



Promoting Independence in Devon

A summary of our Annual Report
for Adult Social Care
2018

Introduction

We aim to help adults in Devon find the support they need to stay healthy, happy and independent.

Given the choice most people want to stay living safely at home, surrounded by their family, community and friends, where they can retain their independence for as long as possible.

Writing an annual report on adult social care in Devon gives us the opportunity to reflect on how well we are achieving this aim, meeting the needs of our population by responding to the priorities expressed in our vision for adult social care which the people we serve, and the providers and staff who serve them, helped us to develop.

We do this in a context when the publications of the expected Green Paper on the future of adult social care to complement the [long-term plan for the NHS in England](#) has been delayed and the implications of Brexit and associated government policy change for our workforce are unclear.

This year we have structured our annual report around the strategic priorities and outcomes agreed by organisations across the health and care system in wider Devon so that this report can be read alongside those published by our partners.

We draw upon a wide range of quantitative and qualitative information in assessing our current performance and put this summary into the public domain to inform democratic scrutiny, peer review and public participation in our planning for the future.



Jennie Stephens
Chief Officer for Adult Care and Health



Councillor Andrew Leadbetter
Cabinet Member for Adult Care and Health

Our story



15 years ago in Devon we spent a greater proportion of our budget on maintaining people in residential care than almost anywhere else in the country, despite most people preferring to be supported at home to live as independently as possible. Much of that care was provided by care homes we operated ourselves at increasingly unaffordable cost.

Community health and care services and staff were still organised separately but joint working, beginning with a shared strategy, led to community based staff being co-located and co-managed. Through joint appointments and partnership working in commissioning we developed shared strategies for how health and care services would be better organised around the needs of individuals, communities, and our populations.

Following the financial crisis of 2008, our budgets came under increasing pressure, despite an aged and ageing population. In particular, people with physical and learning disabilities were living longer with increasingly complex needs, a success of the health and care system that is also a pressure on it.

In the first phase of national austerity we achieved savings by reducing management and other overheads, controlling costs, reorganising our care management arrangements to do more assessment, review and

support planning by phone and focussing on our statutory responsibilities. We then reviewed the services we delivered ourselves, and where they were not giving best value looked at other options working with providers in the independent and voluntary sector.

Three years ago we made explicit our approach of promoting independence as our contribution to the council's strategy of supporting people to keep their lives in balance by focussing on what matters most to them and shaping the economic and social context in which they can thrive. We use strengths-based practice in our commissioning, assessment and support planning to identify the assets of people and their communities and find solutions to people's needs based on them.

We spend no more on older people now than we did a decade ago, with that population being generally healthier and often wealthier than before, and having different preferences for how they are best supported to live independently at home.

We are now working with adults with disabilities of working age, who we often support over a lifetime, in a similar way. Our services are highly rated by the [Care Quality Commission](#) but it is increasingly challenging to sustain their sufficiency, affordability and quality. The challenges we face can only be met by working together with communities and as a health and care system.

How this report fits with our strategies and plans



People sometimes tell us they want to engage with what we are trying to achieve, why and how but don't understand how our various strategies and plans fit together:

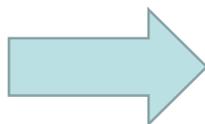
Document	Purpose
<u>Joint Strategic Needs Assessment</u>	This statutory document gathers together the main evidence that helps us understand the population of Devon and their needs. It is refreshed annually.
<u>Joint Health and Wellbeing Strategy</u>	This statutory document considers that evidence and sets the priorities and goals we want to achieve for the people of Devon. It is agreed by the <u>Health and Wellbeing Board</u> on a three year cycle. All organisational and partnership strategies and plans should refer to it.
<u>The wider Devon Sustainability and Transformation Plan</u>	This statutory document takes the health and wellbeing priorities for Devon, Plymouth and Torbay and determines how health and care services should be shaped to deliver those objectives. It informs the operating plans of each partner.
<u>Our plan</u>	'Promoting Independence in Devon' is the five year operating plan for adult social care in Devon and is refreshed annually.
<u>Our vision</u>	It incorporates a vision for the distinctive role social care has to play in the health and wellbeing system.
<u>Our Annual Report</u>	Our annual report assesses how well we are doing in delivering that plan and whether we are making a positive difference to people's lives.
<u>Our Market Position Statement</u>	This statutory document considers the demand for and supply of social care services and is aimed at the market of service providers we commission from.
<u>Our service strategies and plans</u>	We also publish strategies and plans, jointly where appropriate, regarding specific services and how we intend to meet the needs of particular groups.

Working together as a system

Our vision and plan for adult social care are aligned to realising the priorities and outcomes we have agreed working together as a health and care system across Devon:

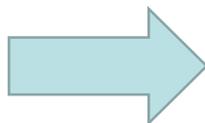
Prevention:

enabling more people to be and stay healthy.



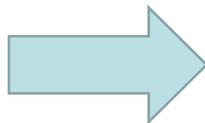
Empowerment:

enhancing self-care and community resilience.



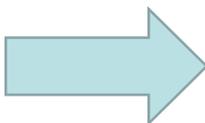
Support at home:

integrating and improving community services and care in people's homes.



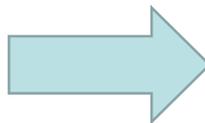
Specialist care:

delivering modern, safe, sustainable services.



Supporting strategies:

developing our workforce, markets and information technology.



Independence: more people living independently in resilient communities.

Prevention: more people choosing and enabled to live healthy lifestyles and fewer people becoming unwell.

Self-management: people have the knowledge, skills and confidence to better manage their condition.

Early intervention: the health and care system being ready and able to intervene early and avert deterioration and escalation of problems.

Care at home: more care is available in the community and in people's homes.

Choice and control: people having greater control over the services they use and being equal partners in decisions about their care.

Accessibility: people who need treatment or care receiving this promptly in the most appropriate care setting.

Specialist services: people going into hospital only when necessary and being discharged efficiently and safely with the right support.

Our achievements working together

High-quality care across Devon with 86% of provision rated Good or Outstanding

Enhancing community services to support more people to live at home Independently

Reducing demand for services with 5% fewer referrals into hospitals

Improved performance against NHS standards in urgent care and mental health

Ground breaking collaboration across our four acute hospitals highlighted by NHSE

More than 100 'Proud to Care' ambassadors Promoting careers in health and care

Improved CQC ratings for both CCGs in Devon recognising progress made by the NHS locally

Living within our means: the NHS in Devon is aiming for financial balance in 2019-20

No health without mental health: more people with complex needs being treated locally

Recent achievements in adult social care

National recognition of workforce strength at social worker of the year awards

Our overall satisfaction rating once again above the national, regional and comparator average

Controlling our spend while maintaining good outcomes by supporting most people at home

Our 'Proud to Care' campaign being taken up regionally and nationally

Our 'Ready When You Are' campaign promoting the employment of people with disabilities

Implementing a new contractual framework to ensure a fair rate is paid for residential care

Consistently achieving better ratings than all comparators for CQC regulated services

Contributing to comparatively low levels of demand for unplanned hospital services

Contributing to reductions in delayed transfers of care despite winter and ongoing pressures

Current challenges in adult social care

Promoting independence for working age adults

Supporting people with dementia better in the community

Developing the personal care market to secure sufficiency & affordability

Fully implementing the contractual framework for residential & nursing care

Working with providers to improve workforce recruitment and retention

Improving pathways for discharge from hospital back home

Continuing to develop short-term services that promote independence

Improving safeguarding practice assured through peer review

Reducing the number of people with mental health needs in residential care

What people are saying (1)

I would love to get my son in supported accommodation in the near future because without sounding uncaring I do not still want to be in this caring role with so much input in 10-15 years time. We will always be involved with our son's support and care - but I wish him to be living more independently.

(Carers Survey)

Caring for my wife is a constant daily job. I have little time for myself. The support I get from the OT and carers is critical and I could not cope without this help

(Carers Survey)

It is important to have regular and consistent personnel where possible as this encourages relationship building and positive interaction. New staff has to mean starting over.

(Service User Focus Group)

The 'Community Connector' role is an excellent source of information and networking, we need more of her

(Service User Focus Group)

The services are too fragmented. They need to be more joined-up

(Carers Survey)

My husband who I care for is 92 years old and I am 88. This in itself causes problems. We go to memory cafe every 2 weeks, which helps, but getting my husband out is getting more difficult. He goes to a day care unit one day a week and is picked up by bus. I do look forward to my day off.

(Carers Survey)

What people are saying (2)

The public doesn't always know what support is available to help and where to access this information in the first place.

(Service User Focus Group)

It is Important to have someone to listen and talk you. Then you need to have clear actions and signposting as a result of these conversations.

(Service User Focus Group)

The promotion of services such as Pinpoint in forums and support groups has increased the awareness and dissemination of relevant information which is a real positive.

(Service User Focus Group)

Direct Payments can be difficult to manage if one hasn't had experience of dealing with money in the past.

(Service User Focus Group)

I find it difficult to find out information. I asked my carer to help me with my finances and benefits and they weren't able to help me.

(Learning Disability Discussion Group)

I would like to go out to more groups but I need help to do this, I find it difficult to go on my own.

(Learning Disability Discussion Group)

Key facts: adults aged 18-64 (1)

Of **100** adults in Devon:

3

have a learning disability

11

have a physical disability

18

have a mental health condition

Based on national prevalence

Of **100** pupils attending Devon schools:

14

were receiving SEN support

3

had an EHCP or Statement of SEN

Estimated increase of older people by 2030 with...



27%
learning disabilities



34%
limiting long term illness

Based on national prevalence

Of **100** Devon pupils with learning difficulties:

93

attend a mainstream school



7

attend a Special school
a lower proportion than...

12

nationally

Estimated increase of people with an autistic spectrum disorder by 2030



9%
Total population



1%
Aged 18-64



29%
Aged 65+

Based on national prevalence

Of **100** adults in Devon with a learning disability receiving adult social care services:



compared to



live in settled accommodation

nationally

Key facts: adults aged 18-64 (2)

Of **100** respondents who receive adult social care services for their care and support needs:

70
said that they feel
as safe as they want

81
rate their health in
general as very good to
fair

Of **100** pupils in Devon...
receiving SEN
support

17

achieved grade 5 and
above in English and Maths compared to
national figures:

16

with an EHCP or
Statement of SEN

7

5

Life expectancy of people with mental illness:



Mental illness has a substantial
effect on life expectancy with
people with a mental illness dying
on average **20 years earlier**
than those without

Life expectancy of people with learning disabilities:



65.0 years
compared to
83.0 years
for those without a
learning disability



65.6 years
compared to
79.6 years
for those without a
learning disability

Weight issues and learning disabilities



Obesity is
twice as common
in people aged 18-34 with
learning disabilities



Being underweight is
twice as common
in people aged over 64
with learning disabilities

Of **100** working-age adults in Devon with a learning
disability receiving adult social care services:

9

compared to

6

are in **paid
employment**

nationally

Key facts: adults aged 65+ (1)

Of **100** adults aged 65 and over in Devon:

2

have a learning disability

7

have dementia

44

have a limiting long term illness

Based on national prevalence

Estimated increase of older people in Devon by 2030...



27%
aged 65
and over



55%
aged 85
and over

Estimated increase of older people aged 65 and over by 2030 with...



27%
learning disabilities



46%
dementia



34%
limiting long term illness

Based on national prevalence

Estimated number of people aged 65 and over in Devon living in a Care Home with or without nursing:

6,608

of which DCC support **30%**...

493

in Nursing Care

1,481

in Residential Care

Estimated increase of people aged 65 and over in Devon living in a Care Home with or without nursing by 2030...



49%
aged 65
and over



55%
aged 85
and over

Based on national prevalence

Of **100** adults aged 65 and over in Devon receiving adult social care services:



are supported in the
Community

Key facts: adults aged 65+ (2)

Of **100** respondents aged 65 and over in Devon who receive adult social care services for their care and support needs:



Of **100** older people in Devon...



Average length of stay in a Care Home in Devon for people aged 65 and over:



Average life expectancy in Devon:



Of 100 adults aged 65 and over in Devon:



Estimated growth for adult carers of adults in Devon to 2024...



The Devon adult social care workforce



There are an estimated 24,000 adult social care jobs in Devon

Of these: 18,000 direct care; 2,300 managerial; 900 regulated professions; 3,000 other

Of these: 86% independent sector; 5% local authority; 9% employed directly

Two-thirds of recruits come from within the sector, one-third from outside

On average workers have 9.4 years of experience with three-quarters having more than 3 years

17% of workers are on zero-hour contracts, less than the regional and national averages

82% of the workforce are female

The average age of the workforce is 43.5; over a quarter are within a decade of retirement

89% of workers are British, 7% from the EU and 4% from elsewhere

Key insights from performance (1)

Outcome	Areas of Strength	Areas for Improvement	Priority Action
<p>Prevention: are more people choosing and enabled to live healthy lifestyles and fewer people becoming unwell?</p>	<p>Our JSNA highlights a number of strengths including comparatively high rates of volunteering.</p> <p>People in Devon are less likely to smoke or use drugs and more likely to take regular exercise than is typical nationally and are less likely to be admitted into hospital because of alcohol.</p>	<p>We are concerned that service users and carers in Devon are less likely than in similar areas to say they have enough social contact.</p> <p>There is a strong evidence base that people who are lonely have worse health and wellbeing and are in contact with health and care services more.</p>	<p>We are in the process of agreeing a ‘top sliced’ budget for prevention across our health and care partnership.</p> <p>This will be delivered through expanding our multi-agency prevention programme.</p> <p>It will include the use of a One Devon Data Set to target those who might benefit most from preventive interventions.</p>
<p>Independence: are more people living independently in resilient communities?</p>	<p>People with Learning Disabilities in Devon are more likely to be employed and to live independently than is typical elsewhere.</p> <p>A greater proportion of people who use services and their carers access support through direct payments than the national average giving them more choice & control.</p>	<p>We need to do more to promote the employability of all people with disabilities but in particular people with mental health needs and people with autism.</p> <p>We still have more to do to ensure that people with complex mental health needs or learning disabilities live well in communities.</p>	<p>We have launched our ‘Ready When You Are’ campaign to promote the employment of people with disabilities and mental health needs as evidence shows this is the best way of maximising independence.</p> <p>We will continue to transfer people from outside Devon into more local settings.</p>

Key insights from performance (2)

Outcome	Areas of Strength	Areas for Improvement	Priority Action
<p>Self-management: are people being supported to have the knowledge, skills and confidence to better manage their health conditions?</p>	<p>Sessions between leaders and frontline staff to discuss how we can be more innovative have highlighted ways in which people can better manage their own care through the use of technology and our Technology Enabled Care Services strategy is broadening to take advantage of these examples of best practice.</p>	<p>We are disappointed that in the most recent surveys of service users and carers they are less likely to say they find it easy to access information and advice than in recent years or when compared with elsewhere.</p>	<p>We will work with our corporate communications team to improve our communications strategy recognising that people we serve say they like to access support face-to-face and over the phone, not just online, and they especially value what the voluntary sector and GP surgeries offer.</p>
<p>Integration: are people receiving joined-up care and support between services and organisations?</p>	<p>The Care Quality Commission rates us positively on several indicators used to assess the integration of health and care, in particular avoiding attendance at accident and emergency departments and emergency admissions.</p> <p>Our moves towards becoming an Integrated Care System are intended to build on these strengths.</p>	<p>We acknowledge we do less well on getting people out of hospital promptly to receive the right support wherever possible in the community and know we must achieve further shifts in investment from bed-based to home-based care to improve this.</p>	<p>Historically we have done well in minimising emergency admissions from care homes to hospital and returning people to care homes after a hospital stay, but trends over the last two years mean we are now only average; we need to understand why and address the underlying causes including health support to care homes.</p>

Key insights from performance (3)

Outcome	Areas of Strength	Areas for Improvement	Priority Action
<p>Early intervention: is the health and care system ready and able to intervene early and avert deterioration and escalation of problems?</p>	<p>Our first points of contact across community health and care are increasingly joined up to ensure a more coherent response to people's needs.</p> <p>Our response services are setup to prioritise according to urgency and acuity of need.</p>	<p>We are not meeting our ambitious targets to assess people promptly, review people frequently and get services delivered in a timely way.</p> <p>Generally, we are still reactive rather than preventive in our approach, but beginning to use intelligence to target services</p>	<p>Our 'promoting independence' approach can only deliver improving outcomes for individuals through their regular contact with care managers, especially those working with younger adults, and we are working on creating this capacity, capability and culture.</p>
<p>Specialist services: are people going into hospital only when necessary and being discharged efficiently and safely with the right support?</p>	<p>Our short-term service offer is generally effective at keeping people from being readmitted to hospital and promoting their recovery to minimise dependence on long-term services.</p> <p>A far lower proportion of delayed transfers of care are attributable to social care than is typical nationally.</p>	<p>While we have made progress we still have much to do to facilitate prompt discharge from hospital including in ensuring the access to and sufficiency of personal care and residential/nursing care services. We need to minimise occasions on which our short-term service capacity is used to backfill where we can't source care.</p>	<p>Our service sufficiency challenge is primarily one of workforce recruitment and retention in the independent and voluntary sector, exacerbated by high levels of employment in Devon, with the risk that Brexit will worsen the situation. Approaches include 'Proud to Care', guaranteed hours contracts, and provider development.</p>

Key insights from performance (4)



Outcome	Areas of Strength	Areas for Improvement	Priority Action
<p>Choice and control: are people having greater control over the services they use and being equal partners in decisions about their care?</p>	<p>The results of the national surveys of service users and carers in Devon are mixed and less positive than they were in the recent past when compared with others including some neighbouring rural counties.</p>	<p>Given our emphasis on 'promoting independence' we are particularly concerned at the declining trend in Devon of people who use adult social care services who feel they have control in their everyday lives.</p>	<p>We recognise that mechanisms intended to enhance choice and control such as direct payments don't always have that effect if not well targeted and supported and are reviewing our approach accordingly with a focus on working age adults with disabilities.</p>
<p>Accessibility: are people who need treatment or care receiving this promptly and effectively in the most appropriate setting?</p>	<p>We have consistently achieved better overall satisfaction ratings for our services than all the national, regional and comparator average.</p> <p>Similarly, the Care Quality Commission rates regulated services in Devon more highly than all comparators.</p>	<p>We have good quality services but they are not always available to the right people in the right place at the right time.</p> <p>Our health and care system needs to work together to achieve the shifts in investment necessary to support a changing population at home wherever possible.</p>	<p>Ensuring people are supported to be independent in their own home when resources are limited is a challenge that can only be met by working together as a more integrated health and care system with political and public support.</p> <p>The NHS Long-Term Plan and Social Care Green Paper set the policy context we must respond to.</p>

Key insights from performance (5)



Outcome	Areas of Strength	Areas for Improvement	Priority Action
<p>Care at home: is care and support available in the community and in people's homes?</p>	<p>For several years Devon has placed a lower proportion of its older people into care homes than comparators, supporting them at home in the community instead.</p> <p>It is this combination of lower residential numbers and lower than average costs that enables us to spend less than the regional average on adult social care.</p>	<p>We still meet the needs of too many working age adults through residential care when they would be better supported in the community and improving on this is a key objective of our disabilities transformation strategy and our mental health change programme.</p>	<p>Continuing this shift from care in hospitals and care homes to supporting people to live as independently as possible at home depends on making the investment in community based services and securing the provision and workforce that will sustain that shift including for people with dementia and mental health needs.</p>
<p>Safeguarding: are people being kept safe and treated with dignity and respect?</p>	<p>Deep dives and case audits into our safeguarding practice indicate that concerns about people are appropriately responded to.</p> <p>The Care Quality Commission rate our services better than is typical nationally, regionally and in comparator areas.</p>	<p>Not all safeguarding activity being formally recorded limits our opportunity to identify and act on patterns.</p> <p>Too many people in Devon perceive that they are unsafe despite evidence indicating the contrary.</p> <p>Our waiting list for Mental Capacity Act DoLS assessments is too long.</p>	<p>We have a safeguarding improvement programme informed by our intelligence that is now impacting on frontline practice and have agreed a Peer Review facilitated by the Local Government Association for the week of 13th May 2019.</p> <p>We are investing in additional DoLS assessment capacity.</p>

Key insights from performance (6)

Outcome	Areas of Strength	Areas for Improvement	Priority Action
<p>Workforce: do we have a sufficient and well trained workforce?</p>	<p>Our 'Proud to Care' campaign has been adopted locally, regionally and nationally to promote health and care as a career.</p> <p>The quality and commitment of our workforce are often complimented by service users, carers, regulators and independent assessors.</p>	<p>We still struggle to recruit and retain sufficient staff, especially in frontline care giving roles in the independent sector.</p> <p>This is impacting on our ability to deliver the right care to the right people at the right time in the right place.</p>	<p>We need to extend our 'Proud to Care' campaign and work across the health and care system to recruit and develop a workforce to meet changing needs and services.</p> <p>Ultimately, in the context of Brexit, we may have to pay more to secure sufficient, quality care, delivered by well trained and committed staff.</p>
<p>Activity: how does the number of people we serve compare with elsewhere?</p>	<p>Generally, we have fewer people in residential care than comparators and more in the community.</p> <p>Our 'Home First' policy has enabled us to progress from being a comparatively high to a comparatively low user of residential services over the last decade.</p>	<p>The comparative number of people with learning disabilities we serve is higher than elsewhere.</p> <p>Intelligence also indicates we may be able to support more people with dementia at home for longer rather than resorting to residential options too soon.</p> <p>We should aim to support more younger adults in the community closer to home.</p>	<p>Our disabilities transformation programme needs to have impact on both the number of people we serve and the levels of support they receive by promoting their independence including through employment.</p> <p>Our commissioners must work in partnership with the independent and voluntary sector to ensure sustainable and sufficient services.</p>

Key insights from performance (7)

Outcome	Areas of Strength	Areas for Improvement	Priority Action
<p>Cost: how does the cost of services compare with elsewhere?</p>	<p>When compared with the south-west region, our unit costs are generally at or below the average.</p> <p>A new contractual framework paying a 'fair price for care' is likely to require additional investment to sustain sufficiency and quality.</p>	<p>Unit costs in Devon are beginning to rise more rapidly than elsewhere from a lower base.</p> <p>At current levels of funding we are at risk of having to choose between sufficiency and affordability.</p>	<p>Our contractual framework for residential care needs to be fully implemented including for working age adults.</p> <p>We need to keep our Living Well at Home framework for commissioning personal care under review to ensure it meets changing needs and circumstances.</p>
<p>Spend: how does what we spend compare with elsewhere?</p>	<p>Overall, we are an average spender on adult social care services nationally, and one of the lowest spenders on long-term support in the south-west region.</p> <p>We continue to deliver within budget despite inflationary and demographic pressure.</p> <p>Where overspends have emerged we have a track record of making tough choices to sustain services.</p>	<p>We spend little more now on services to older people than we did ten years ago. All of the additional investment made by the council has gone into services to working age adults on whom we now spend a greater proportion of our resources.</p> <p>This is a national trend but we spend more than is typical on people with learning disabilities.</p>	<p>We must assess the green paper for adult social care when it is published and prepare to implement any legislation arising from it with a focus on the sustainable funding of adult social care services.</p> <p>It is unclear whether this will address the funding of services to working age adults with disabilities which are the priority in our change programme.</p>

Change programme: Prevention



Theme	Initiative	Progress
<p>Prevention: enabling more people to be and stay healthy.</p>	<p>Life Chances: taking a social prescribing approach to linking people to voluntary sector support.</p>	<p>We have made significant progress in taking a whole system approach to social prescribing and community referral across Devon; the further development of a One Devon Dataset will make this even more intelligence led.</p>
	<p>Stimulating the voluntary sector: through targeted seed-funding and community development.</p>	<p>Our communities function is working to attract more external resources into Devon’s voluntary sector e.g. through crowdfunding.</p>
	<p><u>Making every contact count:</u> a training initiative for professionals across the health and care system.</p>	<p>‘Healthy Conversation Skills: Making Every Contact Count’ is now a training opportunity widely available to health and care staff working directly with the public.</p>
	<p>Falls prevention: working across the health and care system to reduce the incidence of falls.</p>	<p>A business case is being developed for significant whole system investment in falls prevention and specialist fracture liaison services.</p>
	<p><u>One small step:</u> working with Public Health to promote better lifestyle choices.</p>	<p><u>One small step</u> has a tiered approach with the promotion of healthier choices, open access advisory services, the free availability of motivational tools, and specialist support available to those who would benefit from it most.</p>

Change programme: Empowerment



Theme	Initiative	Progress
<p>Empowerment: enhancing self-care and community resilience.</p>	<p>Personalisation: using direct payments and Independent Living Funds to give choice and control.</p>	<p>We are reviewing our approach to the use of direct payments to ensure they are targeted and supported to promote independence.</p>
	<p>Employment: working with employers to support people into and in employment.</p>	<p>Our 'Ready When You Are' campaign to promote the employment and employability of people with disabilities and mental health needs is being broadcast across media.</p>
	<p>Strength-based care management: improving our care management practice and process.</p>	<p>Our programme of continuing professional development for frontline staff is focussed on developing strength-based practice in support of our 'promoting independence' approach.</p>
	<p>Technology Enabled Care Services: equipping homes with aids that maximise independence.</p>	<p>We have promoted our TECS offer including through a TECS house and TECS bus and used innovation sessions to identify and promote best practice.</p>
	<p>Caring Well in Devon: implementing our contract with Westbank to support carers in their caring role.</p>	<p>Our new contract with Westbank has been implemented and we are working with them to improve the Devon Carers offer, including learning from recent surveys.</p>
	<p>Preparing for Adulthood: ensuring young people experience a smooth transition to independence.</p>	<p>How we best meet the needs of young people transitioning to adulthood is a focus of 'purposeful systems'; working intensively with a few families to inform wider change.</p>

Change programme: Support at Home



Theme	Initiative	Progress
Support at home: integrating and improving community services and care in people's homes.	Living Well at Home: developing our personal care framework to maintain capacity and improve outcomes.	Our Living Well at Home contractual framework is well embedded and our focus is to work with primary and secondary providers to secure sufficient care when and where it is needed.
	Supporting Independence: individualised support to assist independent living.	Our supporting independence contractual framework has been implemented, including the greater use of assistive technology.
	Short-term services: developing an integrated reablement, rehabilitation and recovery offer.	Our reablement and rapid response services are better integrated but capacity is being diverted to fill gaps in the personal care market limiting their impact on promoting independence.
	Enabling: targeted short-term support to people with disabilities to develop their independent living skills.	Our in-house enabling offer has been redeveloped to ensure it is focussed on enabling people to progress to become less dependent on support over time.
	Day opportunities: purposeful and interactive group-based activities.	Our approach to day opportunities for working age adults continues to focus on employment and meaningful, mainstream activities.
	Supported living: ensuring the right balance of group and individual support in supported living settings.	We continue to encourage supported living over residential care and review people's needs to ensure the best balance of individual and group support promote their independence.

Change programme: Specialist care



Theme	Initiative	Progress
Specialist care: delivering modern, safe, sustainable services.	Accommodation with care: improving the range of accommodation with care options in Devon	We are developing a strategy that covers the full spectrum of housing with support, from social housing (working with district councils) through supported living and shared lives schemes to care homes.
	In-house services review: ensuring our in-house residential and respite services are fit for purpose	We keep our remaining in-house services under review for their value for money and whether they achieve best outcomes for residents.
	New residential and nursing care framework: implementing a new contract for older people	We are in the process of implementing a new contractual framework with care homes that is more responsive to the individual needs of the people we whole or part fund with plans to extend from older people to all adults.
	Regional commissioning: taking a more regional approach to commissioning specialist bed-based care	We are working with commissioning colleagues in the south-west ADASS region to explore the potential of more regional approaches to commissioning and quality assurance focussing on provision to people with learning disabilities.
	Quality assurance: maintaining the comparatively high-quality care in Devon by investing in quality assurance and contract management.	We are further developing our intelligence-led approach to identifying providers who can benefit from support. The proportion of regulated care provision rated Good or Outstanding in Devon continues to exceed all comparators.

Change programme: Supporting strategies



Theme	Initiative	Progress
Supporting strategies: developing our workforce, markets and information technology.	Internal workforce strategy: developing our care management capacity and capability.	We have a dedicated workforce development team focussed on recruitment into our professional workforce with their ' Working for Devon ' campaign,
	External workforce: using our Proud to Care campaign to promote health and care careers.	We now have around 200 Proud to Care Ambassadors promoting health and care careers around the county, complemented by our extensive use of social media. The 'Proud to Care' brand has been adopted regionally and nationally strengthening its recognition.
	Information Technology: working across our health and care partnership on integrated IT solutions.	Our partnership with Microsoft has been recognised nationally. We share a digital roadmap with NHS partners and have won funding to promote interoperability across systems.
	Market Development: working with social care providers to improve quality and sufficiency.	Our market development work is recognised by ADASS as leading the south-west region, in particular our use of intelligence to manage sufficiency and improve quality.
	Safeguarding: working with our partners through the Devon Safeguarding Adults Board to improve the safeguarding of vulnerable people.	We have undertaken deep dive and case audit work to inform an improvement programme leading to a Peer Review facilitated by the Local Government Association in May 2019.