



Promoting Independence in Devon

A summary of our Annual Report
for Adult Social Care
2019

Introduction (1)



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 outcome of the recent General Election promises changes to how adult social care is funded and provided. With continuing uncertainty regarding Brexit we remain vigilant to minimise any disruption to our services. This year we have included some analysis of the national scene so that readers can see how the situation in Devon compares.

We are among the areas of the country that are in the process of integrating the commissioning and operation of our health and care services. We have worked closely with our health partners to determine and deliver our local response to the [NHS long-term plan](#) – [‘Better for You, Better for Devon’](#) – due to be published soon. Our vibrant market of adult social care providers in the independent and voluntary sector whom we commission services from are key to achieving good outcomes for the people we serve.

We structure 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 and in our 2020 report we will include an assessment of how well we are delivering against those priorities.

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. As well as data about the needs of people, the services they receive, and the outcomes they achieve we also seek feedback from them in surveys and involvement groups and thank everyone who has given up their time in helping us to reflect and improve.

Introduction (2)

The process of writing our annual report helps us to reflect on our priorities for the coming year and how we intend to address them:

- We remain focussed on securing sufficient, high quality and affordable services especially in personal, residential and nursing care, and in working with health colleagues to minimise admissions to, length of stay in' and delays in discharge from hospital.
- The key to this is attracting and retaining sufficient workforce across the sector when the labour market in Devon is competitive; this means valuing all those who work in caring professions and doing what we can to improve their terms and conditions of employment.
- The high cost of housing is one of the challenges in attracting new workers into the area, and of suitably accommodating those people who have social care needs; we are strengthening our partnerships with the city and district councils in Devon to focus on this.
- Nationally, the debate on adult social care is focussed on older people and their care costs but we spend more of our budget on young people and working age adults with disabilities or mental health needs, and our change programme is oriented towards promoting their independence.
- With our population, their needs and expectations changing, we are working differently through a strengths-based approach to care management practice and an integrated care model that brings together health and care services around the individual and their carers where they live in their community.



Jennie Stephens

Chief Officer for Adult Care and Health



Councillor Andrew Leadbetter

Cabinet Member for Adult Care and Health

Health and Adult Care Scrutiny (1)

Monitoring the quality of services and pushing for improvements is an enduring theme for Scrutiny. Members have continued to monitor performance across the wider health and care system focussing on a range of measures covering acute and community hospital settings, primary care and social care.

Very much at the forefront of the Committee's work in 2019 has been the development of the [Devon Long Term Plan](#). Local systems have been asked to set out the population health challenges they will face over the next 10 years and the plans they will put in place and deliver to address the challenges moving towards an [Integrated Care System](#) in Devon. Amongst a host of issues in 2019, the Committee has also considered:

- The creation of a single NHS Devon CCG;
- Promoting independence for adults with disabilities;
- Improving access to General Practice;
- Winter pressures;
- Local suicide prevention planning approach;
- Ofsted and the Care Quality Commission inspection reports;
- Developing the integrated short term care offer;
- Workforce recruitment and retention;
- Finance and performance.

Outside of the work undertaken by members at the formal [Health and Adult Care Scrutiny Committee](#) meetings, councillors have been involved in a huge amount of activity to both aide their understanding of the health and adult care system and to monitor the way in which this system is operating.

Through the Health and Adult Care Standing Overview Group members have met at regular intervals with health providers to review their priorities in terms of improvement for 2019-20 and their subsequent progress at meeting their targets. Senior staff from the Royal Devon & Exeter NHS Foundation Trust, Devon Partnership Trust, Northern Devon Healthcare Trust, South Western Ambulance Service Foundation Trust and South Devon Foundation Trust attended meetings with members of the Committee. In addition to this role with providers, the Chair has continued to monitor closely the performance of Northern Devon Healthcare Trust following the January 2018 Requires Improvement CQC rating. The Standing Overview Group also looked at:

- The Mental Capacity Act and the Deprivation of Liberty Safeguards;
- Market Position Statement;
- Primary Care Networks;
- NHS Long Term Plan.

Health and Adult Care Scrutiny (2)

Members have undertaken a series of visits to health and care settings across the county to further develop their understanding of how the model of care in Devon is working operationally and the key issues affecting services from a frontline perspective. Members visited:

- [Community Health and Care Teams](#) in Seaton, Axminster and Sidmouth.
- [South Western Ambulance Service Foundation Trust HQ](#)
- [Tavistock Community Hospital](#);
- [West Devon Community Health and Care Team](#);
- [Tavistock Wellbeing Hub](#);
- [The Ness Dementia Centre, Teignmouth](#);
- Chiddenbrook Surgery, Crediton.
- The Psychiatric Intensive Care Unit and the [Mother and Baby Unit](#) at the Devon Partnership Trust.

The Committee has undertaken a spotlight review on Carers, with a final report due to be published shortly, meeting with over 100 carers to discuss their experience of being a carer in Devon and the support they have received. Health and Adult Care Scrutiny members have also undertaken a joint piece of work with the Children's Scrutiny Committee on the Local Area Special Educational Needs and Disabilities Inspection by Ofsted and the Care Quality Commission.

Scrutiny Members have received regular development sessions in the form of masterclasses to further their understanding of key areas of the Council's business and relevant issues affecting Health and Adult Care. Topics this year have included:

- Developing a Long Term Plan for Devon;
- Adult Social Care Support for Prisoners;
- Using Technology and Digitally Connected Care;
- Future of Hospital Services;
- Devon's approach to Dementia;
- NHS England and NHS Improvement.

Councillor Sara Randall Johnson, Chair, Health and Adult Care Scrutiny Committee 'thanked officers from Adult Social Care and their Health colleagues for their tireless work, as well as their time, advice, open dialogue and support given to broaden and increase the member's knowledge base in what is a hugely complex area.'



Sara Randall-Johnson

**Chair, Health and Adult Care
Scrutiny Committee**

Our story in Devon



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. Our population is more aged and ageing faster than in most areas. In particular, people with physical and learning disabilities are living longer with increasingly complex needs, a success of the health and care system that is also a pressure on it.

In the early years of the austerity period 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.

Four 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.

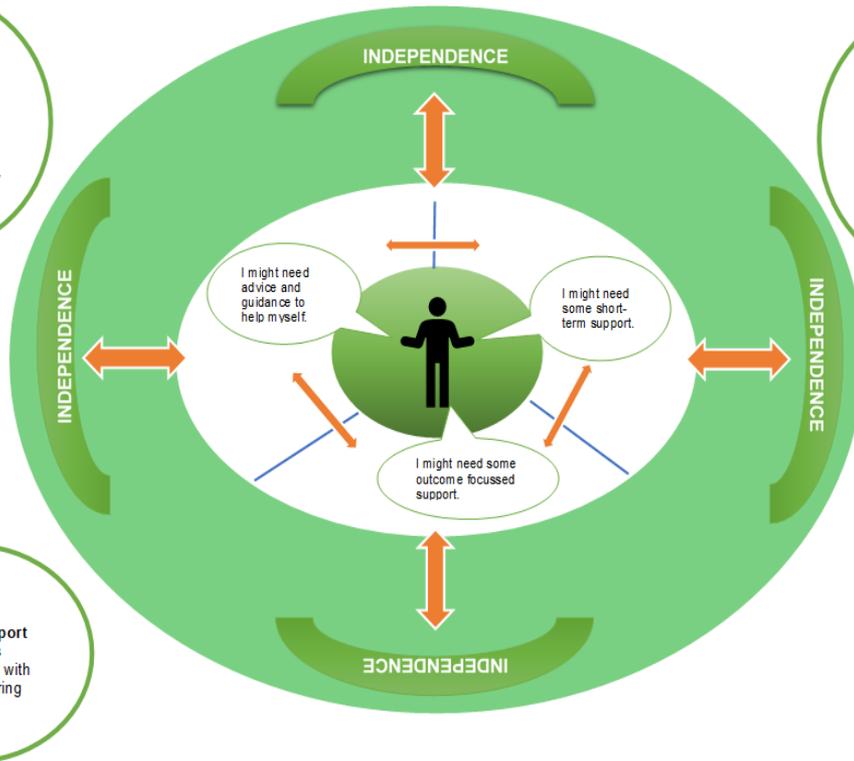
We are now working with adults with disabilities of working age, who we often support over a lifetime, in a similar way. Our commissioned services are highly rated by the [Care Quality Commission](#) but it is increasingly challenging to sustain their sufficiency, affordability and quality. The challenges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

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
Joint Strategic Needs Assessment	This statutory document gathers together the main evidence that helps us understand the population of Devon and their needs. It is refreshed annually.
Joint Health and Wellbeing Strategy	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 Health and Wellbeing Board on a three year cycle. All organisational and partnership strategies and plans should refer to it.
The wider Devon Sustainability and Transformation Plan	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.
Our plan	'Promoting Independence in Devon' is the five year operating plan for adult social care in Devon and is refreshed annually.
Our vision	It incorporates a vision for the distinctive role social care has to play in the health and wellbeing system.
Our Annual Report	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.
Our Market Position Statement	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.
Our service strategies and plans	We also publish strategies and plans, jointly where appropriate, regarding specific services and how we intend to meet the needs of particular groups.

People supporting themselves.
What resources does the person have already?
What simple solutions are available? e.g. equipment/technology



Short term support to progress independence.
Arrange goal focussed short term services, to maximise their independence e.g. Reaching for Independence.

Proportionate outcome/goal focussed support that maximises independence, with regular monitoring and reviews.

The practice model will be built on the principles of our 'promoting independence' policy:

- Supporting people to support themselves;
- Focus on what matters to the person;
- Short term support to progress independence ;
- Proportionate outcome focused commissioned support.

Commissioners will work with providers of services to develop them in ways which share the same 'promoting independence' principles.

With the principles of our '**promoting independence**' approach well established, we are developing a new **Social Care Practice model** that is built around them and our supporting [vision](#), [plan](#) and [policy](#).

It is designed to provide a framework that guides practitioners in thinking in how they work with individuals and have the [different conversations](#) need for this approach to work.

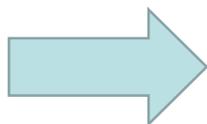
The practice model will describe how we work with people and their families and decision making by providing a framework for all contacts from first contact through to assessment, support planning and review.

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:

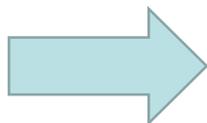
Prevention:

enabling more people to be and stay healthy.



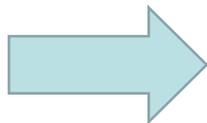
Empowerment:

enhancing self-care and community resilience.



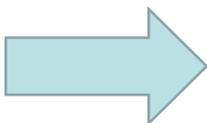
Support at home:

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



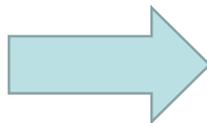
Specialist care:

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



250 student and qualified Nursing Associates working in Devon's health and social care services

A decade of community health and care teams across Devon providing integrated care

Agreeing a STP-wide strategy for adults with a learning disability to support independence

NHS and Social Care commissioners now co-located to improve collaboration

Rolling out a HOPE Programme to promote the independence of people with Long-Term Conditions

Now over 280 'Proud to Care' ambassadors Promoting careers in health and care

A joint approach to reducing the number and improving the quality of out of area placements

Jointly funded Mental Health Team established at Exeter University working with our student population

An STP wide Carers' Charter encouraging all to consider carers in everything that they do

Our achievements in adult social care

The overall satisfaction of carers with social services has improved against the national trend

Our overall service user satisfaction rating is now 11th out of 150 local authorities

By promoting independence, numbers dependent on our support now close to comparators

Our 'Proud to Care' campaign is thriving, having been taken up regionally and nationally

450 disability confident employers & 184 people with Learning Disabilities in employment across Devon

Expanded Preparing for Adulthood Team supporting young people through transition

High-quality care across Devon with comparatively more providers rated Good or Outstanding

2 gold and 4 silver awards in the last 5 years at the Social Worker of the Year Awards

Joint funded pilot programme of 20 Student Nursing Associates in nursing homes from 3/20

Our challenges in adult social care

Continuing to develop our approach to promoting the independence of working age adults

Supporting people with dementia better in the community

Developing the personal care market to secure sufficiency and affordability

Meeting the needs of a population that is ageing and spending more years in ill health

Working with providers to improve workforce recruitment and retention

Ensuring a range of sufficient accommodation with care meeting changing needs as people age

Extending the reach and effectiveness of short-term services that promote independence

Improving safeguarding practice assured through a peer review in March 2020

Significant delays nationally in developing a longer term adult social care funding solution

What people are saying (1)

It can be difficult to navigate through unknown organisations and strangers to access the required support.

(Service user discussion group)

Direct Payments can be difficult to manage if you haven't had much experience of dealing with complicated finances.

(Carers discussion group)

Services do not always communicate with one another.

(Carers discussion group)

I was given a very clear explanation of the support I would get and how much I would have to pay for it.

(Service user focus group)

Accessing support is so much easier if you know how to use the internet.

(Service user focus group)

The social worker was very clear about the help I would be getting and how much I would have to pay

(Service user discussion group)

People are often told by hospitals to contact organisations for further support, but those organisations can't always offer what the hospital thinks they can.

(Carers discussion group)

What people are saying (2)

It is important to have someone who can listen properly and discuss issues with you.

(Service user focus group)

It was so good to be put in touch with people in the same position as myself so we could help one another, sharing experiences with people in similar situations is invaluable.

Carers discussion group

Being put in touch with other people in the same situation was so helpful, there is no substitute for being able to discuss things with people who are facing similar challenges.

(Carers discussion group)

For younger adults transitioning from child to adult services the support seems to diminish...it can feel like you are thrown on the scrap-heap.

(Parent-carer of disabled adult)

I like to go through my person-centred book.

(Learning disability discussion group)

We need to set the balance between independence and caring.

(Service user focus group)

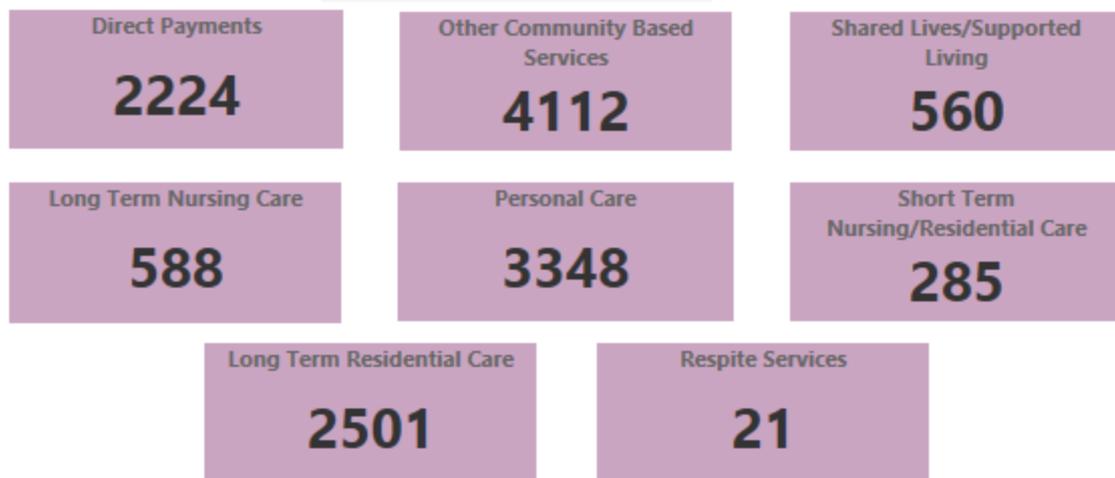
We don't need support all the time, but when we need it we need it fast.

(Service user discussion group)

Headline figures: number of clients



Other Community based Services Clients by Service Type grouping



Clients by Primary Support Reason grouping



(December 2019 figures)

- Data is a snapshot of current recipients of local authority funded services.
- The 'Primary Support Reason' is a national categorisation of people's needs.
- People can be in receipt of more than one category of service.
- There are more male clients at age 18-24 and 25-64 indicating greater prevalence of disability in males.
- At 65+ females make-up almost two-thirds of those served indicating greater life expectancy.
- This is apparent in both the elderly frail and those supported due to their dementia.

Key facts: Disabilities (1)

Of **100** adults in Devon:

2

have a learning disability

5

have a physical disability

19

have a mental health condition

Based on national prevalence

Of **100** pupils attending Devon schools:

14

were receiving SEN support

4

had an EHCP or Statement of SEN

Estimated increase of older people by 2030 with...



22%
learning disabilities



27%
limiting long term illness

Based on national prevalence

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

92

attend a mainstream school

8

attend a Special school a lower proportion than...



12

nationally

Estimated increase of people with an autistic spectrum disorder by 2030



8%
Total population



2%
Aged 18-64



24%
Aged 65+

Based on national prevalence

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



live in settled accommodation

compared to



nationally

Key facts: Disabilities (2)

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

69
said that they feel
as safe as they want

84
rate their health in
general as very good to
fair

Of **100** pupils in Devon...

receiving SEN
support

11

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

17

with an EHCP or
Statement of SEN

6

5

Life expectancy of people with mental illness:



Mental illness has a substantial
effect on life expectancy with
people with a serious mental
illness dying on average
10 - 20 years earlier
than those without

Life expectancy of people with learning disabilities:



65.1 years
compared to
83.1 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 18-35 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: Older People (1)

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

2

have a learning disability

7

have dementia

45

have a limiting long term illness

Based on national prevalence

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



23%
aged 65
and over



40%
aged 85
and over

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



22%
learning disabilities



33%
dementia



27%
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:

6,720

of which DCC support 38%...

542

in Nursing Care

1,982

in Residential Care

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



36%
aged 65
and over



40%
aged 85
and over

unless we improve services to support more people at home

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: Older People (2)

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

41

said that they have as much social contact as they would like

74

said that they feel as safe as they want

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

9

had an **Accidental Fall** in the last two years compared to nationally:

7

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

857
days

in Nursing Care

836
days

in Residential Care

Average life expectancy in Devon:



84.2 years
compared to
83.1 years
nationally



80.4 years
compared to
79.6 years
nationally

Of 100 adults aged 65 and over in Devon:

73

compared to

72

nationally

Received a
Flu Vaccination

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

87,116



3%

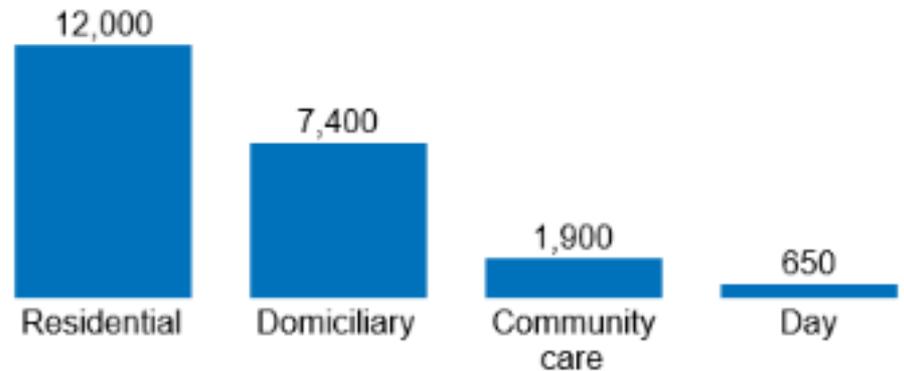
89,384

Key facts: Adult Social Care Workforce (1)



There were **24,000** jobs in adult social care in **Devon** including...

Jobs by service



In **Devon** there were...



16,000
Direct care jobs

2,300
Managerial jobs



900
Regulated professionals

2,100
Jobs for direct payment recipients

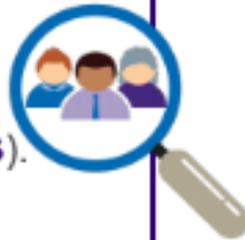


CQC regulated establishments in **Devon** operated by adult social care providers

Key facts: Adult Social Care Workforce (2)

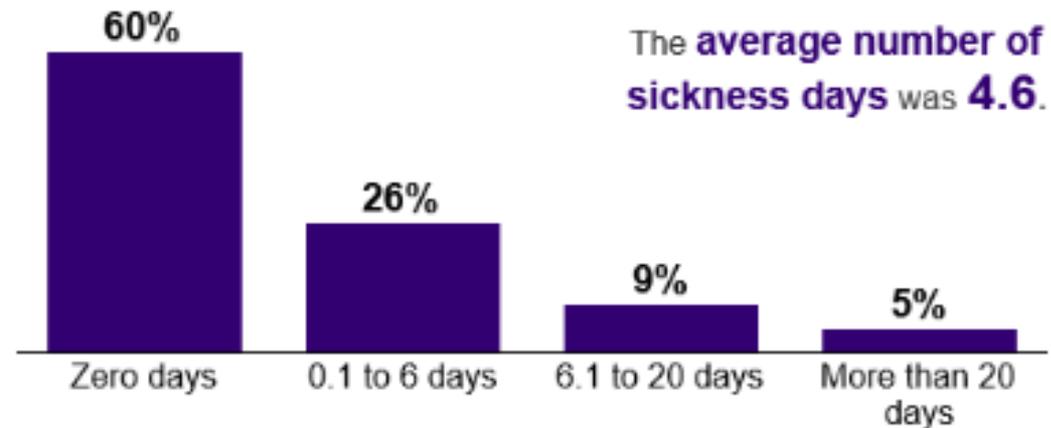
The **turnover rate** in
2017/18 was
33.9%
(or 7,100 leavers).

The **vacancy rate** in
2017/18 was
5.3%
(or 1,200 jobs).

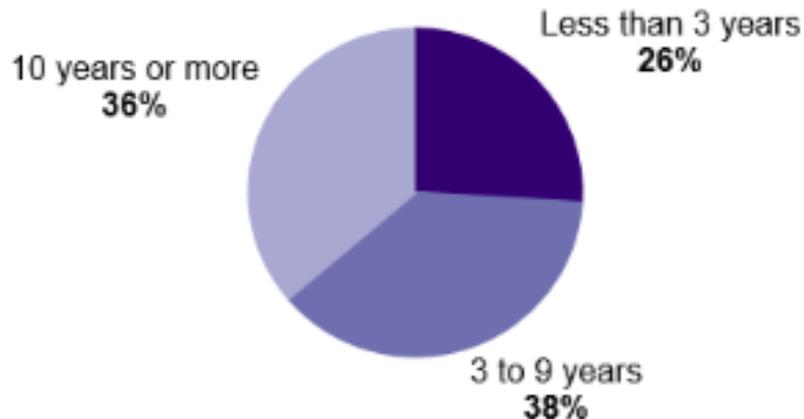


Around **66%**
of leavers
**remained within the
sector.**

Sickness rates



Experience in sector



On average, workers had
9.4 years
of **experience in
the sector.**

Key facts: Adult Social Care Workforce (3)

Gender

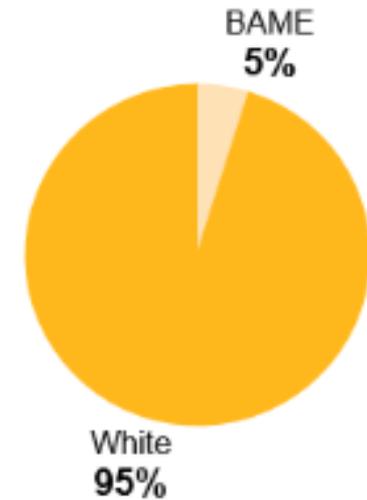


82%
of the workforce
were **female**.

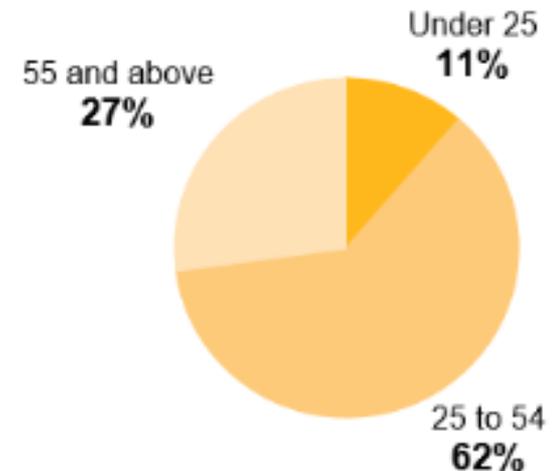


18%
of the workforce
were **male**.

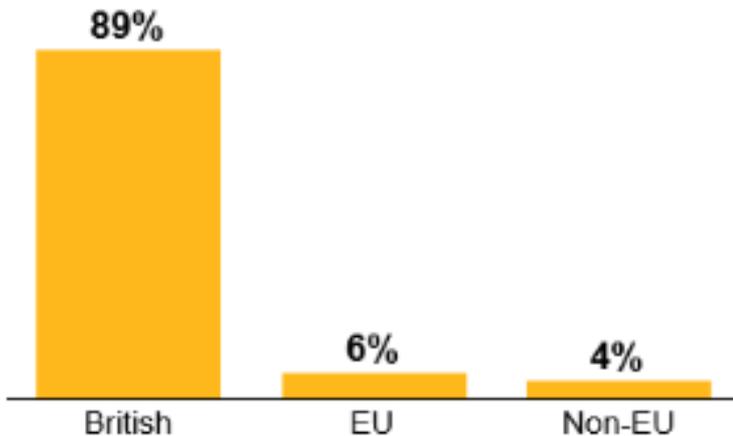
Ethnicity



Age groups

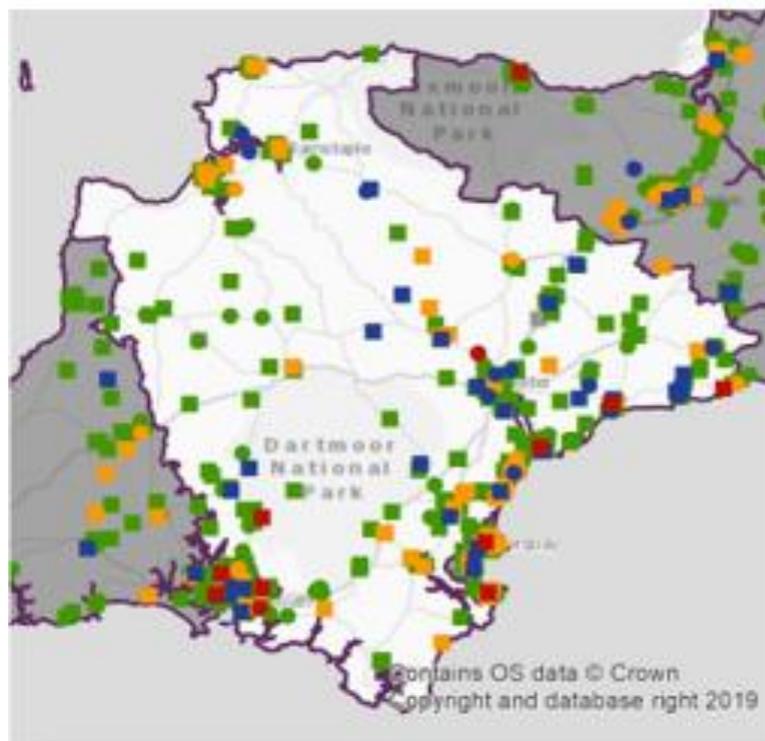


Nationality



Key facts: providers

This map shows the overall ratings of active adult social care locations in Devon. There may be multiple locations in one position so not all locations may be visible



CQC data accessed on 22 October 2019

Nursing homes - see circles on map

Area	Inadequate	R.I.	Good	Outstanding	Unrated
This LA	2% (1)	11% (7)	67% (44)	18% (12)	3% (2)
England	2%	20%	69%	4%	4%
Comparators	2%	20%	69%	6%	3%

Residential homes - see squares on map

Area	Inadequate	R.I.	Good	Outstanding	Unrated
This LA	1% (3)	13% (35)	76% (202)	8% (22)	2% (5)
England	1%	13%	79%	3%	3%
Comparators	1%	13%	80%	3%	3%

Domiciliary care agencies - not shown on map

Area	Inadequate	R.I.	Good	Outstanding	Unrated
This LA	0% (0)	6% (8)	74% (99)	11% (15)	8% (11)
England	1%	11%	66%	4%	19%
Comparators	1%	10%	69%	5%	16%

Community care services - not shown on map

Area	Inadequate	R.I.	Good	Outstanding	Unrated
This LA	0% (0)	11% (3)	75% (21)	7% (2)	7% (2)
England	0%	8%	72%	4%	16%
Comparators	0%	7%	76%	2%	14%

*R.I. = requires improvement

Proportion of adult social care services regulated by the [Care Quality Commission](#) rated Good or Outstanding. Devon, with its preponderance of small and medium sized providers, consistently performs better than the regional and national average. The [Care Quality Commission](#) have highlighted the strength and continuity of leadership in Devon providers as being an important factor in sustaining these ratings.

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 be unemployed, 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 remain concerned that service users and especially 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 have agreed a common approach to prevention across our health and care partnership.</p> <p>This is being delivered through 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 such as social prescribing.</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 continue 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>Our ‘Ready When You Are’ campaign to promote the employment of people with disabilities and mental health needs is now well embedded and evidence shows employment 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>The HOPE Programme (Help Overcoming Problems Effectively), based on a course developed by the University of Coventry to help people cope better with long-term medical conditions, has been embedded in the south of the county and is now being rolled out across Devon.</p>	<p>The most recent survey of service users again found they are less likely to say they find it easy to access information and advice than in recent years or when compared with elsewhere, although there has been some improvement reported by carers.</p>	<p>We will continue to 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 older people (including those resident in care homes) attending accident and emergency departments and undergoing emergency admissions. Our Integrated Care Model is building on these strengths.</p>	<p>We acknowledge we still 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 and to ensure sufficiency of services in the adult social care market to improve this.</p>	<p>Historically we have done well in minimising length of stay of older people admitted into hospital from care homes, but more recent trends mean we are now no better than 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 and have information systems designed to assist in this.</p>	<p>We are still not meeting our ambitious targets to assess people promptly, review people frequently and get services delivered in a timely way.</p> <p>Historically we have been reactive rather than preventive in our approach, but are increasingly using intelligence to target services</p>	<p>Our ‘promoting independence’ approach only delivers 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 in our new practice model.</p>
<p>Specialist services: are people going into hospital only when necessary and being discharged efficiently and safely with the right support?</p>	<p>When deployed, 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 continue to make progress we still have more 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 still 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 continuing 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 but the choice and control and quality of life of service users are both improving.</p>	<p>Given our emphasis on 'promoting independence' we remain concerned at the declining trend in Devon of carers of people who use adult social care services who feel they have control in their everyday lives and in their quality of life.</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 averages and are now 11th of 150 local authorities in the country.</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 continue to work together making the shifts in investment required by our Integrated Care Model 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 sets the policy context we must respond to. We await clarity on social care reform.</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.</p> <p>Comparative data also indicates we are supporting younger adults who would be living independently elsewhere and we are focussing on this population in the coming year.</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 in health as well as care 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 and activity levels have risen and are now close to comparator rates.</p> <p>The Care Quality Commission rate our services better than is typical nationally, regionally and in comparator areas.</p>	<p>Too many people in Devon perceive that they are unsafe despite evidence indicating the contrary. This is especially so for those who feel they are socially isolated.</p> <p>Our waiting list for Mental Capacity Act DoLS assessments is still too long, although now reducing.</p>	<p>We have a safeguarding improvement programme informed by our intelligence that continues to impact on frontline practice and have agreed a Peer Review facilitated by the Local Government Association for March 2020.</p> <p>We are plan to invest in further additional capacity to meet new LRS requirements</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 has been recognised over successive years in the Social Worker of the Year Awards.</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, especially personal care.</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>We now support no more older people than comparators but still provide services to a significantly greater than benchmark proportion of younger adults.</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, especially for older people.</p>	<p>The comparative number of people with physical and learning disabilities we serve is higher than elsewhere.</p> <p>Intelligence also indicates we should be supporting more people with dementia at home for longer rather than resorting to residential options too soon.</p>	<p>Our Disabilities Transformation Programme needs to 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>Our new contractual framework paying a 'fair price for care' is requiring additional investment to sustain sufficiency and quality.</p>	<p>Unit costs in Devon are now rising more rapidly than elsewhere in the region from a lower base.</p> <p>At current levels of funding we are balancing sufficiency, quality and affordability; funding increases are barely covering national living wage driven pressures on costs.</p>	<p>We are about to embark on a regional framework for residential care to people with learning disabilities.</p> <p>We are now reviewing our Living Well at Home framework for commissioning personal care regarding our use of primary providers and ready for a new tendering exercise.</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 lower spenders on long-term support in the south-west region.</p> <p>Where overspends have emerged we have a track record of making tough choices to sustain services although 2019-20 is proving challenging following a tough budget settlement.</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 are waiting on the outcome of the general election to see whether the reform of adult social care and its funding is on the agenda.</p> <p>The national debate has focussed on older people, and catastrophic care costs, while working age adults with disabilities 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>Social Prescribing: developing a system-wide approach to linking people to voluntary sector support as a means improving health and wellbeing and changing patterns of health and social care service demand.</p>	<p>We have made progress in taking a whole system approach to the spread and adoption of social prescribing and community referral across Devon alongside Primary Care Network partners as part of the Prevention STP programme. We are exploring the use of social prescribing at all three levels of the care pyramid: Universal, Targeted and High Intensity</p>
	<p>Stimulating the voluntary sector: through targeted seed-funding and community development.</p>	<p>Our communities function is attracting external resources into Devon's voluntary sector e.g. through crowdfunding as we work to support the voluntary sector across the county</p>
	<p><u>Making every contact count:</u> a training initiative for professionals across the health and care system.</p>	<p>The 'Healthy Conversation Skills: Making Every Contact Count' training opportunity is more widely available to health and care staff working to directly support people in making positive changes to their physical and mental health and wellbeing.</p>
	<p>Falls prevention: working across the health and care system to reduce the incidence of falls.</p>	<p>We are working on significant whole system investment in falls prevention and specialist fracture liaison services funded via the STP Prevention Programme.</p>
	<p><u>Re-procurement of</u> Public Health-lifestyle services.</p>	<p>The 'One Small Step' service provides 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
Empowerment: enhancing self-care and community resilience.	Personalisation: using direct payments and Individual Service Funds to give choice and control.	We continue to offer and encourage direct payments where they support people in promoting their own independence and give people real choice and control
	Employment: working with employers to support people into and in employment.	Our ' Ready When You Are ' campaign and virtual employer hub developed with the DWP and Learn Devon promotes the employment and employability of people with disabilities and mental health needs.
	Strength-based care management: improving our care management practice and process.	Our programme of continuing professional development for frontline staff focusses on developing strength-based practice; we will be working hard on equipping staff for our new practice model over the next 12–18 months.
	Technology Enabled Care Services (TECS): equipping homes with aids that maximise independence.	We have promoted our offer including through a TECS house and bus and innovation sessions to identify and promote best practice and encourage take-up in this fast developing area.
	Caring Well in Devon: implementing our contract with Westbank to support carers in their caring role.	Our new contract with Westbank has been implemented and we are working hard together to improve the way carers are supported in Devon.
	Preparing for Adulthood (PFA): ensuring young people experience a smooth transition to independence.	Our PFA Team is working with young people and families at an earlier age providing accessible information so families know what to expect when transition occurs.

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 we are now considering how best to meet our personal care market needs in the coming years as we continue to focus on securing sufficient care when and where it is needed with the market challenges that exist.
	Supporting Independence: individualised support to assist independent living.	Our supporting independence contractual framework has been implemented, including the greater use of assistive technology, and we continue to look for ways to improve our offer,
	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 and this is something we continue to seek to address.
	Enabling: targeted short-term support to people with disabilities to develop their independent living skills.	We have now remodelled our Reaching for Independence service which focusses 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 encourage supported living over residential care and review people's needs to ensure the best balance of individual and group support to promote their independence.

Change programme: Specialist care

Theme	Initiative	Progress
Specialist care: delivering modern, safe, sustainable services.	Housing and accommodation: improving the range of housing and accommodation options in Devon.	We are developing a strategy to give people a true choice in where they live. This includes mainstream housing, housing with care and support, and residential/nursing care and we will work with the whole system to make this a reality.
	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 to ensure value for money and to achieve best outcomes for the residents of Devon.
	Residential and nursing care framework: implementing a new contract for older people.	We have implemented a new contractual framework with care homes that is more responsive to the individual needs of the people we whole or part fund and are considering plans to extend from older people to all adults.
	Regional commissioning: taking a more regional approach to commissioning specialist bed-based care.	We are currently working with commissioning colleagues in the south-west ADASS region to explore the potential of regional approaches to improve commissioning and quality assurance particularly for those with learning disabilities and/or autism.
	Quality assurance: maintaining the comparatively high-quality care in Devon by investing in quality assurance and contract management.	We continue to improve our intelligence-led approach to identifying providers who can benefit from support and 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 team of HR and Service Professionals, focussed on developing and delivering our Workforce Strategy and ' <u>Working for Devon</u> ' campaign. This aligns to STP Workforce and 'Proud to Care' strategies regarding attraction, career pathways, grow your own, learning/development and health/wellbeing.
	External workforce: using our <u>Proud to Care</u> campaign to promote health and care careers.	We now have 280+ <u>Proud to Care Ambassadors</u> promoting health and care careers around the county and will continue to take on more. The brand has been adopted regionally and nationally and we will be piloting Student Nursing Associates from March 2020.
	Information Technology: working across our health and care partnership on integrated IT solutions.	Our <u>Microsoft partnership</u> has been recognised nationally and we share a <u>digital roadmap</u> with STP partners. We have successfully deployed Office 365 collaboration tools to DCC and CCG staff and this year will begin the process of reviewing and upgrading our core Care Management system and investing in our Market intelligence.
	Market Development: working with social care providers to improve quality and sufficiency.	Our market development work is recognised by <u>ADASS</u> 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 Safeguarding Adults Board to improve the safeguarding of vulnerable people.	We have undertaken deep dive and case audit work to inform an improvement programme and are planning a Peer Review facilitated by the <u>Local Government Association</u> in March 2020 to assess our progress.