



Promoting Independence in Devon

Our Annual Report
for Adult Social Care
2019

Contents

Introduction	Introduction and key messages Sector-led improvement Our vision, strategy and plans Our achievements and feedback
The National Scene	ADASS budget survey Trends in activity, cost, spend and outcome.
Key facts	Key facts about the people we serve and our workforce
Performance	How our performance compares with others How our activity, cost and spend compares with others
Change programme	Our delivery of change by priority
Other information	Links to local and national tools and reports

Shaping Future Care

Our partners in health and care in Devon

































Introduction

[Introduction](#)

[Health and Care Scrutiny](#)

[Sector-Led Improvement](#)

[Our Story](#)

[Our Strategies and Plans](#)

[Our achievements](#)

[User and carer feedback](#)



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**

Sector-led improvement

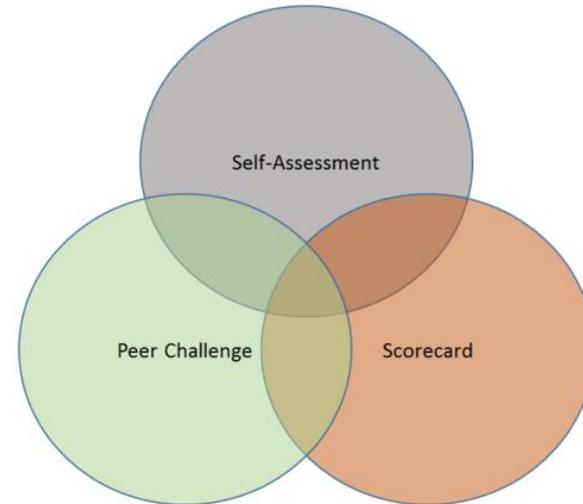
The adult social care functions of local authorities are not subject to routine inspection.

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.

This process is facilitated nationally and regionally by the [Local Government Association](#) working with the [Association of Directors of Adult Social Services](#) and is the context in which this annual report (or 'local account') is written.

[The Department of Health and Social Care](#) are now introducing dashboards and local area reviews to encourage the organisations across health and care systems to work more effectively together and future improvement activity is likely to have an increasingly whole system focus.



Councils make a range of statutory returns to allow comparisons to be made between local authority areas covering:

- The views of service users and carers;
- The outcomes they achieve;
- Cost and spend;
- Activity;
- Safeguarding;
- Workforce;
- Service quality.

We signpost to the published data and tools at the end of this report, highlight insights gained in the evidence we present, and use them in our self-assessment.

Safeguarding Adults Peer Challenge



A **team of independent experts** will be visiting Devon from 16th to 19th of March 2020 to review our multi-agency safeguarding adults system.

Preparation has included partners collaborating on a comprehensive **self-assessment** and a **multi-agency case audit**.

The **standard themes** used for all Safeguarding Adults Peer Challenges are:

1. Outcomes for, and the experiences of, people who use services
2. Leadership, Strategy and Working Together
3. Commissioning, Service Delivery and Effective Practice
4. Performance and Resource Management

An **additional priority theme for Devon** will be people with complex risks:

The systems effectiveness in safeguarding people with complex risks, particularly those who are hard to reach or who could fall through gaps between services and support.

Reviewers will view our system through the lens of the following themes:

Integration.

- Making most of the opportunities of integration with Health to improve safeguarding training, practice, and outcomes.
- Managing the risks of competing priorities.

Public Awareness

- Raising awareness of all types of abuse, neglect, trauma and exploitation of adults with care and support needs, or other vulnerabilities.
- Helping people and communities to prevent all types of adult abuse, neglect and exploitation and feel safe.

Making Safeguarding Personal

- Listening and acting on the information and views we hear from people who are at risk.
- Co-production of safeguarding activity and processes on both an individual basis and with our wider communities and partners.
- Understanding the impact that safeguarding has on people's lives in Devon.

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.

What 'Promoting Independence' means



The **case for change**:

- As the population of Devon changes, with people living longer, including those with long-term conditions and disabilities, **demand for adult social care is increasing**, making it more challenging to maintain sufficient, high-quality, affordable services.
- The biggest referrers to adult social care in Devon are the NHS and we can only **change the culture and practice** of our health and care system by working together to achieve the best outcomes.
- The **health and care system is financially challenged**, and we need to transform the way we do things by supporting more people in their communities and own homes if the current system is to become clinically and financially sustainable.
- We need to **change our models of delivery and commissioning approaches** to those that are centred on the person and promote their independence, not encourage dependence on services when there are better solutions for them.
- In particular we need to make **more short term services** available to support people with fully integrated, community-based health and care services to maximise their independence in their own home wherever possible.

What **promoting independence** means:

- 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.

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.

Our vision and plan for adult social care

Our [vision](#) for adult social care in Devon is supported by a [plan](#) for its delivery

Our Vision

Informed

People who know how they can get the support they need, when they need it, to help with the things that matter most to them.

Secure

People who feel safe and confident, so that they can make the choices they want about how they live.

Connected

People who have rewarding relationships and involvement with others in their social networks and communities

Independent

People who can lead lives that are as independent and fulfilling as possible through being, **Informed**, **Secure** and **Connected**.

How we work

We will:

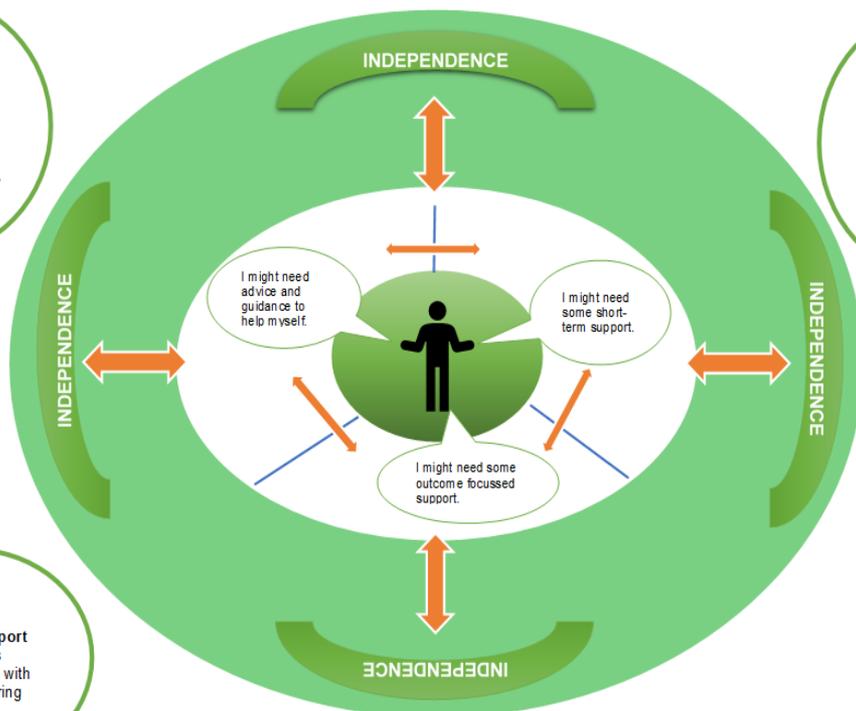
- Listen to people to understand what is important to them
- Learn what people's abilities and challenges are.
- Recognise and nurture people's potential
- Support people to achieve their aims and goals
- Inspire and empower people through our own behaviour
- Be ambitious and have high expectations for ourselves and others
- Listen, learn and adapt, particularly when things go wrong
- Be brave, agile and innovative
- Demonstrate collective responsibility, and confidence.
- Respect our differences in an open, honest and trusting way
- Celebrate success

We will promote these values and priorities to everyone we work with

Priorities

- Promoting Independence through;*
 - o Identifying and making the most of people's strengths
 - o More use of effective short-term support
 - o Supporting and working in partnership with Carers
 - o Enabling and developing communities to support targeted prevention.
 - o Enabling people to gain employment wherever possible
 - o Creative use of technology
 - o Commissioning services that target prevention and promote independence
- Protecting Adults At Risk of abuse and neglect and helping them to feel safe*
- Reducing isolation and loneliness*
- Delivering timely, effective and efficient assessment, planning and support services for people with care and health needs*
- Continue to work with NHS and other partners to enable people to experience more joined-up support, care and health services
- Ensuring that the services that people need are available and of a high quality*
- Being able to arrange services that are closer to peoples home.
- Giving equal priority to people's mental and physical needs, and to mental and physical care and health services
- Improving our workforce and its ability to provide quality services*
- Financial sustainability*

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.

Our Market Position Statement



Demographic and needs analysis:

1. There will be an extended surge in demand over the next thirty years, as the “Baby Boomer” generation reaches older age.
2. People with physical and learning disabilities, sensory needs and/or autism are living longer with more complex needs.
3. In line with national trends there is an increasing prevalence of need for people with autism.
4. The profile for people with mental health needs (not including dementia) is more evenly distributed across the life course.
5. The MPS sets out a number of wider impacts on demand including:
 - Population growth, rising by 33,000 people over the next five years;
 - An increase in the number of people who are living for longer in ill-health;
 - An increase in preventable illnesses, such as diabetes;
 - Funding pressures;
 - Rapid changes in the volume and nature of demand.

The Market Position Statement considers:

1. The viability and cost-effectiveness of provision.
2. Quality: which is generally higher than comparators
3. Workforce: recruitment, retention and remodelling
4. Sufficiency: which is challenging in some markets
5. Fast-changing profiles of need
6. Patterns of investment and suitability of buildings
7. The pattern of supply and its responsiveness
8. Potential for innovation
9. The needs and contribution of unpaid carers
10. The potential impact of Brexit

Our immediate priorities are:

1. Improving supply of care home placements for people with complex needs.
2. Addressing a shortfall of circa 2,500 hours per week in the regulated personal care market.
3. Delivering alternative “care with accommodation” solutions for adults of all ages.
4. Addressing shortfalls in the unregulated market to support people’s independence.

The main current and future health and wellbeing challenges highlighted in our [Joint Strategic Needs Assessment](#):

1. An ageing and growing population.
2. Access to services, including socio-economic and cultural barriers.
3. Complex patterns of urban and rural deprivation.
4. Housing issues(quality and affordability).
5. Earlier onset of health problems in more deprived areas (typically 10-15 years earlier than the least deprived areas).
6. Poor mental health and wellbeing, social isolation and loneliness.
7. Poor health outcomes caused by modifiable health-related behaviours.
8. Pressures on services (especially unplanned care) caused by increasing long-term conditions, multi-morbidity and frailty.
9. Shifting to a prevention focus across the health and care system.
10. Unpaid care and associated health outcomes for carers.

Our principles are:

1. Prioritise prevention and early intervention across the health, care and wellbeing system.
2. Support the growing contribution of voluntary, community and social enterprise organisations.
3. Recognise the diversity that exists across Devon, and respond to avoidable health inequalities.
4. Seek to ensure that Devon's citizens have access to the information and support they need.
5. Adapt for the future by developing communities that support people with more complex needs.
6. Develop the wider health and wellbeing workforce and embrace digital solutions.

Our priorities are:

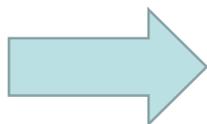
1. Create opportunities for all: inclusive economic growth, education and social mobility.
2. Healthy, safe, strong and sustainable communities: promoting wellbeing where we live, work and learn.
3. Focus on mental health: building good emotional health and wellbeing, happiness and resilience.
4. Maintain good health for all: supporting people to stay as healthy as possible for as long as possible.

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:

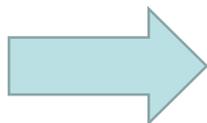
Prevention:

enabling more people to be and stay healthy.



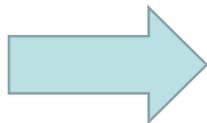
Empowerment:

enhancing self-care and community resilience.



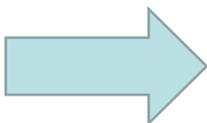
Support at home:

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



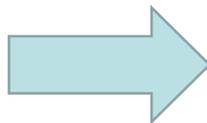
Specialist care:

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.

Devon's long-term plan for health and care

Health Inequalities in Devon (by area deprivation)

Most deprived

Least deprived



1 Effective and efficient care

Reducing waste, tackling unwarranted clinical variation and improving productivity everywhere so that Devon taxpayers' money is used to achieve best value for the population.

2 Integrated Care Model

Enhancing primary care, community, social care and voluntary & community services to provide more care and support out of hospital care.

3 A Devon deal

Nurturing a citizen led approach to health and care which reduces variations in outcomes, gaps in life expectancy and health inequalities across Devon.

4 Children and young people

Investing more in children and young people to have the best start in life, be ready for school, be physically and emotionally well and develop resilience throughout childhood and on into adulthood.

5 Digital Devon

Investing to modernise services using digital technology.

6 Equally Well

Working together to tackle the inequalities in the physical health of people with mental illness, learning disabilities and/or autism.

The Case for Change describes why and how the health and care system in Devon needs to develop:

- Devon's population will grow by 33,000 over the next five years
- By 2030 there will be 36.5% more people over 75 years
- The amount of time people live in good health has been decreasing since 2012.
- The prevalence of dementia is growing by 1% annually
- On average a person will consume a third of lifetime healthcare costs in the last two years of life - the number of deaths is rising.
- Inequalities of deprivation and outcome are not distributed evenly across our geography.

Better for You, Better for Devon shows how:

- More people will be supported in their home and community and unnecessary urgent admission to hospital avoided.
- Integrated services will support the increasing number of people with complex long term health conditions.
- Health inequalities in each locality will be addressed.
- The challenges of increasing demand on the utilisation of hospital beds especially in the Western system will be met.
- Planned changes to the system will improve performance and reduce unwarranted variation in service delivery.

Devon's long-term plan for health and care



The Devon Integrated Care Model Delivery Framework

System integration	One team Place-based care and support systems	
Common purpose Agree a common purpose and a shared vision for Integration. Set clear goals and outcomes	Operational framework Align service delivery to clear set of benefits for local people	Risk stratification Identify people who will benefit from proactive support
Collaborative culture Foster a collaborative culture across health, social care and wider partners	Integrated commissioning Enable access to joined up health and social care resources	Access to information People have access to information about local services and make informed decisions
Resource allocation Cross-sector agreement about resources available to deliver ICM inc. community assets	Shared records Address barriers to sharing digital care records	MDT Training Invest in development and joint training to transform culture and ways of working
Accountability Provide system governance and assure system accountability	Community capacity Integrated health and social care and mental health services focusing on care closer to home	Personalised care plans Develop personalised care plans with people using services
Workforce planning Lead system-wide workforce planning to support delivery of integrated care	Partnership with VCSE Develop community assets providing access to support	Urgent response Single point of access to integrated rapid response to urgent H&SC needs

Putting the Long-Term Plan into Practice

Key to our plans for the future is the national and local vision for an **Integrated Care Model** which spans primary care, urgent care, mental health and prevention will, promote health through integration, empower communities to take active roles in their health and wellbeing, provide locality-based care model design and implementation, shift resources closer to home, or in people's own homes, and integrate health and social care.

This year the focus has been on supporting **Primary Care Networks** in the development of Link Worker services, building a network of good practice and an evidence-base, developing schemes for **Social Prescribing**; and enabling community development. Learning pilots are underway in the areas of: social isolation, veterans, high intensity users, learning disability, domiciliary care, Delayed Transfers of Care, mental health, long term conditions, frailty and prevention:

Tackle environmental, economic and social conditions to promote good health	Encourage healthier behaviours so people do not become ill and stay healthier for longer	Enable more people to be connected to strong and resilient communities	Promote wellbeing and self-care and manage early illness and prevent progression	Address loss of independence in established illness
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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)

Customer feedback

Complaints received 2018-19

Department	Q1	Q2	Q3	Q4	Total
Adult Care Operations & Health	38	53	37	54	182
Adult Commissioning & Health	1		1	2	4
Adult Provision	4	1	4	6	15
External Providers	1	2	3	4	10
Total	44	56	45	66	211

Compliments received

Department	Q1	Q2	Q3	Q4	Total
Adult Care Operations & Health	47	24	26	29	126
Adult Commissioning & Health		3	2	2	7
Adult Provision	61	69	63	56	249
Total	108	96	91	87	382

[Reports are published](#) annually and quarterly on feedback received and responded to. The complaints process is statutory and includes the right to escalate to an Ombudsman if the complainant is not satisfied with the response – 44 instances in 2018-19, an increasing trend, with 13 upheld.

Capturing compliments is good practice and enables good performance by staff to be celebrated and good practice to be identified and encouraged. We also respond to representations and enquiries by MPs and councillors.

MP Enquiries received

Department	Q1	Q2	Q3	Q4	Total
Adult Care Operations & Health	15	17	18	8	58
Adult Commissioning & Health		1	1		2
Adult Provision				1	1
Grand Total	15	18	19	9	61

Representations received

Department	Q1	Q2	Q3	Q4	Total
Adult Care Operations & Health	12	8	12	6	38
Adult Commissioning & Health	1				1
Adult Provision	4	1	1	6	12
External Providers			2		2
Grand Total	17	9	15	12	53

7% of complaints were upheld and 36% partially upheld during 2018-19 with 65% responded to in time.

The top three issues complained about were the quality of service provided, poor communication and staff attitude and related mainly to our care management service. (Complaints about commissioned services are addressed by the service provider in the first instance.)

All complaints involve learning and many responses include agreed actions including staff training and guidance, formal apology and changes in provision.



The National Scene

[ADASS Budget Survey](#)

[What the National Data tells us](#)

1  **CERTAINTY ABOUT FUNDING**
Setting out at the earliest opportunity what money will be available over the course of the whole next Parliament
TO ENSURE THAT THOSE OF US WHO NEED SOCIAL CARE GET THE SUPPORT WE NEED TO LIVE OUR LIVES AS WE WANT THEM. 

ADASS is calling on the leaders of the major political parties to make a common commitment to the future of adult social care by prioritising the needs, wishes and aspirations of those of us who are older, disabled or carers and rely on adult social care for support to live a decent life, safe from abuse, as independently as we are able to.

 **LONG TERM REFORM** **2**
enabling us to build care and support for the millions of us who need it and create
AN ENABLING SOCIAL CARE SYSTEM TRULY FIT FOR THE 21ST CENTURY 

This means putting adult social care on a sustainable footing, something we have been waiting for from successive governments for a long time, despite the publication of successive reviews and promises of a green paper, a national debate to generate consensus, and legislation.

3 **A LONG TERM PLAN FOR ADULT SOCIAL CARE**
that plots out how social care links with other public services and supports
RESILIENT INDIVIDUALS, FAMILIES AND COMMUNITIES. 

The funding of Adult Social Care

Funding context- 2019/20

- IBCF- £1.8bn
- Winter pressures funding- £240m
- Social Care Support Grant- approx. £213m used for ASC
- Adult Social Care Precept

Local Government context

- £2.1bn council savings required overall.
- £699m ASC savings required
- Protection of ASC: now 37.4% of total council budget (37.8% last year)

Additional need and costs

- 3.3% demographic pressures (£484m): increasing numbers of older and disabled people
- NLW/NMW costs £466m
- NHS support and pressures

The Budget Survey conducted by ADASS each year is the best source of information on spend on adult social care by local authorities in England and is completed by all 150 Directors of Adult Social Services.

It's main purpose is to assess the views of local system leaders regarding the demand and supply pressures they face leading to challenges in volume and cost and therefore spend. It seeks views on causal factors, not just impacts.

Importantly, it looks into the medium-term not just the current year, and is intended to inform debate on funding reform.

It's secondary purpose is to gather quantitative information in a number of areas where there are gaps in the statutory returns including the quantification of the impacts of provider closures and funding reductions.

Adult Social Care Budgets 2017/18:

ASC Gross Budget	£20.8bn
ASC Net Budget	£14.5bn
ASC Net Budget Outturn	£14.5bn
Variance/ overspend	£0

Adult Social Care Budgets 2018/19:

ASC Gross Budget	£22.1bn
ASC Net Budget	£14.8bn
ASC Net Budget Outturn	£14.6bn
Variance/ overspend	- £83m

Adult Social Care Budgets 2019/20:

ASC Gross Budget	£22.5bn
ASC Net Budget	£14.9bn
ASC Net Budget Outturn	
Variance/ overspend	

The ADASS budget survey: findings

Funding

- £7bn reduction in social care funding since 2010.
- Savings of £699m in 2019/20, the adult social care element of overall council savings.
- Councils are spending an increasing proportion of their total budgets on social care: rising from 34% in 2010/11 to 38% in 2019/20. (More for counties.)
- Elsewhere, 45% reduction in district nurses since 2010 and 10% reduction in the Government grant for public health since 2015 impact on social care.

Demand

- Demographic changes are expected to cost an additional £484m (3.3% of budget) in 2019/20.
- In 2017-18 17% of directors were most concerned about working age adults, 19% older people and 64% equally; in 2019-20 39% were most concerned about those aged 18-64, 11% 65+ and 51% both.
- 79% of Directors felt that their local authority has been subject to additional costs as a result of the NHS reviewing their application of CHC

Pressures

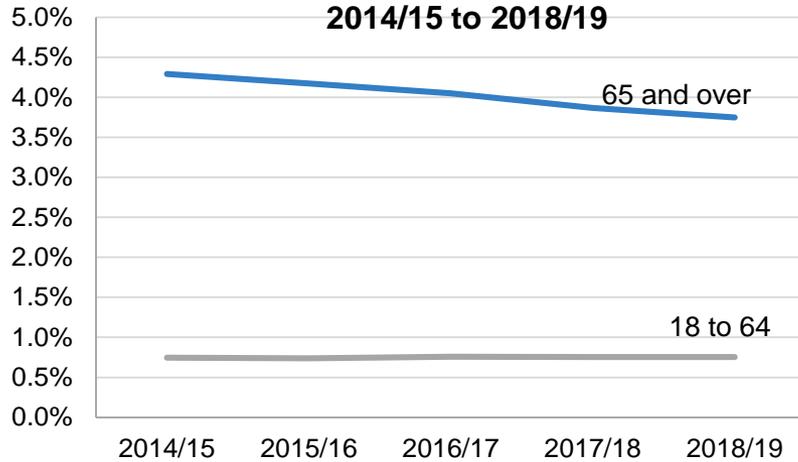
- 87% of DASSs report pressures from increases in hospital attendances and admissions, leading to increased need for social care on discharge.
- 71% of directors report these pressures have been exacerbated by insufficient capacity in primary care, community health care or mental health services.
- 74% directors said they felt pessimistic about the financial state of the wider health and social care economy in their area over the next 12 months.

Capacity

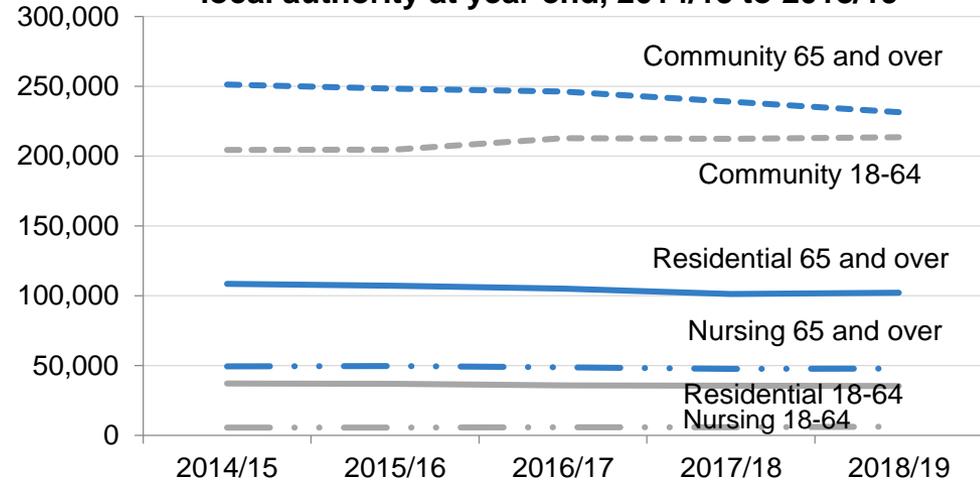
- 86% of directors believe the National Living Wage will be the biggest driver of increases in unit costs equivalent to £448m in 2019-20.
- 48% directors say they have seen home care providers ceasing to trade in the last six months and 25% directors had contracts handed back.
- 79% of directors are concerned about their ability to meet the statutory duty to ensure market sustainability within existing budgets.

People receiving ASC supported by LAs

Proportion of total population receiving local authority support with social care, 2014/15 to 2018/19



Long term social care users supported by their local authority at year end, 2014/15 to 2018/19



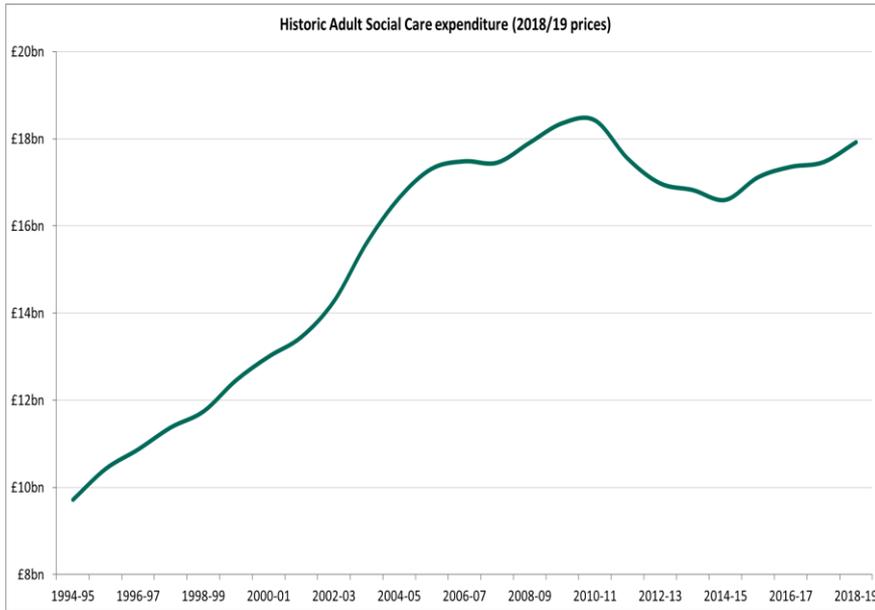
The proportion of older people receiving state funded adult social care has reduced from 4.3% to 3.7% in the last five years following a steeper reduction from 6% in the previous five years.

The data doesn't tell us if this is a consequence of prevention, early intervention, and strength-based practice promoting independence or equates to unmet need.

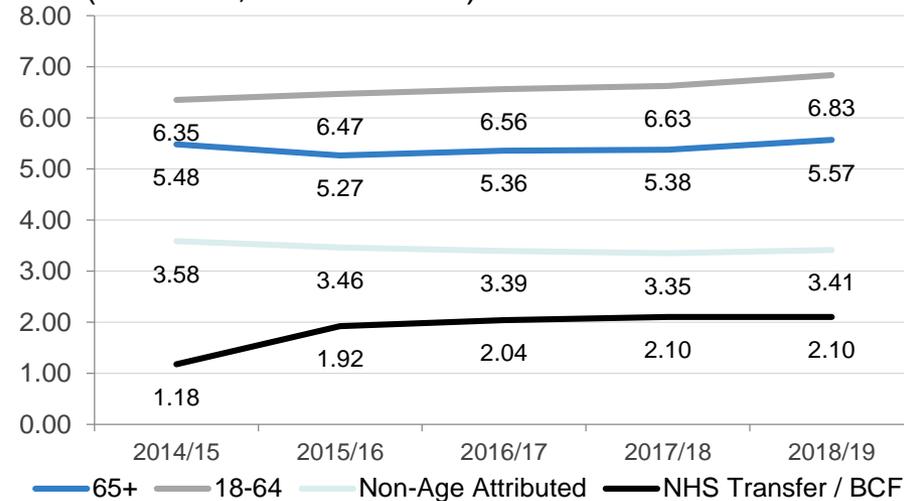
The number of older people and working age adults receiving residential and nursing care has reduced.

The number of older people receiving community-based services has also reduced following more significant reductions in the previous five years, but the number of working age adults supported in the community is increasing.

Expenditure on ASC by LAs



Net Current Expenditure by Age (£Billions, 18/19 Prices)



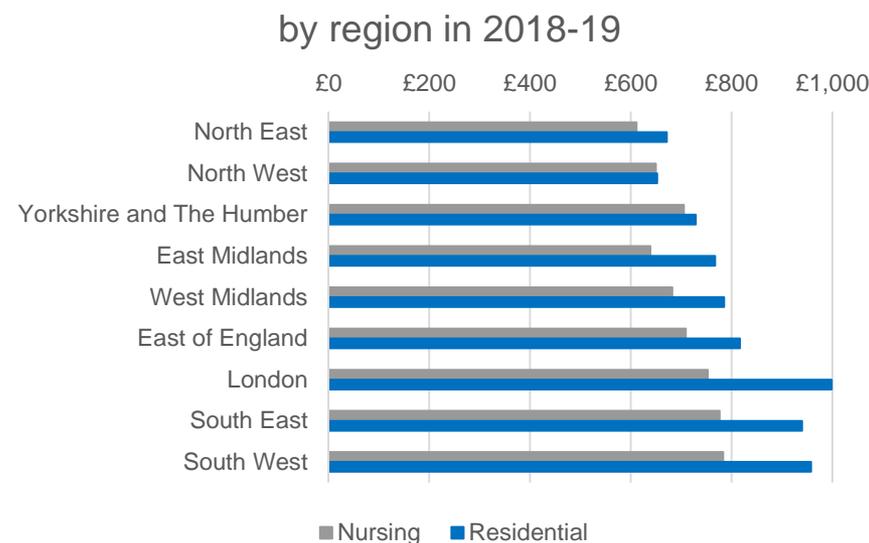
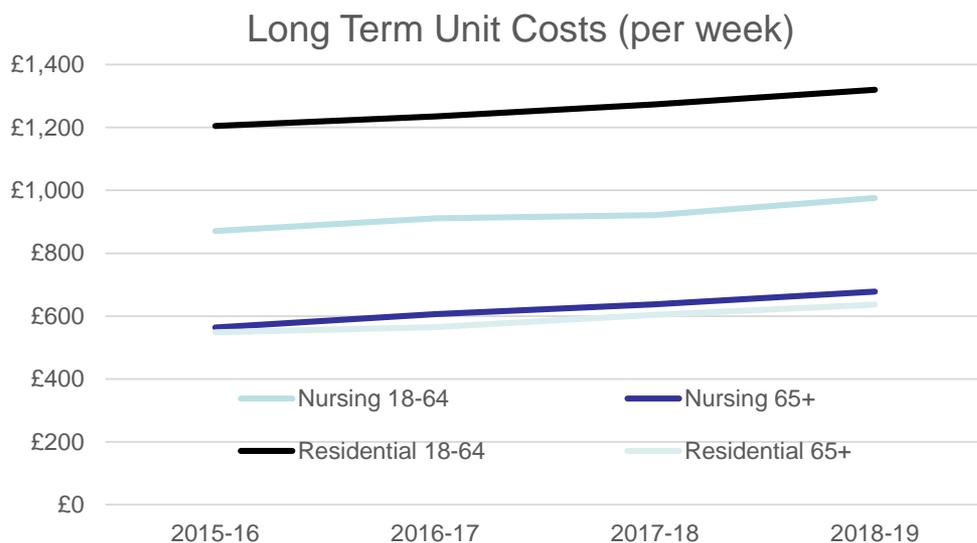
In the decade before the financial crash of 2008-9 spend on social care increased well above the level of inflation.

From 2010-15 spend decreased but has returned to 2008-9 levels since due to additional funding including the precept, winter pressures and adult social care support grants and the Better Care Fund in its various forms.

Net expenditure is greater on working age adults than older people and the gap is widening nationally as well as locally despite the government, media and public narrative focussing mainly on our ageing society.

Market inflation has been rising faster than the headline rate and spend per head has risen significantly, indicating increasing complexity as well as costs rising faster than inflation.

Unit costs: residential and nursing care



Over the last four years unit costs of residential and nursing care have been rising faster than the headline rate of inflation, driven by wage pressures including the national living wage.

Nursing care unit fees are those levied to local authorities and do not include Funded Nursing Care.

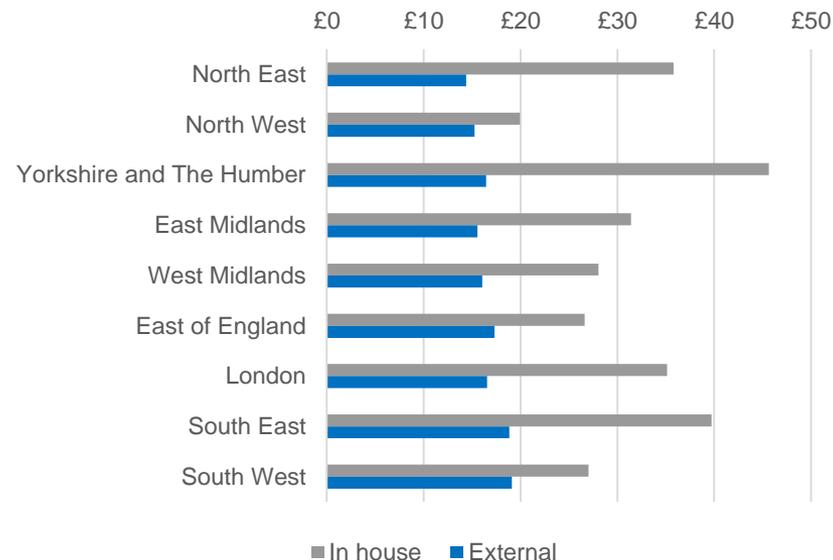
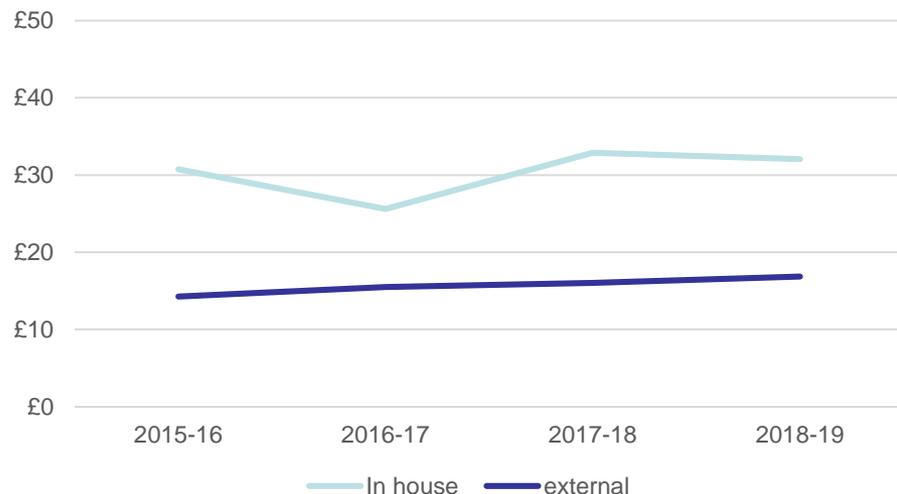
Nursing care fees are those paid for people with nursing care needs; some nursing care homes accept residential care placements.

Typically, costs are lower in the north than the south of England (including the South-West) in some instances by as much as a third.

This is driven mainly by regional differences in property values and labour markets. Rising wages have been at least matched by competing sectors. In Devon, this is exacerbated because we have high employment but mainly at lower wage levels.

Unit costs: personal care

Home Care Unit Costs (per hour)



Again, unit costs of personal care have been rising faster than the headline rate of inflation, driven mainly by wage pressures including the national living wage.

Variations in the cost of in-house personal care are peripheral in their impact as the significant majority of provision is from the independent sector.

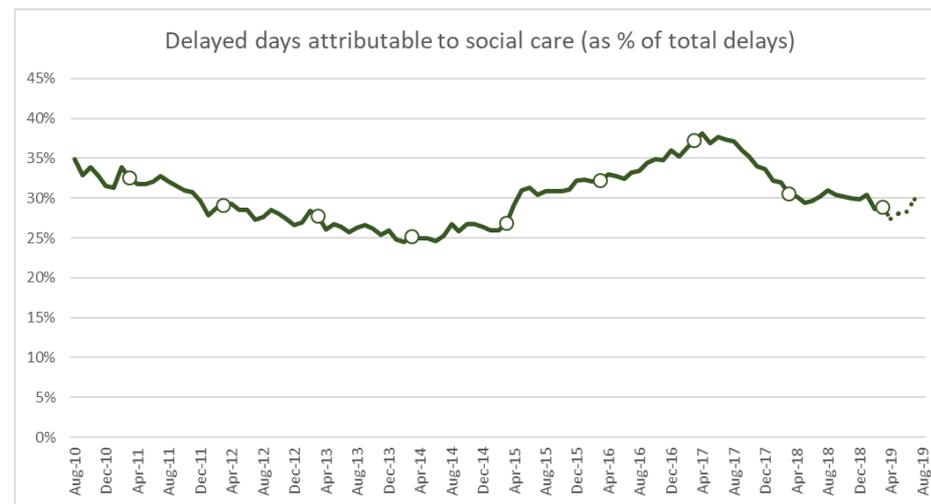
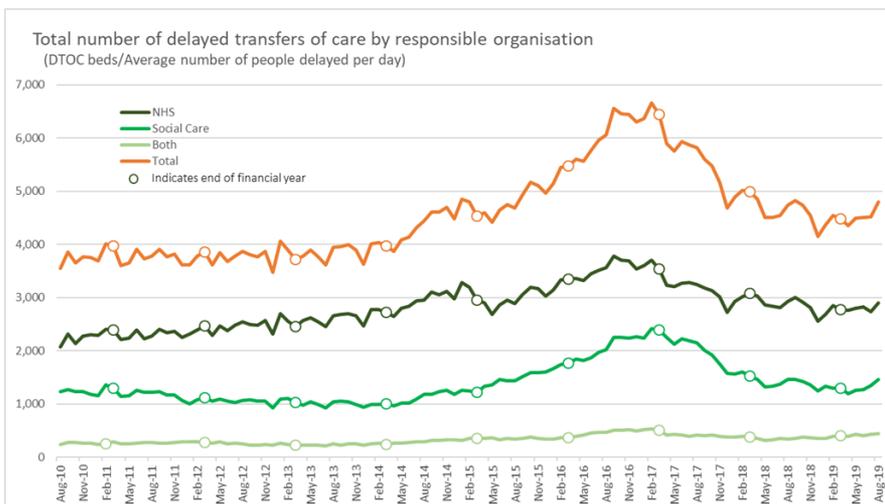
We estimate about half of residential care and over a third of personal care is self-funded. This data only includes that paid for by local authorities.

Again, costs are lower in the north than the south of England.

For personal care rurality is also a factor due to travel time and costs being more significant in areas such as the South-West.

As we consider with greater urgency how we move the health and care sector more rapidly towards being carbon neutral this will be a crucial factor.

Delayed transfers of care



Despite all the pressures we are under, since delayed transfers of care peaked in the summer of 2016 significant reductions have been made in the numbers of people delayed in their transfer from hospital.

This has in part been facilitated by the additional funding and focus provided by the Better Care Fund.

We cannot be complacent: progress made over the last two years have plateaued and other NHS performance indicators are comparatively bad and in decline.

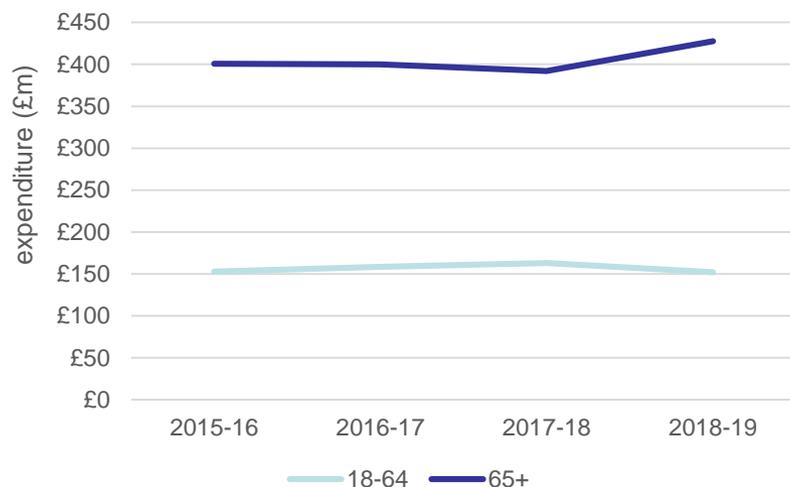
We can only maintain progress if we can gain access to sufficient care at home where possible, in a residential or nursing setting where necessary.

That depends on paying a fair price for care and a fair wage to care workers as well as making further progress towards a health and care system operating 24/7 including weekend discharges.

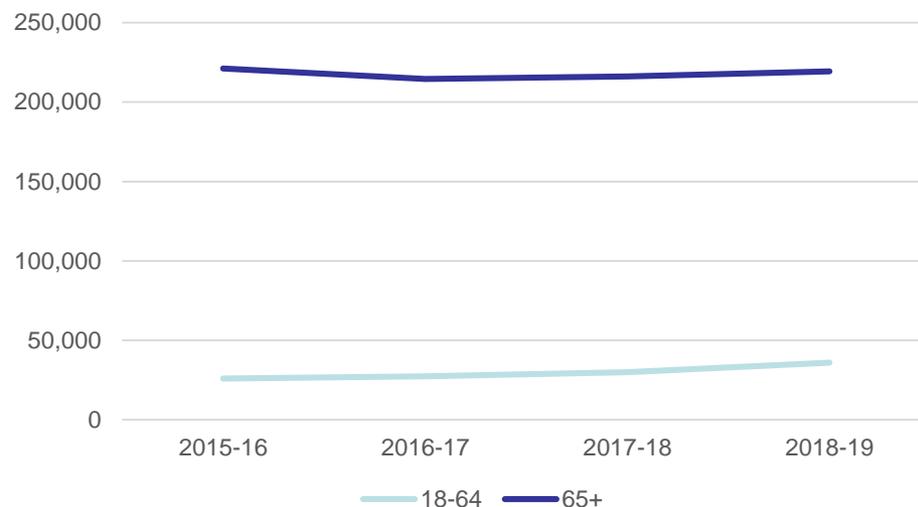
Self-funders are recorded as attributable to the NHS, as is residential/nursing care and personal care funded by the Clinical Commissioning Groups.

Short-term services

Short Term Support expenditure (£millions)



Short Term Support activity



Many authorities have chosen to protect or increase investment in short term interventions that promote independence.

This analysis focusses on those that are targeted on individuals, some such as social care reablement provided at no cost.

However, spend on non-statutory services including prevention and short-term intervention are under pressure during each round of budget setting.

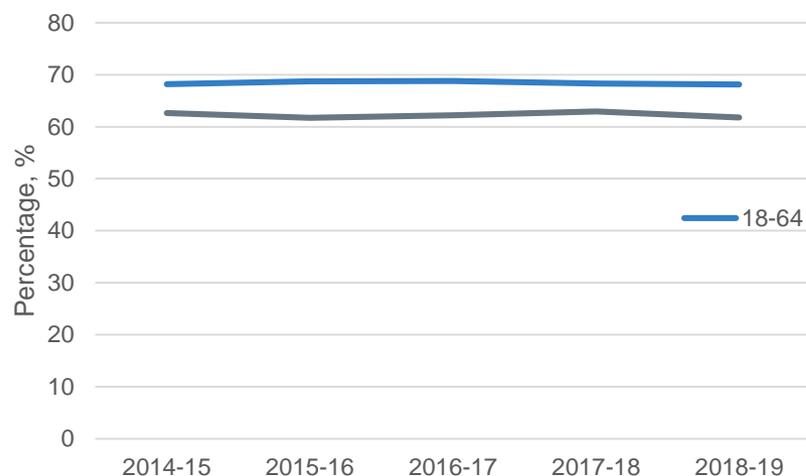
Current measures in the Adult Social Care Outcomes Framework to assess the efficiency and effectiveness of short-term services are inadequate.

They focus on a narrow group of older people being discharged from hospital in such a way that those who reach fewer people may appear to have more impact.

This will be one of the areas of focus of a review of ASCOF intended to ensure it measures what matters.

Satisfaction with ASC services

Service user satisfaction over time

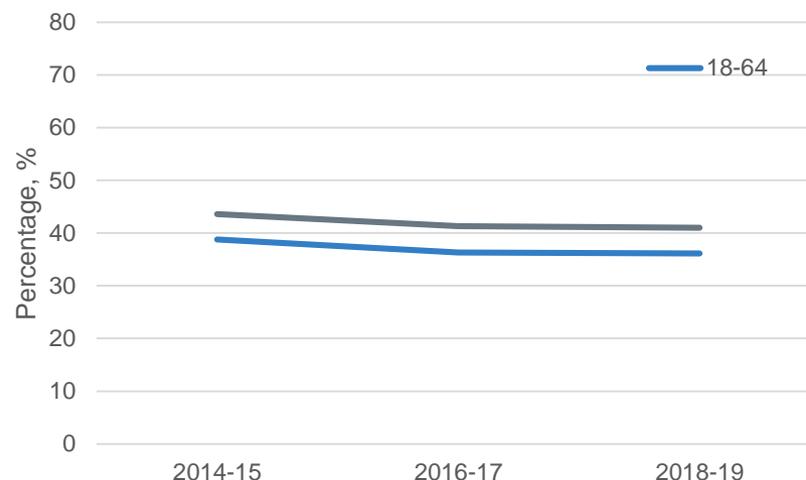


For those receiving adult social care services, user satisfaction ratings have remained steady over time.

Working age adults, especially those with learning disabilities, have consistently been more satisfied than older people.

Regionally, those in the North-East are significantly more satisfied than Londoners.

Carer satisfaction over time



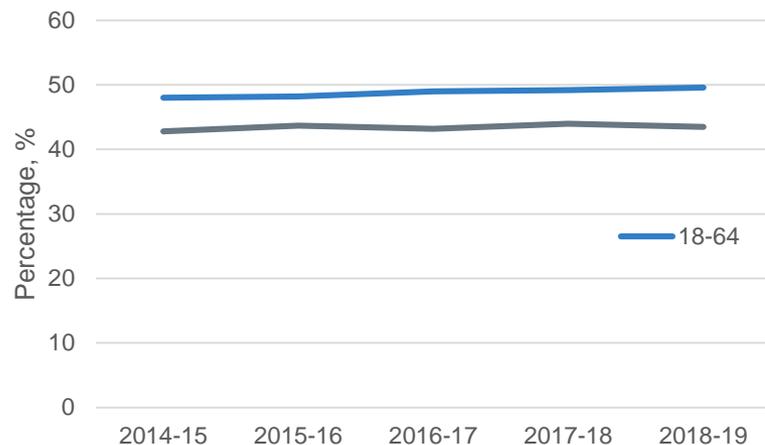
For carers, the question asked is differently worded and could be interpreted as relating to the services either they or their cared-for person receive.

Nevertheless, their satisfaction has reduced over time, with carers of working age adults consistently less satisfied.

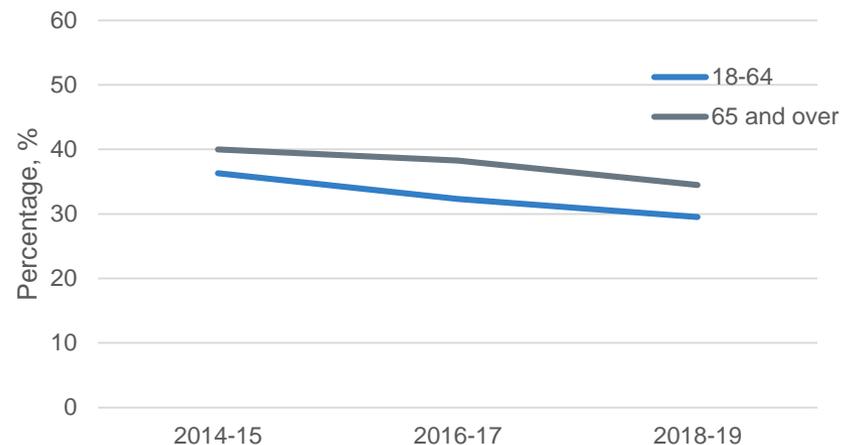
There is a similar pattern of regional variation.

Social contact

Service user social contact over time



Carer social contact over time



Despite reductions in expenditure on day services, service users reporting sufficient social contact has improved marginally for all ages.

There is a growing body of research-based evidence that lack of social contact has a negative impact on people's health and wellbeing and we have observed a correlation between those not having sufficient social contact and those feeling unsafe.

For carers, the story is different, with reductions of 5% or more in those reporting sufficient social contact between the 2014-15 and 2018-19 surveys.

Again, we see marked regional variations between the North-East and London. But while service users in the Eastern and South-West regions are comparatively positive, that is not the case for carers where rurality seems to be an influence.



Key facts

[Headline figures](#)

[Headline trends](#)

[Infographics: 18-64](#)

[Infographics: 65+](#)

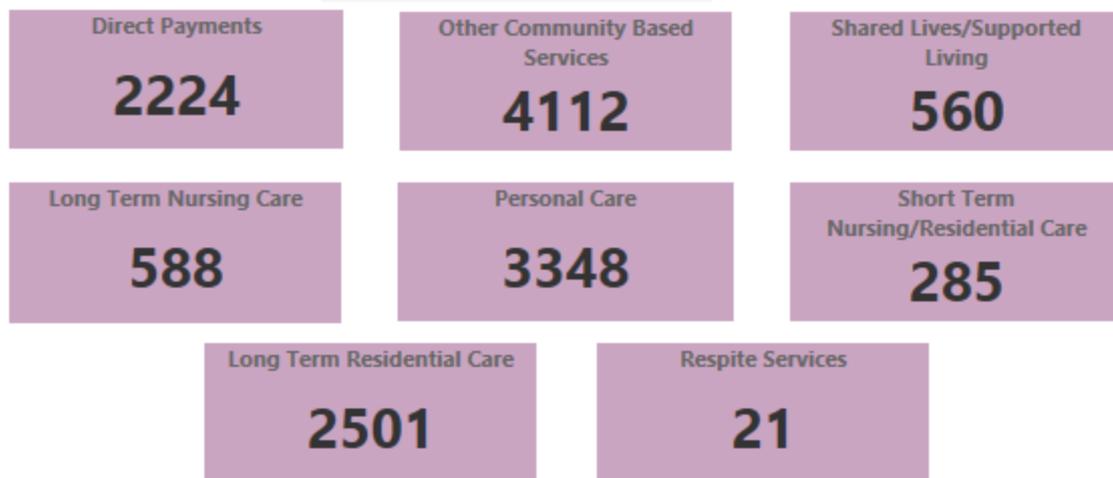
[Workforce](#)

[Providers](#)

Headline figures: number of clients



Other Community based Services Clients by Service Type grouping



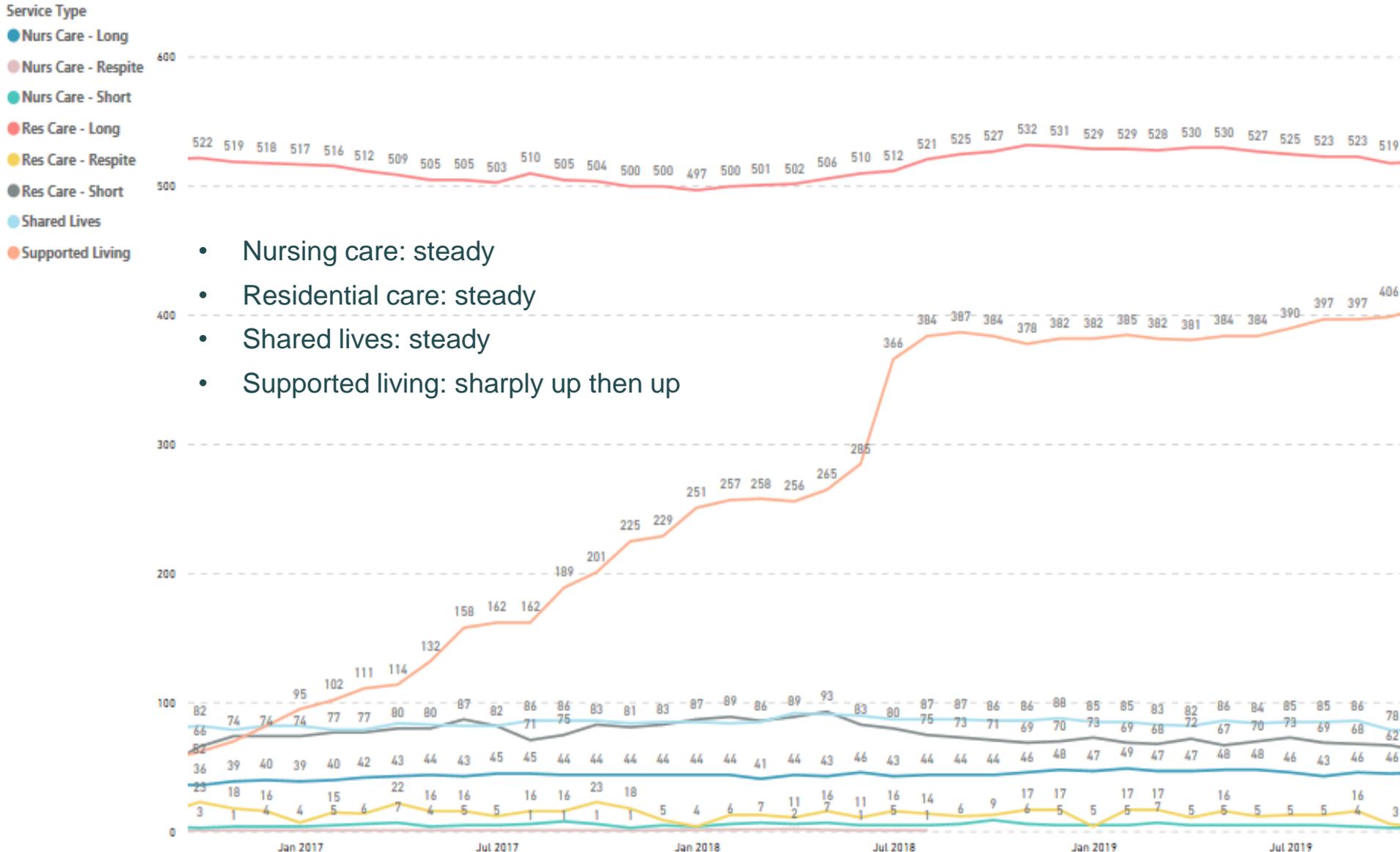
Clients by Primary Support Reason grouping



(December 2019 figures)

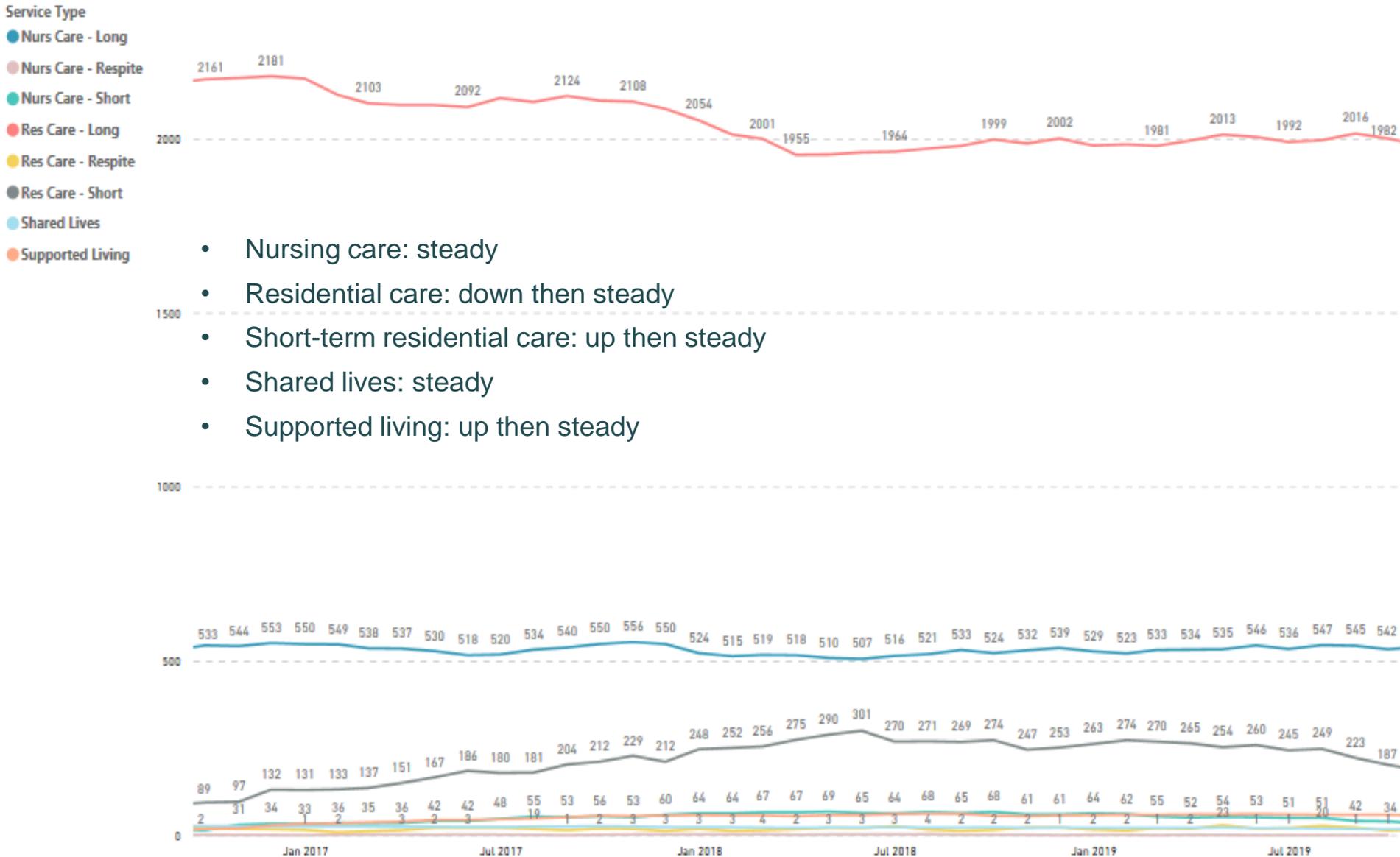
- Data is a snapshot of current recipients of local authority funded services.
- The 'Primary Support Reason' is a national categorisation of people's needs.
- People can be in receipt of more than one category of service.
- There are more male clients at age 18-24 and 25-64 indicating greater prevalence 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.

Headline trends: people in receipt of residential and nursing care services 18-64



- Nursing care: steady
- Residential care: steady
- Shared lives: steady
- Supported living: sharply up then up

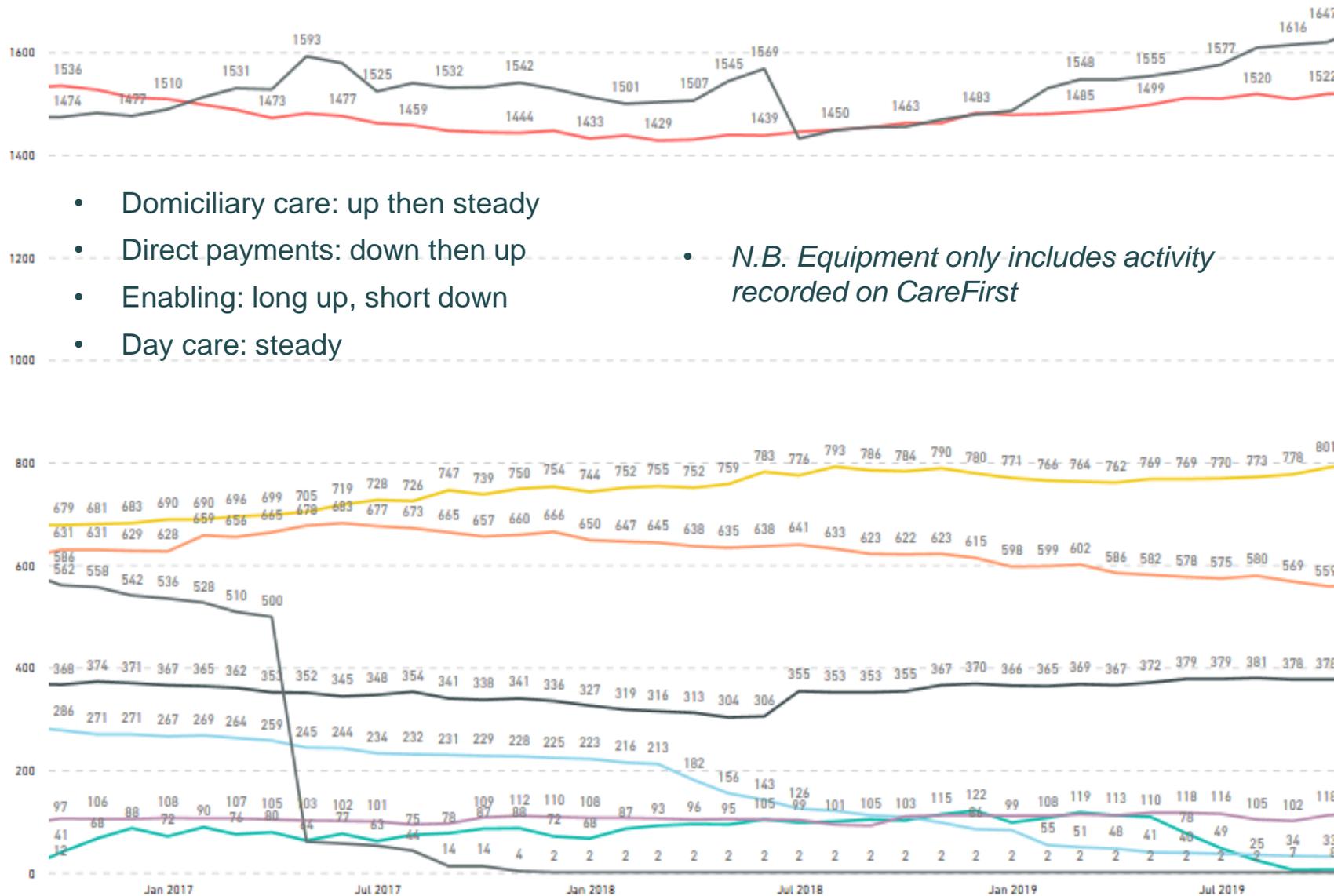
Headline trends: people in receipt of residential and nursing care services 65+



Headline trends: people in receipt of community-based services 18-64



- Service Type
- Community Enabling
 - Day Care
 - Direct Payment
 - Domiciliary Care
 - Enabling - Long
 - Enabling - Short
 - Equipment
 - Meals
 - Prof. Services
 - Transport

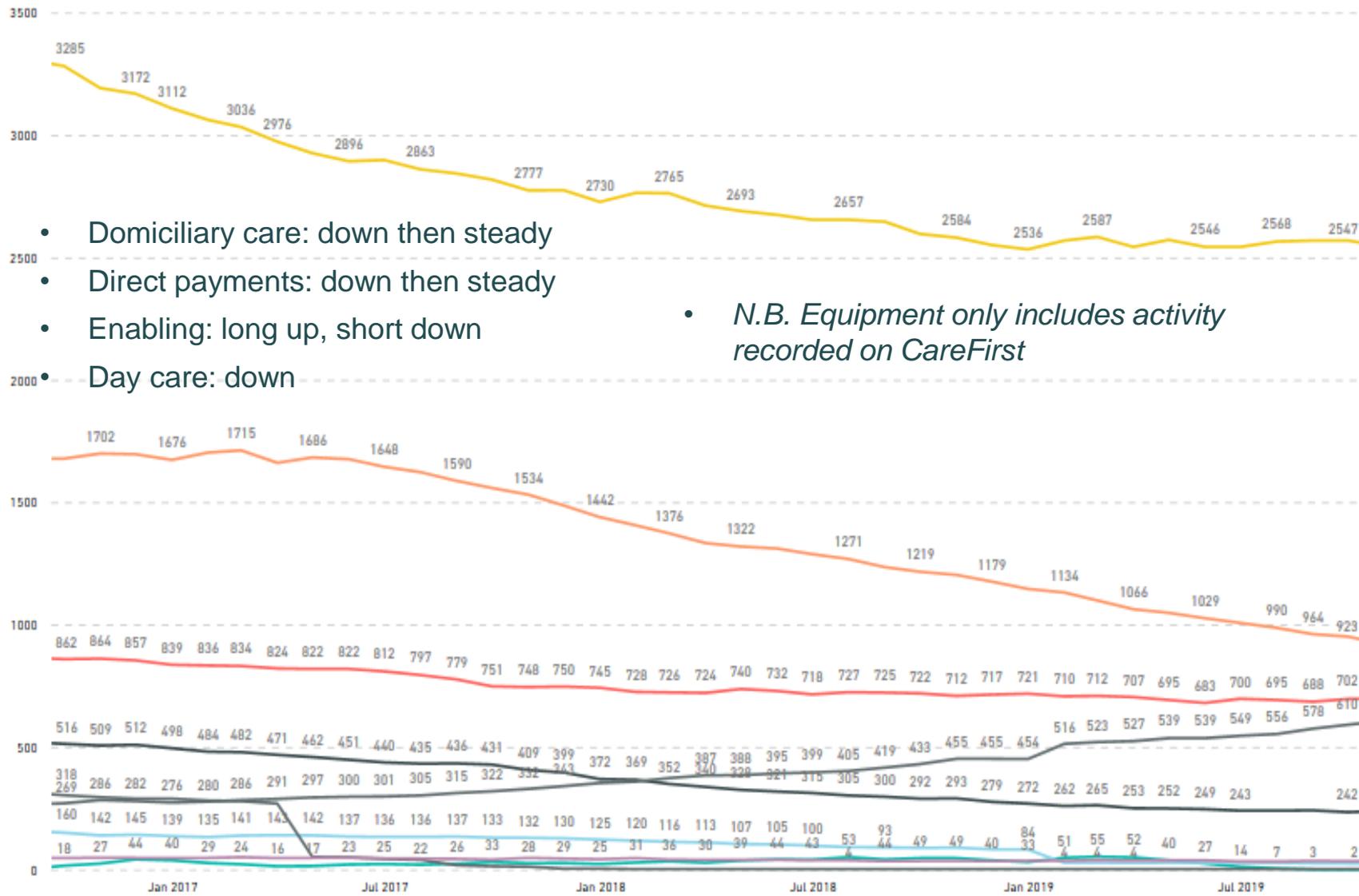


- Domiciliary care: up then steady
- Direct payments: down then up
- Enabling: long up, short down
- Day care: steady
- *N.B. Equipment only includes activity recorded on CareFirst*

Headline trends: people in receipt of community-based services 65+



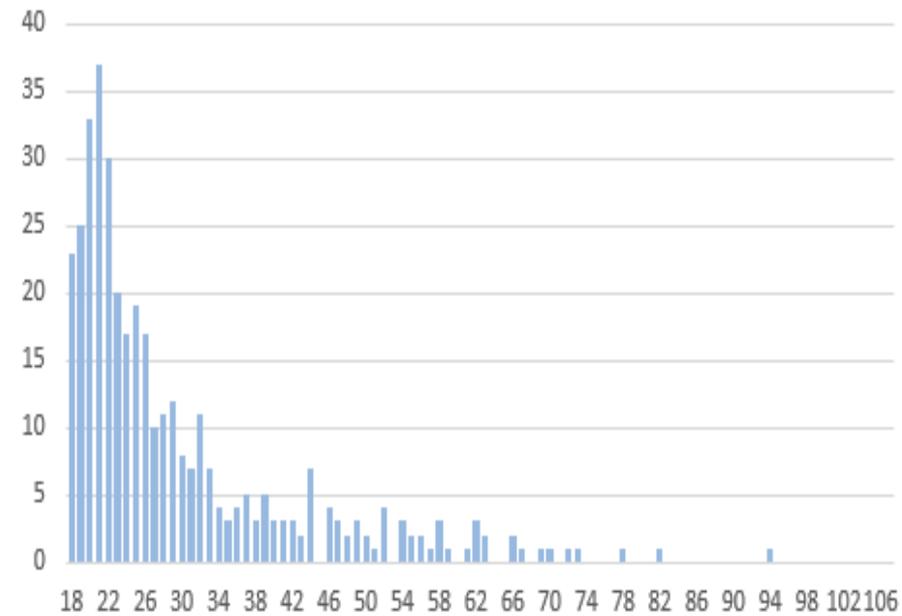
- Service Type
- Community Enabling
 - Day Care
 - Direct Payment
 - Domiciliary Care
 - Enabling - Long
 - Enabling - Short
 - Equipment
 - Meals
 - Prof. Services
 - Transport



- Domiciliary care: down then steady
- Direct payments: down then steady
- Enabling: long up, short down
- Day care: down
- *N.B. Equipment only includes activity recorded on CareFirst*

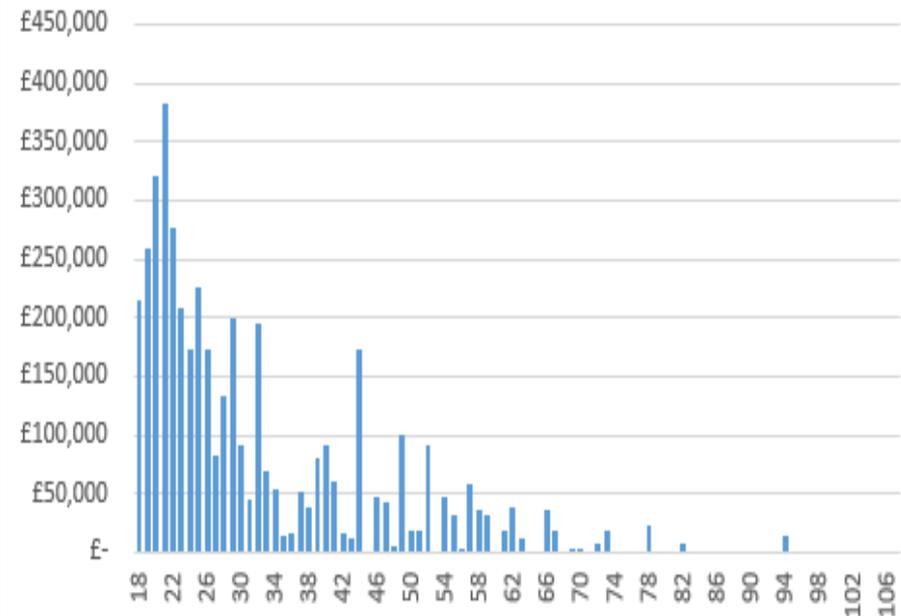
Autism

Autism



Our national and local recording systems were not designed to allow the aggregation of people with autistic spectrum disorder who were historically recorded as either having learning disabilities or a mental health condition. With diagnosis improving and services becoming more focussed on meeting their needs, we have had to devise ways of isolating, aggregating and analysing their data.

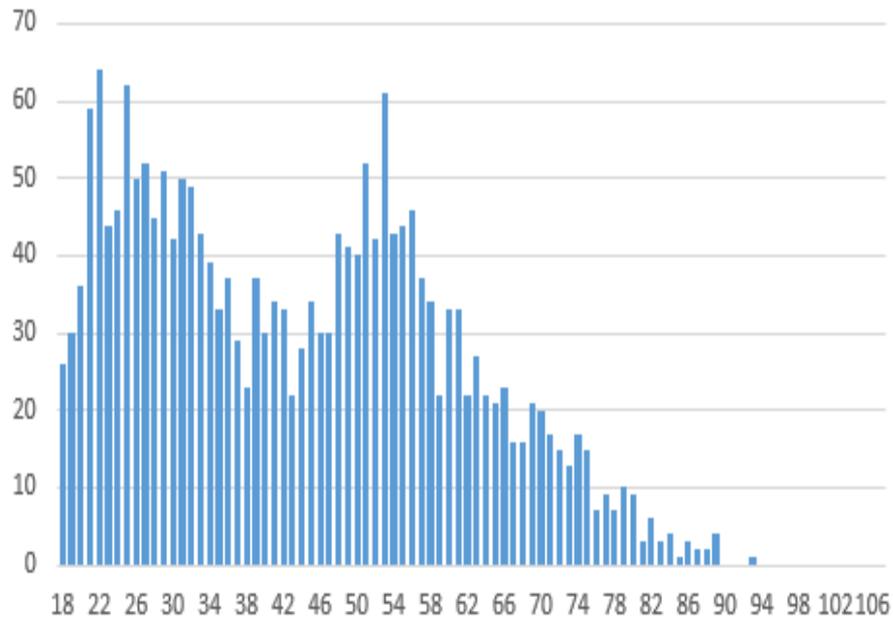
Autism



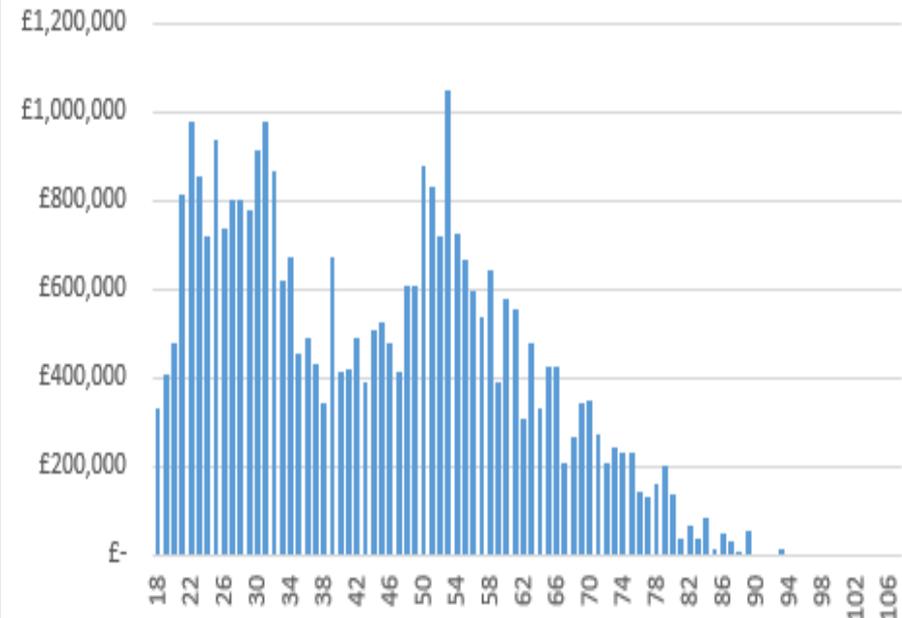
What is evident is that with the improvements in diagnosis, the number of people with a main health reason for our involvement relating to autism has significantly increased over the last decade. Whether there was previously significant unmet need or whether the needs of people on the autistic spectrum were differently described is hard to judge. The result is an annual additional pressure of £300k.

Learning Disabilities

Learning Disability Support



Learning Disability Support



By separating out those previously categorised as having a learning disability who have an autistic spectrum disorder, we have a clearer view of the learning disability cohort.

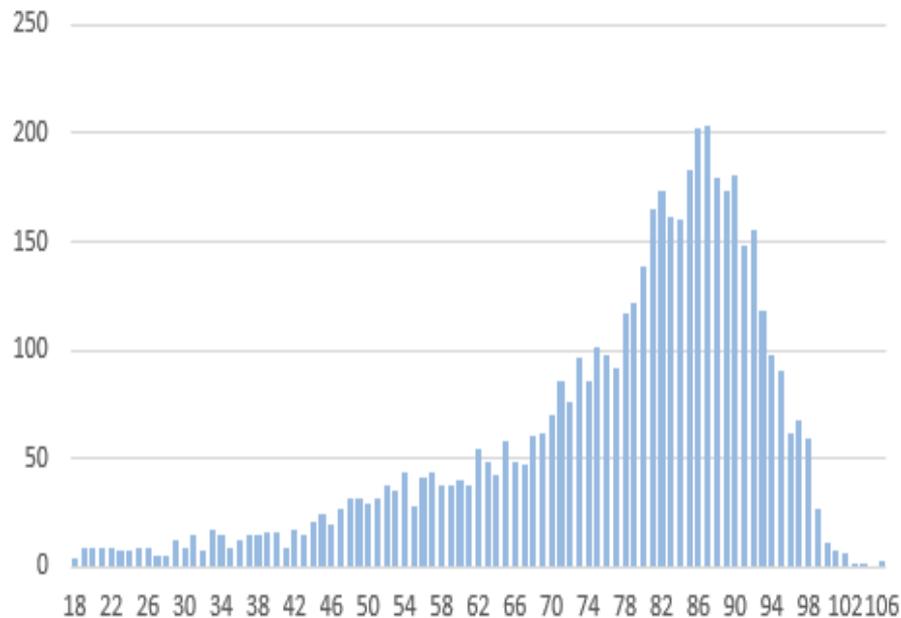
With the extending life expectancy of people with learning disabilities, often with physical long-term conditions, spend on those over 65 is growing.

However, the twin peaks of activity and spend regarding learning disabilities is in early adulthood and middle age.

The former leads to a transition pressure of around £600k per year. The latter is associated with people who may have lived with their parents outliving them and becoming dependent on state support given their lack of preparedness for independent living.

Physical disabilities (including elderly frail)

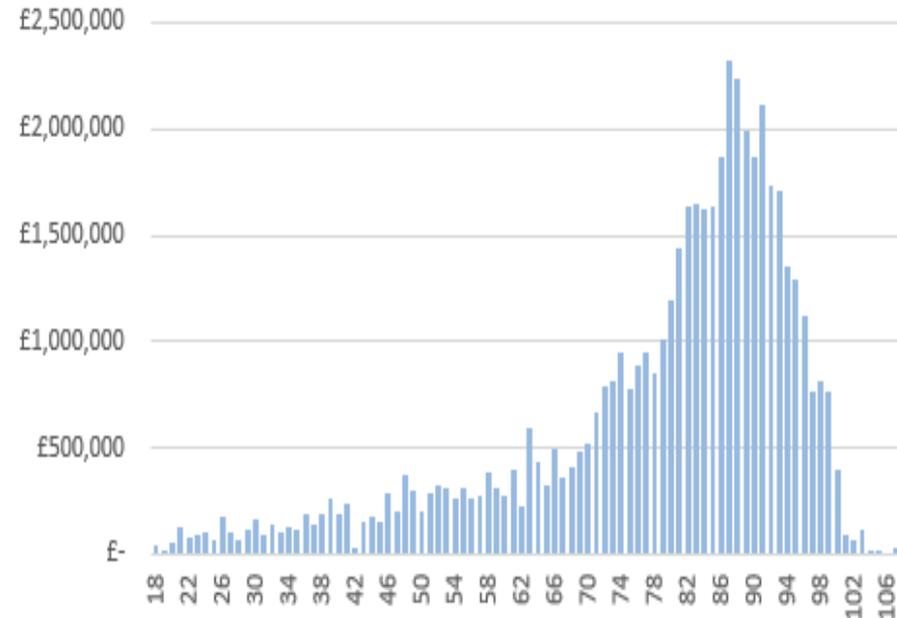
Physical Support



About half of the people we support have a Primary Support Reason relating to their physical needs rather than mental health or cognitive disability.

Earlier in life many of those with physical disabilities and long-term conditions are able to live independently without state funded adult social care support.

Physical Support

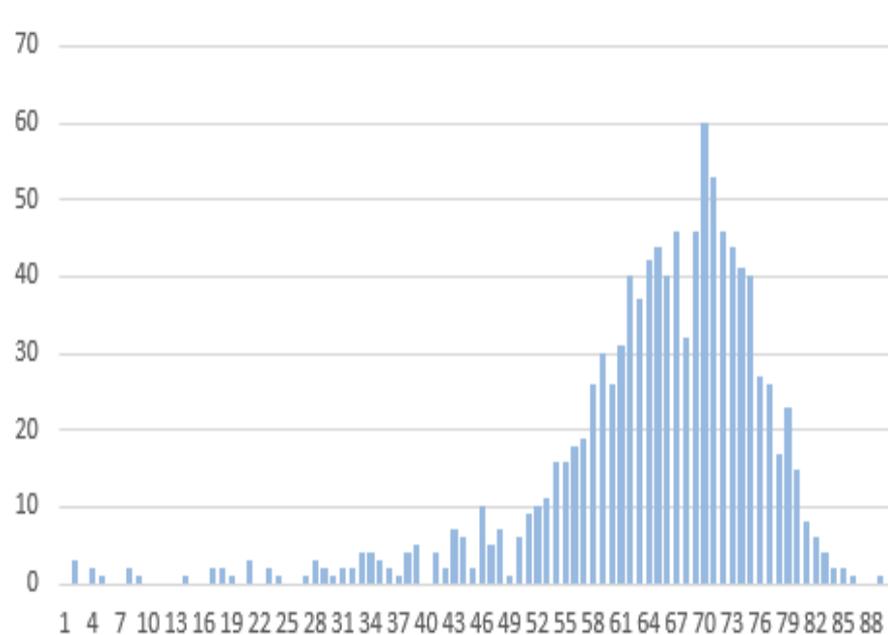


Activity and spend begins to grow in middle age and peaks with people in their mid-eighties, the average age when older people develop social care needs relating to physical frailty.

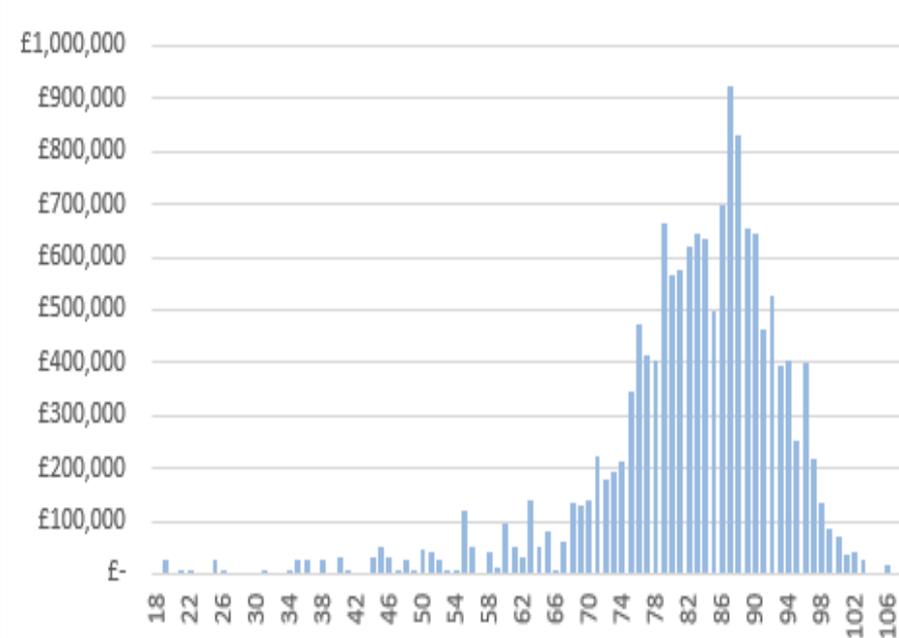
Generally, the older the client, the more is spent on their support, a pattern replicated regarding health activity and spend.

Dementia (and other cognitive/memory impairment)

Support with Memory and Cognition



Support with Memory and Cognition



Given the majority of people who fall into this category have needs relating to dementia, it is not surprising that activity is concentrated in older people, and spend in the very elderly.

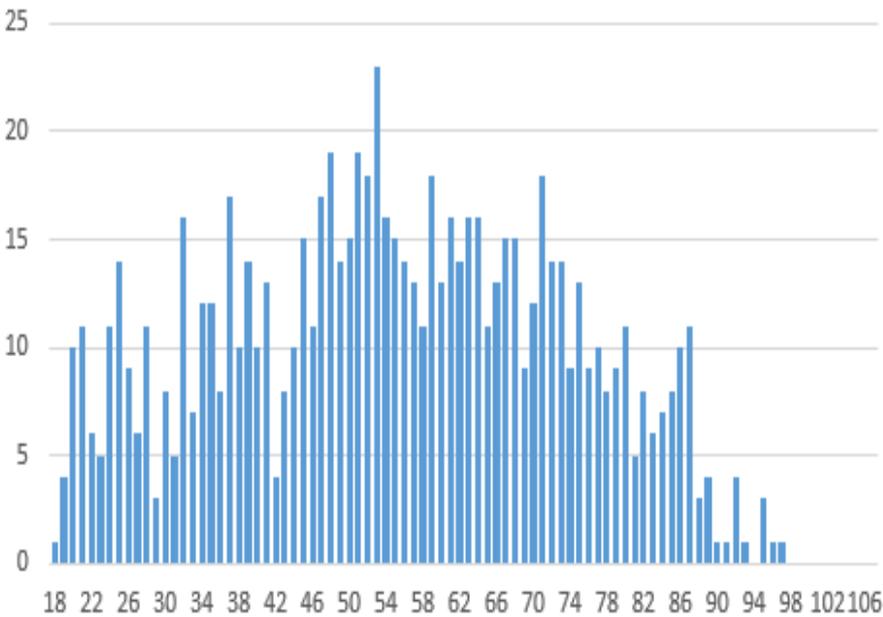
The pattern is similar to that for physical support, but even more pronounced, given those with early onset dementia do not necessarily develop adult social care needs until their condition progresses later in life.

Spend is also likely to be greater with the older cohort of people with dementia because they are more likely to have their needs met in residential or nursing care homes.

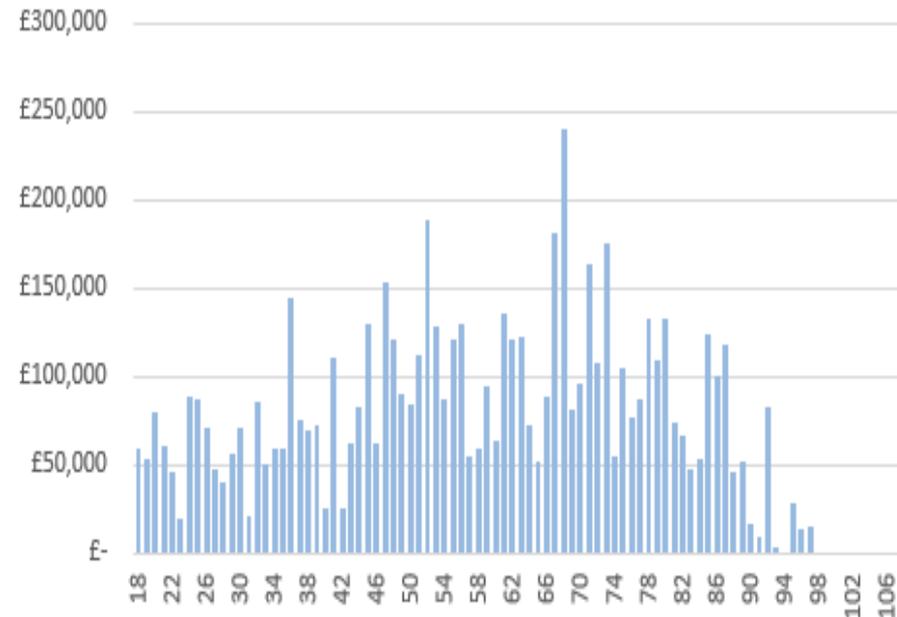
Our analysis indicates that their length of stay is longer on average and there may have been missed opportunities to promote their independence in their own homes.

Mental Health

Mental Health Support



Mental Health Support



In looking at people with mental health needs, we have ensured we have separated out those with dementia by also looking at their main health reason for support. This enables us to see that the spread of people with mental health needs is across the age spectrum but peaks in middle age.

It is no surprise that activity and spend reduces later in life given life expectancy.

What is perhaps more surprising is the comparatively low levels of activity and spend of people early in adulthood.

This may indicate some unmet need, given pressures on child and adolescent health services may mean some young people haven't accessed the support they need in childhood given 25% of mental health problems are evident by age 14 and 75% by 21.

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:



compared to



live in settled accommodation

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%

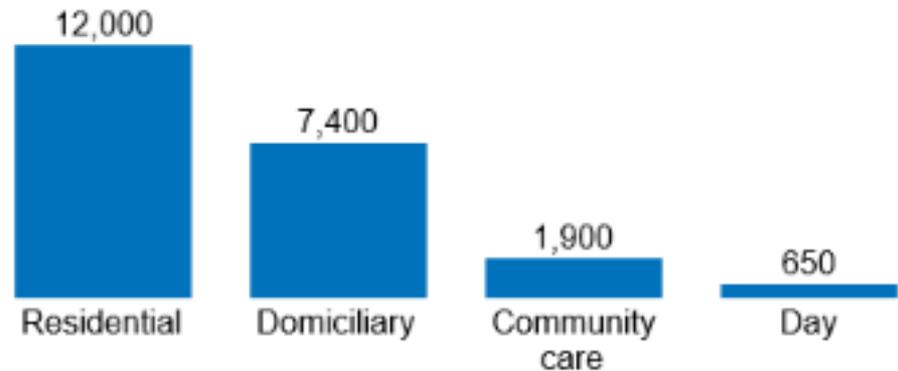
89,384

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



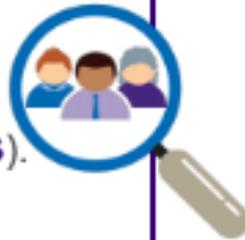
CQC regulated establishments
in **Devon**

operated by adult social care providers

Key facts: Adult Social Care Workforce (2)

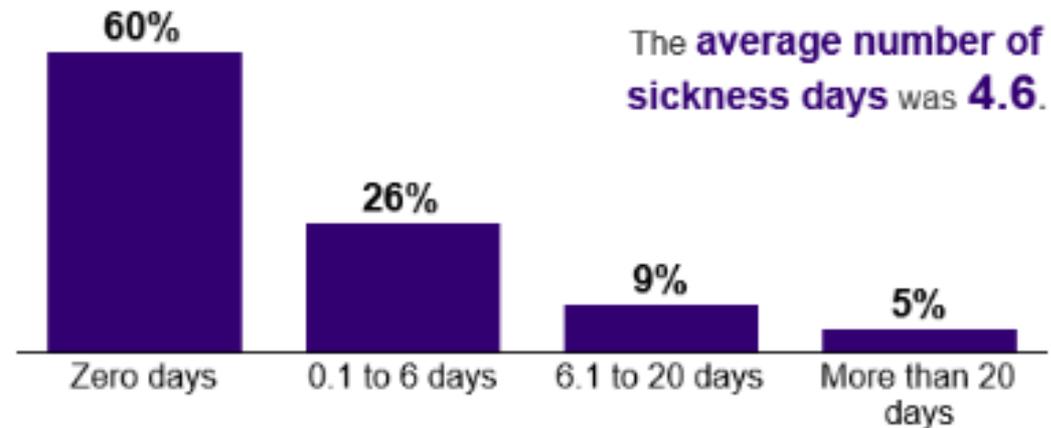
The **turnover rate** in
2017/18 was
33.9%
(or 7,100 leavers).

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

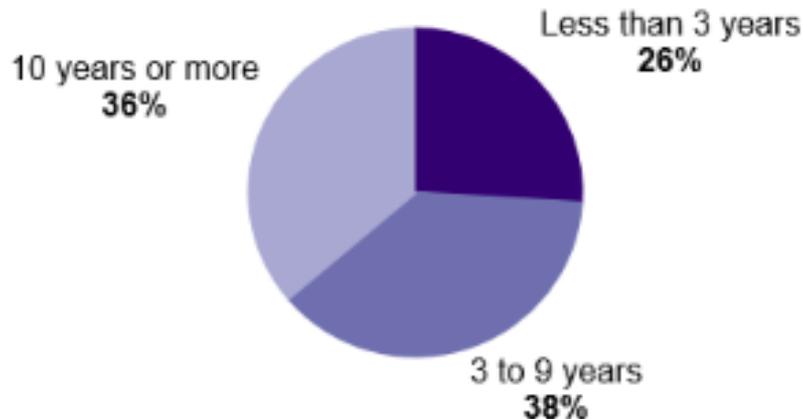


Around **66%**
of leavers
**remained within the
sector.**

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

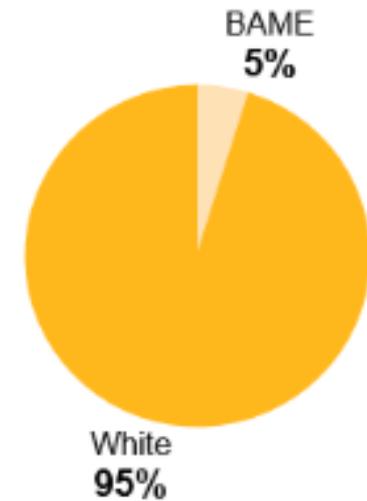


82%
of the workforce
were **female**.

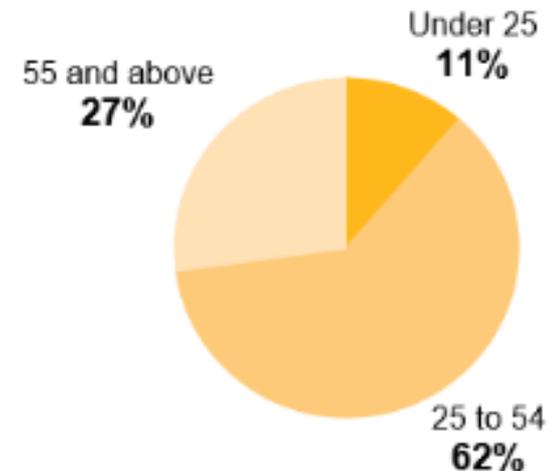


18%
of the workforce
were **male**.

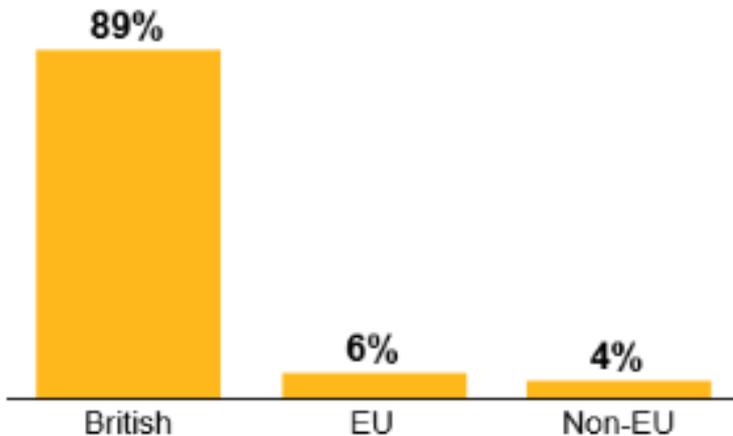
Ethnicity



Age groups



Nationality



Key facts: Providers

Nursing Homes

Devon has 66 registered nursing homes, with 2,822 registered beds between them

Of these 66 Nursing Homes 13 are rated as Outstanding, and 43 as Good (84.57%)

80.92% of nursing bed days purchased by Devon were in Good or Outstanding homes

Residential Homes

Devon has 267 registered residential homes, with 5,322 beds between them

Of these 267 Residential Homes 22 are rated as Outstanding and 200 as Good (83.15%)

81.57% of residential bed days purchased by Devon were in Good or Outstanding homes

Personal Care

Devon has 130 registered Personal Care providers

Of these 130 Personal Care providers 16 are rated as Outstanding and 95 as Good (85.4%)

92.14% of personal care hours purchased by Devon were from Good or Outstanding providers



Performance

Performance: Prevention, Independence

Performance: Self-management, Integration

Performance: Early Intervention, Specialist Services

Performance: Choice and Control, Accessibility

Performance: Care at Home, Safeguarding

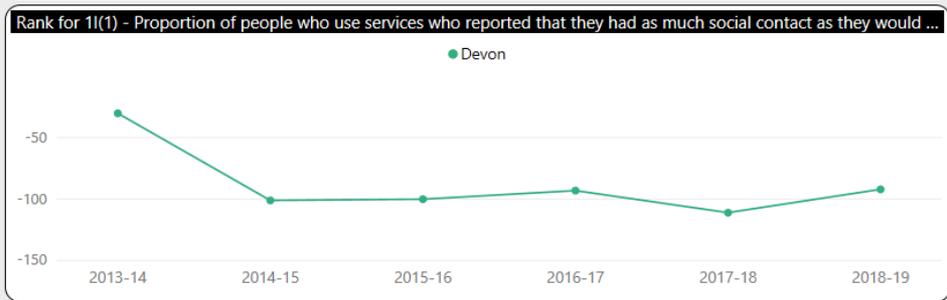
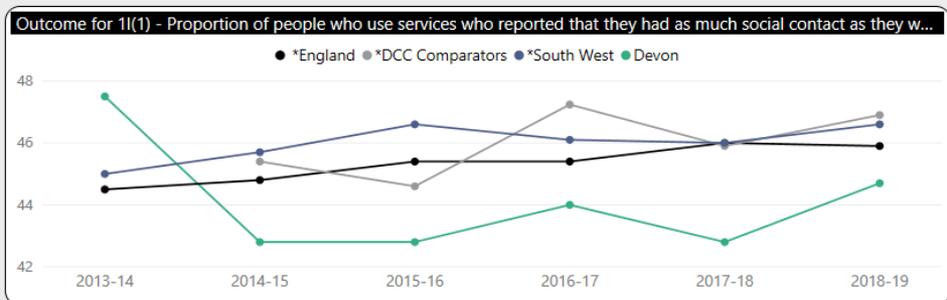
Performance: Workforce, Activity

Performance: Cost, Spend

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>

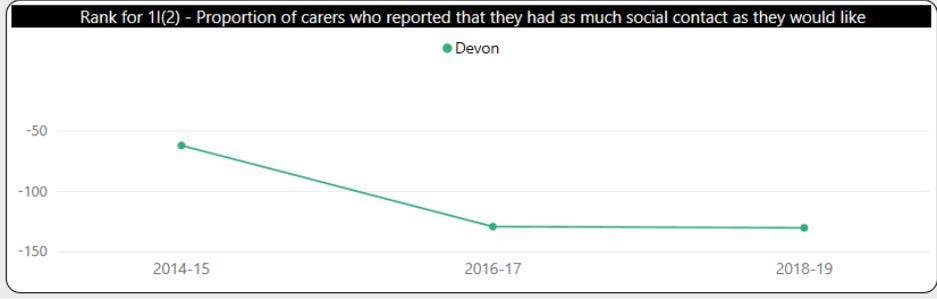
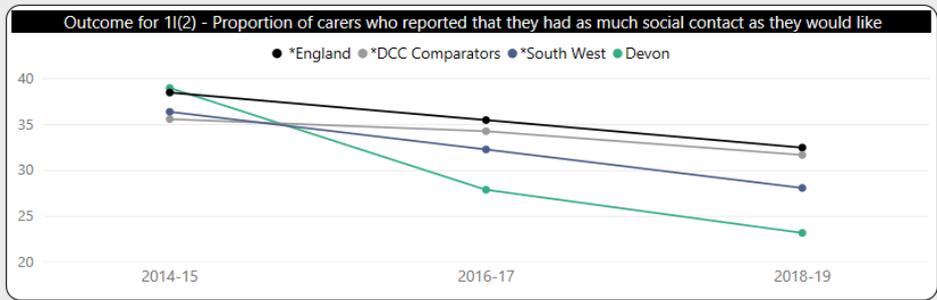
Performance: Prevention



ASCOF 1I(1): The proportion of service users who reported they had as much social contact as they would like.

Devon performs below the national, regional and comparator averages and has done so consistently over the last five years. Devon also performs worse than neighbouring rural counties.

Social contact is dependent on factors beyond social care including transport links and community development so this should be of concern to the whole council as there is a strong research base that indicates tackling loneliness is key to improving health and wellbeing.



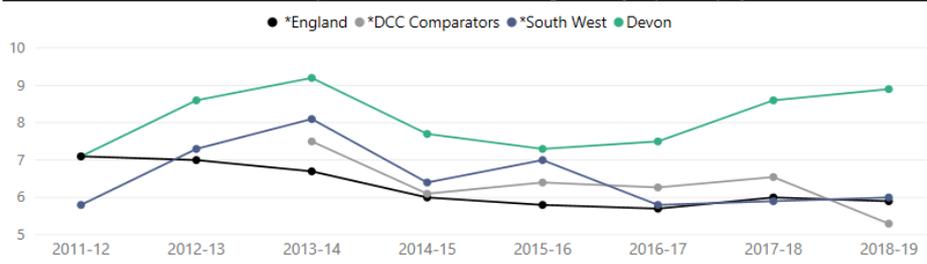
ASCOF 1I(2): The proportion of carers who reported they had as much social contact as they would like.

Devon performs below the national, regional and comparator averages although there has been a marked decline nationally and regionally since the implementation of the Care Act (2014).

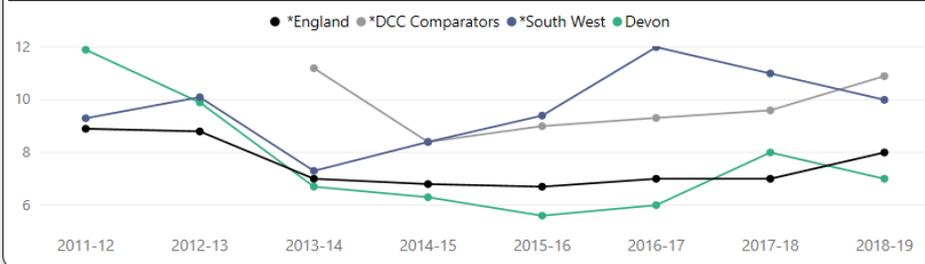
In the survey of carers, respondents often use comment boxes to report on the impact of their caring responsibilities on their social life, employment prospects and own health and wellbeing.

Performance: Independence

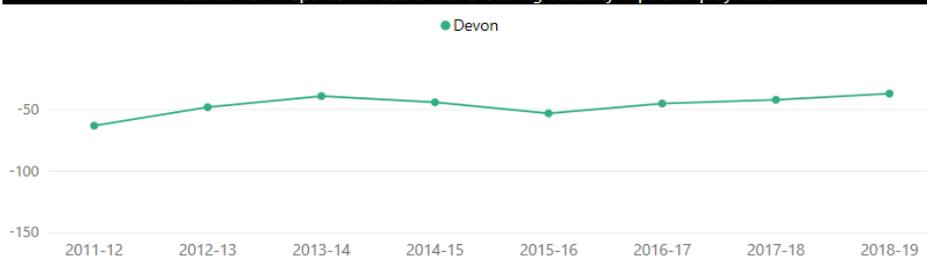
Outcome for 1E - Proportion of adults with a learning disability in paid employment



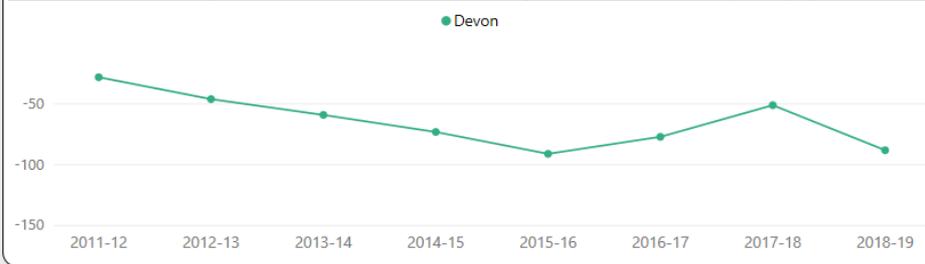
Outcome for 1F - Proportion of adults in contact with secondary mental health services in paid employment



Rank for 1E - Proportion of adults with a learning disability in paid employment



Rank for 1F - Proportion of adults in contact with secondary mental health services in paid employment



ASCOF 1E: the proportion of adults with learning disabilities who are in paid employment

Devon performs above the regional, comparator and national averages and improved further in 2018-19 when we ranked in the top quartile.

In autumn 2018 we launched our [‘Ready When You Are’](#) campaign to promote the value of people with disabilities to employers and to encourage employers to develop approaches to recruitment and retention that are positive towards people with disabilities, what they offer, and how they are best supported.

ASCOF 1F: the proportion of adults in contact with secondary mental health services in paid employment

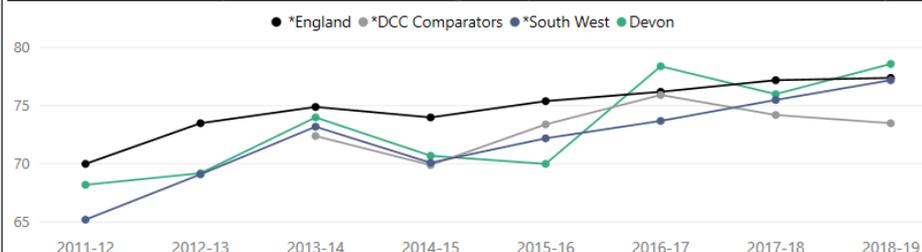
Devon worsened in its performance 2018-19 and is now below the national, regional and comparator averages.

Our [‘Ready When You Are’](#) campaign also applies to people with mental health conditions and autism.

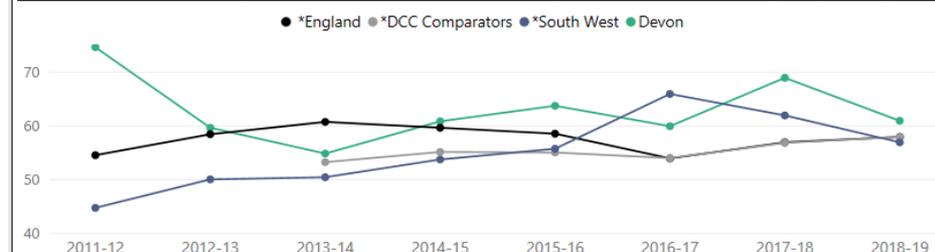
(Integrated services to people with mental health needs are provided by the [Devon Partnership Trust](#) through a Section 75 agreement with Devon County Council.)

Performance: Independence

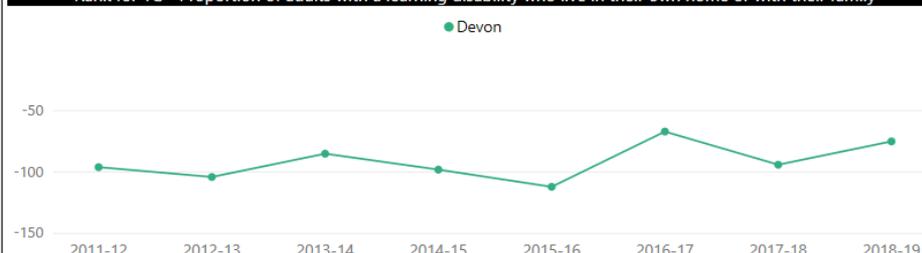
Outcome for 1G - Proportion of adults with a learning disability who live in their own home or with their family



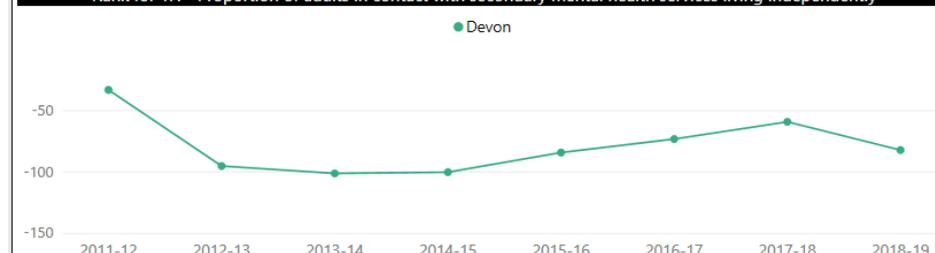
Outcome for 1H - Proportion of adults in contact with secondary mental health services living independently



Rank for 1G - Proportion of adults with a learning disability who live in their own home or with their family



Rank for 1H - Proportion of adults in contact with secondary mental health services living independently



ASCOF 1G: the proportion of adults with a learning disability who live in their own home or with family.

Devon now performs marginally above the regional, comparator and national averages.

The improving long-term trend nationally and locally is due to fewer people with learning disabilities living in residential care with more living in supported living settings with individualised and shared support.

We recognise that for some living at home with their family may not be the arrangement that best promotes their long-term independence.

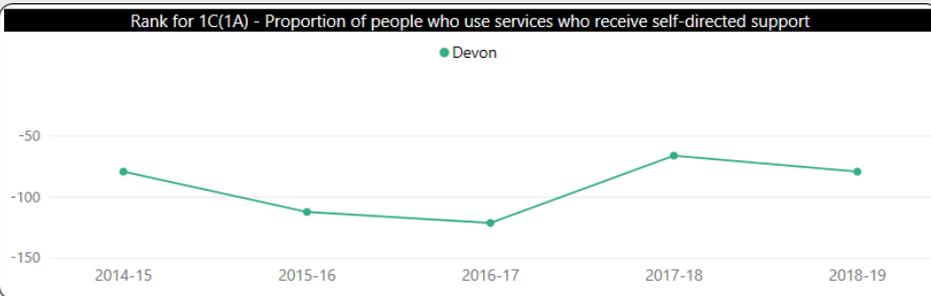
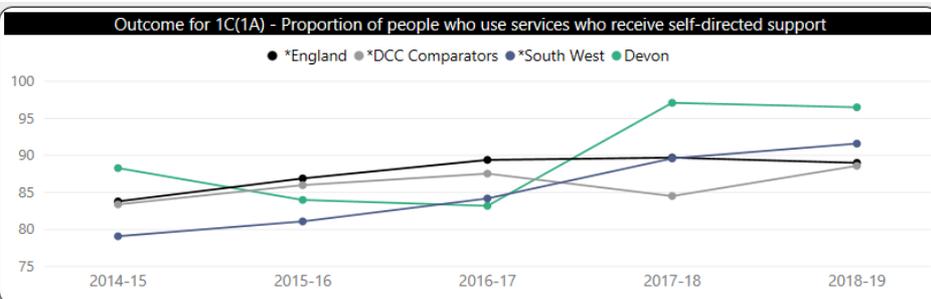
ASCOF 1H: the proportion of adults in contact with secondary mental health services living independently with or without support.

Devon performs above the national, regional and comparator averages although its performance worsened somewhat in 2018-19.

Independent living includes those in conventional housing and other settings such as supported living.

(Integrated services to people with mental health needs are provided by the [Devon Partnership Trust](#) through a Section 75 agreement with Devon County Council.)

Performance: Independence

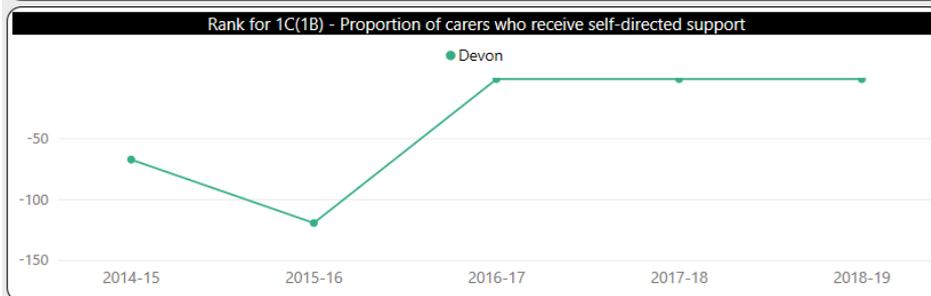
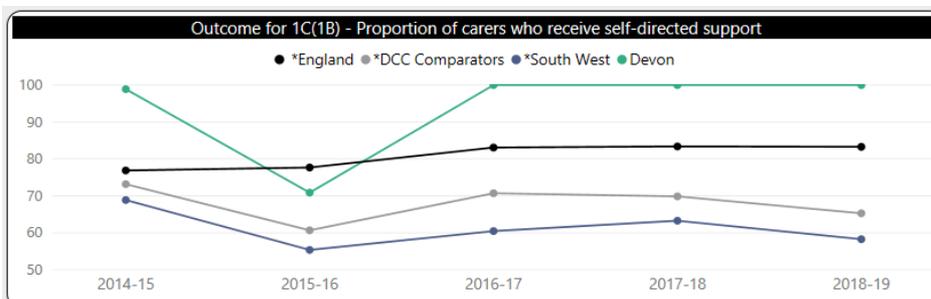


ASCOF 1C (1A): the proportion of people who use services who receive self-directed support.

Devon performs above the national, regional and comparator averages.

Self-directed support means that someone should be aware of the resources available to meet their needs and have choice and control over how they are used.

In Devon we do this by using a Resource Allocation System in strength-based assessment and support planning. About a third use direct payments through a payment card.



ASCOF 1C (1B): the proportion of carers who receive self-directed support.

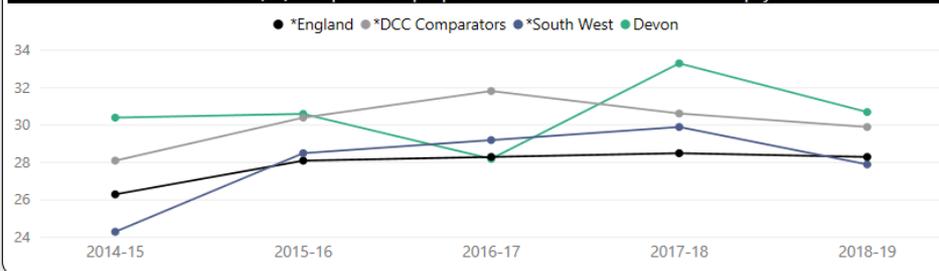
Devon performs above the national, regional and comparator averages.

Our current offer to carers involves eligible individual needs being met through a direct payment.

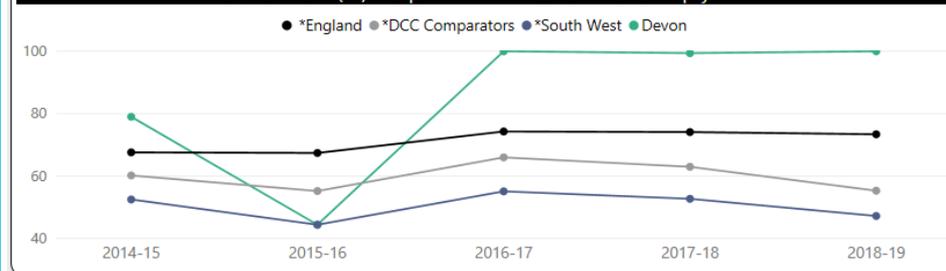
In common with other councils, we are aware that carer satisfaction levels have declined since changes made by the Care Act (2014) and are working with carers to improve the flexibility and utility of our support offer to them.

Performance: Independence

Outcome for 1C(2A) - Proportion of people who use services who receive direct payments



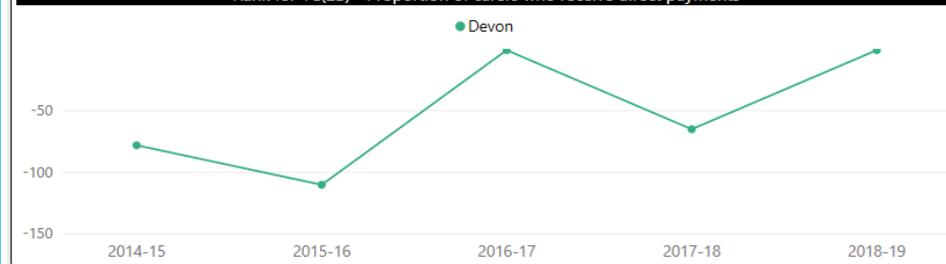
Outcome for 1C(2B) - Proportion of carers who receive direct payments



Rank for 1C(2A) - Proportion of people who use services who receive direct payments



Rank for 1C(2B) - Proportion of carers who receive direct payments



ASCOF 1C (2A): the proportion of people who use services who receive direct payments.

Devon continues to perform above the national, regional and comparator averages.

A direct payment is a payment made to the individual to arrange solutions to their own needs.

In Devon we have been reviewing our direct payments policy to ensure that where used they are the best means of promoting independence through choice and control and that we also sustain an affordable, sufficient, high quality provider market.

ASCOF 1C (2B): the proportion of carers who receive direct payments.

Devon performs above the national, regional and comparator averages.

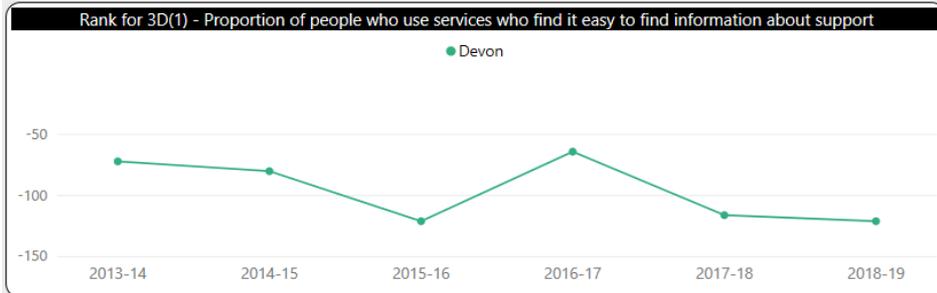
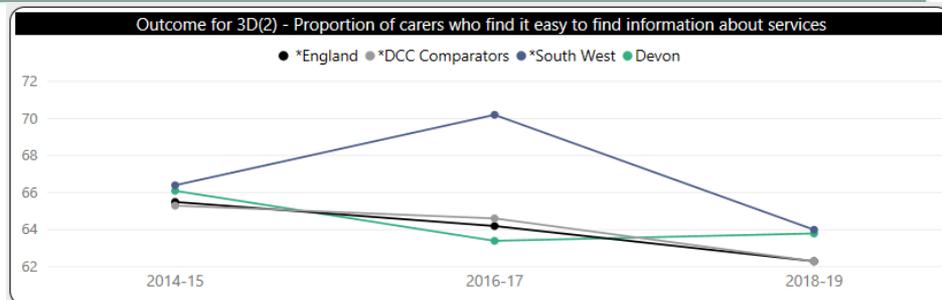
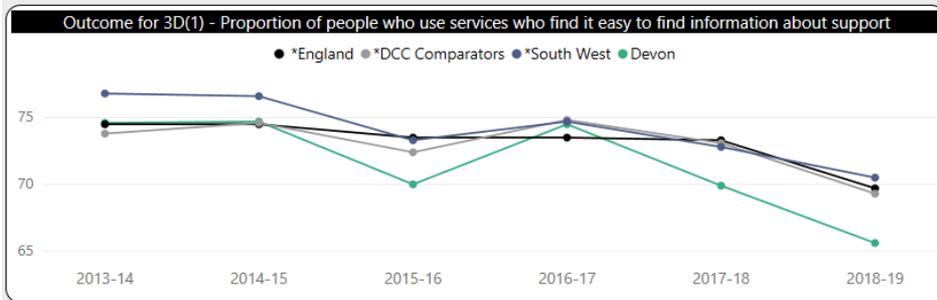
Our current offer to carers involves eligible individual needs being met through a direct payment, a policy introduced in response to the Care Act (2014) that we have in common with many other local authorities.

Like us, the majority of local authorities fulfil their individualised support offer to carers through direct payments.

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>

Performance: Self-management



ASCOF 3D(1): The proportion of people who use services who find it easy to find information about support.

Devon continues to perform below the national, regional and comparator averages.

People can seek information and advice from various sources (the council, GP surgeries, the voluntary sector) and channels (online, face-to-face, by phone).

Good information and advice doesn't just facilitate access to health and care services, it also enables people to help themselves and support each other.

ASCOF 3D(2): The carers who find it easy to find information about support.

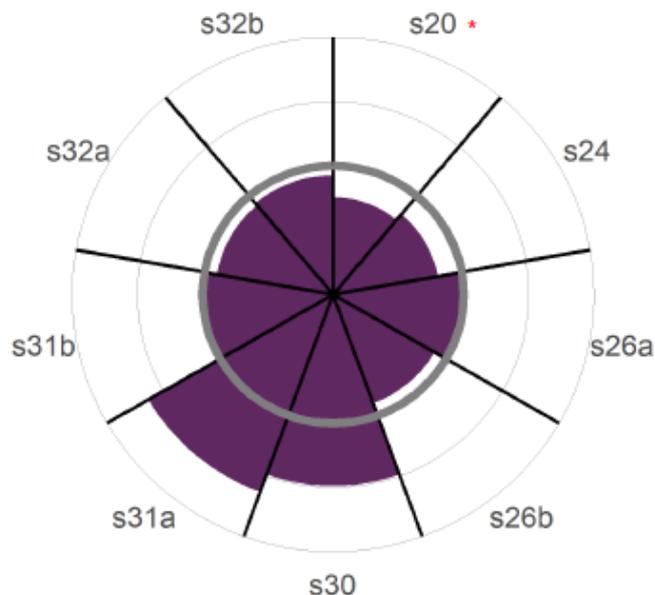
Devon now performs below the regional but above national and comparator averages.

People can seek information and advice from various sources including [Westbank](#) who the council commissions its [carers' support service](#) from.

Improvements have been made to contact and support arrangements under the new contract and our ranking has improved from the third to second quartile.

Performance: Integration

The shaded purple area in the dartboards represents the LA's performance relative to the average performance across England, which is denoted by the bold grey line. If the LA performance extends beyond the bold grey line then the performance of the LA is worse than the England average. Moving clockwise around the dartboards represents elements of an acute hospital pathway, through A&E attendance, to admission, discharge and readmission.



Slide	Indicator
s20	A&E attendances
s24	Emergency admissions
s26a	Length of stay over 7 days
s26b	Length of stay over 21 days
s30	Delayed transfers of care (NHS)
s31a	People receiving reablement/rehab
s31b	People at home after receiving reablement/rehab
s32a	Emergency readmissions within 7 days
s32b	Emergency readmissions within 30 days

* This local authority was affected by poor quality submissions to A&E Hospital Episode Statistics over this period.

Time periods differ between indicators. Full details can be found in the technical annex

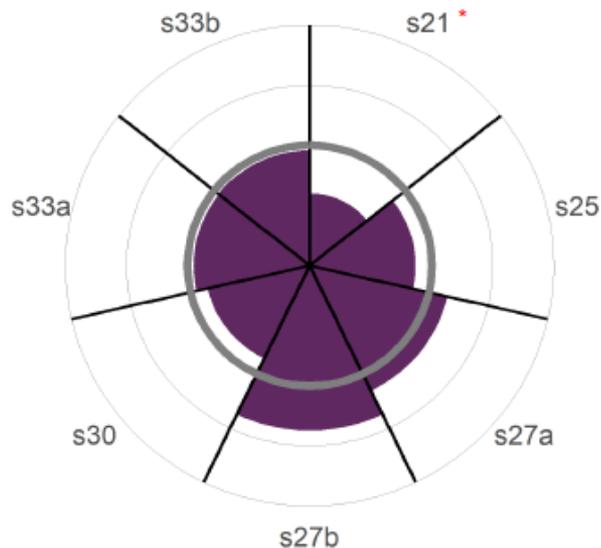
In its [Local Area Report for Devon](#) the [Care Quality Commission](#) provide an assessment of the performance of the Devon health and care system for the acute pathway as it impacts on older people.

Devon performs comparatively well in avoiding unnecessary A&E attendance and hospital admissions, minimising length of stay and avoiding readmission.

We perform less well at facilitating prompt hospital discharges but are making progress in improvement and a lower than average proportion are due to social care.

As explored elsewhere, the reach of our reablement services is limited, in part because we redirect some capacity to meet longer term needs for personal care.

The shaded purple area in the dartboards represents the LA's performance relative to the average performance across England, which is denoted by the bold grey line. If the LA performance extends beyond the bold grey line then the performance of the LA is worse than the England average. Moving clockwise around the dartboards represents elements of an acute hospital pathway, through A&E attendance, to admission, discharge and readmission.



Slide	Indicator
s21	A&E attendances from care homes
s25	Emergency admissions from care homes
s27a	Length of stay over 7 days - admissions from care homes
s27b	Length of stay over 21 days - admissions from care homes
s30	Delayed transfers of care (ASC)
s33a	Emergency readmissions within 7 days - care home patients
s33b	Emergency readmissions within 30 days - care home patients

The analysis uses postcode of residence to identify activity from care homes. As such, it may include data pertaining to other addresses within the same postcode and overestimate activity from care homes.

*** This local authority was affected by poor quality submissions to A&E Hospital Episode Statistics over this period.**

Time periods differ between indicators. Full details can be found in the technical annex.

In its [Local Area Report for Devon the Care Quality Commission](#) provide an assessment of the performance of the Devon health and care system in the pathway between care homes and hospital as it impacts on older people.

Historically this has been an area of strength for Devon but in recent years our performance has been closer to average.

Devon performs comparatively well in avoiding unnecessary A&E attendance and hospital admissions from care homes as well as facilitating timely discharge and preventing readmission. But length of stay has become a cause for some concern.

We will be looking to build on strengths and address areas for improvement in our system-wide response to the NHS long-term plan.

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>

Performance: Early Intervention

NI132 Assessments completed within 28 days (new clients)



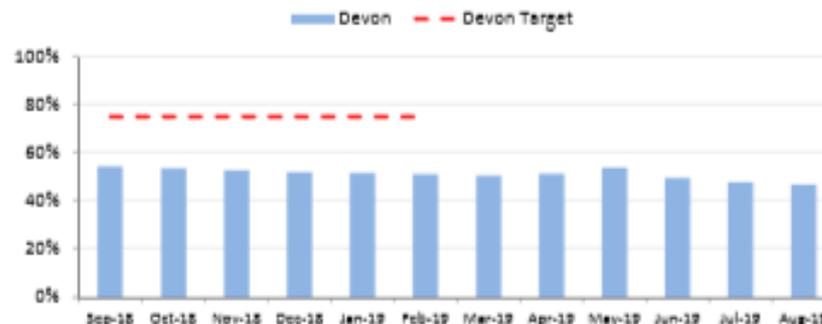
NI132: Assessments completed within 28 days (new clients).

The national ASCOF outcomes framework no longer measures timeliness of assessment, frequency of review, or waiting times for services, so no comparative information is available.

We maintain targets for these measures and monitor against them because we believe that the timeliness of an intervention matters to people and delay can cause escalation of need or other adverse outcome.

We are currently performing below our target of 75% prioritise according to urgency and so assessments not completed within 28 days are usually either those less time critical or of a degree of complexity that requires wider input when interim services may be delivered, including those by our reablement service.

L37 Annual Review - reviewable services only



NI 133: Waiting time for services

More than 85% of people typically receive all services they are assessed as eligible for within 28 days and where they do not these are usually the less urgent services or those meeting more complex needs that can be met by interim arrangements.

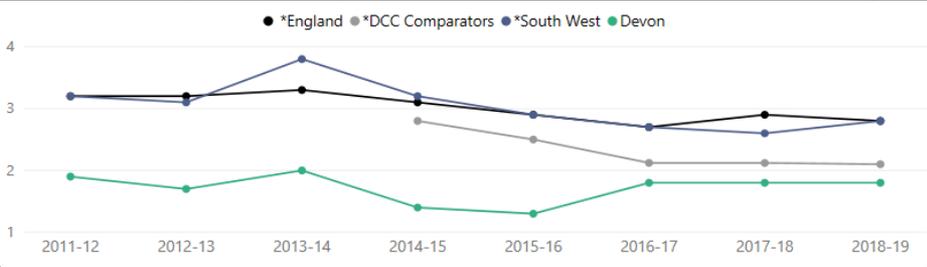
L37: Frequency of review

We prioritise reviews of people whose needs change, who request a service change or whose provider needs to change and these instances are typically dealt with promptly.

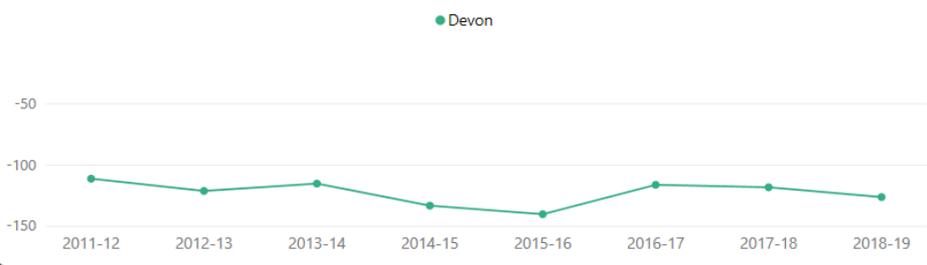
With limited care management resources, we are less effective at ensuring that people who we have not been notified of a change in circumstances are reviewed at least annually and are only meeting this standard for just around 50% of clients, below our target of 75%.

Performance: Specialist Services

Outcome for 2B(2) - Proportion of older people (65+) who received reablement/rehabilitation services after discharge fr...



Rank for 2B(2) - Proportion of older people (65+) who received reablement/rehabilitation services after discharge from h...

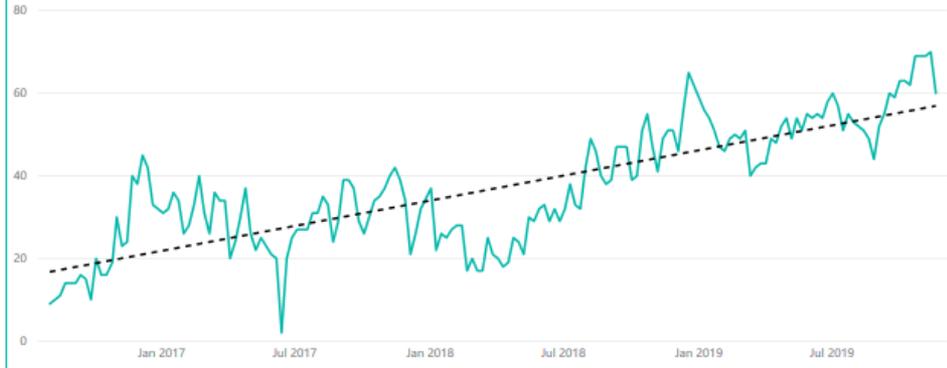


ASCOF 2B(2): The proportion of people 65+ who received reablement services after discharge from hospital.

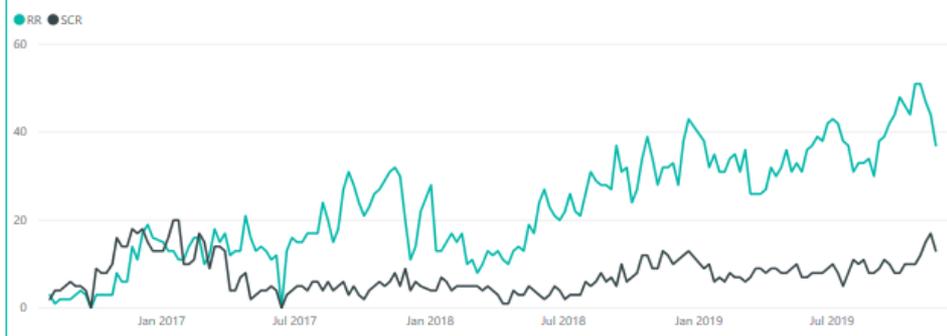
Devon performs below the national, regional and comparator averages.

This indicator is limited in that it only looks at a small cohort of older people discharged from hospital during the autumn period. The impact of Devon's investment in short-term services across health and care is not fully recognised by this indicator. Some of the capacity of these services has also been diverted to mitigate against insufficiencies in the personal care market.

Clients with a Backfilled PoC Trend



Clients with RR/SCR Backfill Trend

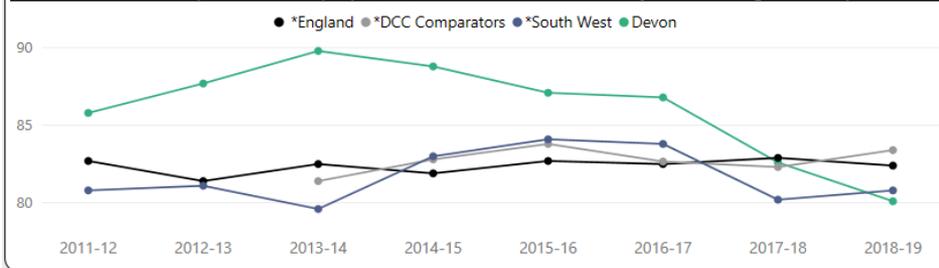


These charts illustrate the rising trend in the use of social care reablement and rapid response capacity to ensure that people's ongoing personal care needs are met rather than to avoid unplanned admissions or facilitate hospital discharge.

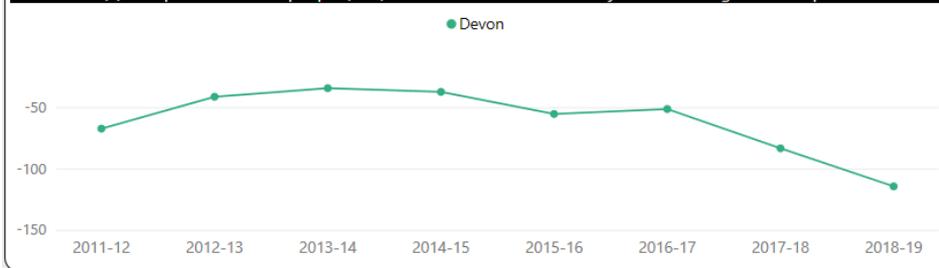
The key challenge in sustaining personal care service sufficiency is workforce recruitment and retention.

Performance: Specialist Services

Outcome for 2B(1) - Proportion of older people (65+) who were still at home 91 days after discharge from hospital into r...



Rank for 2B(1) - Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reabl...



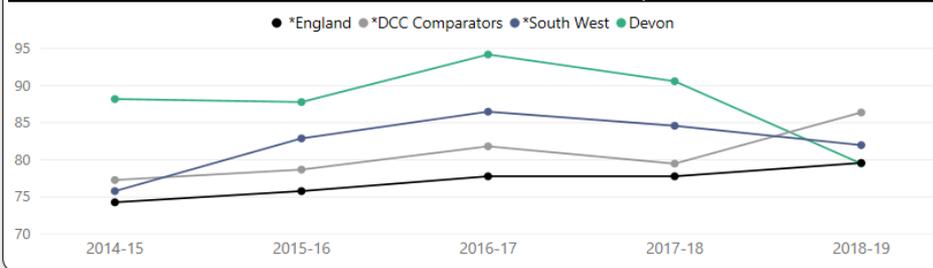
ASCOF 2B(1): The proportion of people 65+ who are still at home 91 days after discharge from hospital into reablement services.

Devon now performs below the national, regional and comparator averages and we need to understand better the recent decline.

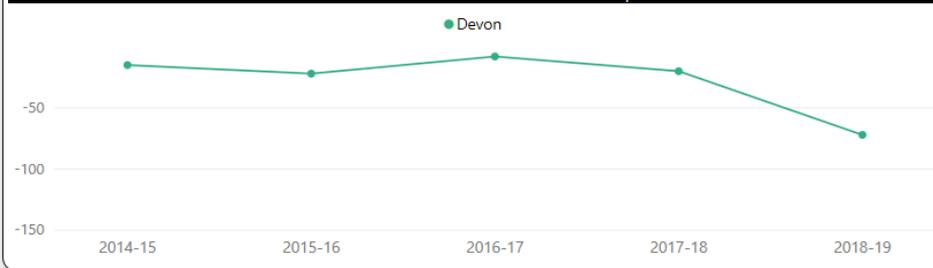
This indicator looks at the impact of reablement services on keeping people out of hospital.

As reablement services are extended in reach their impact is likely to decline in preventing hospital readmission because those with more complex needs are being served.

Outcome for 2D - The outcome of short-term services: sequel to service



Rank for 2D - The outcome of short-term services: sequel to service



ASCOF 2D: The outcome of short-term services: sequel to service.

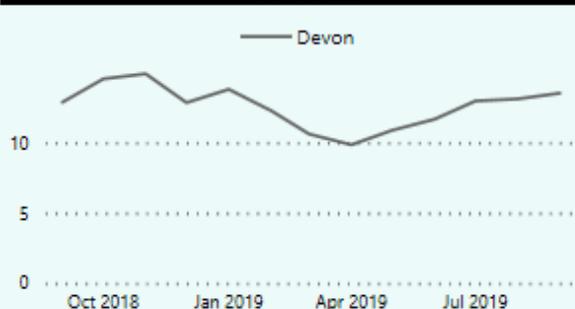
Devon now performs below the national, regional and comparator averages and we need to understand better the recent decline.

This indicator looks at the impact of reablement services in returning people to independence without the need for ongoing support.

Again, as reablement services are extended in reach their impact is likely to decline in preventing the need for ongoing services because more of those being served are unlikely to fully recover their independence.

Performance: Specialist Services

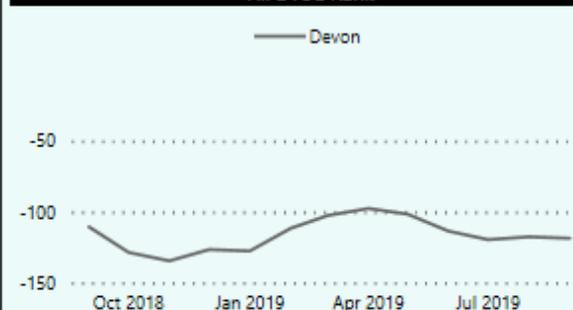
All DToC rate



Delayed Transfers of Care: All Delays

Devon's performance over the last year has been more-or-less static in absolute and relative terms. Prompt access to sufficient nursing, residential and personal care are the main challenges.

All DToC Rank



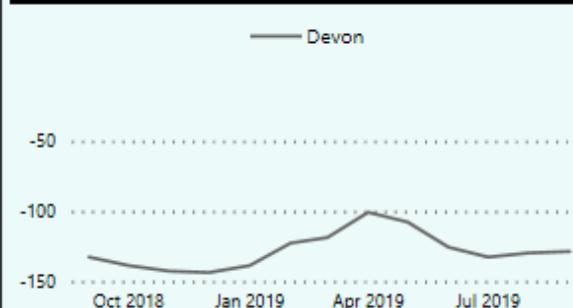
DToC attributable to NHS rate



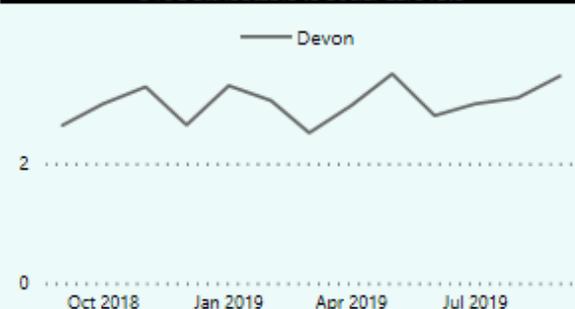
Delayed Transfers of Care: NHS Delays

Delays attributed to the NHS include people responsible for funding their own care and support. Discharging patients at weekends remains an ongoing issue for the local health and care system.

DToC attributable to NHS Rank



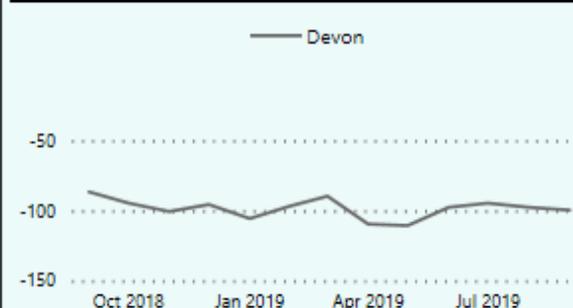
DToC attributable to Social Care rate



Delayed Transfers of Care: Social Care Delays

While the proportion of delays attributed to social care is lower than the national average we should be mindful that overall delays due to market access and sufficiency are predominant.

DToC attributable to Social Care Rank

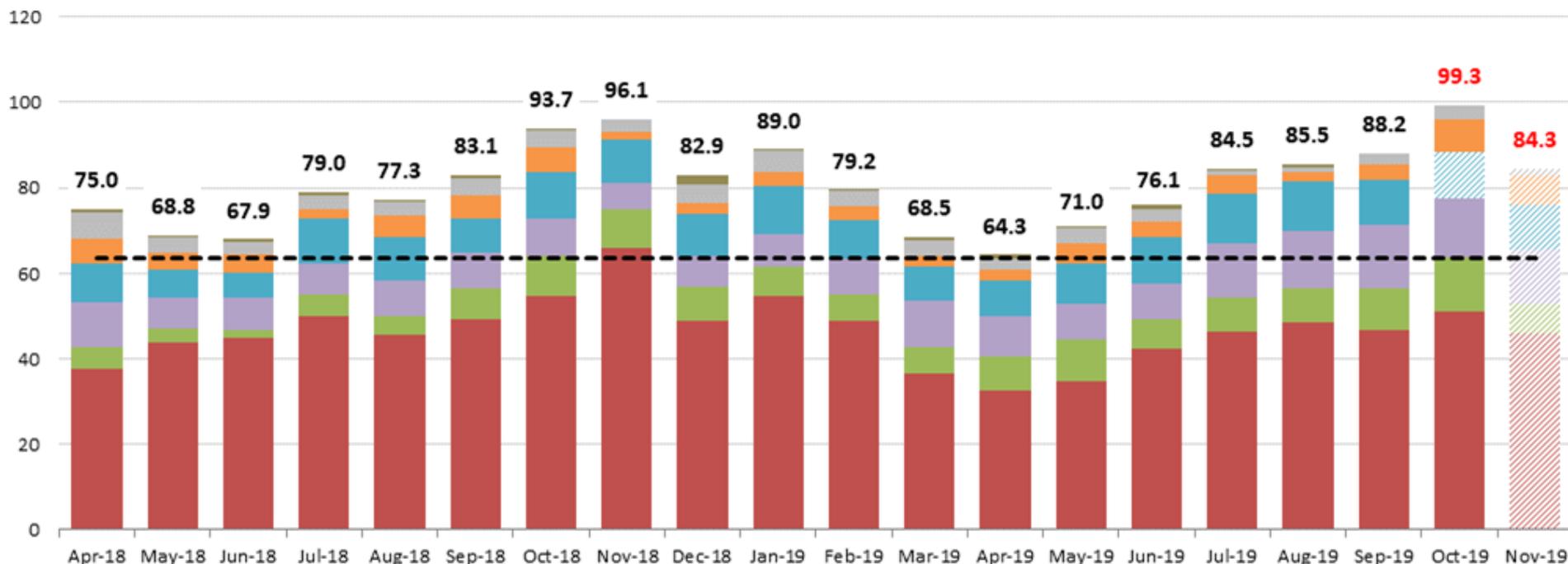


Performance: Specialist Services

Devon County Council monthly Delayed Transfers of Care vs Target

(Pattern filled columns represent estimated data based on daily reporting)

RD&E NDDH DPT T&SD UHP Livewell OOC Target (63.6)



Over recent months fluctuations in delayed transfers of care have followed typical seasonal patterns: at their highest in the autumn and lower in the summer months.

Although winter pressures have an impact, reduced levels of elective admissions make the autumn the most pressurised period.

In line with its population, half or more of DTOC affecting Devon residents are at the Royal Devon and Exeter Hospital.

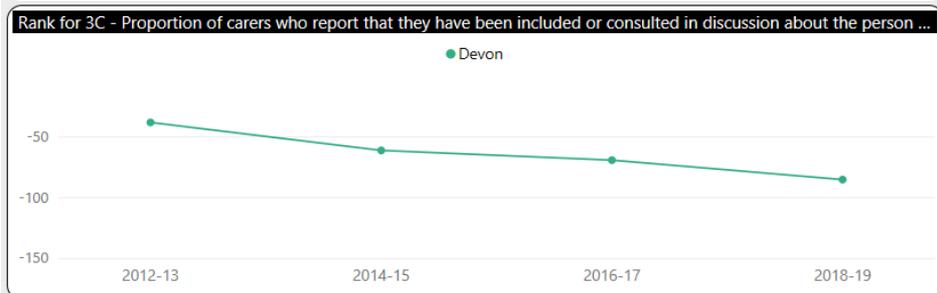
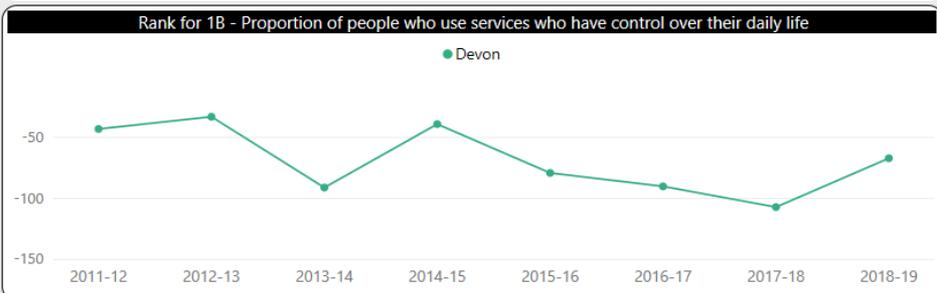
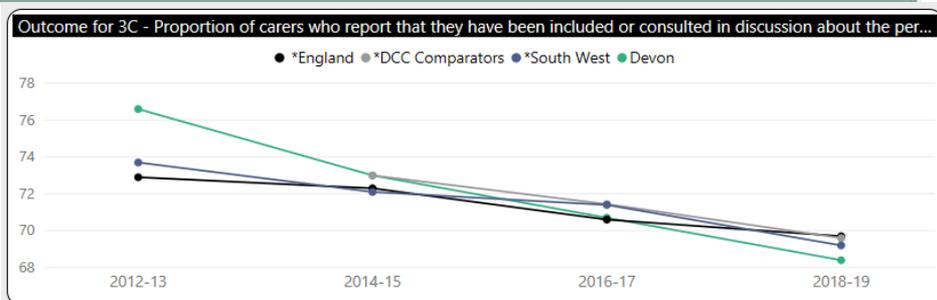
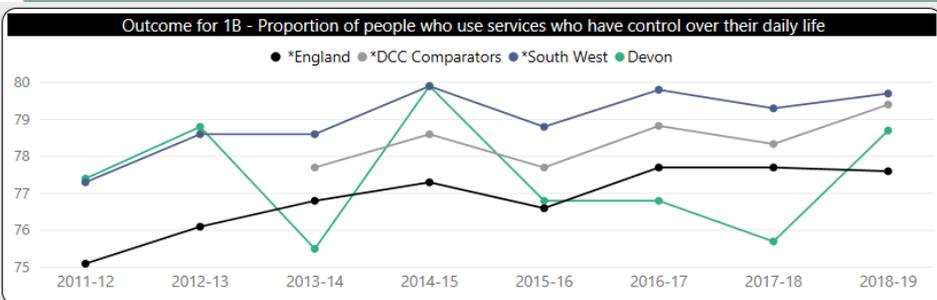
While most DTOC in Devon are attributable to the NHS, access to and sufficiency of residential, nursing and personal care provision is an ongoing challenge.

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>

Performance: Choice and Control



ASCOF 1B: The proportion of people who use services who have control over their daily life.

Devon has improved its performance and is now better than the England average although we remain below the regional and comparator averages.

This indicator is based on a question asked in the annual ASCS survey of service users.

Those in Eastern and Southern Devon score better than elsewhere. People with learning disabilities are most positive.

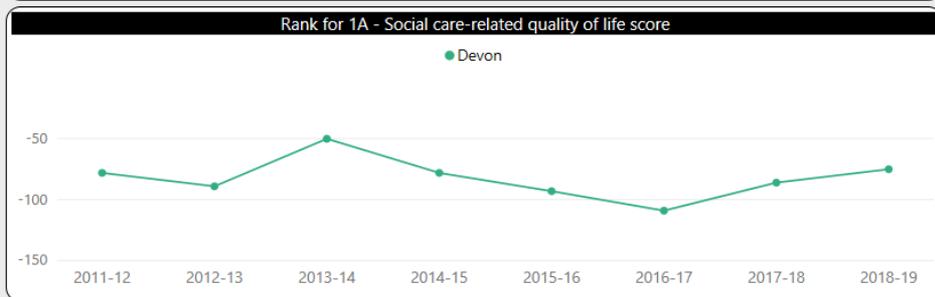
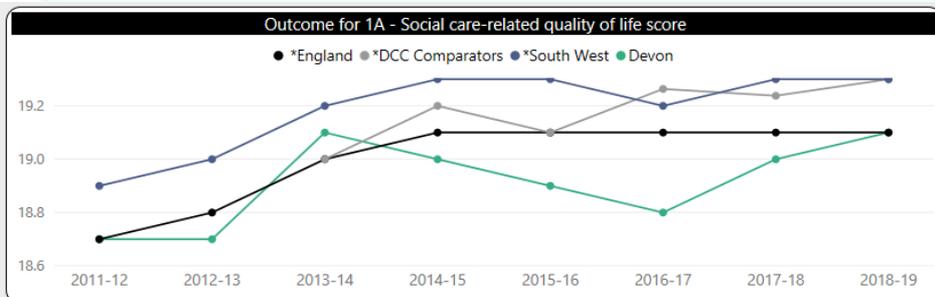
ASCOF 3C: The proportion of carers who report that they have been included or consulted in discussion about the person they care for.

Devon's performance has declined in line with the national, regional and comparator averages.

Those in Eastern and Western Devon score better than elsewhere. Carers of older people are most positive.

We support carers through [Devon Carers](#). This focussed service has benefits but an implication may be less join-up in assessment and review.

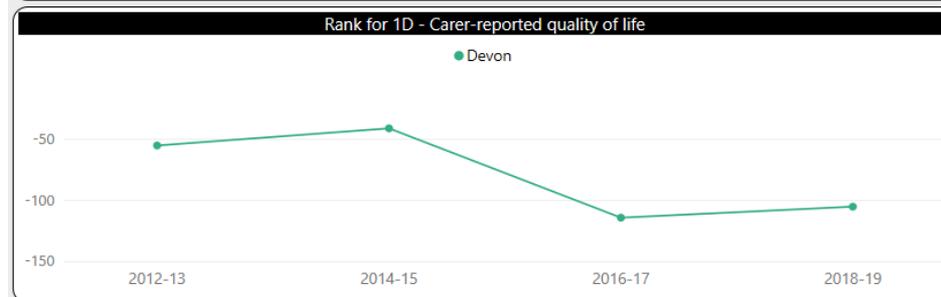
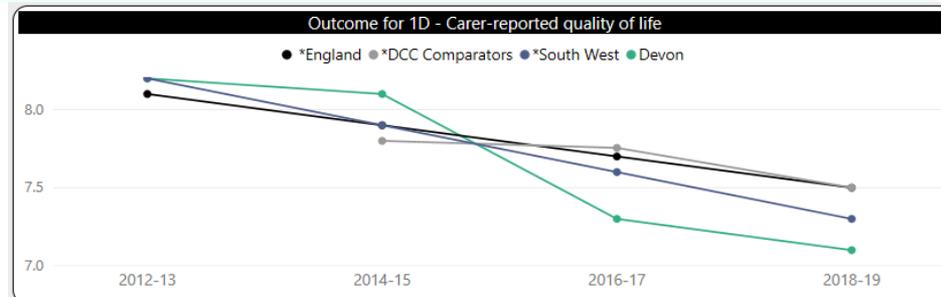
Performance: Choice and Control



ASCOF 1A: Social care-related quality of life.

Devon performance has improved and is now at the national although below the regional and comparator averages and is in the second quartile.

This is a composite measure based on responses to eight questions in the annual ASCS survey of service users regarding issues of every day life such as being in control, maintaining hygiene, having adequate food and nutrition, being in comfortable accommodation, feeling safe, having sufficient social participation, spending time meaningfully and maintaining dignity and respect.



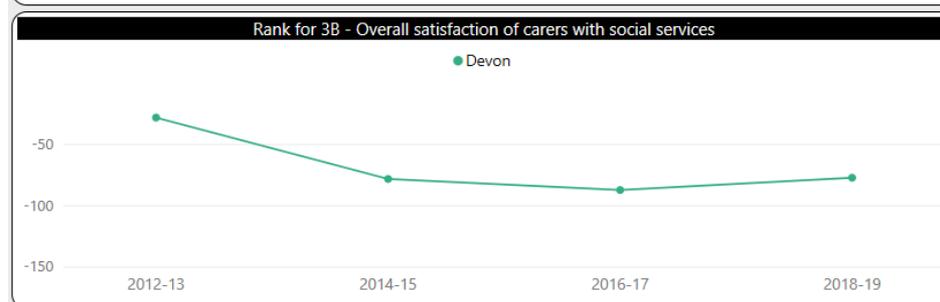
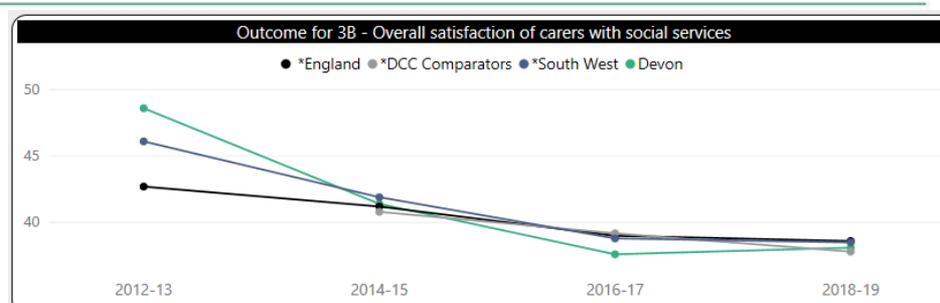
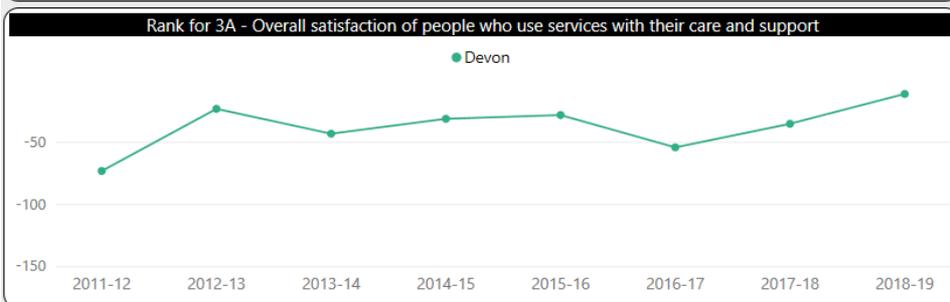
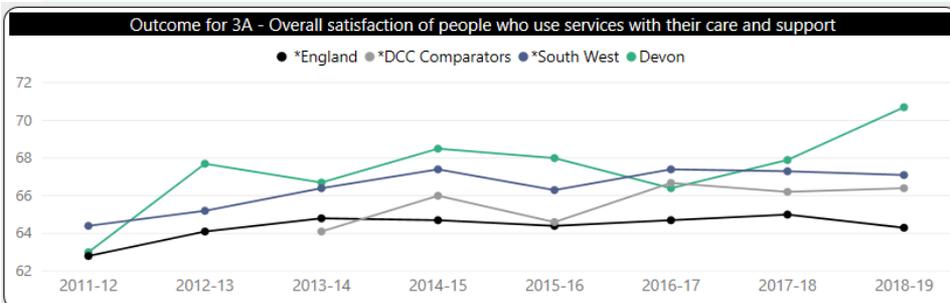
ASCOF 1D: Carer-reported quality of life.

Devon continues to perform below the national, regional and comparator averages.

This is a composite measure based on responses to six questions in the biennial SACE survey of carers regarding issues of every day life such as spending time meaningfully, being in control, looking after oneself, feeling safe, having sufficient social contact and feeling encouraged and supported as a carer.

Services to carers in Devon are currently subject to a spotlight review by Health and Adult Care Scrutiny.

Performance: Accessibility



ASCOF 3A: overall satisfaction of service users with adult social care services.

Devon performs well above the national, regional and comparator averages, and has consistently done so.

Ratings are consistent by age, gender and locality. However, ratings are notably better for people with learning disabilities and worse for people with mental health needs and people with dementia.

(Integrated services to people with mental health needs are provided by the [Devon Partnership Trust](#) through a Section 75 agreement with Devon County Council.)

ASCOF 3B: overall satisfaction of carers with adult social care services.

Devon's performance is in line with the national, regional and comparator averages making it mid-ranking.

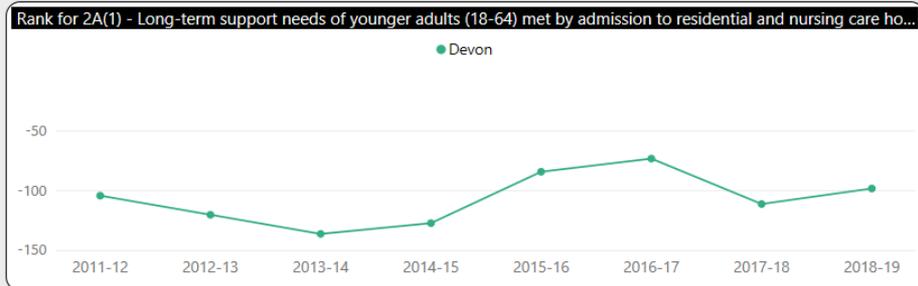
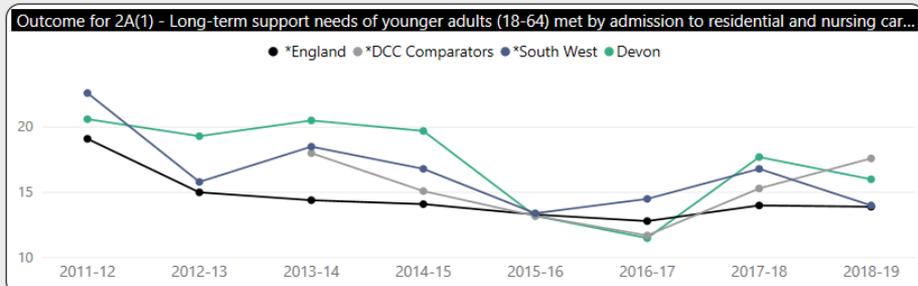
This national, regional and local decline has coincided with the implementation of the Care Act (2014) nationally.

N.B. This survey is biennial and was last undertaken in 2018-19.

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>

Performance: Care at Home



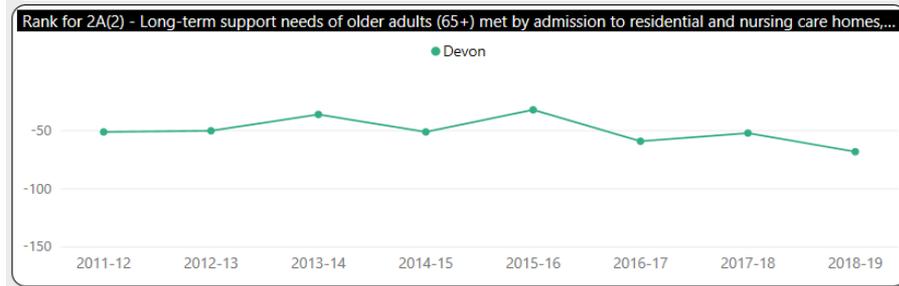
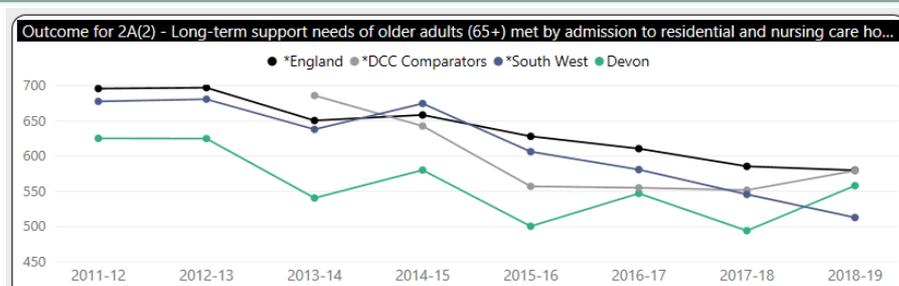
ASCOF 2A(1): Long-term support needs of adults 18-64 met by admission to residential/nursing care.

Devon performs at around the national, regional and comparator averages, better than historically and a slight improvement on last year.

Small numbers make a big difference to this indicator and we continue to see increasing numbers of people with mental health needs admitted into residential care.

This indicator is focussed on long-term care and does not capture short-term placements in care or health settings.

N.B. A low rate of admissions is better performance.



ASCOF 2A(2): Long-term support needs of adults 65+ met by admission to residential/nursing care.

Devon performs better than the national and comparator averages as it has done for several years but marginally less well than the regional average.

Historically we devoted too high a proportion of our resources to funding residential care when most people prefer to be supported in their own homes. The increase in volume combined with greater than inflation rise in fees is of concern regarding budget sustainability.

N.B. A low rate of admissions is better performance.

Performance: Safeguarding

Outcome for 4A - Proportion of people who use services who feel safe

● *England ● *DCC Comparators ● *South West ● Devon



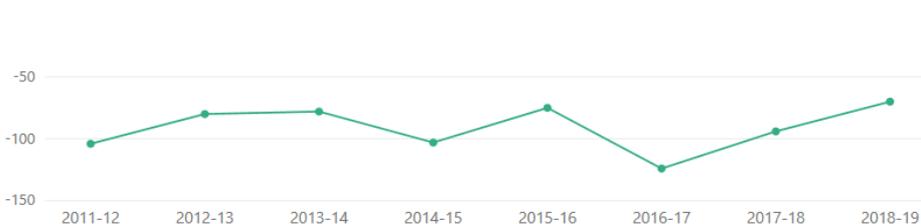
Outcome for 4B - Proportion of people who use services who say that those services have made them feel safe and secure

● *England ● *DCC Comparators ● *South West ● Devon



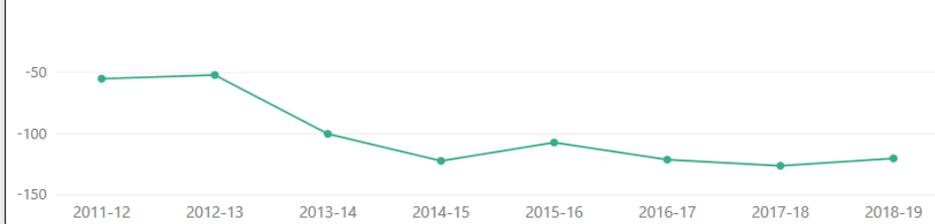
Rank for 4A - Proportion of people who use services who feel safe

● Devon



Rank for 4B - Proportion of people who use services who say that those services have made them feel safe and secure

● Devon



ASCOF 4A: The proportion of people who use services who feel safe.

Devon now performs in line with the national, regional and comparator averages and has risen from fourth to second quartile in the rankings.

People's perception of their own safety isn't just about social care services. In focus groups and comments people refer to rural isolation, street lights, fear of crime, and perceived issues in their neighbourhood or wider community that can only be addressed by a whole council and partnership response.

ASCOF 4B: The proportion of people who use services who say those services make them feel safe.

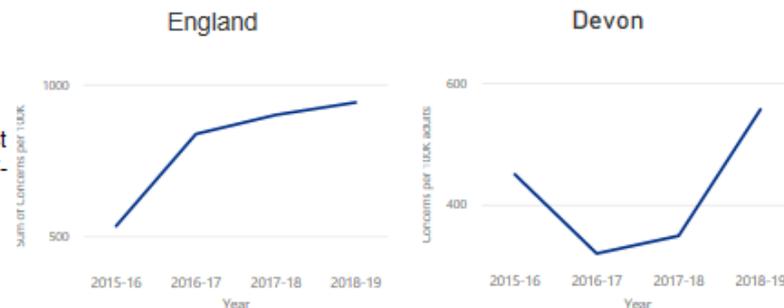
Devon still performs below the national, regional and comparator averages but its performance and ranking show signs of improvement ahead of a peer review of safeguarding arrangements in Devon in 2020.

The [Care Quality Commission](#) rates a greater proportion of personal care and residential/nursing care services in Devon as Good or Outstanding than the national, regional or comparator average.

Safeguarding concerns received during 2018-19



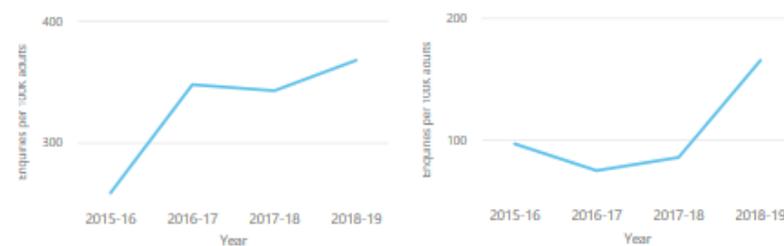
The total number of safeguarding concerns reported by local authorities between 1st April 2018 and 31st March 2019 was **415,050** which is an increase of 5% from 2017-18 (394,655).



Section 42 and Other enquiries commenced during 2018-19



The total number Section 42 and Other enquiries reported by local authorities between 1st April 2018 and 31st March 2019 was **161,930** which is an increase of 8% from 2017-18 (150,070).



Safeguarding Concerns: Rate per 100,000 population

Safeguarding activity significantly increased in Devon during 2018-19 as a result of concerted action to address the low rate of reported concerns by raising awareness and improving practice.

It is a national challenge in monitoring and improving performance that safeguarding practice differs widely around the country with no consensus regarding what is good.

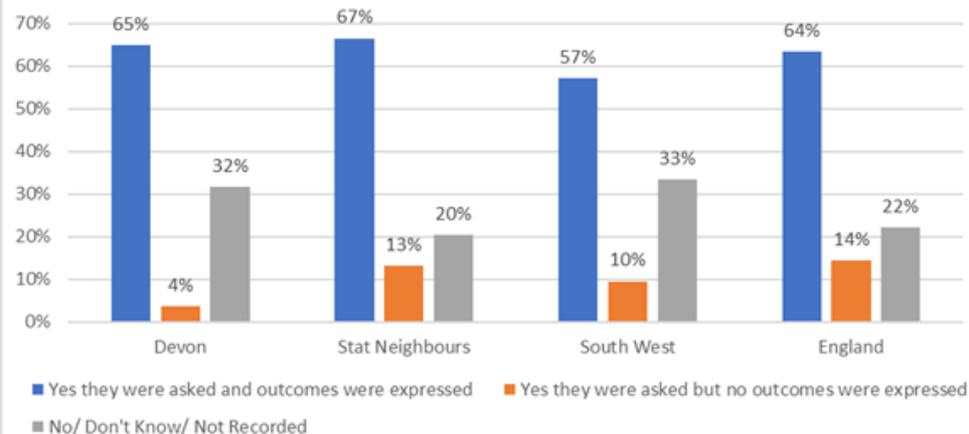
Section 42 and other Enquiries: Rate per 100,000 population

This increase in concerns has led to a proportionate increase in Enquiries. The profile of people these Enquiries are about and the reasons for them are in line with national and regional profiles.

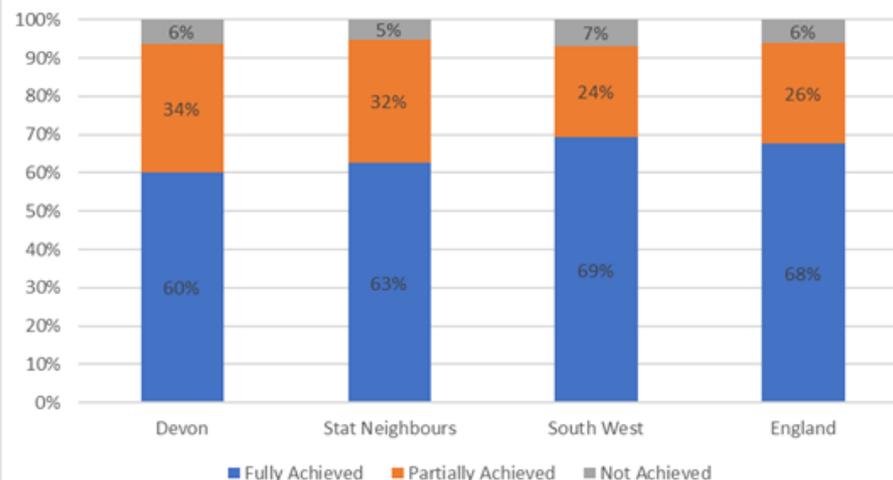
An improvement programme has been agreed that will culminate in a [Peer Review](#) facilitated by the [Local Government Association](#) scheduled for May 2019.

Performance: Safeguarding

Proportion of Concluded Section 42 Enquiries where desired outcomes were asked 2018-19



Proportion of desired outcomes achieved 2018-19



Making Safeguarding Personal: Proportion of Concluded Section 42 Enquiries where desired outcomes were asked.

The introduction of 'Making Safeguarding Personal' encouraged practitioners to ask the person they were working with what outcomes they hoped to achieve from the process and then whether the outcome had been achieved at the end of that process.

Practitioners in Devon are in line with comparators regarding asking for preferred outcomes and proportionately fewer people than elsewhere decline to express a view.

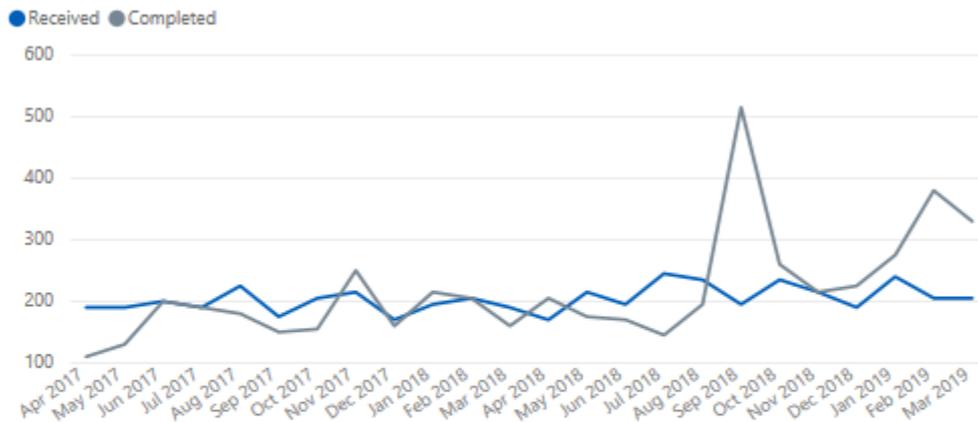
Making Safeguarding Personal: Proportion of desired outcomes achieved

In checking back with the person themselves whether the desired outcome has been achieved, the 'Making Safeguarding Personal' approach encourages a process that is more focussed on the person and their lived experience of the safeguarding process.

Practitioners in Devon are in line with comparators regarding the proportion of people saying that outcomes have been fully or partially achieved, although a greater proportion than elsewhere are recorded in the latter category.

Performance: Safeguarding

Figure 2: Number of received and completed applications by month across 2017-18 and 2018-19



2,550
Total received in 2018-19

3,090
Total completed 2018-19

8%
% change from 2017-18

47%
% change from 2017-18

Figure 3: Proportion of applications received in 2018-19 that were accompanied by an urgent authorisation

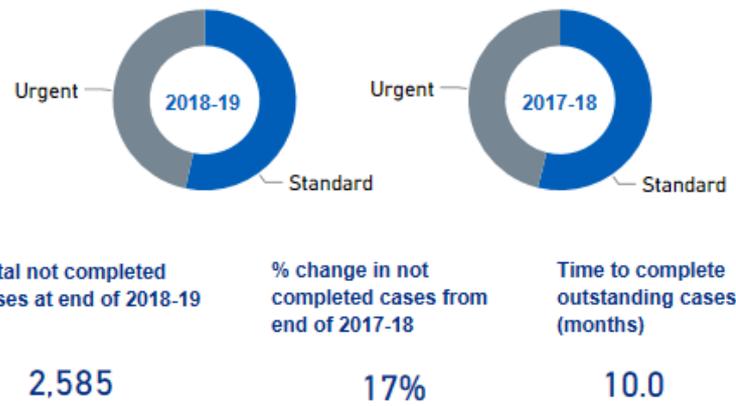


Figure 4: Proportion of applications completed in 2018-19 by outcome



Mental Capacity Act: Deprivation of Liberties Standards applications received and completed

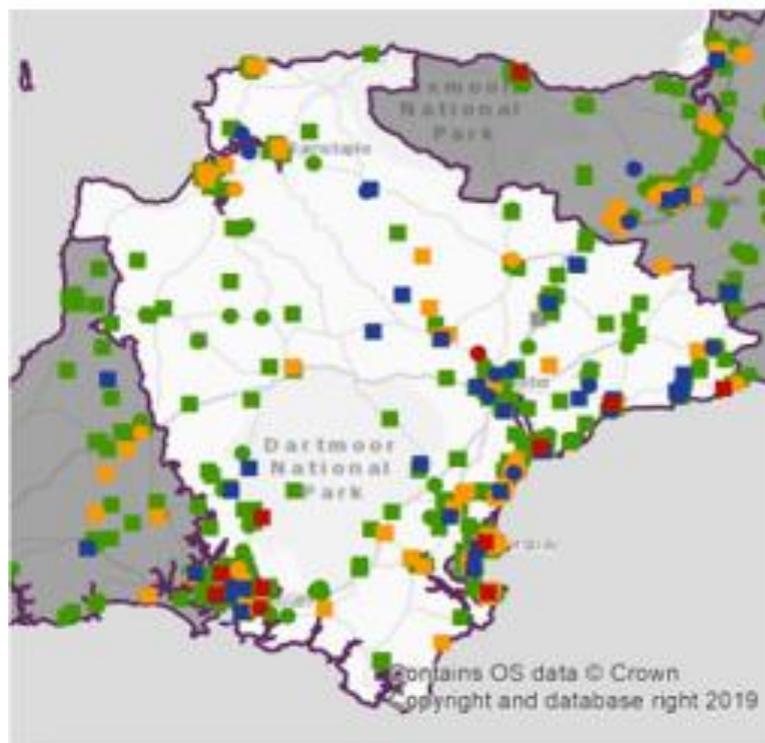
The legislation and guidance concerning [MCA/DoLS](#) is under review by the government given the national and local challenge in maintaining sufficient capacity to respond with the new Liberty Protection Safeguards arrangements due to be implemented in October 2020.

The council has continued to devote more resources to and has reduced its backlog to levels in the mid-range of local authorities relative to population.

We are keeping up with current and high priority applications but have a significant number of lower priority applications to address as we await government action and further advice.

Performance: Safeguarding

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 (6)

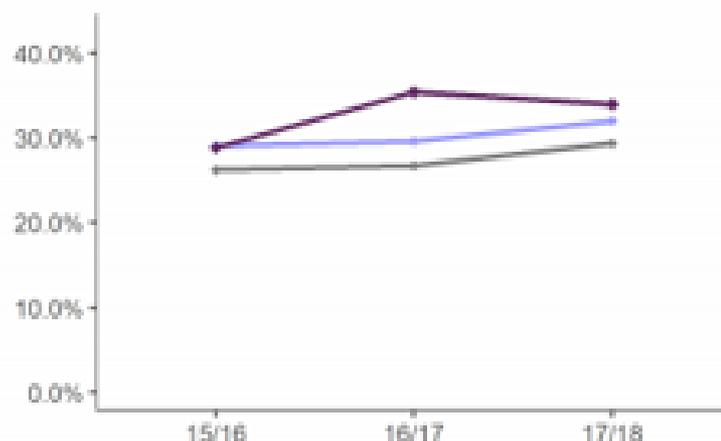
Outcome	Areas of Strength	Areas for Improvement	Priority Action
<p>Workforce: do we have a sufficient and well trained workforce?</p>	<p>Our 'Proud to Care' campaign has been adopted locally, regionally and nationally to promote health and care as a career.</p> <p>The quality and commitment of our workforce 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>

Performance: workforce

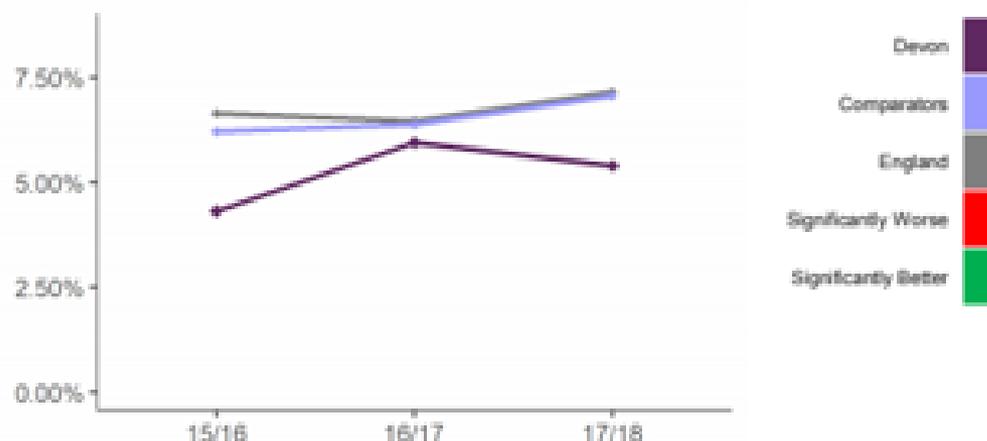
Period	LA	Comparators	England
15/16	28.9%	29.1%	26.2%
16/17	35.4%	29.6%	26.7%
17/18	34%	32.0%	29.4%

Period	LA	Comparators	England
15/16	4.3%	6.2%	6.6%
16/17	6%	6.4%	6.5%
17/18	5.4%	7.1%	7.2%

ASC staff turnover rates 2015 - 2018



ASC staff vacancy rates 2015 - 2018



In its [Local Area Report](#) the [Care Quality Commission](#) uses data from the [ASC-WDS](#) return by providers to [Skills for Care](#) coordinated by councils to assess comparative performance in workforce recruitment and retention.

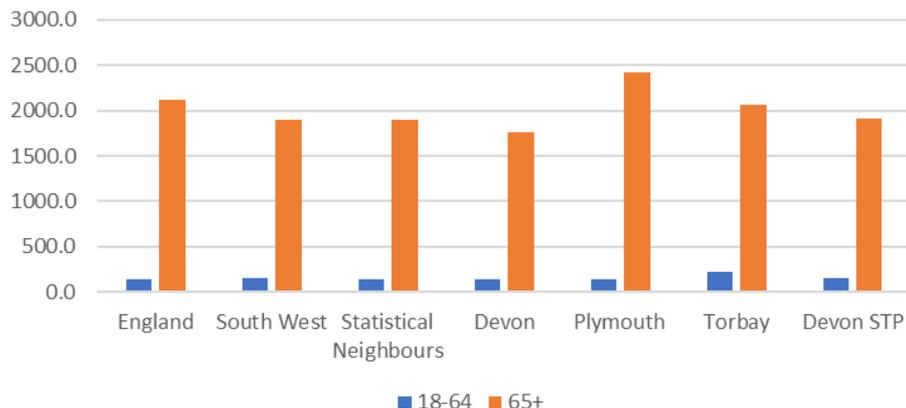
This performance depends on many factors outside of our control, especially local labour market conditions.

Turnover rates in Devon have consistently been at or above those in comparator authorities and the national average. This may be because of significant competition in lower paid work including seasonal work.

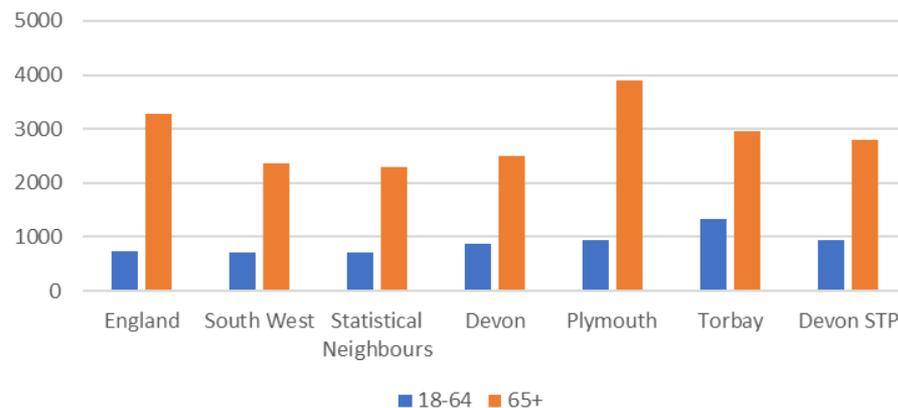
The declared vacancy rate in Devon is lower than comparators. Given sufficiency challenges, there is a risk providers in Devon are seeking to sustain not expand.

Performance: activity

Residential and Nursing Care (in-year)
Rate per 100,000 population



Community Based Services (in-year)
Rate per 100,000 population



Residential activity levels

For residential/nursing activity levels:

- Devon incidence is less than all comparator averages for people aged 18-64. Devon is supporting **47** fewer people than the SN average.
- Devon incidence is below national, regional and SN comparator averages for people aged 65+. Devon is supporting **154** fewer people than the SN average.

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.

Community activity levels

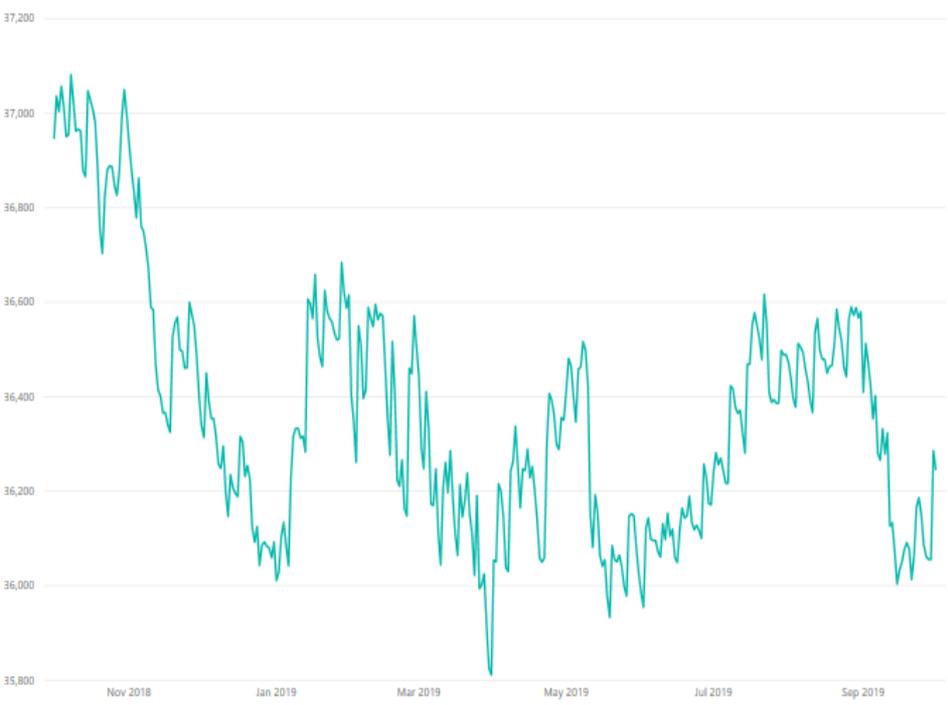
For community based service activity levels:

- Devon incidence is in excess of the main comparator averages for people aged 18-64. At SN incidence rates, Devon would be serving **710** (431 in 2017-18) fewer younger adults.
- For older adults, Devon incidence is in excess of SN and SW comparator averages. At SN incidence rates, Devon would be serving **244** (760 in 2017-18) fewer older adults.

Activity levels for 65+ depend on wealth as well as need and practice.

Performance: personal care

DCC Funded Personal Care Clients 12 Month Trend

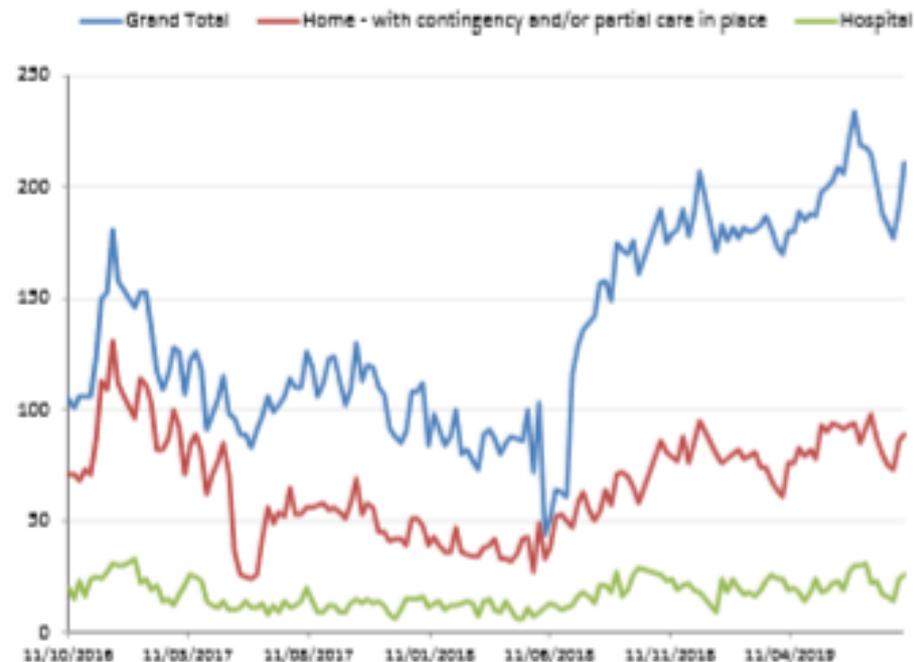


Personal care delivery

From summer 2016 we have promoted the independence of older people through strength-based practice to find alternative solutions to some or all of people's needs, reducing volume during that period by over 8,000 hours, around 25% of the total.

Over the last year volumes have stabilised at between 36,000 and 37,000 per week.

Monthly snapshot of total unallocated care packages since 11/10/2016



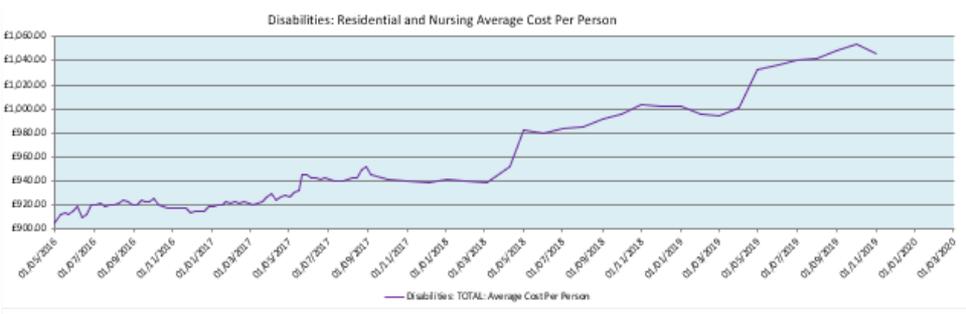
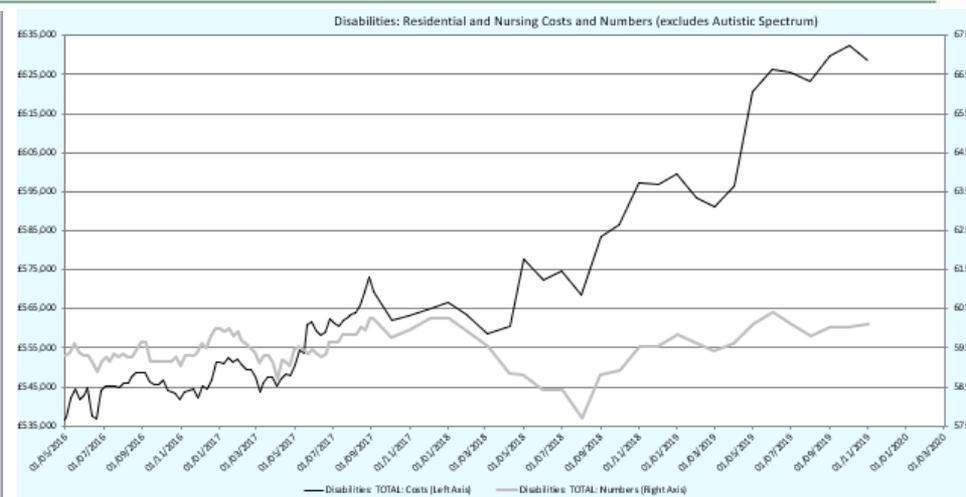
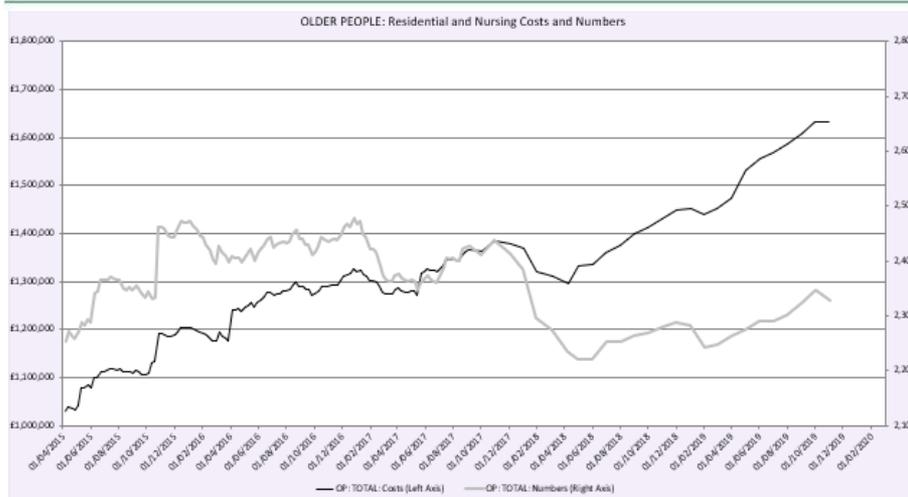
Personal care sufficiency

Personal care sufficiency is the most significant social care market challenge locally and nationally.

This is largely driven by workforce recruitment and retention challenges and exacerbated by real or apparent financial frailties among providers.

The impact of insufficiency is mainly on other services provided as short-term contingency.

Performance: residential care



Residential and nursing care for people 65+

The average cost we pay per bed in Devon has risen significantly over the last four years to secure sufficient quality care to meet growing acuity of need.

We have managed to operate within budget by managing the number of placements, despite the demographic pressure of an ageing population.

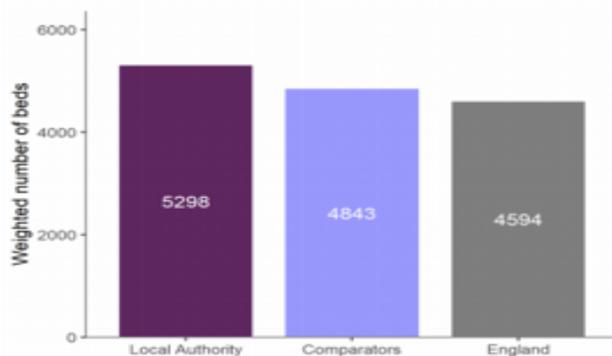
Residential and nursing care for people 18-64

Real market inflation for working age adults has also risen over the last four years, but less so earlier in that period and more latterly.

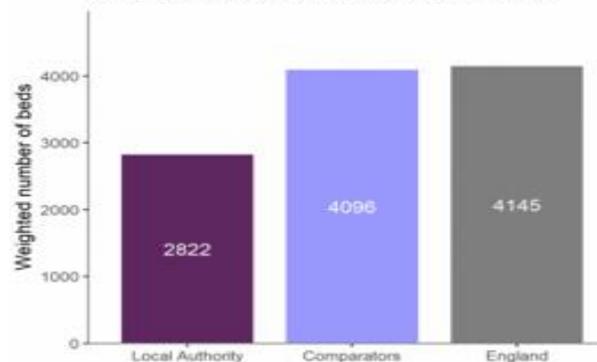
In all adult social care services market inflation is significantly impacted by the national living wage.

Performance: residential care

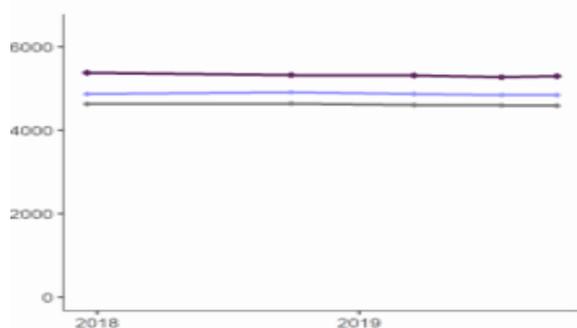
Residential care beds per LA population (age 65+)



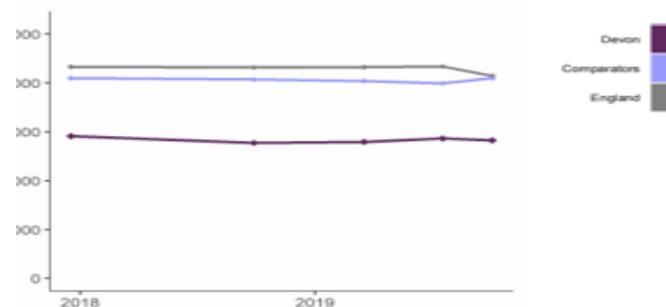
Nursing care beds per LA population (age 65+)



Weighted provision of residential beds over time



Weighted provision of nursing beds over time



Sufficiency of Residential Care

Devon has more residential care beds than comparators, and capacity is stable.

However, nursing and residential capacity is best considered together as some areas use registered nursing capacity for residential placements.

Sufficiency of Nursing Care

Devon has fewer nursing care beds than comparators, and capacity is reducing.

Nursing homes are particularly vulnerable to Brexit with 20% of registered nurses being EU nationals.

Overall, Devon has about 10% fewer beds relative to its 65+ population than comparators.

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>

Performance: residential unit cost

	Residential/Nursing Care (65+)		
	2017-18	2018-19	% Change
England	£614.98	£649.62	5.6%
South West	£719.19	£752.41	4.6%
Devon	£679.43	£722.82	6.4%
Plymouth	£554.26	£563.21	1.6%
Torbay	£578.61	£625.32	8.1%

Residential and nursing care costs for adults 65+

Unit costs of residential/nursing care for older adults continue to increase nationally, regionally and locally. The impact of maintaining in-house specialist services and the use of market premia impact adversely on Devon's rates as is the impact of the new fee model is.

Devon unit cost £722.82 (£ 679.43 in 2017-18) remains less than the SW average £752.41 (£719.19 in 2017-18), but above the England average £649.62 (£614.98 in 2017-18) for all LA arranged residential/nursing care. Compared to the SW average Devon is paying £29.59 less per week. This gap has decreased by £10 since 2017-18.

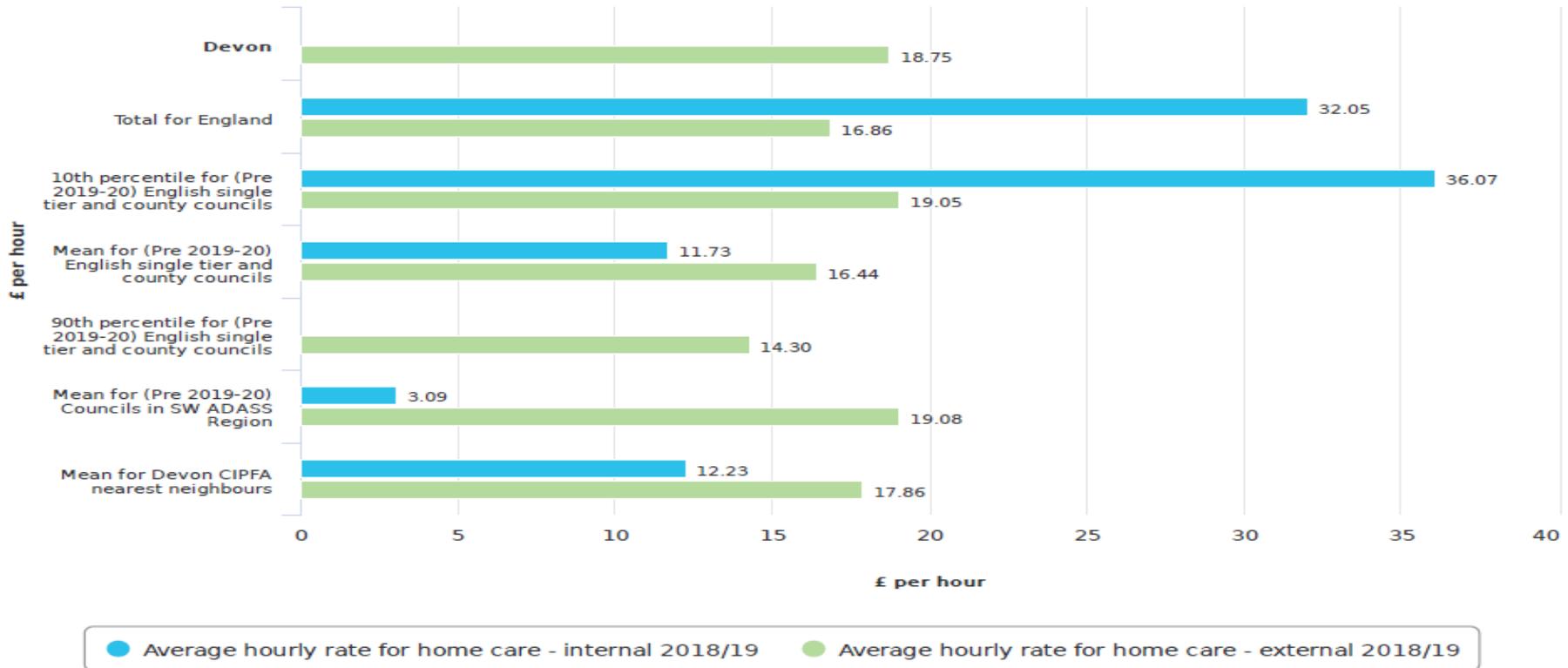
	Residential/Nursing Care (18-64)		
	2017-18	2018-19	% Change
England	£1,224.99	£1,270.69	3.7%
South West	£1,357.54	£1,459.35	7.5%
Devon	£1,108.18	£1,210.45	9.2%
Plymouth	£1,004.50	£1,084.92	8.0%
Torbay	£883.39	£931.07	5.4%

Residential and nursing care costs for adults 18-64

Unit costs are computed by reference to full year spend divided by in-year activity reconciled to the SALT return. There is an upward trend in the unit cost of residential and nursing care for younger adults both nationally and regionally. Devon has seen a more marked increase +9.2% between periods

Devon unit cost (£1,210.45) is less than the SW average (£1,459.35), and less than the England average (£1,270.69) for all LA arranged residential/nursing care. This represents an average saving of £248.90 per week compared to the SW average. This differential has decreased slightly from £249.44 in 2017-18.

Performance: personal care unit cost



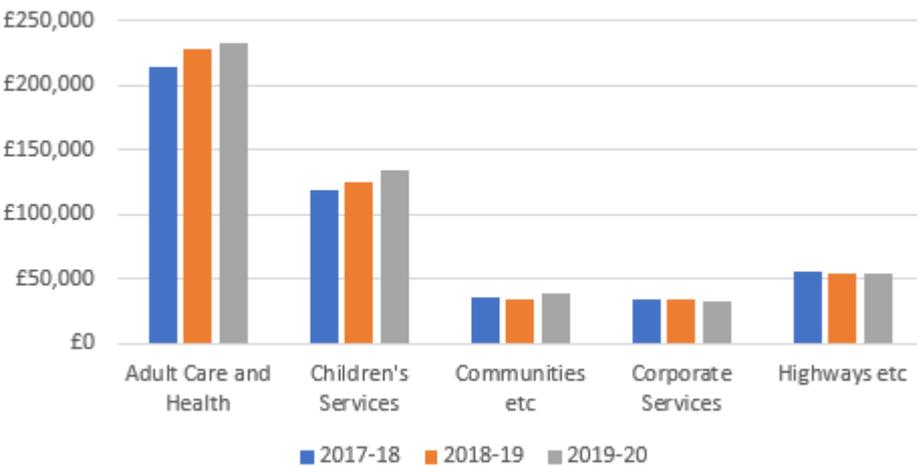
Devon unit cost (£18.75) is less than the SW average (£19.12), but above the England average (£16.86) for commissioned personal care.

Upward cost pressure in the unit rates of commissioned domiciliary care is evident nationally, regionally and locally, in part driven by increases in the national living wage and challenges in recruiting and retaining staff to maintain sufficient and high quality services.

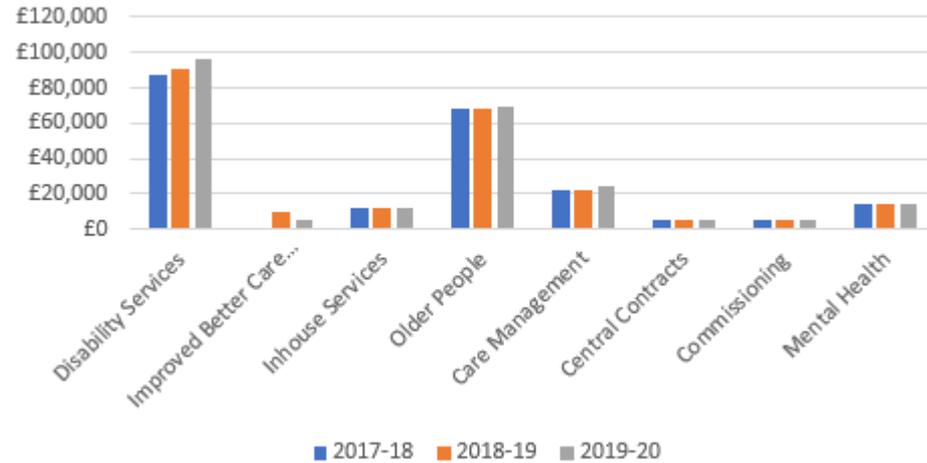
Devon rates are typical of the region. The challenges we face in Devon to secure sufficient supply of personal care in some parts of the county are also evident around the region and nationally and are due to difficulties in recruiting and retaining good staff to deliver quality care at an affordable price.

Performance: spend

Devon County Council - Revenue Budget



Adult Care and Health - Revenue Budget



Devon County Council: Revenue Budget

Details of the Devon County Council revenue budget, capital programme and medium term financial strategy can be found in [our budget books](#) along with our annual outturn reports and details of how our services are funded through Council Tax.

In 2019-20 the proportion of the revenue budget allocated to adult care and health is 47.0% of the Devon County Council budget, a proportion that reduced last year but grew over the decade.

This is challenging and we await promised government action on long-term funding.

Adult Care and Health: Revenue Budget

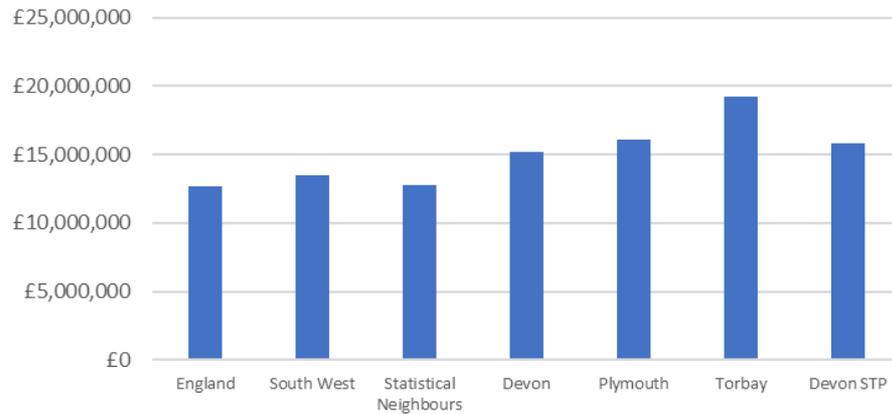
Our budget books also contain details of the breakdown of the Adult Care and Health budgets including allowances we make for inflation (incorporating increases in the National Living Wage) and demographic growth.

In 2019-20 we planned £3.9mn further savings (the difference between our 2018-19 budget adjusted for pressures and our allocation of council budget).

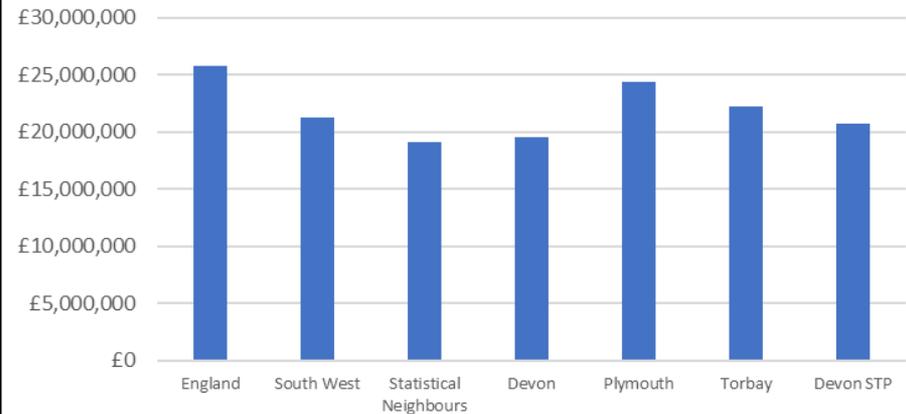
Additionally, the [Improved Better Care Fund](#) is a temporary government grant intended for specific purposes to sustain the health and care system.

Performance: spend on community services

GCE on Community Based Services (All)
Spend per 100,000 population (18-64)



GCE on Community Based Services (All)
Spend per per100,000 population (65+)



Gross Current Expenditure (GCE) on community based services for adults aged 18-64

Devon spends more on community based services per 100,000 population (18-64) than all comparators, but is much more typical to the STP average.

Devon spends £23.85 per head (18-64) more than our SN; reducing spend to SN levels would save £2.384m per 100,000 population (18-64).

This is driven mainly by greater incidence of people served and greater intensity of service than is typical. Our Disabilities Transformation Programme is seeking to address this.

Gross Current Expenditure (GCE) on community based services for adults aged 65+

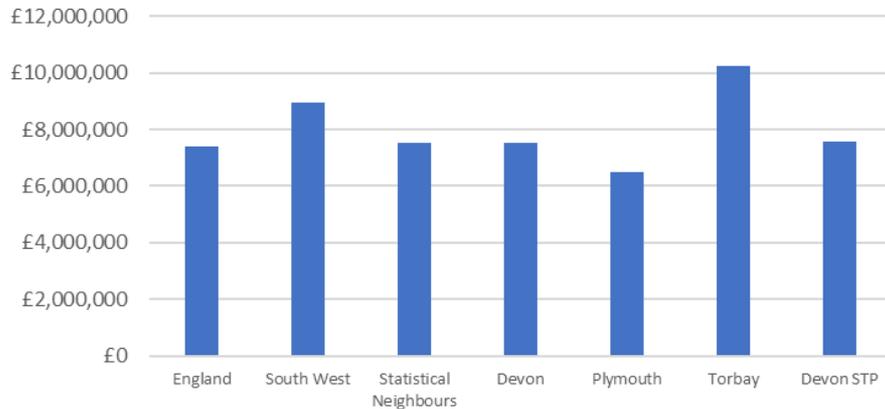
Our spend per 100,000 population on the 65+ cohort is now typical to our Statistical Neighbours, but significantly below England and the South West averages.

Devon spends £4.61 per head (65+) more than our SN; this represents £0.461m more spend per 100,000 population (65+).

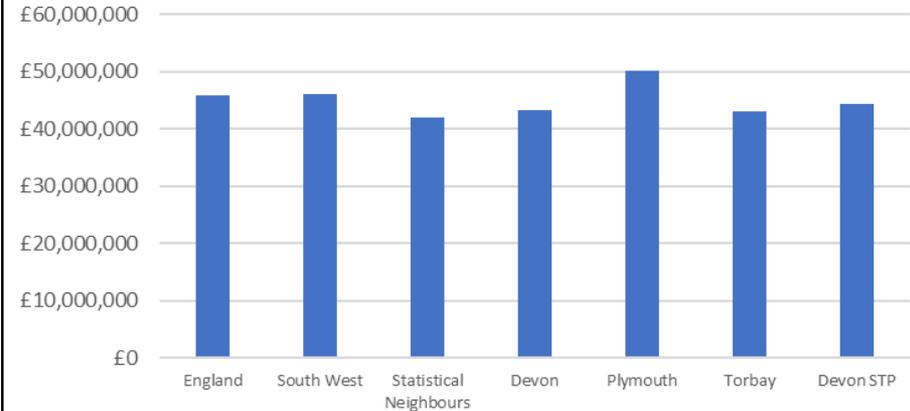
For adults 18-64 we benchmark at the bottom of the first quartile, for adults aged 65+ we are around the bottom of the third quartile.

Performance: spend on residential services

GCE on Residential/Nursing Care (18-64)
Spend per 100,000 population



GCE on Residential/Nursing Care (65+)
Spend per 100,000 population (65+)



Gross Current Expenditure (GCE) on residential/ nursing services for adults

Devon has seen a further increase in the spend per 100,000 population (18+) on residential and nursing care between years (£18.54m from £17.75m). This trend is mirrored across all comparators. Regional spend has increased significantly (£19.11m from £16.32m).

This increase in spend is driven more by unit cost than activity. The cost increases involved cannot be a product of complexity alone given year-on-year changes but are more associated with market factors including the impact of the national living wage. [Recent analysis](#) has shown that the profitability of the sector is variable, with the largest providers making the greatest margin.

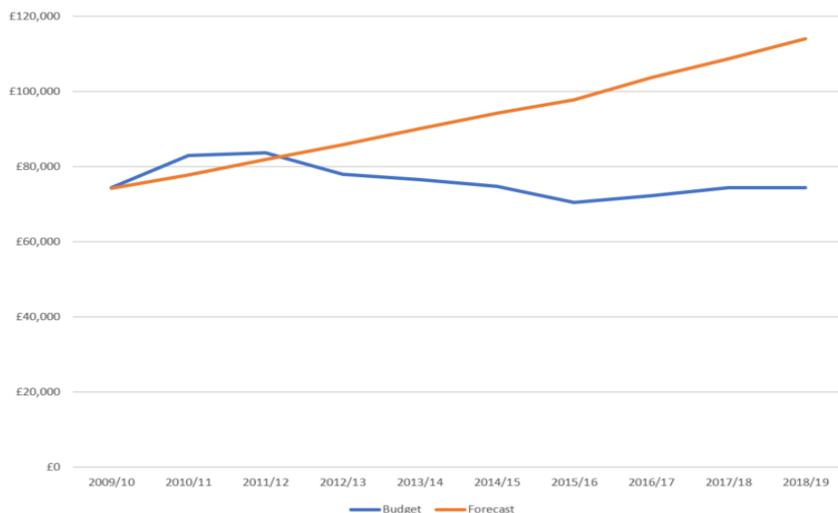
Devon spends £185.42 (£177.53 in 2017-18) per head on residential and nursing care which is more than the SN average of £174.38 (£164.14 in 2017-18) and England £162.96. Overall this represents £1.103m more expenditure per 100,000 over 18 population compared to SN. The cost pressure relates to older adults: £1.268m per 100,000 (65+).

Performance: spend over time

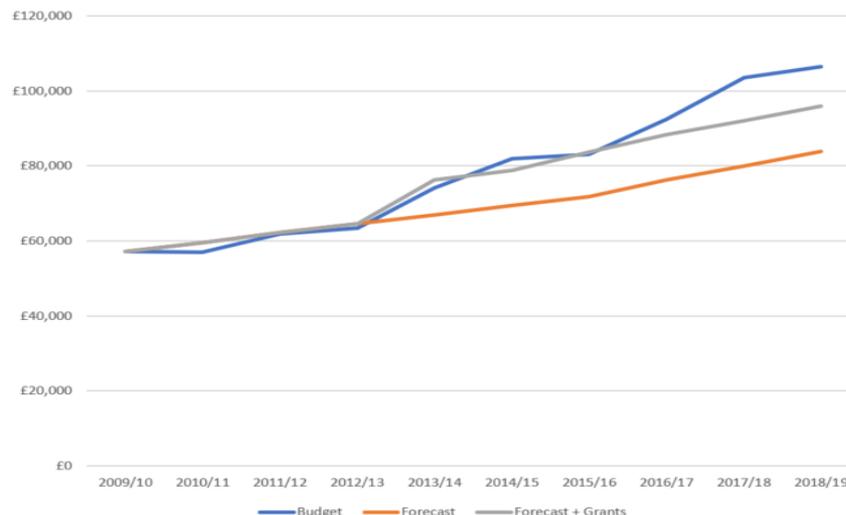
In last year's report we included this analysis of spend against forecast over the last decade; we incorporate it again because of the useful context it gives.



65+ Net Budget vs Forecast



18-64 Net Budget vs Forecast



Spend on people aged 65+ over the last decade

We are spending no more on older people now than we were in 2009-10 despite demographic and inflationary pressure.

This represents a £40mn saving achieved, comparing how spend would have increased had it done so allowing for pressures on demand and cost.

We have achieved this by reducing residential costs and volumes 2010-16 taking a 'home first' approach to meeting people's needs and by using strength-based practice, promoting independence to reduce personal care volumes 2016-18.

Spend on people aged 18-64 over the last decade

Using the same methodology for adults aged 18-64, we are spending £10mn more now than we forecast applying demographic and inflationary pressure and allowing for the government funded take-on of new responsibilities.

There have been marked increases in our spend on people with learning disabilities and autism, in part due to improving survival in childhood extending life expectancy.

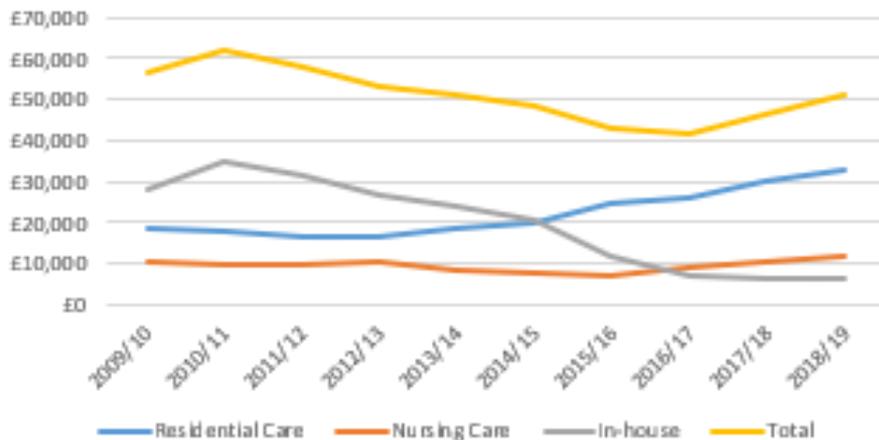
In particular we have experienced cost pressures from young people transitioning from children's services.

Since 2014-15 locally and nationally we have been spending more on working age adults than older people.

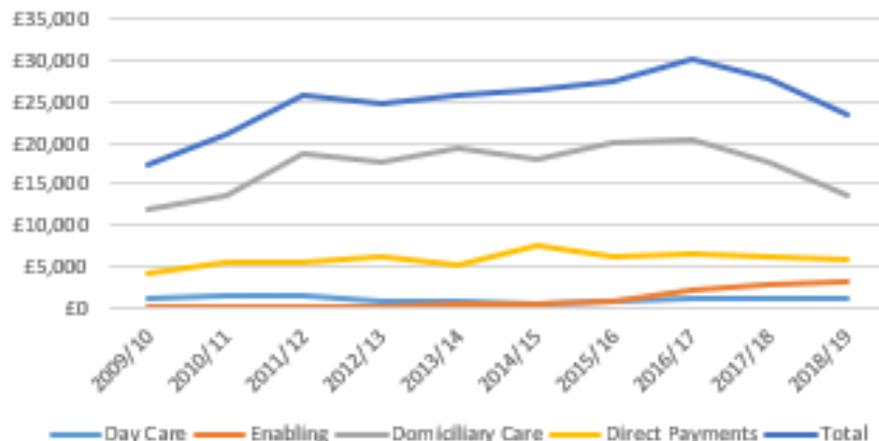
Performance: spend over time 65+

In last year's report we included this analysis of spend against forecast over the last decade; we incorporate it again because of the useful context it gives.

OP Residential Budget



OP Community Budget



Spend on people aged 65+ over the last decade

The two phases of savings strategies for OP have been:

- Closure of more costly in-house services 2011-16
- Promoting independence for those living at home with a 25% reduction in commissioned personal care hours in that period.

Our spend in cash terms on OP is the same as in 2009-10 within £100k:

- To provide the same level of service relative to population, we'd need an average annual budget increase of up to 7% per year.
- We have in fact averaged 0% per year.

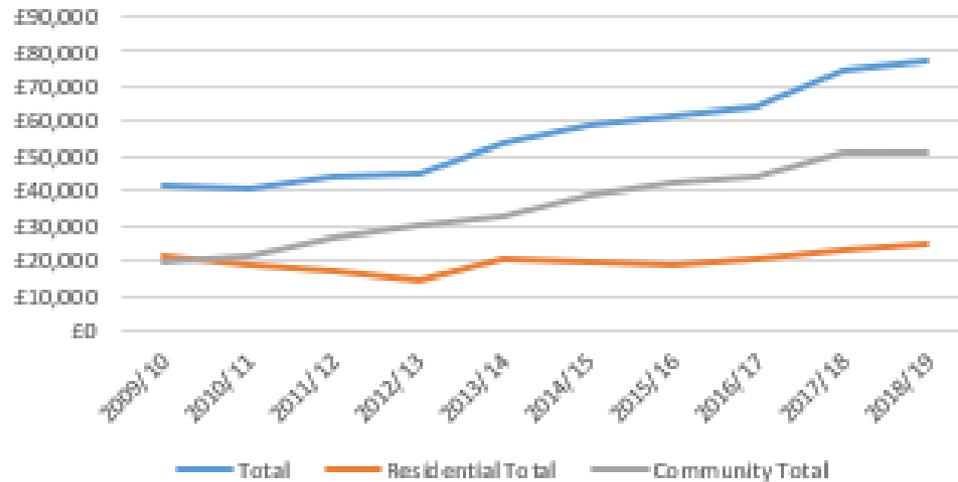
In the last three years, spend on residential care has been rising due to cost pressures and with pressures from the national living wage and our 'fair price for care' framework. Our priorities are to:

- Ensure market sufficiency, especially in the personal care market
- Targeted short-term services to prevent, delay, reduce ongoing services.
- Better community services to prevent and delay admissions into care homes for people with dementia and develop an improved range of accommodation with care options.

Performance: spend over time 18-64

In last year's report we included this analysis of spend against forecast over the last decade; we incorporate it again because of the useful context it gives.

LD Total



There are many positives to how services to people with Learning Disabilities in Devon over the last decade have developed:

- A shift from more to less institutional care
- A shift from residential settings to supported living
- A shift from day care to individualised support
- Very positive survey results
- The impact of reductions in benefits being buffered
- More people with autistic spectrum disorder being supported

But the challenges are:

- Working with young people and their families to prepare them for living as independently as possible as adults
- Seeking to enable people with Learning Disabilities to live more independently
- The timescale to make changes working with people who we support over decades when our budgets are under pressure now
- Capacity, capability and culture to transform
- The need to secure buy-in to our promoting independence approach from clients, carers, providers and our own staff

During the period we have also taken on new responsibilities and experienced the impact of national policy changes:

- Take-on of responsibility for accommodation of long-term residents from NHS from 2013-14
- The Independent Living Fund was discontinued with funding transferred to local authorities in 2015
- Various other national benefit changes have impacted on people with disabilities during the period e.g. Disability Living Allowance, Personal Independence Payments, Housing Benefit



Change programme

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
<p>Support at home: integrating and improving community services and care in people's homes.</p>	<p>Living Well at Home: developing our personal care framework to maintain capacity and improve outcomes.</p>	<p>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.</p>
	<p>Supporting Independence: individualised support to assist independent living.</p>	<p>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,</p>
	<p>Short-term services: developing an integrated reablement, rehabilitation and recovery offer.</p>	<p>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.</p>
	<p>Enabling: targeted short-term support to people with disabilities to develop their independent living skills.</p>	<p>We have now remodelled our Reaching for Independence service which focusses on enabling people to progress to become less dependent on support over time.</p>
	<p>Day opportunities: purposeful and interactive group-based activities.</p>	<p>Our approach to day opportunities for working age adults continues to focus on employment and meaningful, mainstream activities.</p>
	<p>Supported living: ensuring the right balance of group and individual support in supported living settings.</p>	<p>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.</p>

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.



Links to other information

(Click to access)

NHS Adult Social Care Analytical Hub Digital

The Adult Social Care Analytical Hub links to home pages for each of the social care publications. Each homepage has links to that publication's Power BI interactive report, web publications and guidance.

[Safeguarding Adults
Collection \(SAC\)](#)

[Deprivation of Liberty
Safeguards \(DoLS\)](#)

[Activity and Finance](#)

[Guardianship](#)

[Adult Social Care
Outcomes Framework
\(ASCOF\)](#)

[National Minimum Data Set
for Social Care \(NMDS-SC\)](#)

[Adult Social Care Survey
\(ASCS\)](#)

[Survey of Adult Carers in
England \(SACE\)](#)

[Home](#) > [People, population and community](#) > [Health and social care](#) > [Health care system](#) >

[Demand for adult social care across counties and unitary authorities in England](#)

Article:

Demand for adult social care across counties and unitary authorities in England

Explore how demand for adult social care varies across England using our interactive maps.



Devon local authority area
profile - Older people's
pathway

Date produced: 23 October 2019

Contact: arealevelanalytics@cqc.org.uk



National resources: LG Inform



LG Inform

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Welcome to LG Inform

LG Inform presents you with up-to-date published data about your local area and the performance of your council or fire and rescue authority. Whether you're interested in scrutiny, a particular service area, or simply need an overview, it can help you review and compare performance with other authorities.

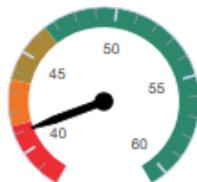
See how your area compares



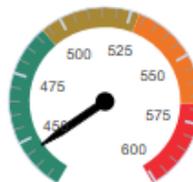
[Search](#)

Devon compared to All English county local authorities Quantiles dashboard

Percentage achieving 9-5 in English & mathematics 2017/18 (academic)



Residual household waste per household (annual) 2017/18



Children looked after rate, per 10,000 children aged under 18 2017/18



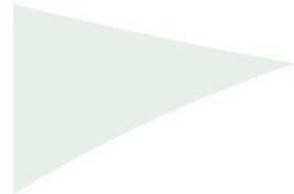
Local authority summary

Please use the menu or map below to select a local authority area.

Once you have chosen an area, select one of the buttons at the bottom to learn more about your area.

Please select a region: Please select a local authority: [Now go to the data](#)

Hover over the i to find out more information about the data



In this dashboard you can look at local authority data individually. You can use the local authority comparison dashboard to compare data for multiple local authorities.

[Press here to go to local authority comparison dashboard](#)

Changes you want to see

Last year we heard from 2,605 people who told us about their experience of a number of different areas of health and social care. Here are some examples of the changes that you want to see.



+ Make it easier to see a doctor or nurse quickly



+ Healthcare professionals should have a positive attitude and be empathetic



+ Staff should take the time to speak to people about what to expect next



+ Services should provide information so that people can make informed decisions about their care

Devon

Compare:

Similar local authorities

Deprivation group

All local authorities

Show data for:

Summary rank

Child obesity

NHS Health Checks

Tobacco control

Alcohol treatment

Drug treatment

Best start in life

Sexual and reproductive health

Air Quality

Devon is in
Socioeconomic decile 8

 Socioeconomic deprivation
Less deprived 

Similar local authorities

Similar view: Devon's rank within its CIPFA nearest neighbours (most similar local authorities)

Key for summary rank indicators

Group	Definition	Label
 1st quartile	Lowest 25% of LAs (low rank is good)	Best
 2nd quartile	LAs with values that lie between 25% and 50% in the rankings	Better than average rank
 3rd quartile	LAs with values that lie between 50% and 75% in the rankings	Worse than average rank
 4th quartile	Highest 25% of LAs	Worst

Rank

Indicator data

3rd
OUT OF 16
SIMILAR LOCAL
AUTHORITIES

Child obesity summary rank (2017/18)

BEST

 1
BEST: DORSET (CTY)

 3
DEVON

 16
WORST: LINCOLNSHIRE

Devon Safeguarding Adults Board Annual Report 2018/19





Better for You, Better for Devon

Working together to develop our
Long Term Plan for health and care



#BetterDevon

ASC MANAGEMENT INFORMATION

Adult Social Care Management Information

Please **email** if you experience any problems accessing what you need or if something is missing or incorrect

 Activity, Cost and Spend

 Adult Performance Framework

 Adult Social Care Outcomes Framework

 Care Homes

 Carers

 Delayed Transfers of Care

 Disabilities

 Incident Reporting

 Key Facts and Maps

 Mental Health

 National Analytical Hub

 National Links

 Personal Care

 Practice Quality Review

 Reaching for Independence

 Safeguarding

 Social Care Reablement

 Surveys

 Telephony

 Training Matrix

 Workforce - External

 Workforce - Internal

 Team Contacts



- Home
- Health and Wellbeing Board ▶
- Joint Health and Wellbeing Strategy
- Joint Strategic Needs Assessment ▶**
- Annual Public Health Reports
- Health and Wellbeing Library ▶
- Sitemap
- Contact us

Joint Strategic Needs Assessment

A Joint Strategic Needs Assessment (JSNA) looks at the current and future health and care needs of local populations to inform and guide the planning and commissioning (buying) of health, well-being and social care services within a local authority area.

Visit this page for further information about what the JSNA is and what it is used for in Devon: [What is the JSNA?](#)

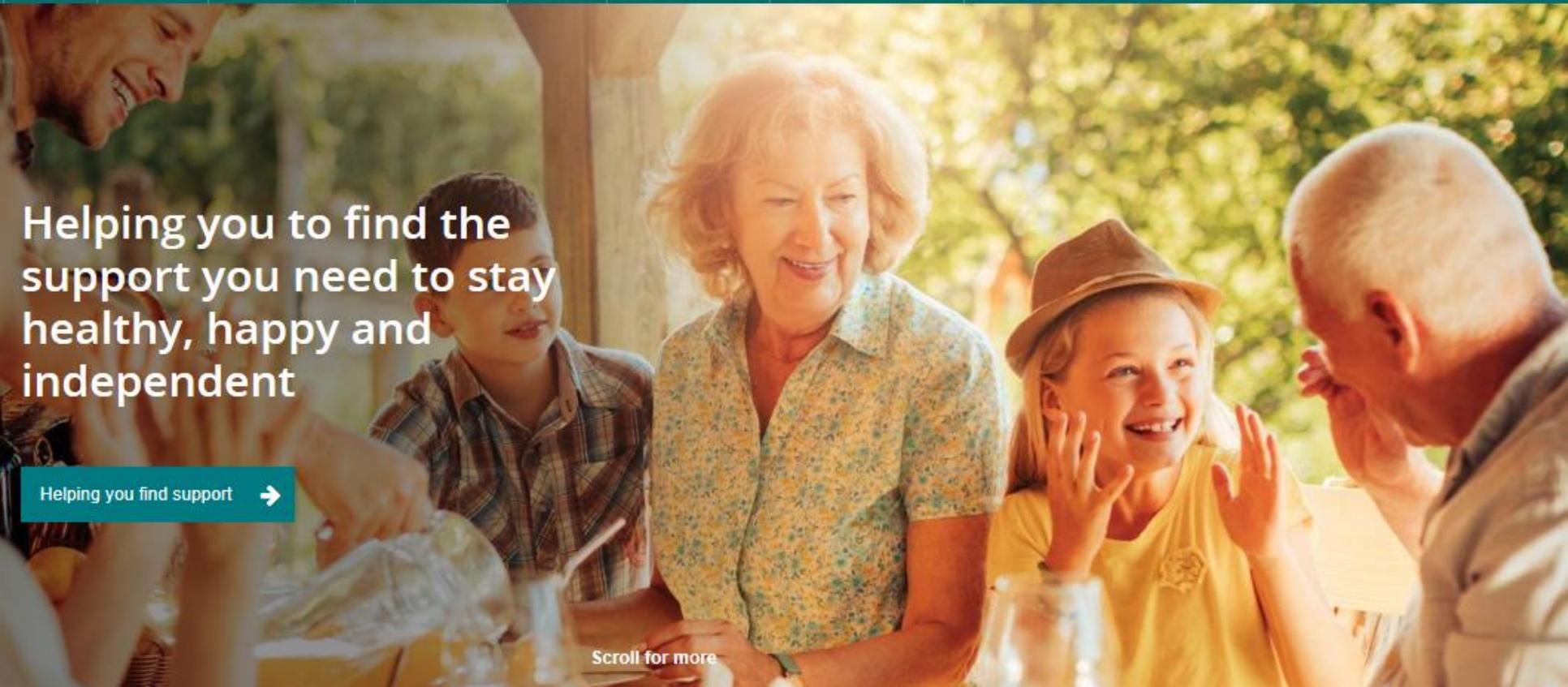
The sections on the right contain further information from the Joint Strategic Needs Assessment including community health and wellbeing profiles, topic-based information, and information about the performance of health and social care services locally.

We've also put together a short video explaining how to use the [Community Health and Wellbeing Profiles](#) tool.



JSNA Tool Presentation

Watch later Share



Helping you to find the support you need to stay healthy, happy and independent

[Helping you find support](#) →

Scroll for more

pinpoint Community services in Devon

[Home](#) [Care and support](#) [Education, work and leisure](#) [Categories](#) [What's on](#)

What are you looking for?

You can refine your search by adding

Enter your keyword(s)

also

A service category

and/or

Your town/postcode



[Search tips](#)

Help and support services for..

Older adults

Ages around 65 and over

Help at home, residential care, getting about, staying healthy, staying safe and more...



Working age adults

Ages 25 to 64

Living well, staying healthy, work and education, getting out and about and more...



Young people

Ages 18 to 25

Living well, work and education, staying healthy, staying safe and more...



Parents and families

All age groups

Childcare, things for children to do, parenting support, family planning and more...



Do you care for someone else?

Find support services that are available for unpaid carers who regularly care for another person in Devon





Scrutiny at Devon County Council

Scrutiny is a part of the Council's democratic structure led by Non-Executive Councillors. It works to the common aim of improving services for the local community and is involved in the following:

- Policy review and development: Helping to shape the way public services are delivered.
- Scrutinising decisions: Is the right action being taken? Are services working effectively?
- External scrutiny: Examining services that impact upon the local community.

Scrutiny does not make decisions; it uses evidence to make recommendations to the Cabinet to request change.

Scrutiny committees

We have three scrutiny committees that independently monitor how the Council goes about its business and the decisions it makes.

- [Corporate Infrastructure and Regulatory Services Scrutiny](#)
- [Health and Adult Care Scrutiny Committee](#)
- [Children's Scrutiny Committee](#)

As well as scrutinising the Council's own services, scrutiny committees have the power to look into the provision of health services and issues which affect the economic, social or environmental wellbeing of the county.

Devon County Council also hosts the Heart of the South West (HotSW) Local Enterprise Partnership Joint Scrutiny Committee for the HotSW area.

- [Heart of the South West Local Enterprise Partnership Joint Scrutiny Committee](#)

How does scrutiny work?

Read our [Guide to scrutiny](#) >>



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Committee details

Audit Committee

- [Browse meetings and agendas for this committee](#)
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Purpose of committee

The purpose of this committee is to keep under review the Council's financial and information systems; oversee stewardship of the its resources; monitor internal and external audit performance and risk management systems; and ensure compliance with codes of practice and policies relating to the Council's financial administration.

Membership

- [Councillor John Mathews](#) (Chair)
- [Councillor Ian Hall](#) (Vice-Chair)
- [Councillor John Berry](#)
- [Councillor Julian Brazil](#)

Have your say



Devon
County Council

You are here: [Home](#) » [Adult Social Care and Health engagement](#)

Adult Social Care and Health engagement

Devon County Council is committed to enabling people who receive our support to have their say in the planning, commissioning and provision of services, whenever possible.

We have a number of different ways of engaging with service users and carers and the wider public, to ensure we learn from experiences of those people we support.

This page outlines our approach to engagement and contains links to pages giving more details of the ways in which we involve people in adult care and health issues.

Types of engagement activity

The ways in which we listen to service users and carers vary depending on the type of service and the changes we are making to it. We work out which aspects of service development can realistically be influenced by the people receiving those services and the best way to enable them to have their say.

Methods of engagement include:

- discussion forums
- issue-based focus groups
- task-and-finish and other working groups

A banner with a purple background and a green border. On the left, a green speech bubble contains the text "Have your say" in white. To its right is a purple speech bubble with three green dots. On the right side of the banner is the Devon County Council logo in white. Below the banner is a green bar with the text "You are here: Home » Feedback and complaints" in white.

Have your say

The Devon County Council logo, consisting of the text "Devon County Council" in white next to a stylized white leaf icon.

You are here: [Home](#) » [Feedback and complaints](#)

Feedback and complaints

You are right at the heart of everything we do and we welcome your feedback. This helps us to improve our services and to make sure we treat everyone fairly. Sometimes things do go wrong. If this happens we need you to tell us so that we can try and put it right and stop it happening to others.

We also want to know when our staff have done a good job or exceeded expectations when delivering a service. Compliments will be passed to the relevant manager who will ensure that the team or staff member receives acknowledgement and recognition.

To provide feedback or make a complaint, please contact:

Customer Relations Team
Room 120, County Hall
Topsham Road
Exeter
EX2 4QD

Email: customer.relations@devon.gov.uk

Tel: [0800 212 783](tel:0800212783)

Fax: 01392 382025

[Download a copy of our leaflet](#) which includes a feedback form for you to print out.

Budgets

Financial targets are set for all the areas of activity that are undertaken by the County Council. Day-to-day expenditure and income are referred to as revenue and investment in assets is referred to as capital.

Elected members approve all budgets of the Authority and throughout the year monitoring of expenditure and income is undertaken to ensure that spending remains under control.

The funding for the budget currently comes from several sources including council tax, business rates and government grants, fees and charges.

2019/20 is the final year of the government's four-year local government financial settlement and core funding for the County Council is expected to reduce from £115 million in 2018/19 to £101.5 million in 2019/20. This is a reduction of £13.5 million or 11.7%.

This reduction has been offset to some extent by additional grants for winter pressures of £2.6 million and social care support of £6.1 million, but it is still a significant reduction to our funding at a time when there are huge pressures on social care services.

Over the nine-year period 2011/12 to 2019/20 the Council has had to make savings of just under £265 million.

There is currently great uncertainty about the level of future funding from government after 2019/20.

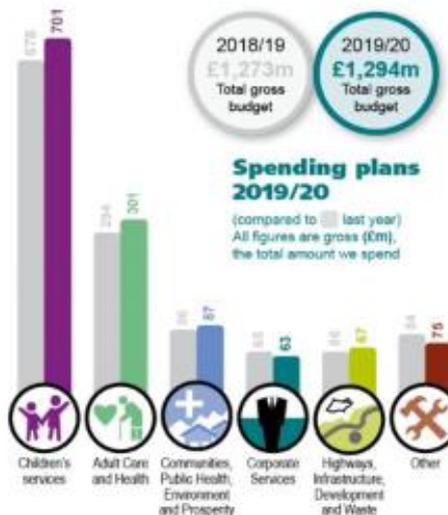
In addition to the impact of the government's new comprehensive spending review (CSR 2019), expected later in 2019, and the planned business rate funding reset, there are two significant reforms to local government funding the government is consulting on – Business Rates Retention Reform and the Fair Funding Review.

There is currently no information available on the impact these changes will have on the level of funding local government can expect after 2019/20.

The prospect of the UK's departure from the EU (Brexit) also creates further uncertainty of the impact on funding of local government.

Budget

- [Budget Book 2019/20](#)
- [Budget book 2018/19](#)
- [Budget book 2017/18](#)
- [Budget book 2016/17](#)



Return	Adult Social Care Outcomes Framework (ASCOF)
National analysis	<u>National ASCOF 2018-19</u>
Local analysis	<u>Interactive ASCOF benchmarking tool 2018-19 (staff only)</u>
Questions answered	<p>Outcomes in four domains drawing on the range of Adult Social Care Returns:</p> <ul style="list-style-type: none">• Enhancing quality of life for people with care and support needs• Delaying and reducing the need for care and support• Ensuring that people have a positive experience of care and support• Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

<p>Return</p>	<p>Short and Long Term Support (SALT)</p>
<p>National analysis</p>	<p><u>Social care activity and finance 2018-19</u></p>
<p>Local analysis</p>	<p>DCC activity and spend benchmarking analysis</p>
<p>Questions answered</p>	<p>How many people did we serve over the year and on the last day of the year by:</p> <ul style="list-style-type: none"> • Primary Support Reason • Age Band • Service duration • Service type <p>How does this compare to other local authorities relative to population?</p>

Return	Adult Social Care Finance Return (ASC-FR)
National analysis	<u>Social care activity and finance 2018-19</u>
Local analysis	DCC activity and spend benchmarking analysis
Questions answered	<p>How much did we spend on services over the year and what was their unit cost by:</p> <ul style="list-style-type: none">• Primary Support Reason• Age Band• Service duration• Service type <p>How does this compare to other local authorities, relative to population for spend?</p>

Return	Adult Social Care Workforce Data Set (ASC-WDS)
National analysis	<p><u>ASC-WDS Adult Social Care Workforce Data Set</u></p> <p><u>The state of the adult social care sector and workforce in England 2019</u></p> <p><u>The size and structure of the adult social care sector and workforce in England 2019</u></p>
Local analysis	<p><u>The adult social care workforce in the South West 2018</u></p> <p><u>The adult social care workforce in Devon – dashboard</u></p> <p><u>The adult social care workforce in Devon - report</u></p>
Questions answered	<ul style="list-style-type: none"> • How many social care employers in Devon are there? • What is the level of recruitment and retention? • Who do they employ in what roles? • What is their demographic: gender, age, nationality? • What is their level of qualification, skills and training?

Return	Personal Social Services Survey of Carers in England (SACE)
National analysis	<u>Survey of Adult Carers in England 2018-19 Report</u> <u>Survey of Adult Carers in England 2018-19 Tool</u>
Local analysis	<u>Interactive report on survey of Adult Carers 2018-19</u>
Questions answered	<p>A range of questions, including those used in Adult Social Care Outcomes Framework regarding:</p> <ul style="list-style-type: none">• Satisfaction with Support and Services• Carer reported quality of life• Social Contact• Involved and Consulted in support of cared-for person• Access to Information and Advice

Return	Personal Social Services Adult Social Care Survey (ASCS)
National analysis	<u>Personal Social Services Adult Social Care Survey 2018-18 Report</u> <u>Personal Social Services Adult Social Care Survey 2018-19 Tool</u>
Local analysis	<u>Interactive report on survey of Adult Service Users 2018-19</u>
Questions answered	A range of questions, including those used in Adult Social Care Outcomes Framework regarding: <ul style="list-style-type: none">• Satisfaction with Support and Services• Reported quality of life• Social Contact• Control over daily life• Access to Information and Advice• Perceptions of safety

Return	Safeguarding Adults Collection (SAR)
National analysis	<u>Safeguarding Adults Collection Report 2018-19</u> <u>Safeguarding Adults Collection Tool 2018-19</u>
Local analysis	Devon Safeguarding Adults Board Presentation 2018-19
Questions answered	Safeguarding: <ul style="list-style-type: none">• Concerns, Enquiries and Outcomes• Sources, settings, subjects and referrals

Return	Deprivation of Liberties Standards (DoLS)
National analysis	<p data-bbox="602 434 1727 536"><u>Mental Capacity Act (2005) Deprivation of Liberty Safeguards, (England) 2018-19 Report</u></p> <p data-bbox="602 605 1727 708"><u>Mental Capacity Act (2005) Deprivation of Liberty Safeguards, (England) 2018-19 Tool</u></p>
Local analysis	<p data-bbox="602 791 1862 893">Devon Deprivation of Liberties Standards Report 2018-19</p>
Questions answered	<p data-bbox="602 965 869 1008">MCA/DOLS:</p> <ul data-bbox="602 1022 1263 1130" style="list-style-type: none"><li data-bbox="602 1022 923 1065">• Applications<li data-bbox="602 1079 1263 1130">• Number completed, backlog

Return	Healthwatch
National analysis	<u>Healthwatch Annual Report Quarterly Report July – September 2019</u>
Local analysis	<u>Healthwatch Devon Annual Report 2018-19</u>
Questions answered	<ul style="list-style-type: none">• What do local people think about their health and care services?• What thematic and service reviews have local people been involved in, what do they say about local services, and what has changed as a consequence?

Return	Care Quality Commission
National analysis	<u>State of Care Report 2018-19</u>
Local analysis	<u>CQC local authority area profile October 2019</u> Information on the quality of local adult social care services is held on a Quality and Sufficiency Tool used to target quality and improvement activity and make decisions on suspensions and other sanctions.
Questions answered	<ul style="list-style-type: none">• What is the quality of regulated adult social care services (personal care, residential and nursing care) as assessed by the Care Quality Commission?• What are the reasons why some services are good and outstanding and others requiring improvement or inadequate?• What happens as a consequence?

Return	There is no national return of complaints data but the Local Government Ombudsman publishes an annual report on complaints escalated to their office.
National analysis	<u>Review of Adult Social Care Complaints 2018-19</u>
Local analysis	Quarterly and annual reports on compliments and complaints, featuring: <ul style="list-style-type: none">• Complaints, compliments and representations• Timeliness of response• Outcomes and learning <u>Annual and quarterly reports</u>
Questions answered	Analysing data on complaints, compliments and representations enables us to: <ul style="list-style-type: none">• Assess the quality of our service• Highlight the impact of changes• Learn from individual cases• Identify and act on underlying themes