**Health and Adult Care Scrutiny**
**ACH/22/145**
**17 March 2022**

# ANNUAL REPORT FOR ADULT SOCIAL CARE IN DEVON FOR 2021

Report of the Chief Officer for Adult Care and Health for Devon County Council.

## 1. Introduction by Jennie Stephens (Chief Officer for Adult Care and Health) and Councillor James McInnes (Cabinet Member for Adult Care and Health).

1.1 The health and care system has been at the heart of the pandemic; the last two years being like no other for all of us. We have worked in a way like never before whilst all aspects of our lives have changed like never before. The caring workforce has been on the frontline, risking their health and that of their families to ensure care and support needs are being met across Devon.

1.2 Wherever you look across Adult Care and Health in Devon you will see examples of leadership, partnership, and dedication. And this continues as we remain in pandemic response with many of our workforce redeployed, or their work significantly shaped by Covid-19 related activity.

1.3 The pandemic has shone a welcome spotlight on the caring workforce, and we must build on that momentum, as we are doing so through Proud to Care and our LoveCare programme, to shout loudly about careers in care and demand the recognition and value deserved.

1.4 In social care we often talk about an asset-based-approach and the strength of communities. During the pandemic we have seen this in our workforce, supporting each other and leading the development of wellbeing resources. Recognition of the importance of maintaining good mental and physical health is greater than ever, and we are better for that.

1.5 The health and care system is now on the verge of a new chapter. Legislation is developing bringing health and care increasingly closer together and new arrangements and partnership are being forged. Communities and neighbourhoods are having more prominence and organisational priorities are converging around prevention, early help, and population health.

1.6 Good quality accommodation and technology are at the heart of adult social care reforms. They can adapt and provide pathways to maximise independence as people age. Our partnerships will be key to achieving this and ensuring health, care and housing services are joined-up where it makes sense.

1.7 Across health and care and the wider Council there are golden threads through Integration, Devolution and the work of Team Devon that align agendas and opportunities. These are exciting but challenging times, and we continue to do all we can to influence for the long-term sustainable funding of adult social care.

1.8 Given the pandemic, the Annual Report is very different this year, shaped by the unprecedented way in which adult social care has been delivered and accessed, including the national requirement to close day services, the shielding of many people receiving care and support services and of course the on-going impact of preventing and managing outbreaks in care homes and nursing homes.

1.9 As we start to think about emerging from the pandemic and living with Covid-19, adult social care and the people we serve will be in a very different place from March 2020. We must make sure that we prioritise prevention and early help and recognise the importance of families and communities in being able to meet their needs, and in a way that matters to them.

## 2. Introduction by Councillor Sara Randall Johnson (Chair of Health and Adult Care and Health Scrutiny.

2.1 I have been immensely proud to continue my role as Chair of the Health and Adult Care Scrutiny Committee for another term. As a new committee this year, with several new committee members, including those new to being members of the council, I want to thank officers across the health and care system for the support they have provided.

2.2 Thank you to each and every officer who has attended committee meetings over the course of this year, and a particular thank you to all those involved in the series of masterclasses across a range of subjects to enable committee members to navigate and understand some complex and challenging issues.

2.3 At a time when the pressures caused by the pandemic have been so intense and all-consuming, they have been incredibly helpful in supporting our overview and scrutiny roles.

2.4 Our workplan this year has been structured around the Long-Term Plan, looking at progress being made and ensuring that system wide plans for the future of health and care services in Devon are produced collaboratively and in the first instance alongside the people of Devon; the people we represent.

2.5 The pandemic has hampered progress both locally and nationally, and we have been working closely with health and care organisation across Devon to understand how the impact of Covid-19 has reshaped local priorities and plans.

2.6 Looking forward into next year, and as new legislation continues develop, we will work closely with partners across the system to inform and influence emerging plans and approaches to health and care across Devon.

## 3. Adult Social Care Reform and the role of the Annual Report.

3.1 Since 2010-11 The adult social care functions of local authorities have not been subject to routine inspection or external assessment. Instead, we participate in a national and regional approach to sector-led improvement which includes:

- The publication of an annual report.
- Regular self-assessment subject to external moderation and challenge.

- The undertaking of mandatory returns covering a wide range of data and using insights gained from comparative analysis to inform improvement planning.
- Periodic peer review.

3.2 During the pandemic period much of this sector-led improvement activity was stood down to allow health and care systems to focus on responding to Covid-19, which has been a particular challenge for the adult social care sector given the vulnerabilities of many of the people it supports and the range of high-risk settings within it. No annual report was published for 2020.

3.3 From April 2023 we expect the government to introduce a duty for the Care Quality Commission to independently review and assess local authority performance in delivering their adult social care duties under part one of the Care Act 2014, with intervention and support for those judged to be requiring improvement.

> As social care affects a greater number of people at some point during their lives, accountability for services becomes increasingly important for both national and local government.
>
> It is therefore only reasonable for government to want to ensure the ASC system is delivering the right kind of care, and the best outcomes, with the resources available. We also want to be able to readily identify best practice across the system, building on existing sector-led support and improvement programmes.
>
> To achieve this, we want to work with local authorities and the sector to enhance existing assurance frameworks that will support our drive to improve the outcomes and experience of people and their families in accessing high quality care and support, regardless of where they live.
>
> To support these goals, **we propose to introduce through the Health and Care Bill, a new duty for the Care Quality Commission to assess local authorities' delivery of their adult social care duties.**

Figure 3.3: 'People at the Heart of Care' White Paper

3.4 Further guidance on the development and implementation of this new assurance framework is expected imminently and our next annual report for 2022 is likely to be published in this context.

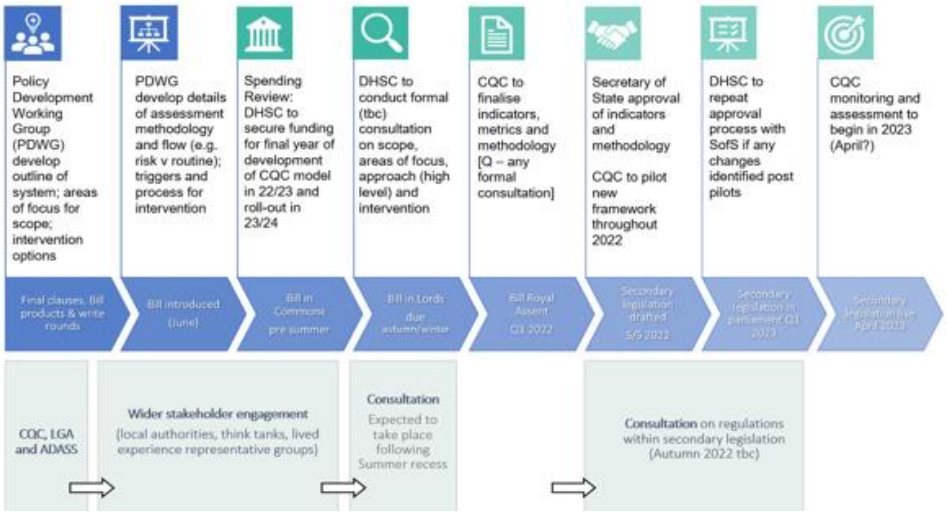



Figure 3.4: Overview of assurance development April 2021 to April 2023

3.5 Through this exceptional period, we have maintained our 'Promoting Independence' strategy, meaning:

- Through prevention: creating the conditions where people and communities help themselves.
- In integration: making independence the key outcome of all services and the core principle of shared culture, preparing people for recovery in all stages of health intervention.
- At first contact: effectively meeting people's needs through information, advice, signposting, diverting them from dependence on care services.
- In our care management practice: focussing on strengths of individuals, their families and social networks, and their communities to help people help themselves and each other.
- Through short-term interventions: developing the range of services we offer collaborating with NHS partners, extending their reach, improving their effectiveness, and ensuring appropriate access and triage.
- Through long-term services: making the default expectation the maximisation of independence, introducing outcomes-based commissioning to achieve this.

## 4. The Pandemic in Adult Social Care in Devon

4.1 The last two years in Adult Social Care have been dominated by the pandemic, with older and more vulnerable people, especially those living in adult social care settings, being at higher risk of serious disease and death than the general population. Up to 21st January 2022 in England and Wales 45,632 deaths in care homes involved Covid-19 accounting for 16.7% of all deaths of residents with the case fatality rate particularly high in the first wave. Internationally, the International Long-Term Care Policy Network estimate that in the few countries they can cover, at least 421,959 deaths of care home residents can be attributed to Covid-19.

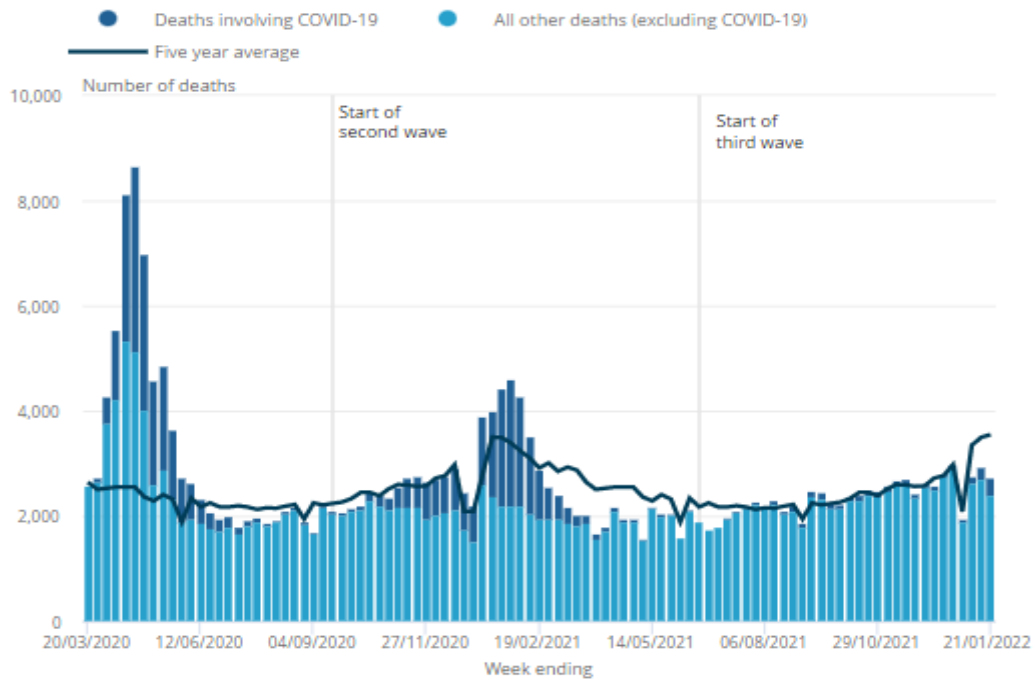



Figure 4.1: Deaths in care homes in England and Wales. (Source: ONS)

4.2 It is not only settings for older people that have been at higher risk of outbreaks of Covid-19 and the worst consequences of the disease. People with learning disabilities, for example, were at least three times as likely to die from the disease than the general population, and at a younger age than other fatalities. This is because people with learning disabilities are more likely to live communally and have co-morbidities and less likely to understand infection prevention and control guidance. It is estimated at least 2,700 people with learning disabilities in the UK have died because of Covid-19 during the pandemic so far, some in hospital but many where they live.

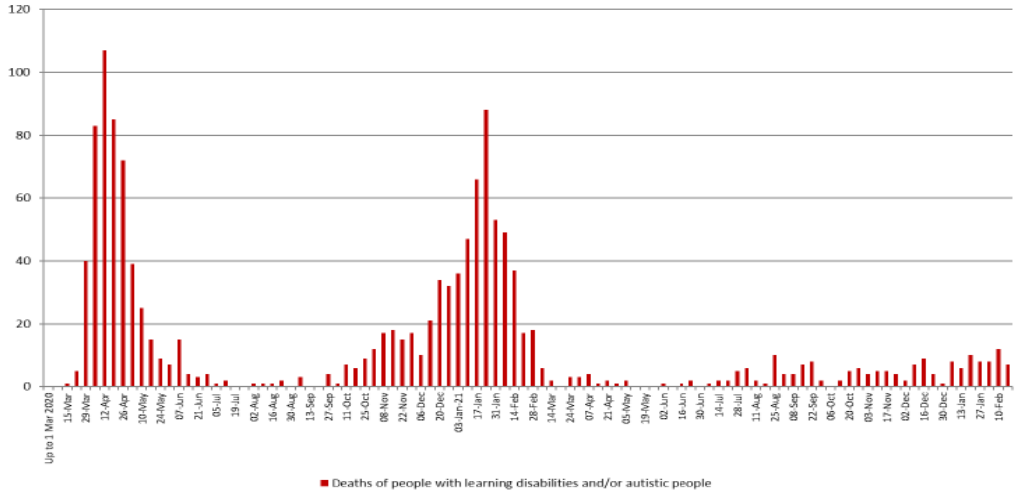



Figure 4.2: Confirmed deaths of people with learning disabilities and/or autistic people in hospital of Covid-19. (Source: NHSE/I)

4.3 In Devon, there have been up to 160 outbreaks of Covid-19 at any given time, affecting hundreds of residents and staff. Care providers have had to manage the threat or actuality of infection in their settings for over two years, following enhanced Infection Prevention and Control guidance with staff working in full Personal Protective Equipment throughout their shifts. Residents have experienced their homes become more clinical and less social environments. Their families and friends have suffered long periods of separation from their loved ones. This is an opportunity to remember those who have died and reflect on all those who deliver or receive care and support have been through. We thank them for their commitment and endurance in the face of a disease that has robbed many of friends and colleagues and left others still dealing with debilitating long-term consequences.

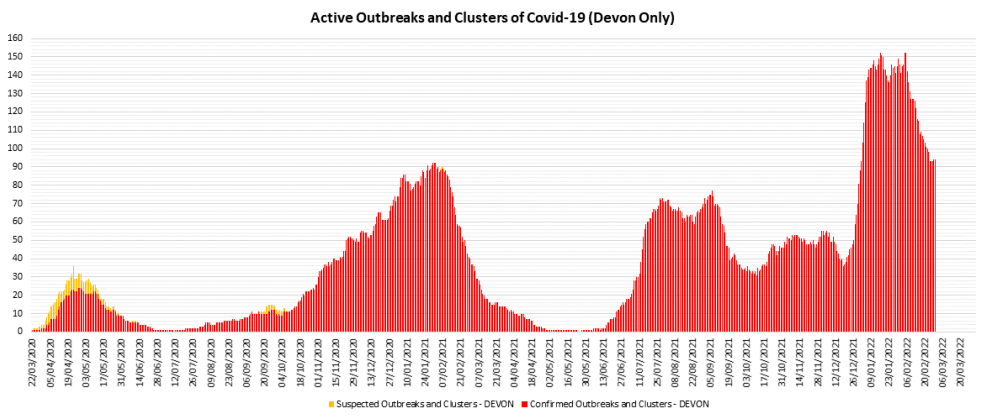



Figure 4:3: Active outbreaks in adult social care settings in Devon. (Source: TPRC)

4.4 We should also acknowledge the work of colleagues across the health and care system who have been working to support care providers, their staff, and recipients of their services during the pandemic period in many ways including: by interpreting and communicating guidance in best practice, securing and allocating funding, deploying emergency staffing, and contributing to the management of outbreaks. Partnerships and relationships forged across the health and care system and lessons learned during the pandemic will endure and yield further benefits for years to come. After the first wave of the pandemic Devon was highlighted by an independent consultancy as one of five areas where fatalities in care homes were significantly lower than would be expected given prevalence in the community. Currently the fatality rate in care homes in Devon during the pandemic is 23rd lowest of 150 nationally and the proportion of deaths in care homes attributed to Covid-19 7th lowest of 150 nationally.

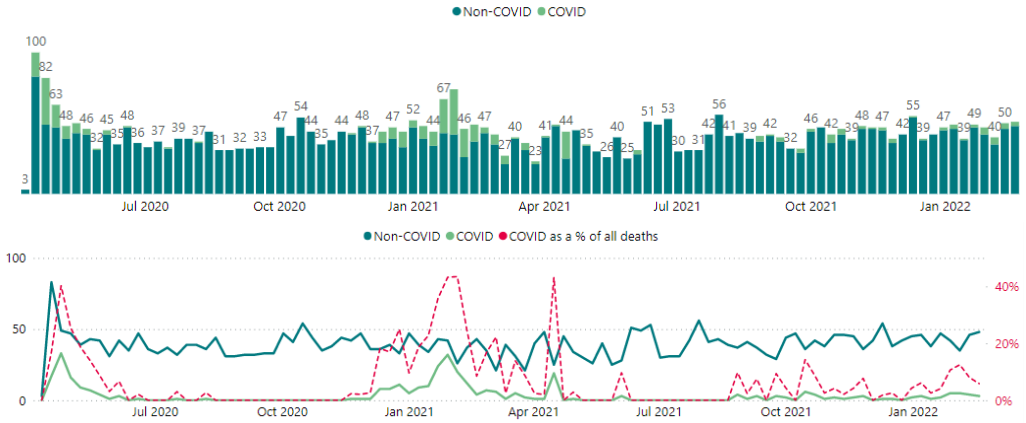



Figure 4.4: Deaths in care homes in Devon during the pandemic (source: MIT)

4.5 We should also take this opportunity to acknowledge the investment made nationally and locally in supporting the financial sustainability of adult social care providers and meet the additional costs they have faced during the pandemic. Without it the outcome could have been very different.

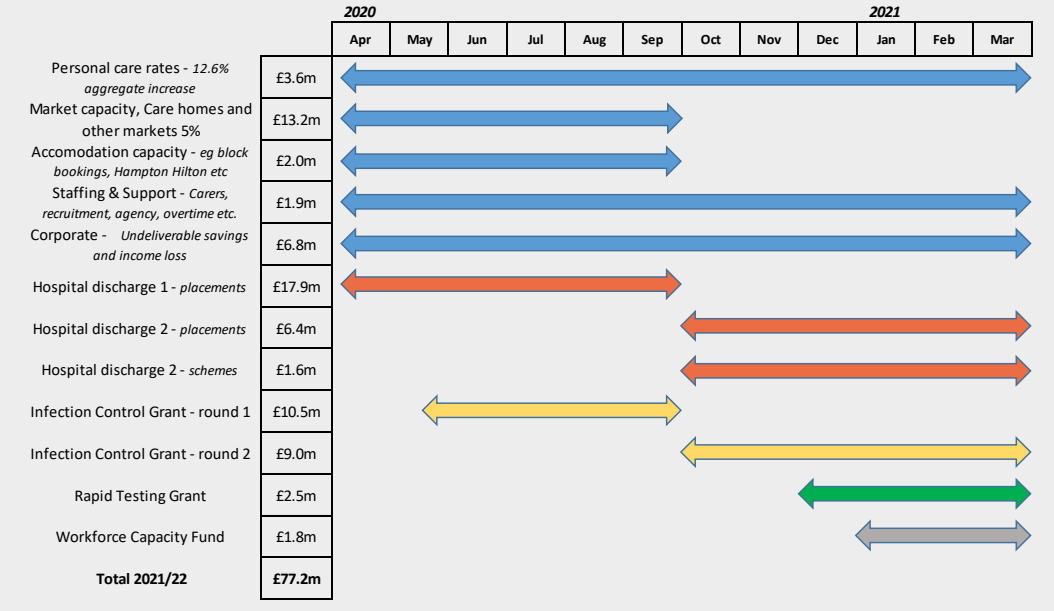



Figure 4.5: Covid-19 related expenditure in the adult social care sector in Devon 2020-21 (Source: Finance)

4.6 In recent months, the vaccination programme has enabled us to step down some of the national and local measures taken to mitigate the risks of infection and its consequences. While delivery has been led by the NHS, colleagues in local government have paid a key role in promoting take-up amongst those groups of people who are subject to inequalities of take-up, who are particularly vulnerable, or who work in high-risk settings. Take-up among the staff and users of social care in Devon has consistently been among the highest, making adult social care settings here safer places to live and work. While the efficacy of vaccines in the very elderly wanes more rapidly requiring more regular boosters, we are now experiencing comparatively fewer instances of serious illness, hospitalisation, or death -- although outbreaks continue, some escalating rapidly, needing whole system response to manage them.

| Data to 13 Feb 2022. Published 17 Feb 2022<br>Ranks out of 151 Upper Tier Local Authorities | | Devon | | England average | South West average |
|---|---|---|---|---|---|
| | | % | Rank | % | % |
| Older Adult Care Home Residents | Dose 1 | 98% | 17 | 97% | 97% |
| | Dose 2 | 98% | 18 | 96% | 97% |
| | Booster | 94% | 11 | 89% | 91% |
| Older Adult Care Home Staff | Booster | 67% | 3 | 51% | 56% |
| Younger Adult Care Home Residents | Dose 1 | 96% | 50 | 94% | 93% |
| | Dose 2 | 95% | 41 | 92% | 92% |
| | Booster | 88% | 33 | 80% | 75% |
| Younger Adult Care Home Staff | Booster | 65% | 9 | 47% | 48% |
| Registered Domiciliary Care (inc. supported living) Providers Staff | Dose 1 | 95% | 8 | 89% | 91% |
| | Dose 2 | 94% | 3 | 84% | 87% |
| | Booster | 61% | 7 | 42% | 49% |
| Other Settings inc Non-Registered & LA Staff | Dose 1 | 95% | 9 | 76% | 82% |
| | Dose 2 | 0% | - | 34% | 27% |
| | Booster | 0% | - | 4% | 6% |
| Proportion of older adult care homes reporting at least 90% of total residents vaccinated with at least one dose | | 96% | 17 | 90% | 89% |
| Proportion of older adult care homes reporting at least 80% of total staff and at least 90% of total residents vaccinated with at least one dose | | 90% | 50 | 87% | 85% |

| Data to 15 Feb 2022<br>Ranks out of 151 Upper Tier Local Authorities | Devon | | England average | South West average |
|---|---|---|---|---|
| | % | Rank | % | % |
| % of all **care home residents** who have received this season's flu vaccination | 85% | 29 | 79% | 80% |
| % of all **care home staff** who have received this season's flu vaccination | 32% | 21 | 26% | 28% |
| % of **registered domiciliary care** (inc supported living) staff delivering care who have received this season's flu vaccination | 24% | 22 | 17% | 20% |

Figure 4.6: Vaccination take-up amongst adult social care staff and service users. (Source: MIT/Capacity Tracker)

## 5. The adult social care workforce

5.1 Now more than ever we recognise the importance of the adult social care workforce and consider the recruitment, retention, and development of staff across the sector our top priority, leading the way nationally through our Love Care programme and Proud to Care initiative.

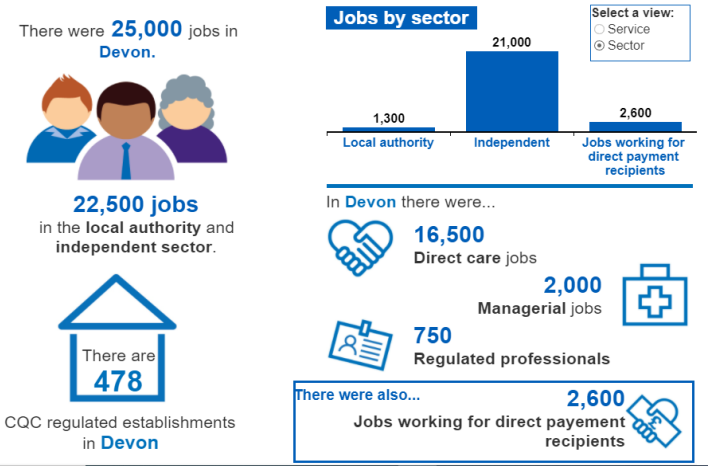



Figure 5.1: the adult social care workforce in Devon 2020-21 (Source: SfC)

5.2 Our recent Appreciative Inquiry brought together colleagues from across the county and beyond to better understand the workforce challenges they face and how we can work collectively to make a difference that will bolster the sufficiency and quality of services for years to come, but also to celebrate the 25,000 people who work in the sector and contribute to the local economy in all their diversity.

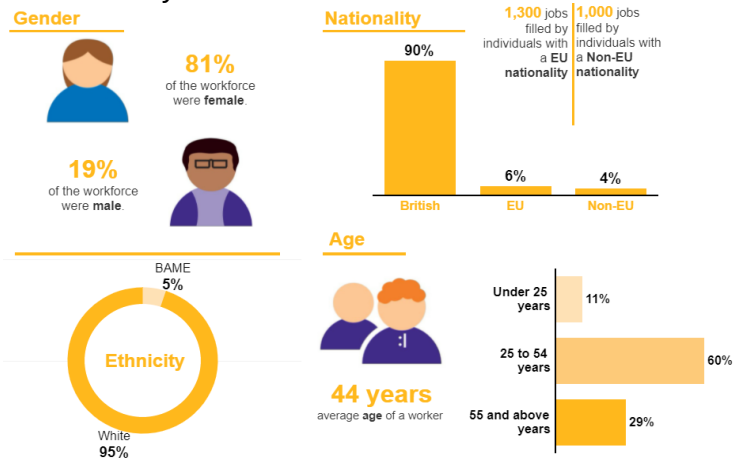



Figure 5.2: The adult social care workforce in Devon demographics 2020-21 (Source: SfC)

5.3 Data from care providers indicates the vacancy rate in the care sector is a limiting factor on our ability to provide sufficient and high-quality services in Devon. The vacancy rate is higher now than before the pandemic with significant turnover, albeit variable by role and employer, and often indicating movement within the sector. Covid-19 related absence has also reduced capacity with often short-term impacts concentrated on providers experiencing outbreaks who we have supported through additional agency staffing to maintain safe services. Skills for Care report that the vacancy rate in the sector nationally decreased from 7.5% to 5.9% in the first year of the pandemic but has since increased to 9.5% nationally and 9.9% regionally and providers are reporting similar trends locally. They also report that while absence levels have begun to fall since the peak of Covid-19 related absence in summer 2021 when isolation rules were strictest, they remain well above pre-pandemic levels.

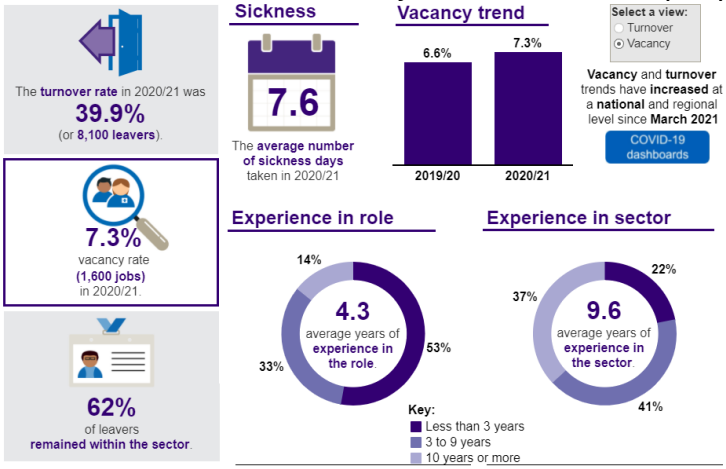



Figure 5.3: The adult social care workforce in Devon vacancy, turnover, and absence 2020-21 (Source: SfC)

5.4 The difference in average hourly rates of pay between the fewer than 1,000 staff employed by Devon County Council and the more than 24,000 staff

employed in the independent and voluntary sector is mainly accounted for by professional and managerial roles being concentrated in the former and frontline care-giving roles in the latter. Nevertheless, while pay isn't the only benefit that workers value, the hourly rate in competing sectors has been increasing faster than in health and care making alternative work in roles in retail and hospitality, for example, comparatively attractive.

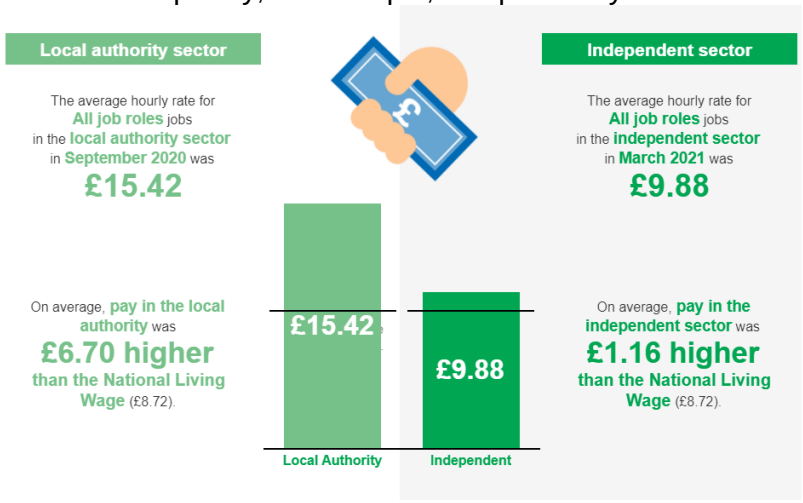



Figure 5.4: Pay in the adult social care sector in Devon 2020-21 (Source: SfC)

5.5 One of the key objectives of the LoveCare programme is to establish career pathways across the health and care system in Devon that identify people with the right values and aptitude for care work and develop them into roles requiring greater levels of qualification over time, rewarding their commitment and experience.

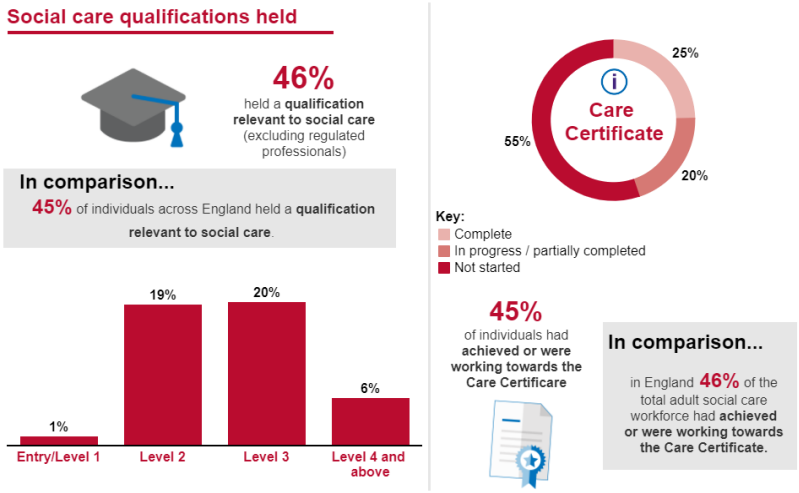
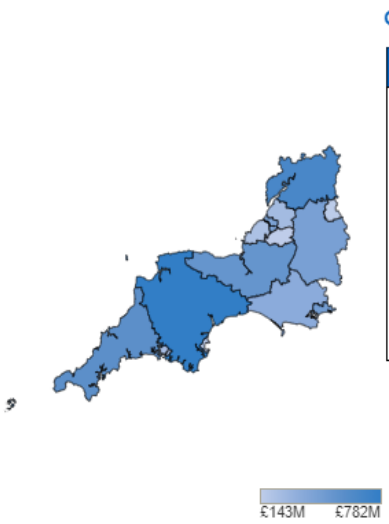



Figure 5.5: Qualifications in adult social care in Devon 2020-21 (Source: SfC)

5.6 Skills for Care estimate that adult social care provided £782mn gross added value to the Devon economy in 2020-21. Given England generally, and Devon in particular, has an aged and ageing population, they project that jobs in the sector will need to increase by 35% between 2020 and 2035 to keep pace with demand. The challenge for the adult social care sector is that it is inherently labour intensive. Whatever technologies used to assist them, care work is done by people for people; while a more skilled, experienced, and qualified workforce should lead to higher quality care and better lives, those benefits may not be expressed in traditional measures of productivity.




| Region | Local authority | Gross value added |
|---|---|---|
| South West | Devon | £782M |
| | Gloucestershire | £662M |
| | Somerset | £528M |
| | Cornwall and Isles of Scilly | £573M |
| | Bournemouth Christchurch and Po.. | £464M |
| | Wiltshire | £440M |
| | Bristol | £421M |
| | Dorset | £353M |
| | Plymouth | £242M |
| | South Gloucestershire | £257M |
| | North Somerset | £217M |
| | Torbay | £170M |
| | Swindon | £151M |
| | Bath and North East Somerset | £143M |

Figure 5.6: the contribution of adult social care to the Devon economy in 2020-21 (Source: SfC)

## 6. Activity, cost and spend

6.1 It has been challenging to monitor activity, cost and especially spend in adult social care during the pandemic in a way that can be compared with the situation pre-pandemic given different patterns of demand, changes in service delivery, and the additional costs of enhanced infection prevention and control and testing regimes. Therefore, any conclusions we draw should be treated with caution nationally as well as locally.

6.2 While spend on adult social care reduced in real terms between 2010-11 and 2015-16 a rising trend since has been driven by increases in the National Living Wage. Trends have been similar locally, regionally, and nationally with adult social care budgets now verging on being half of overall expenditure in top tier authorities. Locally our spend on care management and commissioning is typical, but we need to address issues in the ASC-FR finance return that inflate our declared expenditure on corporate overheads.

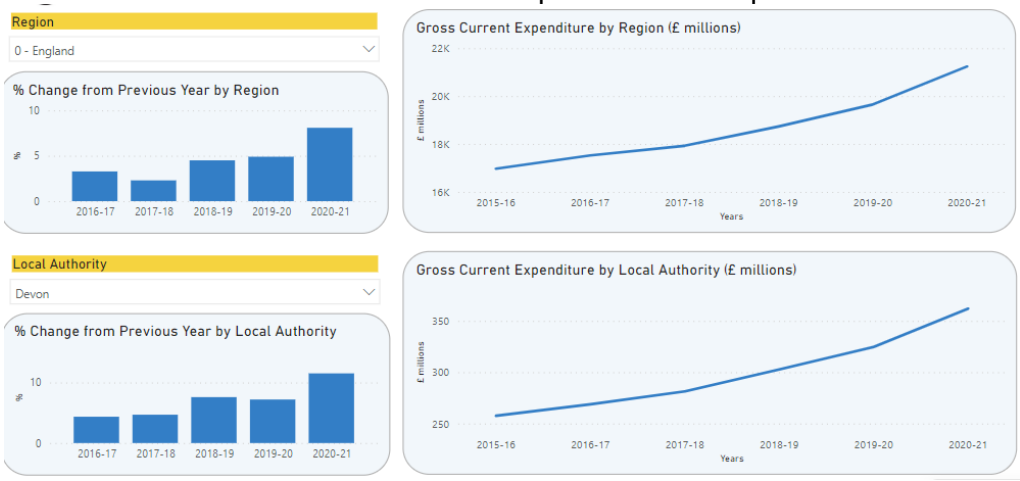



Figure 6.2: Recent trends in gross current expenditure on adult social care. (Source: NHSD - ASC-FR)

6.3 Devon County Council supports a greater proportion of its 18-64 population with community-based services than all comparator groups, but a lesser proportion than its partner authorities in Devon ICS with Torbay being a

national outlier. We support a lesser proportion of our 65+ population with community-based services than all comparator groups including our partner authorities in Devon ICS. (More deprived areas tend to support a greater proportion of older people because adult social care is means tested.)

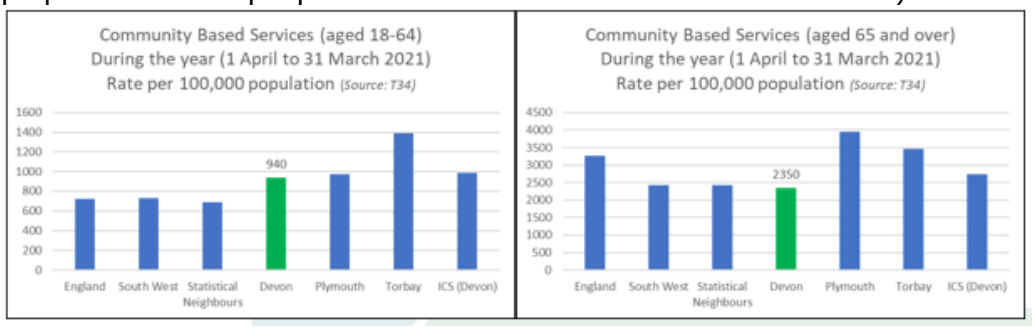



Figure 6.3: Comparative rate of recipients of publicly funded adult social care community-based services relative to the population. (Source: MIT – SALT)

6.4 In Devon we have incrementally increased the hourly rate we pay to personal care service providers in recognition of the premium of delivering in a largely rural area and of meeting the costs of care including a living wage for care workers. We do not provide personal care services in-house (although we retain some social care reablement and enabling capacity in the community) but those authorities that do have a higher cost base.


Figure 6.4: Comparative cost of personal care services. (Source: MIT – ASC-FR/SALT)

6.5 Spend is the product of activity and cost. Devon County Council spends a similar sum on community services relative to its 18-64 population as the regional average, slightly more than is typically nationally and in statistical neighbours, but less than its partners in Devon ICS. We spend less relative to our 65+ population than all comparators. (Devon's population is more aged but less deprived than is typical.)

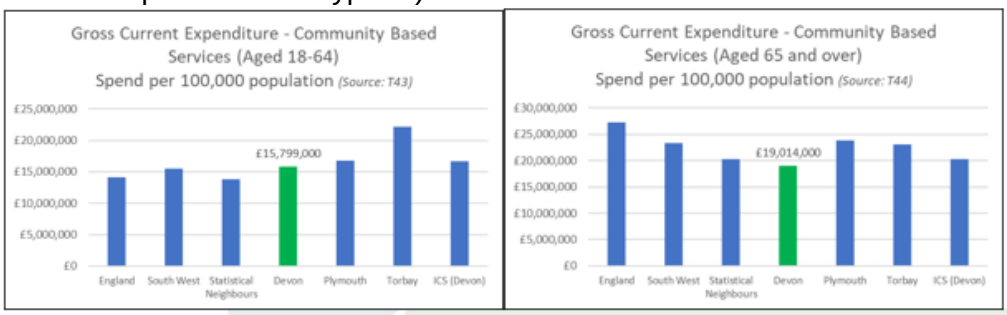



Figure 6.5: Gross current expenditure on adult social care community-based services relative to population. (Source: MIT – ASC-FR)

6.6 Devon County Council supports a similar proportion of its 18-64 population in residential and nursing care to all comparator groups but a lesser proportion

than Torbay in Devon ICS which is a national outlier. We support a similar proportion of our 65+ population in residential and nursing care to all comparator groups but less than our partner authorities in Devon ICS. (More deprived areas tend to support greater proportion of older people because adult social care is means tested.)


Figure 6.6: comparative rate of recipients of publicly funded adult social care residential services relative to the population. (Source: MIT – SALT)

6.7 Looking at residential and nursing costs together for people 18-64, Devon County Council pays similar rates to national and regional comparators but more than its partner authorities in Devon ICS where property prices are lower than is typical in the county. For people 65+, we see a similar pattern. (In a county like Devon, approximately 50% of the residential/nursing market for people 65+ is self-funded.)


Figure 6.7: Comparative cost of residential and nursing care services. (Source: MIT – ASC-FR/SALT)

6.8 Devon County Council spends a similar sum on residential and nursing care relative to its 18-64 population as the regional and statistical neighbour averages, slightly more than is typically nationally, and between its partner authorities in the Devon ICS. Our spend on the residential and nursing care of the 65+ population is similar to all comparators and its partner authorities in Devon ICS. (DCC's population is more aged but less deprived than is typical.)

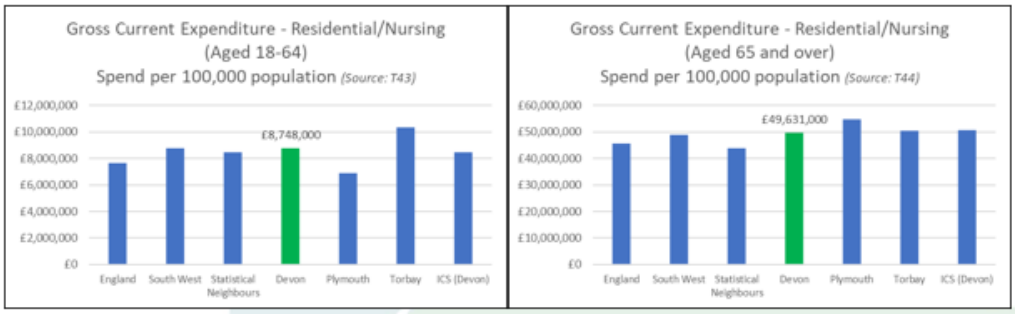



Figure 6.8: Gross current expenditure on adult social care residential services relative to population. (Source: MIT – ASC-FR)

6.9 Capacity and activity in the personal care market is challenging to analyse because up to 50% of demand is from self-funders. Insufficiency in the personal care market in Devon is not new but had been stable during the pandemic period until the Spring and Summer of 2020-21 when the situation escalated rapidly as the wider economy opened up. The situation has since been stabilised by intervening using Covid-19 grant funding but the underlying challenge remains the recruitment and retention of staff in the sector. In cases where care cannot be sourced contingency arrangements are put in place to keep people safe and maintain their wellbeing. More than half have care delivered by Devon County Council or NHS staff, others are in temporary residential care, while a minority are being cared for by unpaid carers.

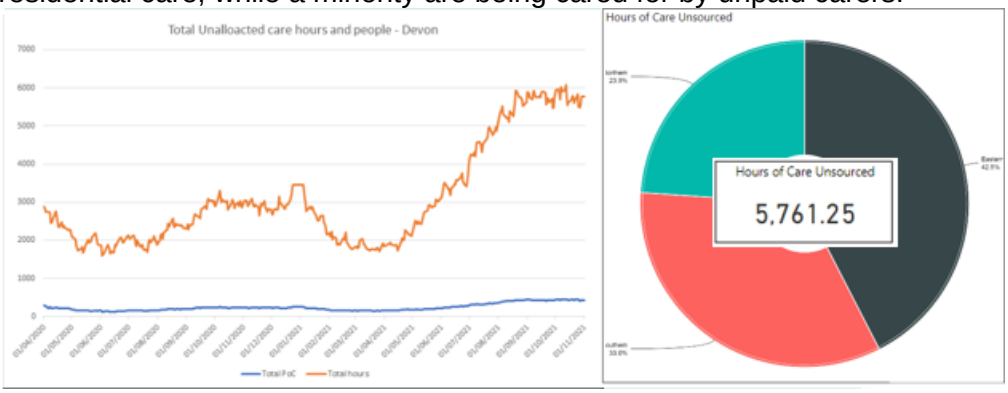



Figure 6.9: Total unallocated personal care hours in Devon. (Source: MIT)

6.10 Assessing residential and nursing care sufficiency is also challenging not just because of unknowns regarding self-funders (who make up almost 50% of the local market) and out of area activity but also because of complexities of geography and suitability of a setting as the home of a given individual. Overall, the number of beds in is below the regional and neighbour averages and weighted more towards residential than nursing care. People from Devon frequently become resident in care homes on the Devon border, especially in Plymouth and Torbay; some with the most complex needs are placed further afield; others prefer to be located closer to family who can visit them.

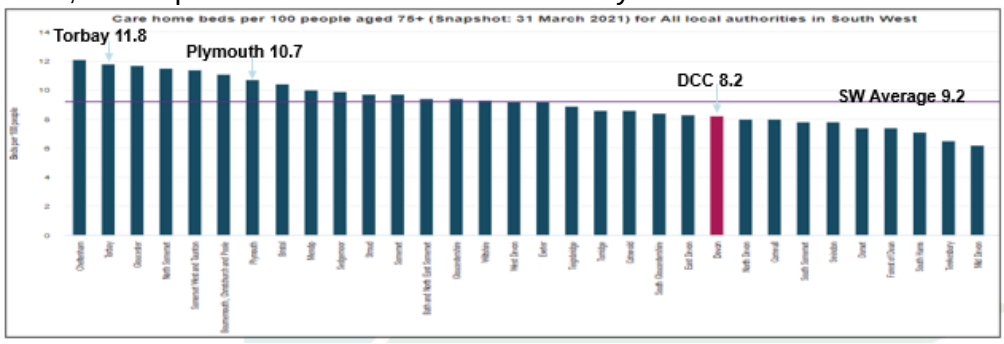



Figure 6.10: comparative residential/nursing care capacity in the South-West (Source: MIT/CQC)

## 7. Performance and Outcomes

7.1 Data collections that feed the Adult Social Care Outcomes Framework have also been hampered in various ways during the pandemic period. Surveys of service users and their carers have been postponed because of the risks inherent in conducting them. Other measures have been impacted by changing patterns of demand and provision. Nevertheless, by looking at long-

term trends we can discern some insights into the outcomes we achieve for people in Devon while we look forward to a revised Performance Framework to accompany the introduction of the regulation and assessment of the adult social care functions of local authorities against their Care Act (2014) duties due to commence in April 2023.

7.2 The most recent statutory survey of service users was conducted in 2019-20 when overall satisfaction rates in Devon were higher than the national, regional and comparator averages as has been typically the case over the last decade. Because of the postponement of surveys during the pandemic and their reinstatement in 2021-2 we will not report on other survey results this year. During the pandemic we have concentrated local survey capacity on understanding the qualitative experiences and concerns of service users and carers during the pandemic to inform our Response.

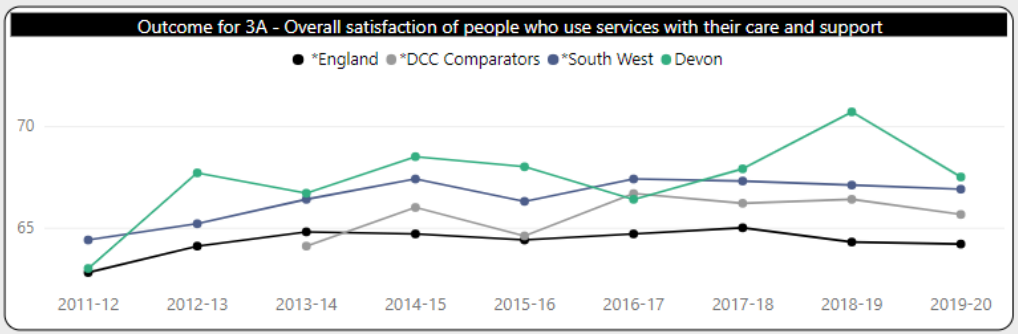



Figure 7.2: Overall satisfaction of people who use services with their care and support (Source: MIT/NHSD)

7.3 The most recent statutory survey of carers was conducted in 2018-19 when overall satisfaction rates in Devon were similar to the national, regional and comparator averages. During the pandemic we are aware from national research that the number of unpaid carers has increased and the detrimental impacts on their employment, health and wellbeing have grown.

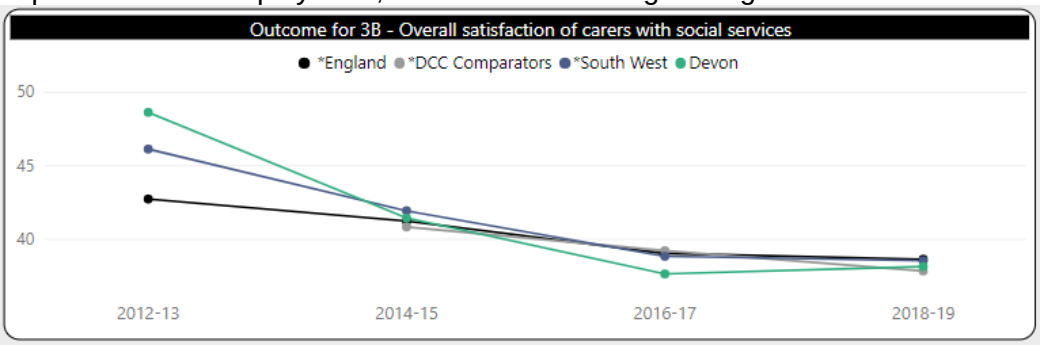



Figure 7.3: Overall satisfaction of carers with social services (Source: MIT/NHSD)

7.4 During the pandemic the proportion of people whose services are funded by direct payments has continued to reduce nationally, regionally, and locally and at an accelerated rate. While there are other means of giving people (especially younger adults with disabilities) choice and control over their care and support, direct payments are generally considered the most effective. Devon maintains its performance as better than the national, regional and comparator averages.

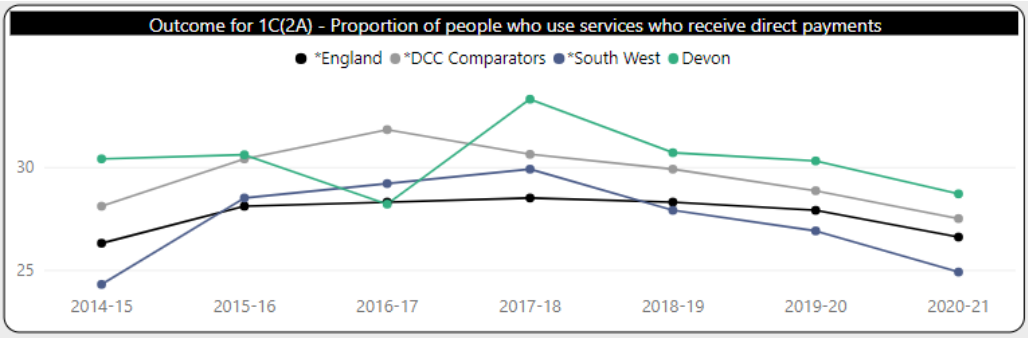



Figure 7.4: Proportion of service users who receive direct payments (Source: MIT/NHSD)

7.5 In Devon we have consistently managed to maintain a greater proportion of people with learning disabilities in paid employment than is typical nationally, regionally or among our comparators, and despite the pandemic have slightly improved our performance which is a good indicator of promoting their independence. We also measure the same indicator for people with secondary mental health needs where services are delivered through a Section 75 agreement with the Devon Partnership Trust; our performance compares less well but there are known data quality issues with this cohort locally and nationally.

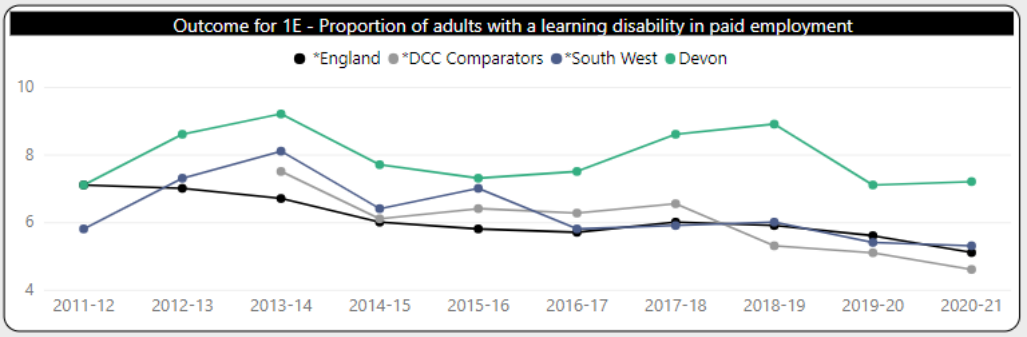



Figure 7.5: proportion of adults with learning disabilities in paid employment (Source: MIT/NHSD)

7.6 During the first year of the pandemic the proportion of adults with learning disabilities living independently or with their family (rather than being in a residential care setting) increased and is above the national, regional and comparator averages. There may be some concerns that people moving back to a family home from another form of accommodation may have lost rather than gained independence during the pandemic period, but they are likely to have been safer given their vulnerability to Covid-19.

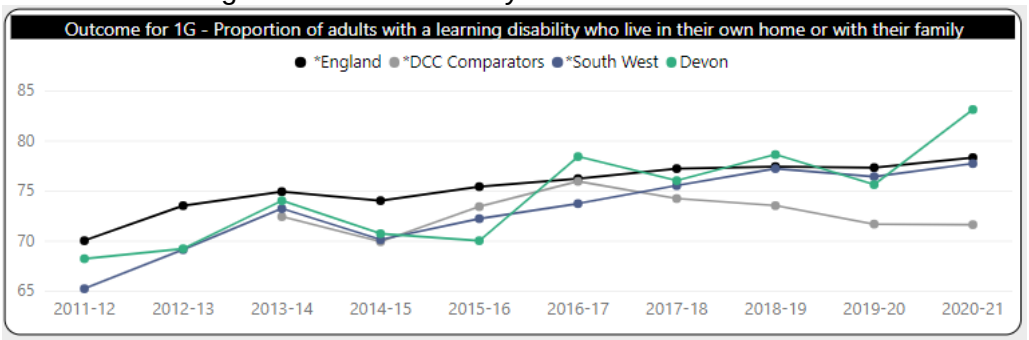



Figure 7.6: Proportion of adults with learning disabilities in appropriate accommodation (Source: MIT/NHSD)

7.7 Our approach to promoting the independence of working age adults is to support them to develop their independence within their family and/or own homes wherever possible, only using traditional models of residential or nursing care where other options are not viable. The long-term trend is improving nationally and locally and while a slight worsening in performance in Devon has left us marginally below comparators small numbers can make a large difference in this cohort and measure.

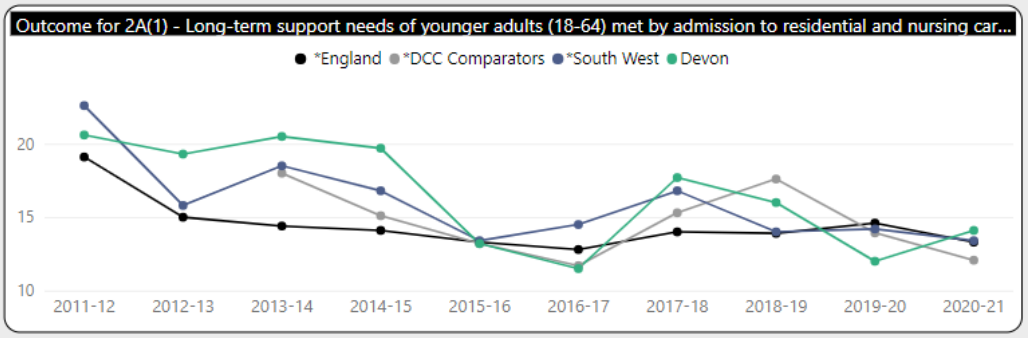



Figure 7.7: Proportion of younger adults having their needs met by residential or nursing care services (Source: MIT/NHSD)

7.8 Similarly, our approach to promoting the independence of older adults is to maintain them in their own homes wherever possible, only using residential or nursing care where that is no longer viable. The long-term trend is downwards nationally and locally, and Devon performs at the national average.

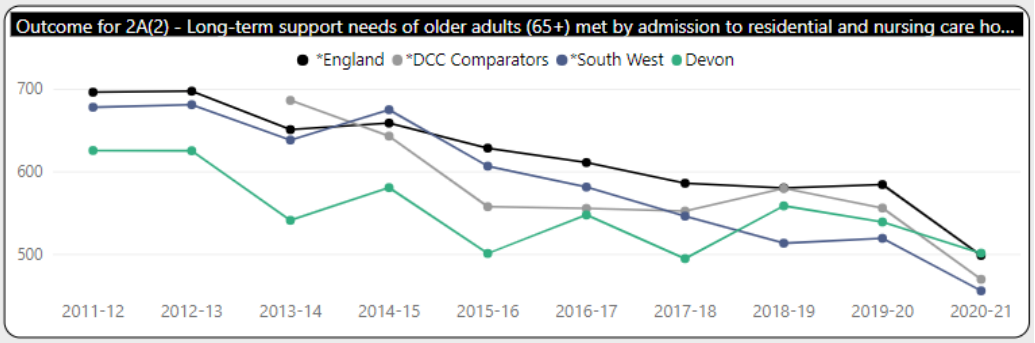



Figure 7.8: Proportion of older adults having their needs met by residential or nursing care services (Source: MIT/NHSD)

7.9 During the pandemic, NHS and local authority Covid-19 related funding has been deployed to increase the proportion of older people being discharged from hospital receiving reablement and rehabilitation services to return them home and promote their independence. Devon's performance is now in line with national, regional and comparator averages and could be further improved were capacity not diverted to meet the needs of people awaiting personal care at home.

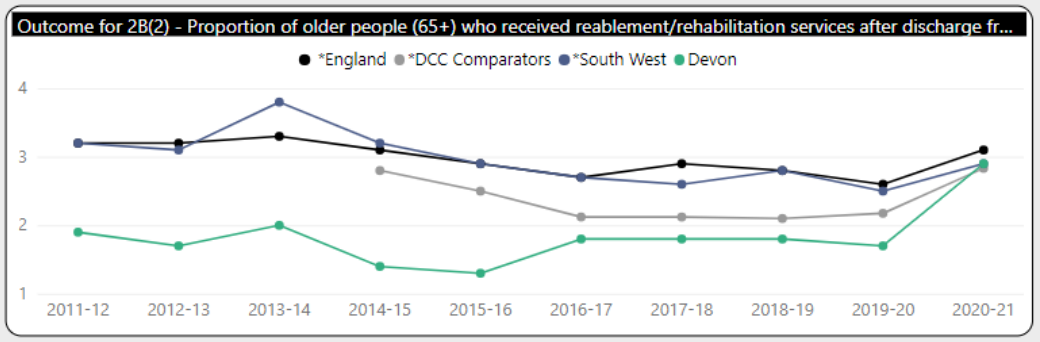


Figure 7.9: Proportion of older who received reablement services after hospital discharge (Source: MIT/NHSD)

7.10 The proportion of older receiving reablement services after hospital discharge who went on to be recover some or all their independence has increased in Devon during the pandemic period against the national, regional and comparator trends indicating more positive rehabilitation outcomes.

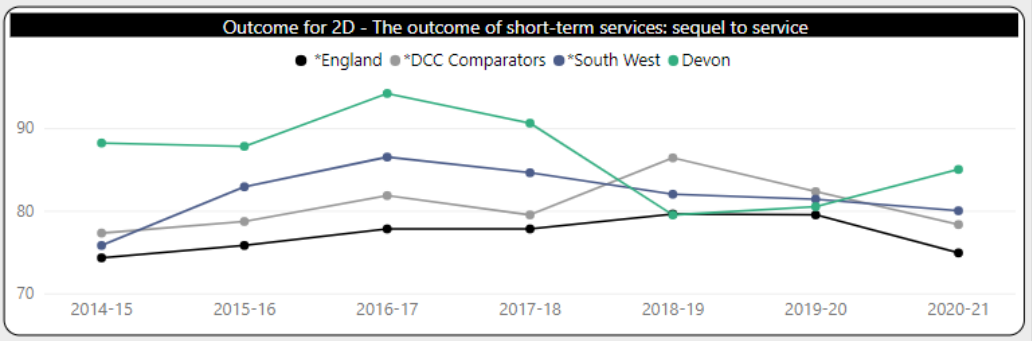



Figure 7.10: Proportion of older receiving reablement services after hospital discharge who went on to be recover some or all their independence (Source: MIT/NHSD)

## 8. Safeguarding and Quality

8.1 Recorded safeguarding activity in Devon significantly increased in 2020-21 because of concerted action to address the low rate of reported Concerns by raising awareness and improving practice and is almost triple what it was in 2017-18. We are now above our comparator group average but still significantly below the England average. It is a national challenge in monitoring and improving performance that adult safeguarding practice differs widely around the country with no consensus regarding what is good.


Figure 8.1: Comparative safeguarding concerns relative to population (Source: MIT/SAC)

8.2 The increase in safeguarding Concerns in Devon in 2020-21 has been accompanied by a decrease in the rate of Enquiries -- Concerns that meet the threshold for further investigation. Our rate of Enquiries is now almost double what it was in 2017-18 and is close to our comparator group average although still below the England average.

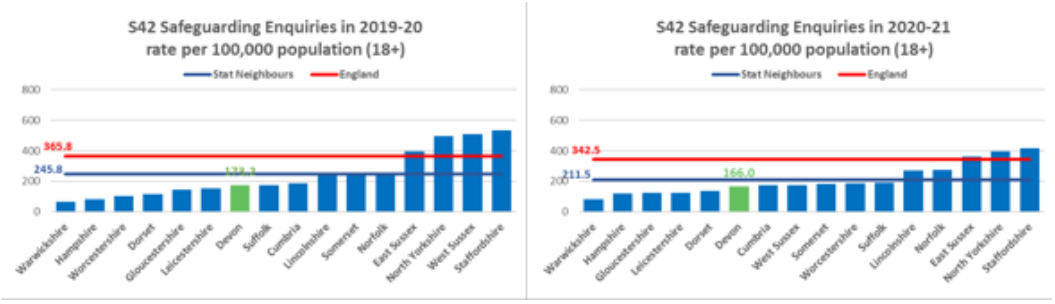



Figure 8.2: Comparative safeguarding enquiries relative to population (Source: MIT/SAC)

8.3 The pandemic has had an impact on the pattern of safeguarding activity. In 2020-21 in Devon a lower proportion of enquiries were recorded as being about physical abuse and neglect than all comparators. We continue to be an outlier in terms of the low number of enquiries being pursued about neglect. Conversely, a greater proportion concerned psychological abuse and organisational abuse compared to others. These patterns are very similar to the previous year. Of the enquiries where the person lacked mental capacity, 65% were supported by an advocate in Devon. For our comparators this was 69%, and across England 81%.

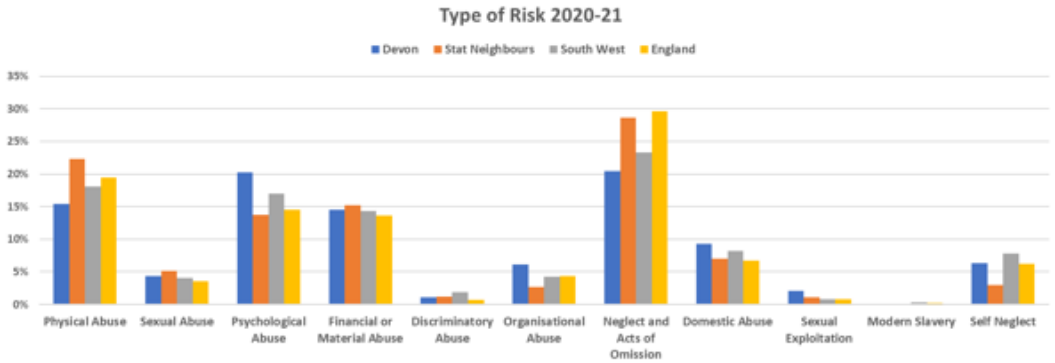



Figure 8.3: The comparative primary risks underlying safeguarding Concerns (Source: MIT/SAC)

8.4 The introduction of Making Safeguarding Personal encouraged local practitioners to seek the outcome the subject of a Section 42 Enquiry hoped to achieve and record at the end of the process whether it had been achieved. The information is collected on a voluntary basis but indicates that practitioners in Devon establish the desired outcome in a greater proportion of cases than is typical in comparator authorities but a lesser proportion than the national average. Of those, 96% of people consider their objectives have been wholly or partially met, more than is typical among comparators or nationally.

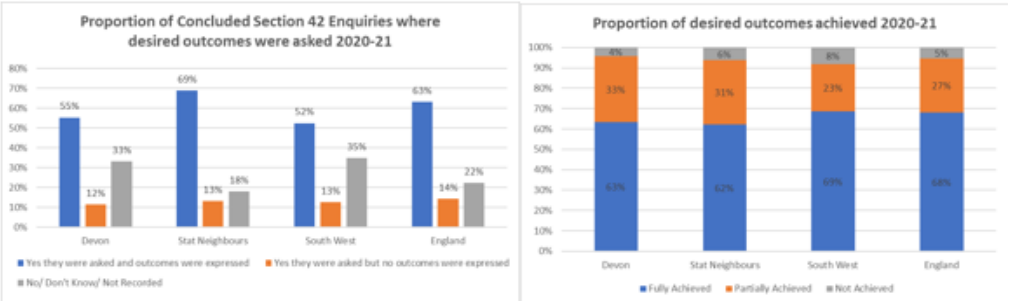



Figure 8.4: the comparative outcomes achieved under 'Making Safeguarding Personal' (Source: MIT/SAC)

8.5 In Devon on 1st January 2022, 77% of community-based services were rated Good or Outstanding by the Care Quality Commission, matching the regional average, and exceeding the national average of 66%. Our Quality Assurance and Improvement Team use data to target providers who may need additional support, and work with those where improvements are required. The Care Quality Commission have highlighted the strength and continuity of leadership in Devon as being an important factor in sustaining these ratings.

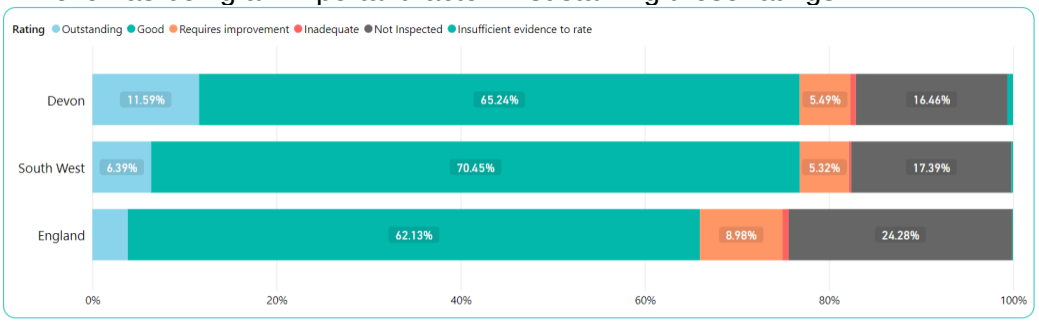



Figure 8.5: The comparative quality of community-based services as judged by the Care Quality Commission (Source: MIT/CQC)

8.6 In Devon on 1st January 2022, a greater proportion of residential and nursing care providers were rated Good or Outstanding by the Care Quality Commission than the national and regional average in both residential and nursing settings. 88% of residential care homes in Devon are rated Good or Outstanding, compared to the national average of 79% and the regional average of 85%.

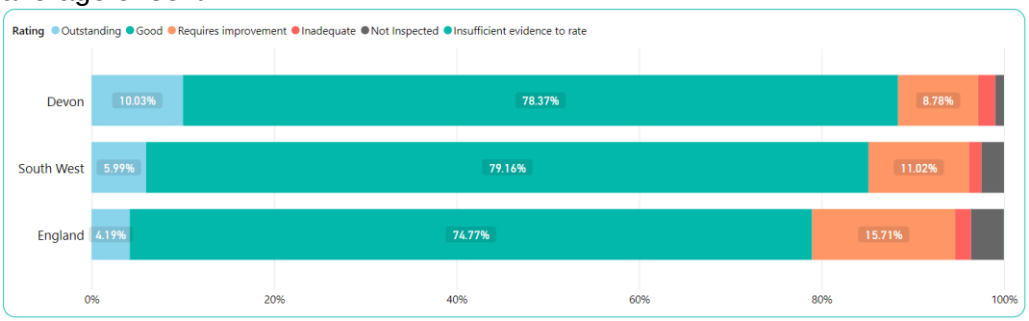



Figure 8.6: The comparative quality of residential and nursing services as judged by the Care Quality Commission (Source: MIT/CQC)

## 9. Summary of key points

9.1 People receiving adult social care services have been more vulnerable to Covid-19 due to their age, disability, co-morbidities and being more likely to live in communal settings. In Devon fatalities have been among the lowest in the country proportionate to our population, partly because of whole system working on infection prevention and control and vaccine up-take.

9.2 We have made the recruitment, retention, and development of staff our top priority through our Love Care and Proud to Care initiatives because we recognise they are the key enablers to high quality, diverse and sufficient services.

9.3 We now spend more of our budget on working age adults than older people and benchmarking indicates that relative to our population our spend on

working age adults is more than typical and on older people less than typical. This is mainly because of the higher number of people we serve and the type and extent of services they receive than the cost of care although we pay a rural premium for community-based services.

9.4 Using the Adult Social Care Outcomes Framework, we perform higher than average in the majority of indicators, with most in the second or third quartiles. Statutory surveys have been suspended during the pandemic but historically we have been given better than average satisfaction ratings and will be paying close attention to the results of those surveys currently in progress.

9.5 Our safeguarding activity is now close to benchmark levels due to working across the system on encouraging professionals and members of the public to raise safeguarding concerns. During the pandemic we have seen changes in the reasons for concerns with more associated with social isolation and less due to risks outside the home.

9.6 The quality of regulated adult social care services in Devon provided by the public, independent and voluntary sectors continue to be rated more highly by the Care Quality Commission than all comparator groups.

9.7 The coming year looks to be particularly challenging for adult social care:

- Implementing the government's agenda for the reform including regarding integration, regulation, and the charging framework.
- Continuing response to outbreaks of Covid-19 and other infectious diseases while government funding is significantly reduced.
- Meeting escalating costs due to wage pressures; rising prices of food, fuel, and power; and continuing costs of infection prevention and control including maintaining testing regimes and ensuring high vaccine uptake.
- Recruiting, retaining, and developing sufficient staff to maintain sufficient, diverse, and high-quality services.
- Managing within a budget that while increasing is under pressure from rising demand, increasing costs and insufficient supply.

9.8 We have sought to use this Annual Report to outline an evidence base that summarises the context in which we face those challenges, seeking the understanding and support of members in that shared endeavour.

**Appendix: Data Sources and National Analysis**

NHS Digital: Adult Social Care Analytical Hub

- Adult Social Care Overview by Region and Local Authority
- Mid-Year Activity 2020-21
- Activity and Finance
- Adult Social Care Outcomes Framework (ASCOF)
- Deprivation of Liberty Safeguards (DoLS)
- Adult Social Care Survey (ASCS)
- Adult Social Care Workforce Data Set (ASC-WDS)
- Guardianship
- Safeguarding Adults Collection (SAC)
- Survey of Adult Carers in England (SACE)

NHS Digital: Adult Social Care Collection Materials 2020-21
NHS Digital: Adult Social Care Collection Materials 2021-22

Skills for Care

- Adult Social Care Workforce Data Set
- State of the Adult Social Care Workforce
- Local Workforce Information

Care Quality Commission

- State of Care

The King's Fund

- Social Care 360

Association of Directors of Adult Social Services

- Publications

Local Government Association

- Social care, health, and integration
- LGInform

DHSC Adult Social Care Covid-19 guidance

Long Term Care Policy Network

**Electoral Divisions**: All

Cabinet Member for Adult Social Care and Health Services: James McInnes

Chief Officer for Adult Care and Health: Jennie Stephens

*LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS*

Contact for Enquiries: Damian Furniss
Email address: damian.furniss@devon.gov.uk

| BACKGROUND PAPER | DATE | FILE REFERENCE |
|---|---|---|

Nil