30 days of Strategy Meeting**



L77	Mar-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
East	79.55%	85.19%	91.30%	87.50%	88.46%	86.21%	82.35%	77.50%
North	79.71%	66.67%	50.00%	33.33%	33.33%	50.00%	76.92%	75.00%
South	100.00%	90.32%	80.00%	78.57%	80.00%	78.95%	78.38%	82.86%

**4.1.8 Is our use of Mental Capacity Act assessments proportionate?**

**L27 Mental Capacity Act assessments completed**



L27	Mar-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Devon	1,824	1,881	1,908	1,945	1,907	1,922	1,908	1,892

**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 – prevalence of need

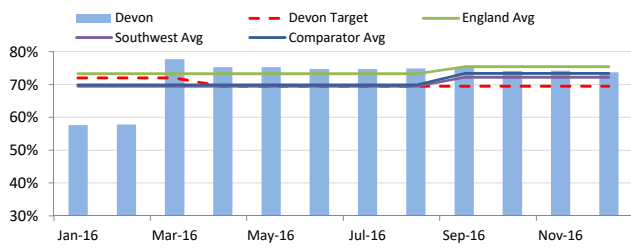
**4.2 Are we improving peoples lives OR Are we helping people to improve their lives?**

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

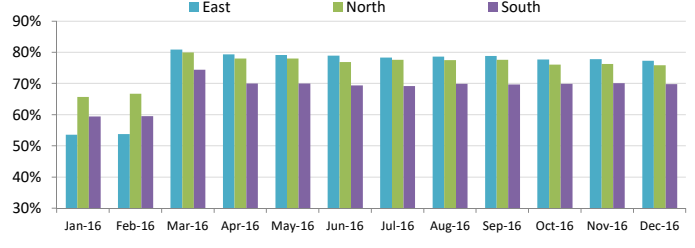
During 2014-15, service user classifications changed from primary client group to recording the primary reason for their support. This reduced the numbers of service users receiving Learning Disability Support and adversely impacted on the 2014-15 final performance against ASCOF indicators 1E (employment) and 1G (settled accommodation). Current performance benchmarks well and is ahead of all 2015-16 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 above 2015-16 benchmarks with regard to employment and 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 against the previous year.

4.2.1 Are younger adults living independently?

1G Proportion of adults with learning disabilities in stable accommodation



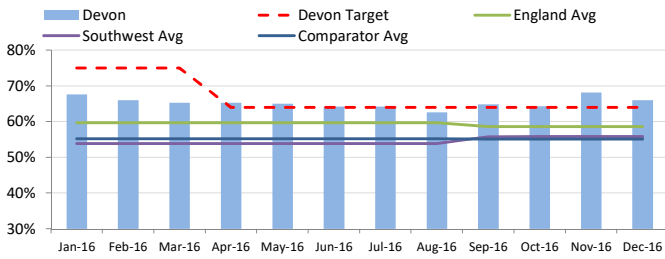
1G Proportion of adults with learning disabilities in stable accommodation



1G	Mar-16	Sep-16	Oct-16	Nov-16	Dec-16	16/17 Target	Devon 15/16	England 15/16
Devon	77.79%	75.20%	74.18%	74.25%	73.78%	69.50%	70.00%	75.40%

1G	Mar-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
East	80.92%	78.94%	78.37%	78.67%	78.92%	77.71%	77.86%	77.30%
North	79.95%	76.90%	77.61%	77.58%	77.67%	76.10%	76.34%	75.85%
South	74.50%	69.43%	69.18%	69.99%	69.76%	69.93%	70.19%	69.80%

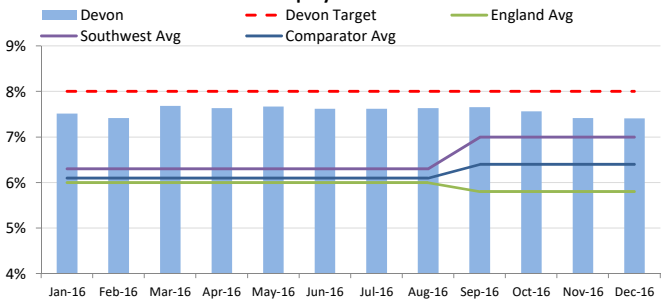
1H Proportion of adults in contact with secondary mental health services who live independently with or without support



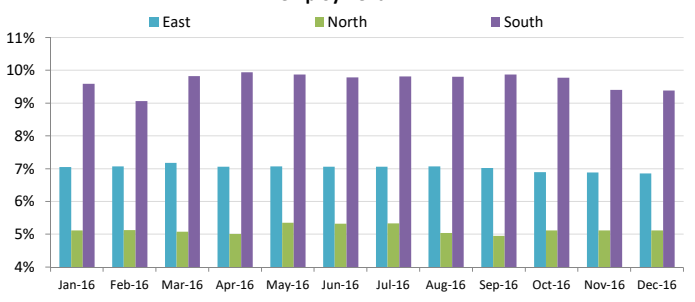
1H	Mar-16	Sep-16	Oct-16	Nov-16	Dec-16	Target 16/17	England 15/16	SW 15/16
Devon	65.27%	64.90%	64.33%	68.18%	66.06%	64.00%	58.60%	55.80%

4.2.2 Are younger adults in employment?

1E Proportion of adults with learning disabilities in paid employment



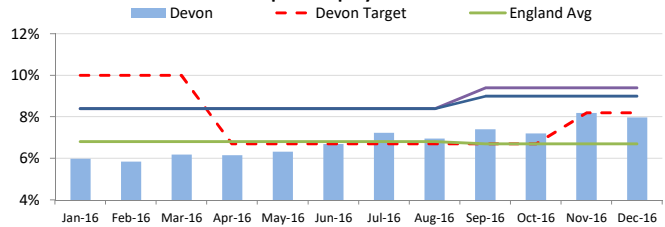
1E Proportion of adults with learning disabilities in paid employment



1E	Mar-16	Sep-16	Oct-16	Nov-16	Dec-16	Target	Devon 15/16	England 15/16
Devon	7.69%	7.66%	7.57%	7.42%	7.41%	8.00%	7.30%	5.8%

1E	Mar-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
East	7.18%	7.06%	7.06%	7.07%	7.03%	6.90%	6.89%	6.86%
North	5.08%	5.33%	5.34%	5.04%	4.96%	5.12%	5.12%	5.12%
South	9.83%	9.79%	9.82%	9.81%	9.88%	9.78%	9.41%	9.39%

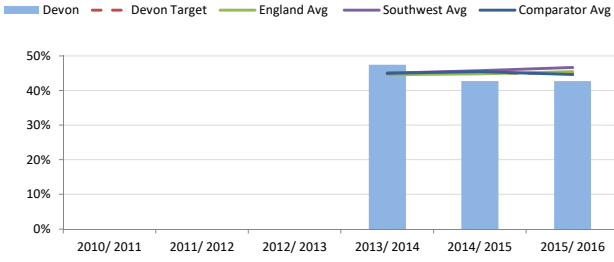
1F Proportion of adults in contact with secondary mental health in paid employment



1F	Mar-16	Sep-16	Oct-16	Nov-16	Dec-16	Target	Devon 15/16	England 15/16
Devon	6.19%	7.40%	7.21%	8.20%	7.98%	6.70%	5.60%	6.70%

4.2.3 Are people getting enough social contact?

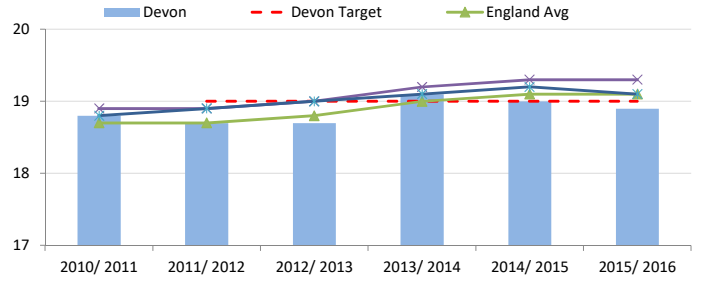
1l part 1 Proportion of people who use services who reported that they had as much social contact as they would like



1l pt 1	2013/14	2014/15	2015/16	Target 15/16	England 15/16	SW 15/16
Devon	47.50%	42.80%	42.80%	45.00%	45.40%	46.60%

4.2.4 Are service users saying their quality of life is improving?

1A Social Care related quality of life



1A	2011/12	2012/13	2013/14	2014/15	2015/16	Target 15/16	England 15/16	Comp. 15/16
Devon	18.7	18.7	19.1	19	18.9	19.0	19.1	19.1

**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) -**

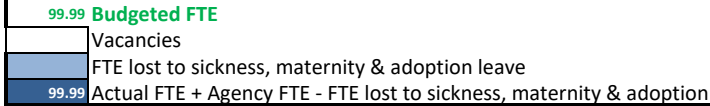
This section of the Adult Performance Framework has been developed to monitor the quality of the Adult Social Care workforce. Its focus is to provide a combined view of the current workforce in terms of numbers, vacancies, turnover, sickness absence, qualifications, supervision and appraisal. The intention 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 voluntary turnover between roles shows similar rates between Social Workers and Occupational Therapists. The recent regrading of Social Workers is starting to stabilise this position. Sickness absence levels are below target this month and the level of absence attributable to mental health/psychological issues (36.28%) could give cause for concern. The

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

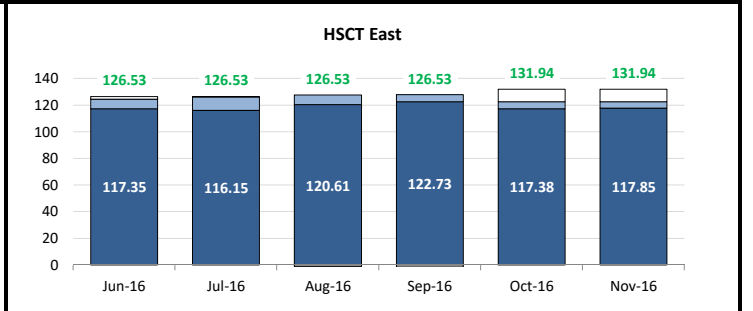
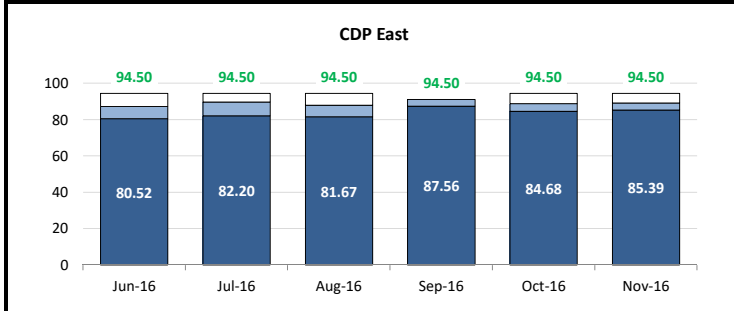
**Key to charts:**



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

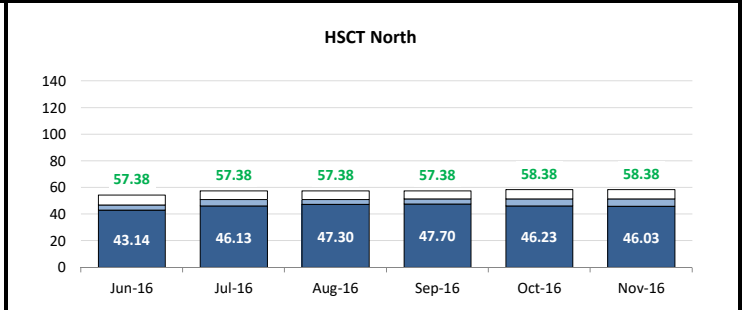
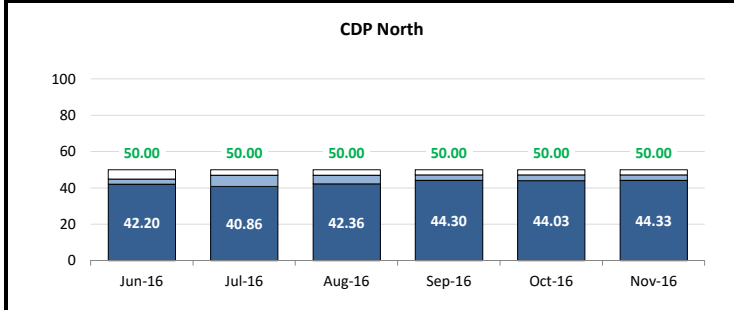
**Data sources:**

HR database Budgeted FTE monthly extract  
HR database Performance Indicator absence extracts



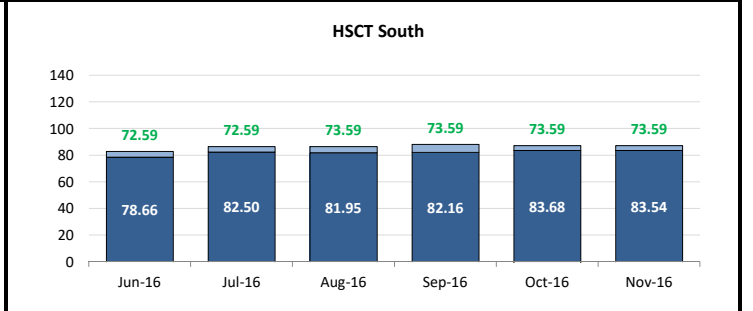
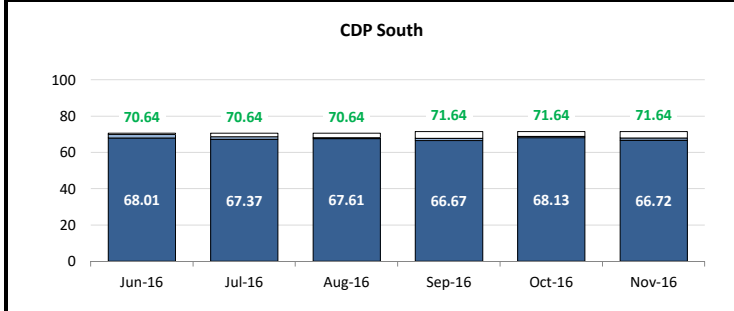
	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
<b>FTE Lost to Sickness</b>	3.74	5.20	3.93	2.16	1.83	2.52
<b>Maternity &amp; Adoption</b>	3.05	2.40	2.40	1.40	2.40	1.40
<b>Agency</b>	0.00	0.00	0.00	0.00	0.00	0.00
<b>Vacancy (inc. Agency)</b>	7.19	4.70	6.50	3.38	5.59	5.19

	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
<b>FTE Lost to Sickness</b>	4.87	7.69	4.62	2.72	3.41	2.94
<b>Maternity &amp; Adoption</b>	2.41	2.41	2.41	2.41	1.81	1.81
<b>Agency</b>	13.41	13.41	13.41	13.41	11.60	11.60
<b>Vacancy (inc. Agency)</b>	15.31	13.69	12.30	12.08	20.94	20.94



	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
<b>FTE Lost to Sickness</b>	2.75	5.16	3.66	1.91	2.18	1.88
<b>Maternity &amp; Adoption</b>	0.00	1.00	1.00	1.00	1.00	1.00
<b>Agency</b>	0.00	0.00	0.00	0.00	0.00	0.00
<b>Vacancy (inc. Agency)</b>	5.05	2.98	2.98	2.79	2.79	2.79

	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
<b>FTE Lost to Sickness</b>	2.75	3.76	2.59	2.80	4.27	3.87
<b>Maternity &amp; Adoption</b>	1.00	1.00	1.00	1.00	1.00	1.60
<b>Agency</b>	0.00	3.00	3.00	3.00	3.00	3.00
<b>Vacancy (inc. Agency)</b>	7.49	9.49	9.49	8.88	9.88	9.88

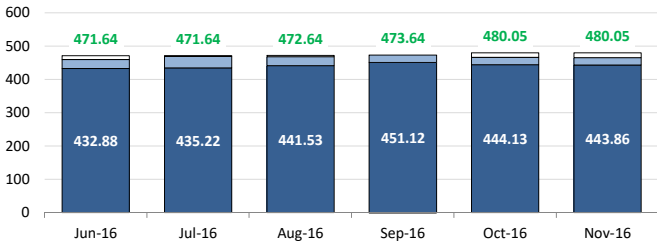


	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
<b>FTE Lost to Sickness</b>	2.00	1.40	0.56	0.70	0.24	0.84
<b>Maternity &amp; Adoption</b>	0.00	0.00	0.00	0.50	0.50	0.50
<b>Agency</b>	1.00	1.00	1.00	1.00	1.00	1.00
<b>Vacancy (inc. Agency)</b>	1.63	2.87	3.47	4.77	3.77	4.58

	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
<b>FTE Lost to Sickness</b>	1.79	1.65	2.21	4.23	1.71	1.85
<b>Maternity &amp; Adoption</b>	2.42	2.42	2.42	1.81	1.81	1.81
<b>Agency</b>	13.50	13.50	13.50	12.50	12.50	12.50
<b>Vacancy (inc. Agency)</b>	3.22	-0.48	0.51	-2.11	-1.11	-1.11

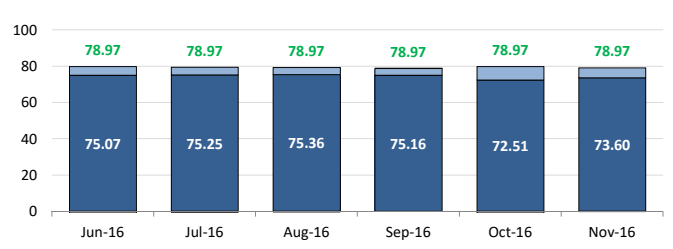


**Care Management**



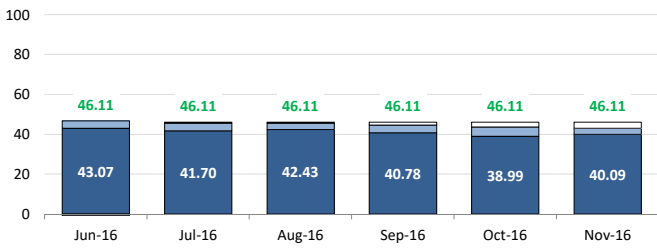
	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
<b>FTE Lost to Sickness</b>	17.90	24.86	17.55	14.52	13.64	13.90
<b>Maternity &amp; Adoption</b>	8.88	9.22	9.22	8.12	8.52	8.12
<b>Agency</b>	30.91	30.91	30.91	29.91	28.10	28.10
<b>Vacancy (inc. Agency)</b>	42.89	33.25	35.25	29.79	41.86	42.27

**Residential**



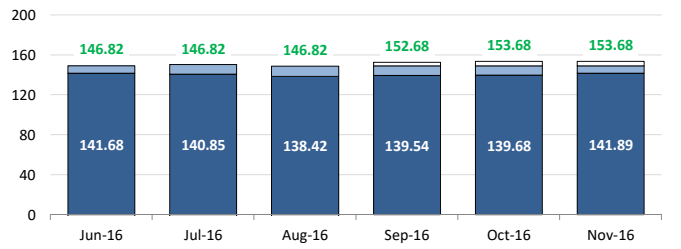
	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
<b>FTE Lost to Sickness</b>	4.75	4.26	3.93	3.26	6.04	4.26
<b>Maternity &amp; Adoption</b>	0.00	0.00	0.00	0.45	1.33	1.33
<b>Agency</b>	0.00	0.00	0.00	0.00	0.00	0.00
<b>Vacancy (inc. Agency)</b>	-0.85	-0.53	-0.31	0.11	-0.90	-0.21

**Community Enabling**



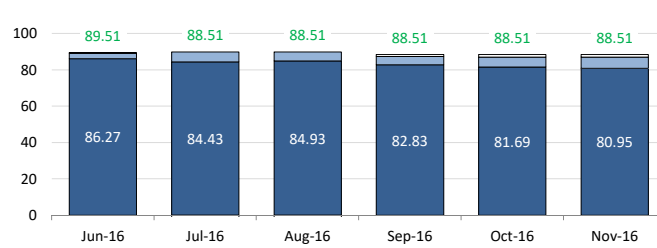
	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
<b>FTE Lost to Sickness</b>	1.65	1.78	1.05	1.83	3.43	1.68
<b>Maternity &amp; Adoption</b>	2.08	2.08	2.08	2.08	1.00	1.27
<b>Agency</b>	0.00	0.00	0.00	0.00	0.00	0.00
<b>Vacancy (inc. Agency)</b>	-0.69	0.55	0.55	1.42	2.42	3.07

**Social Care Reablement**



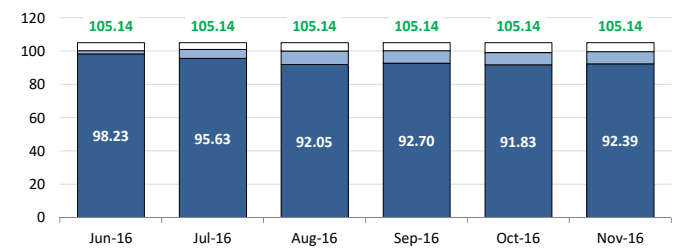
	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
<b>FTE Lost to Sickness</b>	6.93	8.76	10.05	9.17	8.90	6.69
<b>Maternity &amp; Adoption</b>	0.65	0.65	0.41	0.41	0.41	0.41
<b>Agency</b>	0.00	0.00	0.00	0.00	0.00	0.00
<b>Vacancy (inc. Agency)</b>	-2.47	-3.47	-2.09	3.53	4.66	4.66

**Adult Commissioning & Health**



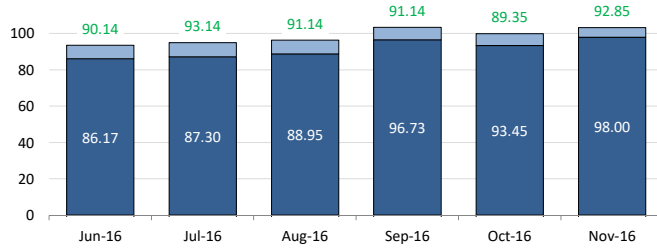
	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
<b>FTE Lost to Sickness</b>	2.05	2.60	2.10	1.59	1.71	2.45
<b>Maternity &amp; Adoption</b>	1.00	3.00	3.00	3.00	3.80	3.80
<b>Agency</b>	0.00	0.00	0.00	0.00	0.00	0.00
<b>Vacancy (inc. Agency)</b>	0.19	-1.52	-1.52	1.09	1.31	1.31

**Day Services**



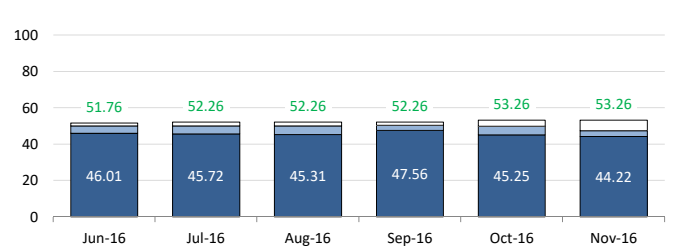
	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
<b>FTE Lost to Sickness</b>	2.02	5.29	7.96	7.45	6.30	6.24
<b>Maternity &amp; Adoption</b>	0.00	0.00	1.00	1.00	1.00	1.00
<b>Agency</b>	0.00	0.00	0.00	0.00	0.00	0.00
<b>Vacancy (inc. Agency)</b>	4.89	4.22	5.13	4.99	6.01	5.51

**Senior Social Workers**



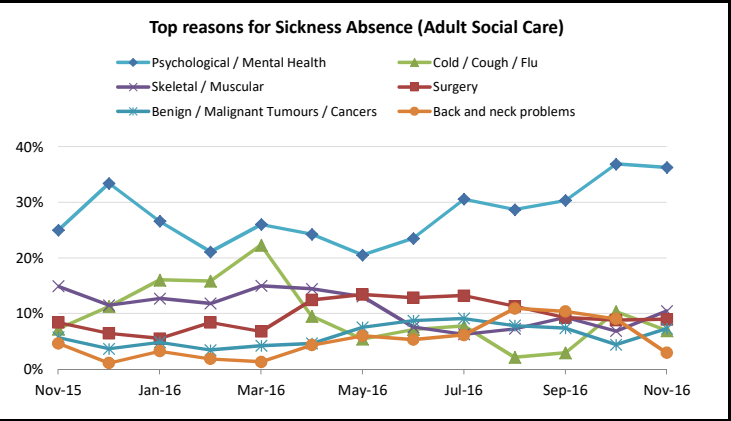
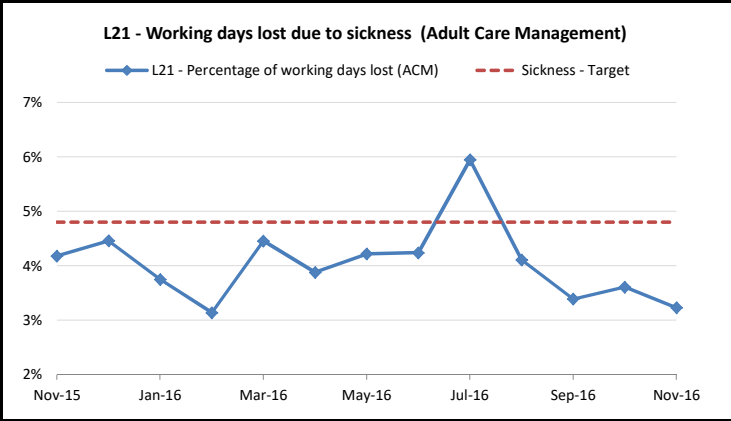
	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
<b>FTE Lost to Sickness</b>	4.03	4.37	4.12	4.33	5.82	3.86
<b>Maternity &amp; Adoption</b>	3.41	3.41	3.41	2.41	0.81	1.41
<b>Agency</b>	15.10	15.10	15.10	15.10	15.10	15.10
<b>Vacancy (inc. Agency)</b>	11.63	13.16	9.76	2.77	4.37	4.68

**Occupational Therapists**

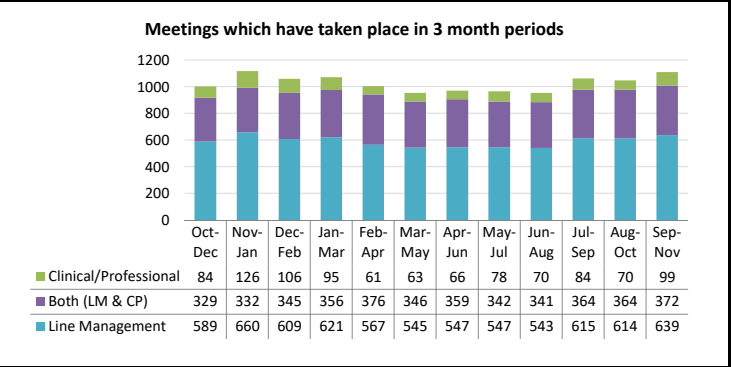
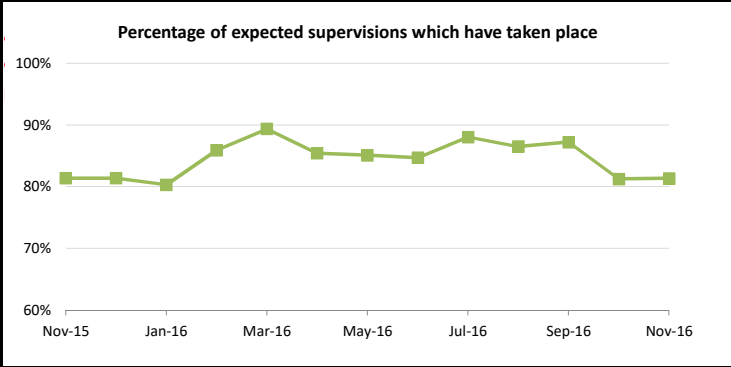


	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
<b>FTE Lost to Sickness</b>	1.64	2.04	2.45	0.52	1.32	1.00
<b>Maternity &amp; Adoption</b>	2.42	2.42	2.42	2.31	3.31	2.31
<b>Agency</b>	2.81	2.81	2.81	2.81	2.00	2.00
<b>Vacancy (inc. Agency)</b>	4.00	4.89	4.89	4.68	5.38	7.73

5.1.2 Absence



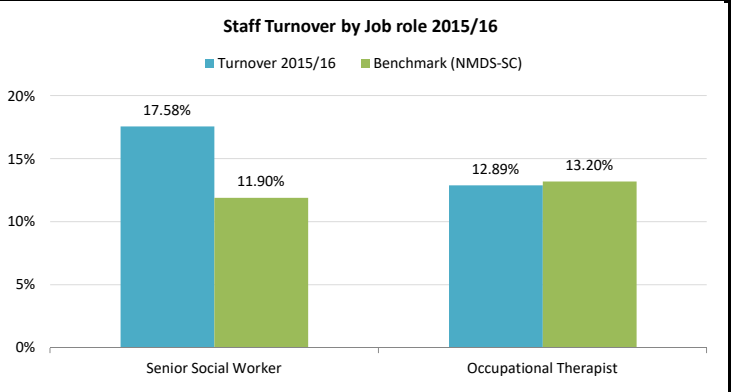
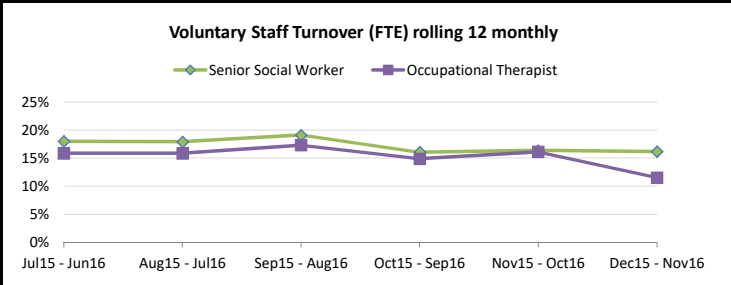
5.1.3 Appraisal and supervision



Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16
85.9%	89.4%	85.4%	85.1%	84.7%	88.1%	86.5%	87.2%	81.3%

**Appraisals - 278 staff have had an appraisal in the past 12 months**  
**Staff - There were (on average) 562 staff during the Sep - Nov period**

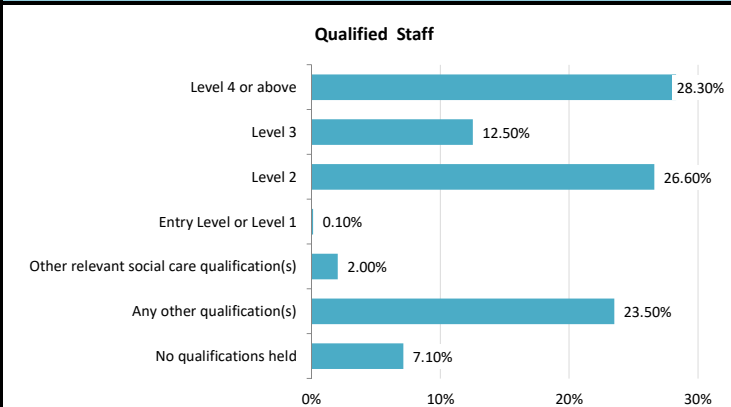
5.1.4 Recruitment and retention



Leavers (Headcount)	Jul15 - Jun16	Aug15 - Jul16	Sep15 - Aug16	Oct15 - Sep16	Nov15 - Oct16
Senior Social Worker	17	17	18	15	16
Occupational Therapist	10	10	11	9	10

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



The qualified staff data is extracted from the NMDS-SC system based on data submitted by DCC in October 2016.

Approximately 2% 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