ANNUAL REPORT FOR ADULT SOCIAL CARE IN DEVON FOR 2022

1. Introduction by Tandra Forster (Director of Integrated Adult Social Care) and Councillor James McInnes (Cabinet Member for Integrated Adult Social Care and Health).

1.1 The adult social care Annual Report provides the opportunity for us to reflect on what we have achieved over the last 12 months. It is an opportunity to assess our performance against how we have done in previous years and compare ourselves with other areas. in the context of the current and long-standing challenges facing our health and care system.

1.2 Each year the government collects data from local authorities and conducts surveys of people who use our services and their carers, publishing the results in the Adult Social Care Outcomes Framework. We are pleased to report that in Devon most of these indicators have improved when the national trend is mainly downwards, and we now rank more highly than the majority of authorities in 19 of the 26 indicators assessed, a testimony to the work of the 26,000 people who work in the sector across Devon.

1.3 This has been achieved in the context of challenges to our long-term financial sustainability, where the cost-of-living crisis is leading to demand and costs rising more rapidly than the income we receive to fund them. We face intensifying workforce recruitment and retention pressures creating daily challenges when seeking to resource the assessment of people's needs and arrange for them the care and support they require to meet them, as well as fulfil our statutory responsibilities such as undertaking safeguarding enquiries. In common with many local authorities across the country, sometimes we can't, and that is increasingly the case as providers in the independent and voluntary sector are at full capacity.

1.4 Although we are starting to move out of the pandemic, its legacy continues to affect the daily lives of people who deliver and receive adult social care services, and those who provide unpaid care to their loved ones. Despite this, amazing things happen in communities across Devon every day as people are supported to be independent, to recover from illness, learn or relearn skills, and are supported into employment, building on their strengths, and doing the things the matter to them regardless of age or the conditions they have.

1.5 We work closely with the voluntary and community sector; NHS services including those in primary, community, and acute care; and to groups, clubs and associations in every town and village across Devon, co-producing solutions with people to help them live their best life. We worked together in partnership throughout the year, in particular when services were put under additional pressure such as by the power outages resulting from Storm Eunice at the start of the year and in responding to the system pressures resulting from rising levels of infectious disease among other factors as it closed.

1.6 This year has seen both the confirmation of reforms to adult social, and the subsequent two-year delay of those relating to charging. What will continue is Assurance reform, a process of inspection and assessment of how well local authorities deliver on their Care Act duties conducted by the Care Quality Commission, similar to the Ofsted regulation of children's services. The production of an Annual Report contributes to the self-assessment that will be

required as a prelude to this, and the data contained within the Annual Report this year will be reviewed by the CQC in the process of it making its first baseline judgement. Our preparation will continue, working with others in the South-West region and beyond through the established Sector Led Improvement programme.

1.7 We are particularly pleased to see improvements in the overall satisfaction of people who use services, and also the social care quality of life, both assessed through surveying those with lived experience of our services. Equally there are areas where we are persistently performing below where we'd want to be, including overall satisfaction of carers with social services, and carer reported quality of life. We continue to ask ourselves why that is and what we can do to improve our performance within the resources available to us.

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

2.1 2022 has been as challenging as ever for the health and care system. There have been structural and governance changes, legislative proposals published with some delayed, the cost-of-living crisis impacting the health and wellbeing of so many, and although our lives in many areas have seemingly moved on from the pandemic, the effects and legacy are still being felt within the health and care system.

2.2 Workforce challenges persist across the system, but we have seen and heard first-hand the extraordinary work that is going on across Devon, the achievements and success, the national and local awards and recognition received. The committee I chair wants to put on record our gratitude to everyone working in the Devon health and care system for all they and are doing. Our work seeks to put those receiving health and care services, and all of those employed across the sector, at the heart of everything we do.

2.3 In June 2022 we published our final report of the South-Western Ambulance Service Spotlight Review. Concerns relating to ambulance response times and delays had led to the Committee undertaking this piece of work with SWAST and ultimately what became a detailed exploration of the complex issues facing the health and care system such as hospital flow. We made a series of recommendations, agreed by Cabinet, for the Integrated Care System (ICS) to consider and deliver.

2.4 This year we have also continued our work on unpaid carers, building on a previously held spotlight review, looking at how the pandemic has impacted, and how as a system we can ensure carers are identify and can access the support they need to continue the vital role they play. We have also started to understand where our contribution could be best placed given the pending national changes to how community pharmacy and dentistry are to be commissioned.

2.5 2022 saw Integrated Care System put on a statutory footing; understanding, influencing, and supporting local progress has formed a large part of our agenda. It has been challenging to get to grips with such a fluid and developing area, both for officers and members as the agenda evolves. We will need to continue our oversight and scrutiny of the ICS for Devon working with officers

as we do so. Our robust monitoring of the health and care system's responses to the financial challenge will be important at a time of difficult decision making.

2.6 This year we have re-started our programme of visits to health and care settings that was impacted by COVID restrictions. These visits are incredibly insightful for committee members, providing the opportunity to see and hear the experience of health and care delivery from both the workforce and recipient point of view. We look to continue this programme into next year.

2.7 The Annual Report this year demonstrates that adult social care in Devon is performing comparatively well, with progress made in many areas. Devon has so much to be proud of, and I ensure that we are reminded of that each and every committee meeting. As we move into the new year, our committee will have an increased focus on adult social care performance as we prepare for the commencement of the Assurance of adult social care. It will be essential that we are connected, engaged, and supporting officers through this work.

2.8 We have valued tremendously the time officers have given to the committee, especially during the many masterclasses we have hosted that have significantly supported our oversight and scrutiny, and member development. These sessions have enabled trusting, mature and candid relationships to develop, again something our committee values greatly. In many cases the masterclasses have been attended by fellow scrutiny members in Plymouth and Torbay, again demonstrating the maturity of relationships and a commitment to joint working and collaboration.

2.9 And finally, I want to welcome Tandra Forster to Devon as the new Director of Integrated Adult Social Care. Tandra has already started to develop warm relationships with my committee in the short time she has been here, brings with her a wealth of experiences and new insights, building on the great work of those she takes the baton from.

3. Executive summary.

3.1 This year we have expanded our Annual Report to represent as fully as possible the lived experiences of those we serve, and we believe it to be among the most comprehensive local authority Adult Social Care Annual Reports (or 'Local Accounts') in England, with sections covering:

1. An introduction from our Director and Lead Member.
2. A summary of our Health and Care Scrutiny oversight.
3. This executive summary.
4. The national picture.
5. The role of the Annual Report in reform and regulation.
6. Devon as a place and its population.
7. Some key facts about adult social care in Devon.
8. Listening to what people tell us.
9. The pandemic in adult social care in Devon.
10. The adult social care workforce.
11. Performance and outcomes.
12. Safeguarding and perceptions of safety.
13. Provider quality and market sufficiency.

14. Our care management services.
15. Activity, cost and spend.
16. Some achievements and awards of note.
17. Our change programme, audit and risk management.

3.2 Our outcomes and performance:

- The Adult Social Care Outcomes Framework (ASCOF) is how the government compares performance between local authority areas based on statutory surveys and returns.
- In 2021-22 Devon improved from having 13/26 to 19/26 indicators ranked in the top two quartiles and improved on most measures when the national trend was downwards.
- For overall satisfaction with services, Devon ranks 15/150 for service users, 40/150 for unpaid carers.
- For quality of life, Devon ranks 5/150 for service users, 94/150 for unpaid carers; this difference was most marked in social contact where Devon ranks 18/150 for service users, 140/150 for unpaid carers. We recognise the feedback from, and the strain felt, by unpaid carers through the pandemic and beyond.
- Generally, those indicators most associated with 'promoting independence', measuring where people who use services and their carers have more choice and control to do what matters to them, are where we perform most strongly but our 'home first' strategy is constrained by market sufficiency.

3.3 Our safeguarding:

- Recorded safeguarding activity has increased significantly, with concerns raised doubling in four years, and is converging on the England average whilst remaining ahead of our Statistical Neighbour average.
- Over 60% of the enquiries that were pursued in 2021-22 in Devon, the location of risk was in the person's own home; a lesser proportion of enquiries than our comparators relate to care home settings.
- The proportion by source of risk is now similar to pre pandemic with 25% relating to service providers, 64% people known to individual and 16% people unknown to individuals.
- For concerns received in 2022, 26% were raised by care homes, 12% by care agencies and 7% by both SWAST/111 and hospitals; only 5% were raised by non-professionals such as family and friends.
- In Devon the subjects of safeguarding concern regarding their gender, ethnicity and primary support reason are broadly in line with the population and/or comparator authorities.
- A lower proportion of enquiries relate to neglect or physical abuse and a greater to psychological abuse.
- We are in line with the comparator average at removing risk through the safeguarding process.
- 'Making Safeguarding Personal', introduced to give insight as to whether people have achieved the outcomes they want, has been implemented in Devon and we are in line with comparators regarding outcomes achieved.

3.4 Our care management:

- With safeguarding Enquiry activity tripling over 5 years, it is increasingly challenging to assess people promptly, arrange their care in good time, review their needs periodically, and undertake Mental Health Act assessments to statutory timescales.
- Consequently, waiting lists for assessments and reviews are rising in line with comparator, regional and national trends.
- While retaining and recruiting adult social care staff is challenging for the local authority we do not face the same challenges as the independent and voluntary sector in this respect; the issue is more one of capacity to meet rising demand.
- Staff absence is as high or higher as at any time during the pandemic and immediate pre-pandemic periods, possibly indicating staff burn-out given almost half are due to psychological rather than physical illness.

3.5 Our spend, activity and cost:

- Devon spends £52.9m per 100,000 population (18+) which is more than all comparator averages but has reduced by 4.6% due to loss of specific grants relating to pandemic response.
- A greater proportion of the Devon County Council budget is spent on adult social care than ever before, now approaching half of the authority's expenditure, and a greater proportion of this spend on people aged 18-64, in line with national and regional trends over the last decade.
- We consistently spend more and serve more people aged 18-64 and spend less on and serve fewer people aged 65+ relative to our population than is typical nationally or regionally, especially relating to those living in the community.
- The main drivers of increasing spend are increasing demand from people aged 18-64 and increasing unit cost of community based and residential/nursing care for older people 65+.
- Our income (including from charging people and via the NHS) is £21.35mn per 100,000 population (18+), also in excess of all comparators, mainly due to relative wealth of those aged 65+.
- Our hourly rates for regulated personal care are among the highest in the country and the weekly cost of residential/nursing care has been rising more rapidly than is typical elsewhere.

3.6 Our provider market:

- 79% of community-based services and 89% of care homes in Devon are rated Good or Outstanding by the Care Quality Commission, above the averages of all comparator groups.
- Market sufficiency remains a challenge, especially in personal care, where we are short of up to 5,000 hours per week, mainly due to being unable to recruit and retain staff in a competitive labour market.
- While there are generally sufficient residential and nursing care home beds across the county, there are times when it is difficult to identify a

suitable care home for someone to live in at short notice that both meets their needs and is in proximity to their family and friends.

3.7 Our workforce:

- In 2020-21 the adult social care sector added a£782mn gross value to the Devon economy.
- There are 26,000 people working in adult social care in Devon, most of whom are involved in delivering care to people in their own homes and in care homes.
- Half worked full-time and the majority have permanent, fixed hours contracts
- Over 85% are female and the average age is 45 years; 10% were born overseas, half from outside the EU.
- The vacancy rate in Devon is 9.6%, lower than the national and regional average, but unprecedented; turnover is at 38.7% although 60% of recruitment is within the sector.
- Care worker wages in Devon are higher than is typical regionally and nationally and the workforce is increasingly well qualified, with 51% holding a relevant qualification.
- LoveCare and Proud-to-Care are working with providers and partners to boost recruitment and retention and improve career pathways across health and care.
- Our own social worker and occupational therapist vacancy rates are running at 16%, with turnover rate at 10% and 5% respectively and we are further developing our own recruitment, retention and continuing professional development and apprenticeship strategies to support our workforce.

3.8 The challenges ahead:

- Refreshing and delivering on our ‘Promoting Independence’ vision and ‘Living Well’, ‘Ageing Well’, and ‘Caring Well’ strategies including maintaining people at home and not in hospital or a care home wherever possible.
- Living up to the vision that people should be supported to live their best possible life in the place they call home, with the people and things they love, in communities where people look out for each other, doing what matters to them and be independent, informed, secure and connected.
- Managing within a budget that while increasing is under pressure from rising demand, increasing costs, insufficient supply, cost of living pressures, and falling council income.
- Implementing the government’s agenda for health and social care reform including regarding integration, assurance, and the currently postponed changes to charging arrangements.
- Continuing response to outbreaks of Covid-19 and other infectious diseases while government funding is significantly reduced and working with partners on recovery from the pandemic including supporting the NHS as it catches up.
- Meeting escalating costs due to wage pressures; rising prices of food, fuel, and power; and continuing costs of infection prevention and control.

- Recruiting, retaining, and developing sufficient staff to maintain sufficient, diverse, and high-quality services and working with providers to develop their capacity and innovate new services.

3.9 What we can be proud of:

- Our overall satisfaction ratings, especially of service users, with their quality-of-life indicators based on survey questions about their lived experience being among the best in the country.
- Maintaining focus on 'promoting independence' and 'home first' by putting our vision and strategies into practice.
- Our use of self-directed support, giving people more choice and control.
- Promoting the employment and housing of people with learning disabilities to enable them to live more independently.
- People generally feeling safe in Devon, with the services they receive making them feel safer.
- Our provider quality ratings in Devon judged by the Care Quality Commission being among the best in the country.
- Our pandemic response, with fatalities in care settings in Devon amongst the lowest in the country and some of the approaches developed in Devon being adopted regionally and nationally.
- Our integration with NHS, bringing the health and care system together at the frontline.
- Improvements in adult safeguarding, where we are now in line with national, regional and comparator activity and outcomes.
- The many awards our staff and providers have been nominated for and won.

3.10 What we are concerned about:

- Financial sustainability, with the cost-of-living crisis impacting on people who use our services and their carers, people who might become vulnerable, the viability of our providers, and county council budgets.
- Market insufficiency, especially regarding regulated personal care, but in some places at some times also residential and nursing care.
- Hospital discharge and system flow, with delays sometimes due to lack of capacity in community-based health and care services, which can mean people don't get the right care at the right place at the right time to optimise their recovery.
- Care management waiting lists, with our own capacity constrained, demand increasing, and people's circumstances changing more frequently.
- Replacement care and short breaks for unpaid carers, with their social isolation and its impact on their wellbeing highlighted in recent surveys.
- Market costs rising more rapidly than elsewhere, especially for services to older people, both residential and community based.
- Demand pressures from those aged 18-64, with activity levels higher in Devon than is typical elsewhere.

- The ongoing impacts of the pandemic, including a reduced workforce, more ill health, and ongoing infection prevention and control protocols.
- Locality differences in safeguarding, with different application of thresholds in deciding which concerns require an enquiry.
- Public awareness of adult safeguarding, with too few concerns raised by members of the public, even though most neglect and abuse happen in the community.

4. The national picture.

4.1 In 2021 the government published its 10 year vision for Adult Social Care in England, 'People at the Heart of Care.'

Figure 4.1: A summary of the government's vision for adult social care. (Source: DHSC)

4.2 Aspects of this vision were then incorporated into the Health and Social Care Act 2022 which:

- Established Integrated Care Systems and their governance, incorporating health and wellbeing boards, place-based partnerships, and primary care networks.
- Further developed the duty to cooperate of health and care organisations.
- Directed the Care Quality Commission to assure the local authority delivery of its statutory adult social care duties and to assess the effectiveness and impact of Integrated Care Systems.
- Included provisions to address data gaps and improve the quality, flow, and collection of data across the health and care system.
- Amended the provisions of the Care Act (2014) regarding adult social care charging, although the implementation of these measures has now been postponed.

4.3 Each year the Care Quality Commission produce their assessment of the 'State of Care', this year concluding:

- The health and care system is gridlocked.
- Funding has been inadequate to modernise or to meet rising demand, unmet need, and backlog.

- People in need of urgent care are at increased risk of harm due to long delays in ambulance response times, waiting in ambulances outside hospitals and long waiting times for triage in emergency departments.
- Large numbers of people are stuck in hospital longer than they need to be, due to a lack of available social care. And people's inability to access primary care services is exacerbating the high pressure on urgent and emergency care services.
- Around half a million people may be waiting either for an adult social care assessment, for care or a direct payment to begin, or for a review of their care. In the first three months of 2022, 2.2 million hours of homecare could not be delivered because of insufficient workforce capacity, leading to unmet and under-met needs. At the same time, care home profit margins are at their lowest level since the Market Oversight scheme began in 2015.
- The care for people with a learning disability and autistic people is still not good enough. Despite multiple reviews and reports, people continue to face huge inequalities when accessing and receiving health and social care.
- Ongoing problems with the Deprivation of Liberty Safeguards process mean that some people are at risk of being unlawfully deprived of their liberty without the appropriate legal framework to protect them or their human rights.
- Across all health and social care services, providers are struggling desperately to recruit and retain staff with the right skills and in the right numbers to meet the increasing needs of people in their care. Despite their efforts, in many cases providers are losing this battle, as staff are drawn to industries with higher pay and less stressful conditions.

4.4 Each year Skills for Care publish their assessment of the 'State of the adult social care sector and workforce in England', this year concluding:

- The total number of posts in adult social care in England as at 2021-22 was 1.79 million, up 0.3% from 2020-21. Of these posts, 1.62m were currently filled by a person (filled posts) and 165,000 were posts employers were actively seeking to recruit somebody to (vacancies).
- Skills for Care workforce estimates show a decrease in the number of filled posts in 2021-22. Overall, the decrease was around 3% (50,000 posts).
- The vacancy rate has risen over the same period to the highest rate since records began in 2012-13. The number of vacancies increased by 52% in 2021-22 by 55,000 to 165,000 vacant posts. The vacancy rate in 2021-22 was 10.7%.
- This shows that the decrease in filled posts is due to recruitment and retention difficulties in the sector rather than a decrease in demand. Employers have not been able to recruit and keep all the staff they need. As a result, an increasing number of posts remain vacant.
- The starter rate has fallen from 37.3% in 2018-19 to 30.8% in 2021-22. The turnover rate these periods remained at a similar level (29% in 2021-22). Therefore, around the same proportion of people are leaving their roles, but there are fewer people replacing them.

- The UK vacancy rate has increased rapidly in the past year. This increase has created competition for staff and contributed to the increase in the adult social care vacancy rate over the same period.
- During 2022, following the relaxation of rules regarding testing and isolation, sickness rates have begun to decrease towards pre-pandemic levels (6.2 days in the year to August 2022 compared to 4.6 days in 2019-20).

4.5 The Association of Directors of Adult Social Services regularly surveys Directors of Adult Social Services, most recently reporting:

- The number of people waiting for an assessment of their needs, care and support, a direct payment to begin, or for a review of their care plan has increased by 24% from November 2021 to end of August 2022.
- More than 9 in 10 (94%) adult social services directors in England do not believe there is the 'funding' or 'workforce' to meet care costs of older and disabled people in their area
- Fewer than one in 10 directors think they could manage with existing resources over the next few months
- 64% of councils that responded reported that providers in their area had closed, ceased trading, or handed back council contracts.
- Three in four say they could not cope if a large care provider were to fail.
- Directors who were already expected to find in year 'savings for 2022-23, have been asked to find an additional £113 million in-year 'savings' nationally from adult social care budgets.
- Modelling for next year's budgets suggest an estimated £1.3bn in savings nationally from adult social care budgets will be required in 2023-24.
- 97% of Directors reported that they feel either pessimistic or very pessimistic about the financial outlook for health and social care locally. Up from 85% in July 2022.

5. Adult Social Care Reform and the role of the Annual Report.

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

- The publication of an annual report.
- Regular self-assessment subject to external moderation and challenge.
- The undertaking of mandatory returns covering a wide range of data and using insights gained from comparative analysis to inform improvement planning.
- Periodic peer review.

5.2 From April 2023 the government has introduced a duty for the Care Quality Commission to independently review and assess local authority performance in

delivering their adult social care duties under part one of the Care Act (2014), including:

- Market shaping: quality, choice, diversity, affordability, sufficiency; provider failure contingencies.
- Provision of social care: assessment, support planning, financial assessment, arranging support, review.
- Provision of preventative services and information/advice: reducing, preventing, delaying the need for care and support.
- Promotion of individual wellbeing.
- Promotion of integration between health and social care services including integrated commissioning.
- Safeguarding: safeguarding of adults at risk and system governance

And our other statutory duties include:

- Mental Capacity Act (2005): Deprivation of Liberties Standards / Liberty Protection Safeguards.
- Mental Health Act (1983): Assessment and treatment of people with a mental health disorder.
- Health and Care Act (2022): Integration with NHS through Integrated Care Systems.

5.3 The Care Quality Commission is implementing a new framework for assessing all health and care its organisations they regulate, be they health or social care providers, local authorities, or integrated care systems.

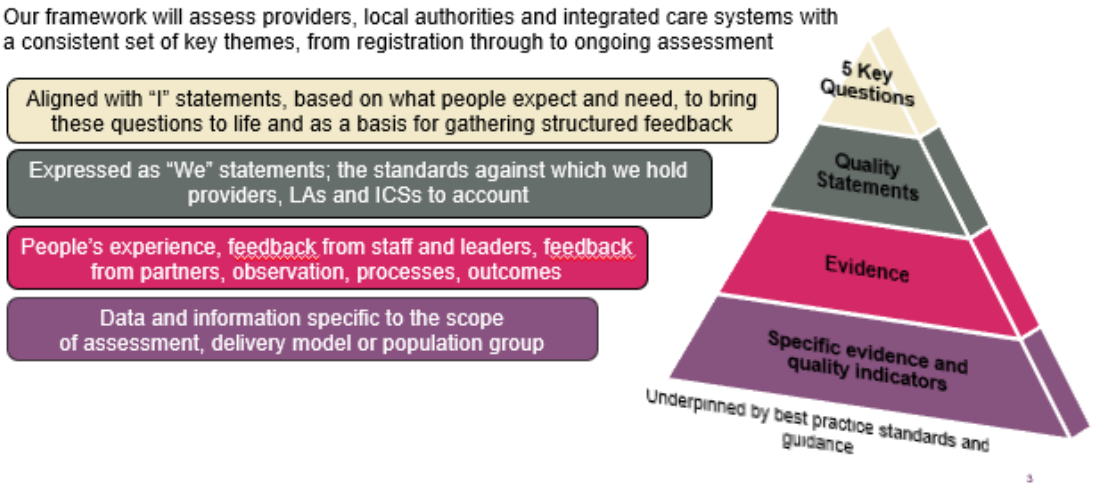


Figure 5.3: Overview of the CQC assessment framework. (Source: CQC)

5.4 The government's proposed approach to intervention and support is similar to that which can be invoked following an adverse judgement in an Ofsted inspection of children's services.

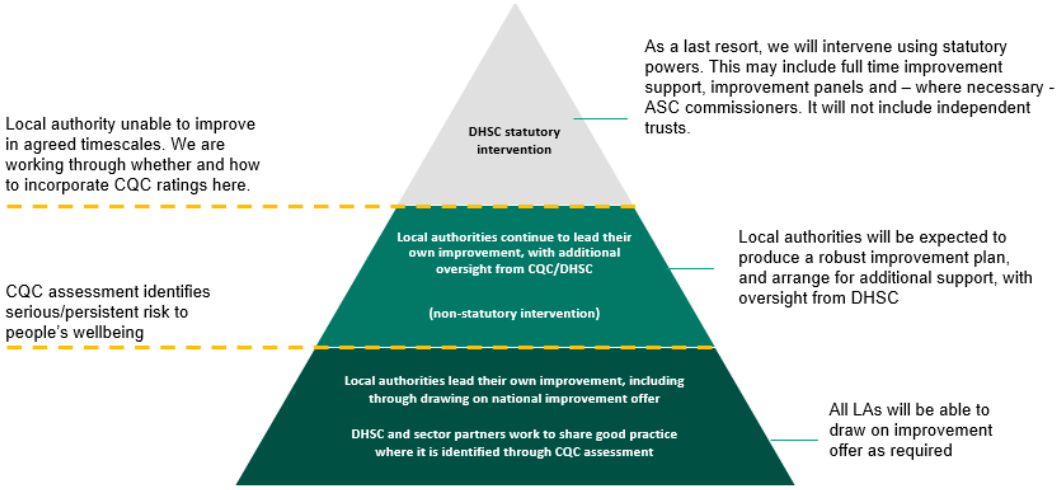


Figure 5.4: Overview of Government intervention and support. (Source: CQC)

5.5 People tell us they want to live in the place that they call home, with the people and things they love, in communities that look out for each other, doing the things that matter to them. We start with the assumption that the more independent people are, the better outcomes they will achieve, and at lower cost. Once someone is receiving adult care support, they risk their needs escalating unless we work with them, and the people who care for them, to keep them as independent as possible in the place most appropriate to their needs at that time. For most people most of the time that will be in their own home which is where people tell us they want to be. For some people some of the time this will be in hospital or specialist settings where we will endeavour to get them home whenever it is safe, working with the independent and voluntary sector and their unpaid carers to do so. We are currently reviewing our 'Promoting Independence' vision of seeking to create and support conditions in which people can lead fulfilling lives as independently as they are able, through being informed, secure and connected:

- Independent – People who are ambitious about living lives they have choice in and control over.
- 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 that they can make the choices they want about how they live.
- Connected – People who have rewarding relationships and involvement with their family, social networks, and communities rather than feeling lonely or isolated.

5.6 In practice this means:

- Through prevention: creating and supporting the conditions where people and communities help themselves.
- At first contact: effectively meeting people's needs through information, advice, signposting, diverting them from dependence on care services by preventing, reducing, or delaying their need for them.
- 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 do what matters to them.

- 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 and giving people choice and control over the services they receive from a diverse, high quality, affordable and sufficient market of providers.
- By safeguarding: keeping vulnerable adults in our health and care systems, pathways, and transitions safe.
- With unpaid carers: recognising them as expert partners and supporting them in their role through access to information, training, advice, and support.
- 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.

5.7 In doing this, we will focus on:

- Building on the strengths of people, their networks, and communities.
- Maintaining or regaining and maximising people's independence.
- Keeping people at home wherever possible.
- Supporting those who provide unpaid care for them.
- Reducing reliance on long term care.
- Supporting people to take part in fulfilling activities in their communities.
- Supporting people to gain employment or to access education and training opportunities that leads to employment.
- Supporting people to make use of facilities or services in their local and wider community.
- Supporting people to develop and maintain family or other social relationships.
- Supporting people to manage and maintain health and well-being.

5.8 The next few years are likely to be a particularly challenging period with rising demand, constrained supply, and cost-of-living pressures all contributing to challenges in maintaining our financial sustainability. We aim to manage within our limited resources by:

- Providing information and advice so that people can help themselves and be supported in their communities.
- Using intelligence to identify those at most risk of crisis or escalation, having contingencies in place should that occur.
- Using equipment and technology to keep people in their own homes.
- Managing demand through approaches to preventing, reducing, and delaying the need for ongoing support.
- Ensuring equality of access and provision for people of equivalent need.
- Using strengths-based assessment and review to promote independence.
- Reabling and enabling through short-term support.

- Supporting people in the best setting for them at the time.
- Ensuring direct payments are being used for their intended purpose.
- Charging people appropriately and recouping that income effectively.
- Developing the care market to meet complex and changing needs.
- Getting best value from the providers we commission from.
- Collaborating with partners and providers to make the cost of care affordable.
- Ensuring all discretionary expenditure is making a difference.
- Using benchmarking to assure ourselves we are making the best use of resources.
- Using joint funding across health and care to ensure people are receiving optimum support.

6. Devon as a place and its population.

6.1 Devon is the third largest county in England, covering 2,534 square and is one of the most sparsely populated counties, with few large settlements and a dispersed rural population. The county council area has around 800,000 residents, with a higher proportion of older people than the national average.

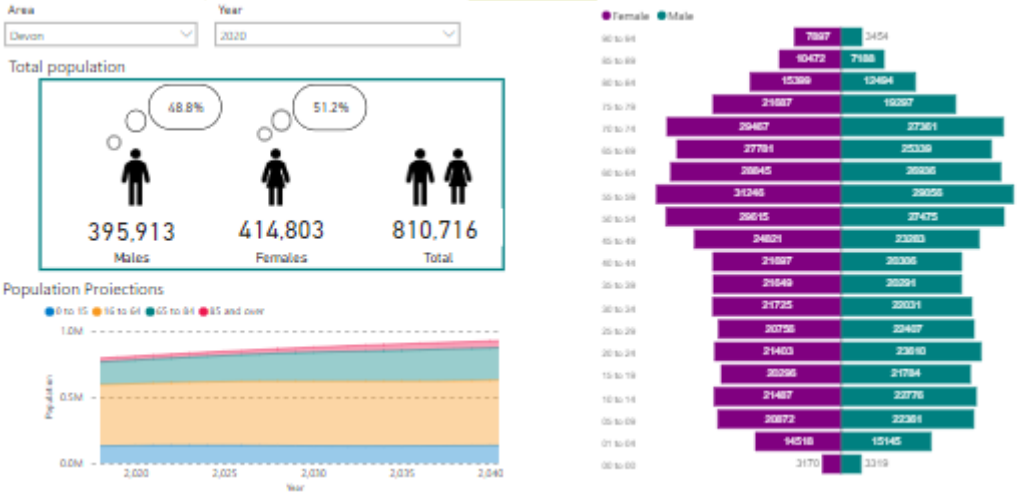


Figure 6.1.1: the population of Devon. (Source: Public Health)

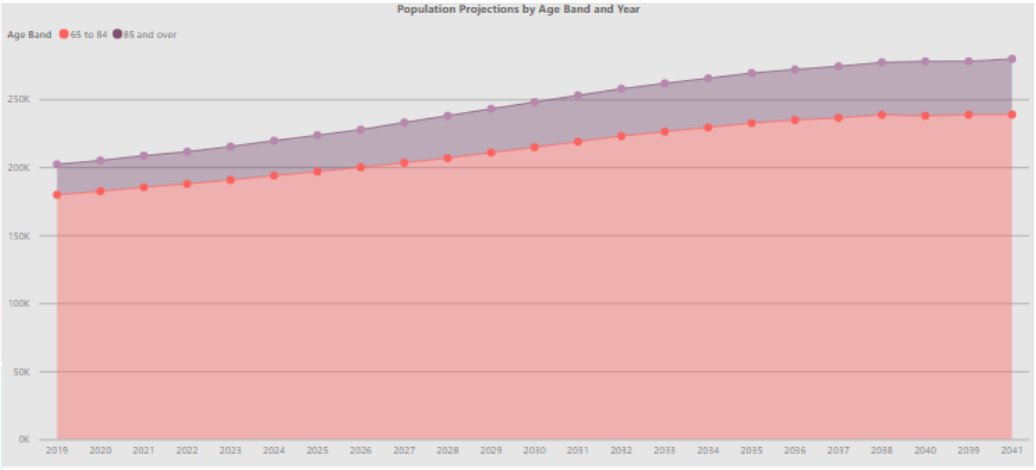


Figure 6.1.2: the projected growth in older people in Devon (Source: MIT)

6.2 The current Devon Joint Strategic Needs Assessment Summary was published in June 2021. It provides a summary of health and wellbeing needs across the Devon County Council area. It contains a range of information about the health and factors that influence population health and wellbeing from a range of sources.

6.3 Health and wellbeing outcomes follow a social gradient which shows us that as deprivation increases, the risk of poorer outcomes increases. There is a notable north-south division which much of East Devon, South Hams and Teignbridge being less deprived compared to North Devon, Torridge, and West Devon.

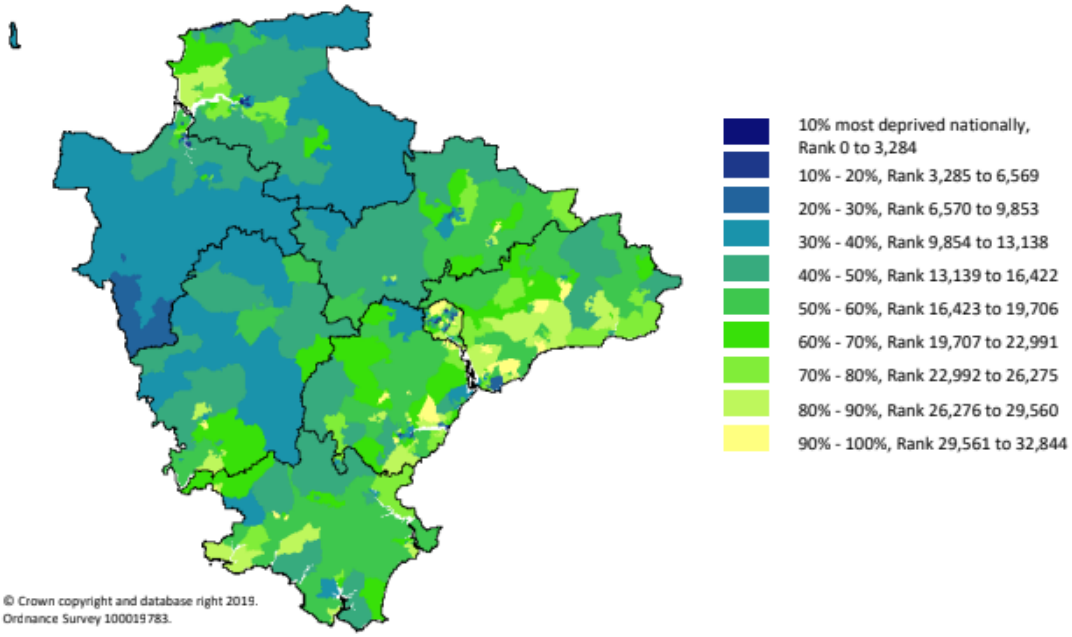


Figure 6.3: Deprivation by national decile 2019 (Source: ONS)

6.4 Disparities relating to how deprived or how affluent areas across Devon influence health and wellbeing outcomes. Devon boasts a beautiful landscape with a third of the county classified as rural. However, this presents challenges around access to services and isolation contributing to poorer health and wellbeing outcomes. From an inequalities perspective immunisations and screening, and incidence and mortality rates may also differ when looking at more deprived areas and cohorts with protective characteristics. Therefore, in some instances the gap in outcomes may be wider.

6.5 The following are highlighted as the main current and future health and wellbeing challenges across the Devon Sustainability and Transformation Partnership area:

- An ageing and growing population.
- Access to services, including socio-economic and cultural barriers.
- Complex patterns of urban and rural deprivation.
- Housing issues (quality and affordability).
- Earlier onset of health problems in more deprived areas (typically 10-15 years earlier than the least deprived areas).
- Poor mental health and wellbeing, social isolation, and loneliness.

- Poor health outcomes caused by modifiable health-related behaviours.
- Pressures on services (especially unplanned care) caused by increasing long-term conditions, multi-morbidity, and frailty.
- Shifting to a prevention focus across the health and care system.
- Unpaid care and associated health outcomes for carers.

6.6 Building on this analysis, the One Devon Integrated Partnership Board has declared the twelve challenges our local health and care partnership is challenged to address.

Figure 6.6: The challenges Facing the Devon health and care system (Source: One Devon)

6.7 As a result of this analysis, the One Devon Integrated Partnership Board has determined the following strategic objectives:

- Improving outcomes in population health and healthcare:
  - We will save lives by adopting a zero-suicide approach in Devon, transforming system wide suicide prevention and care.
  - We will have a safe and sustainable health and care system.
  - People (including unpaid carers) in Devon will have the support, skills, knowledge, and information they need to be confidently involved as equal partners in all aspects of their health and care.
  - Population heath and prevention will be everybody's responsibility and inform everything we do.
  - Children in Devon will have improved school readiness, enabling them to make good future progress through school and life.
  - People in Devon will be supported to stay well at home, through preventative, pro-active and personalised care.
- Tackling inequalities in outcomes, experience, and access:
  - People in Devon will have access to the information and services they need, in a way that works for them, so everyone has an equal opportunity to be healthy and well.
  - Everyone in Devon will be offered protection from preventable infections.

    - Everyone in Devon who needs end of life care will receive it and be able to die in their preferred place.
    - The most vulnerable people in Devon will have accessible, suitable, warm, and dry housing.
    - In partnership with Devon's diverse people and communities, Equality, Diversity, and Inclusion will be everyone's responsibility so that diverse populations have equity in outcomes, access and experience.
- Enhancing productivity and value for money:
    - People in Devon will know how to access the right service first time and navigate the services they need across health and care, improving personal experience and service productivity and efficiency.
    - People in Devon will only have to tell their story once and clinicians will have access to the information they need when they need it, through a shared digital system across health and care.
    - We will make the best use of our funds by maximising economies of scale and increasing cost effectiveness.
    - We will have enough people with the right skills to deliver excellent health and care in Devon, deployed in an affordable way.
- Helping the NHS support broader social and economic development:
    - People in Devon will be provided with greater support to access and stay in employment and develop their careers.
    - Local and county-wide businesses, education providers and the VCSE will be supported to develop economically and sustainably.
    - We will create a greener and more environmentally sustainable health and care system in Devon, that tackles climate change, supports healthier living (including promoting physical activity and active travel).
    - Local communities and community groups in Devon will be empowered and supported to be more resilient, recognising them as equal partners in supporting the health and wellbeing of local people.

7. Some key facts about adult social care in Devon.

7.1 In Devon of the 454,804 people aged 18-64 resident in the county in November 2022 the county council supports 4,782 working age adults:

- 54% were men, indicative of the higher prevalence of some health conditions and disabilities among men.
- 12% were in long-term residential and nursing care, with almost all of the remainder supported to live in their own home, which can be in a housing with support setting such as supported living or shared lives.
- 44% were supported mainly because of their learning disabilities although many clients have more than one reason for their support.

- The significant majority of people receiving care and support in Devon in this age group are funded by the council.

7.2 The number of people aged 18-64 in residential and nursing care has been in long-term decline as the transferring care partnership initiative nationally has aimed to bring those with more complex needs back into their communities and locally we have been working to place people in housing with support settings such as supported living and shared lives. This trend slowed in the pandemic period due to some community-based services being suspended. Only a small minority of around fifty people this age are in nursing care at any one time.

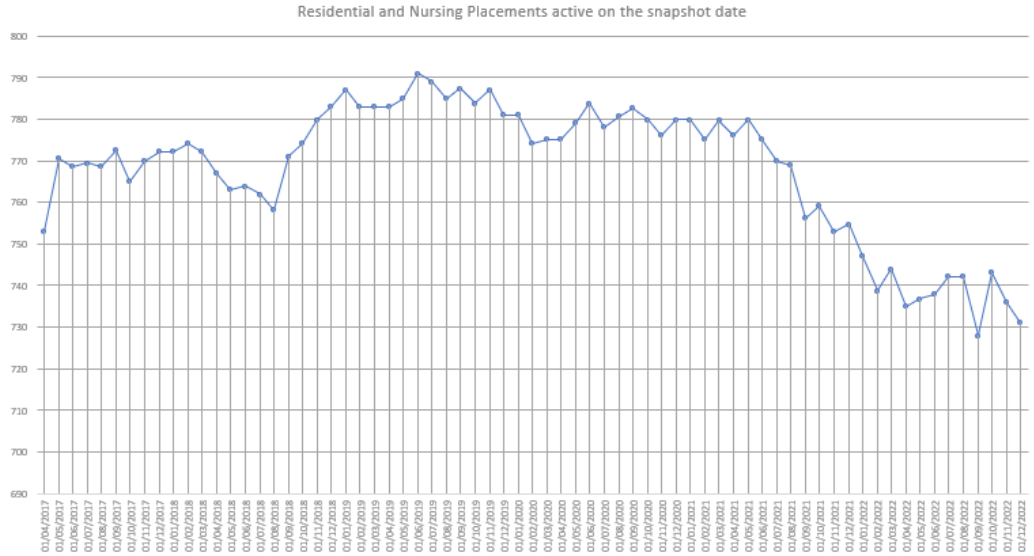


Figure 7.2 Trend in the number of people aged 18-64 in residential and nursing care 2017-22. (Source: Finance)

7.3 The number of people aged 18-64 receiving personal care over the 2017-22 period and the total number of hours provided has been consistent.

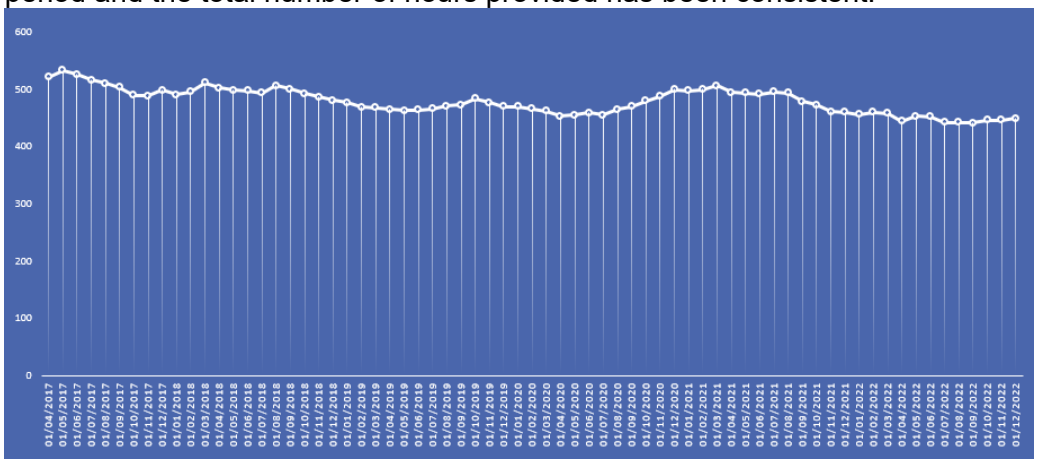


Figure 7.3.1 Trend in the number of people aged 18-64 receiving personal care 2017-22. (Day only) (Source: Finance)

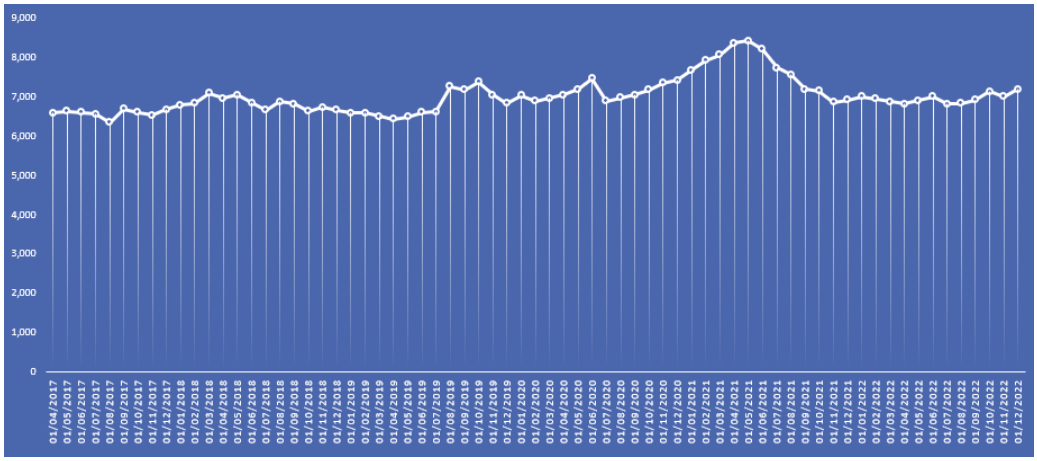


Figure 7.3.2 Trend in the number of hours of personal care delivered to people aged 18-64 2017-22. (Day only) (Source: Finance)

7.4 Because there is no national benchmarking information regarding unregulated support, this significant and most rapid growing area of spend on adults aged 18-64 is often overlooked but the growth in clients and adults provided is the most significant change in adult social care provision in the last decade.

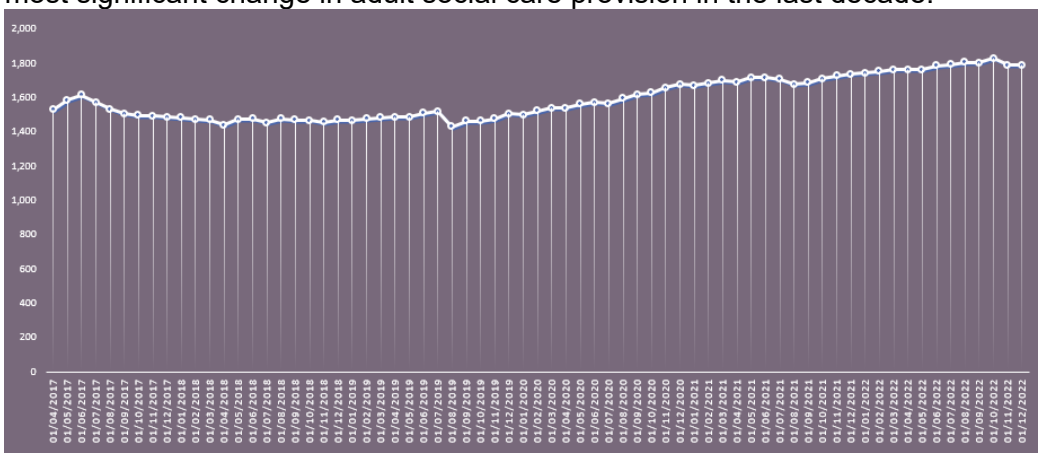


Figure 7.4.1 Trend in the number of people aged 18-64 receiving enabling 2017-22. (Source: Finance)

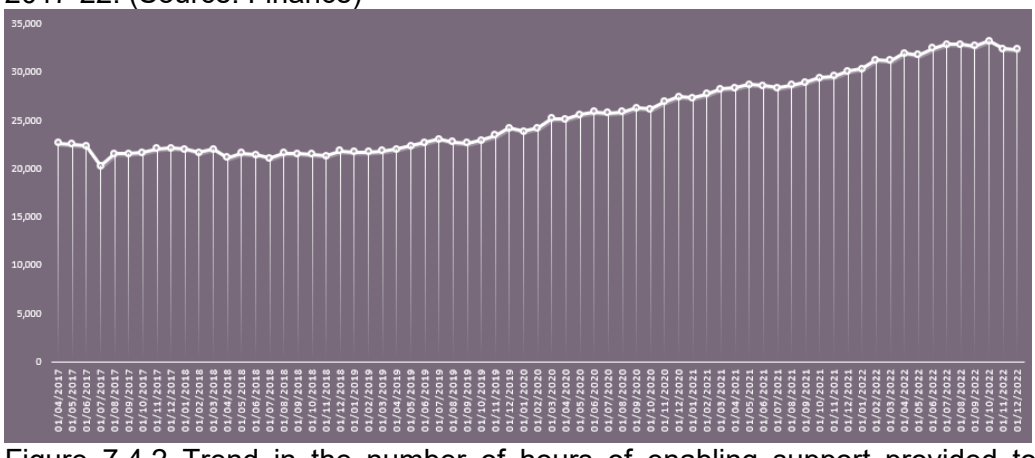


Figure 7.4.2 Trend in the number of hours of enabling support provided to people aged 18-64, 2017-22. (Source: Finance)

7.5 Similar to the trend in unregulated support, which is often what direct payments are used to purchase, the number of recipients of direct payments aged 18-64

has been on a long-term rising trend, sometimes alongside council arranged support.

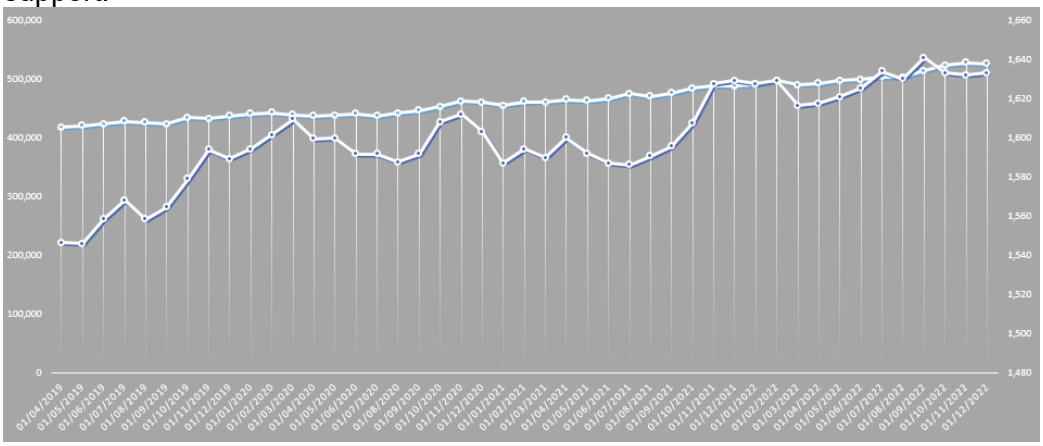


Figure 7.5 Trend in the number of people aged 18-64 receiving direct payments. (Source: Finance)

7.6 In Devon of the 207,846 people 65 or over resident in the county in November 2022 the county council supports 6,249 older people:

- 65% were women, indicative of their longer life expectancy, but also raising the concern that older men may be more reluctant to come forward.
- 42% were in long-term residential and nursing care, with almost all of the remainder supported to live in their own home.
- 63% were supported mainly for physical reasons and 21% mainly for dementia with many others also having that condition.
- Additionally, up to a third of recipients of personal care and a half of people in a care home fund themselves.

7.7 The number of older people the county council supports in residential care in Devon is broadly stable, fluctuating around 2,500 with notable reductions in winter periods associated with influenza and now Covid-19. Typical numbers in nursing care have increased by over 25% in the same period, mainly due to more people from hospital being transferred into these settings. With insufficient personal care and significant pressures on hospital discharge there is an increasing risk that short term placements into care homes become long-term, contrary to our conviction that home is the best place for all but a small minority.

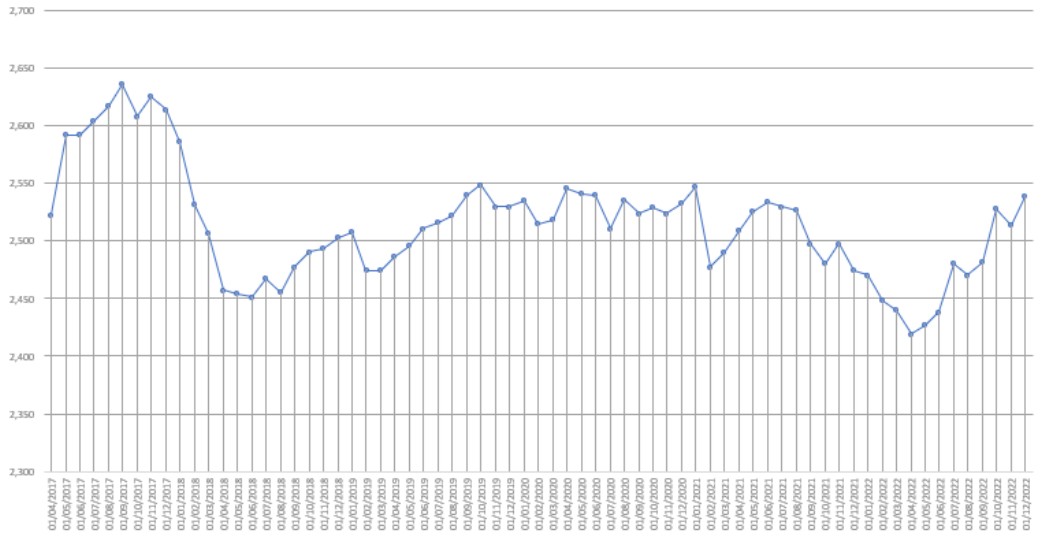


Figure 7.7.1 Trend in the number of older people in residential care 2017-22. (Source: Finance)

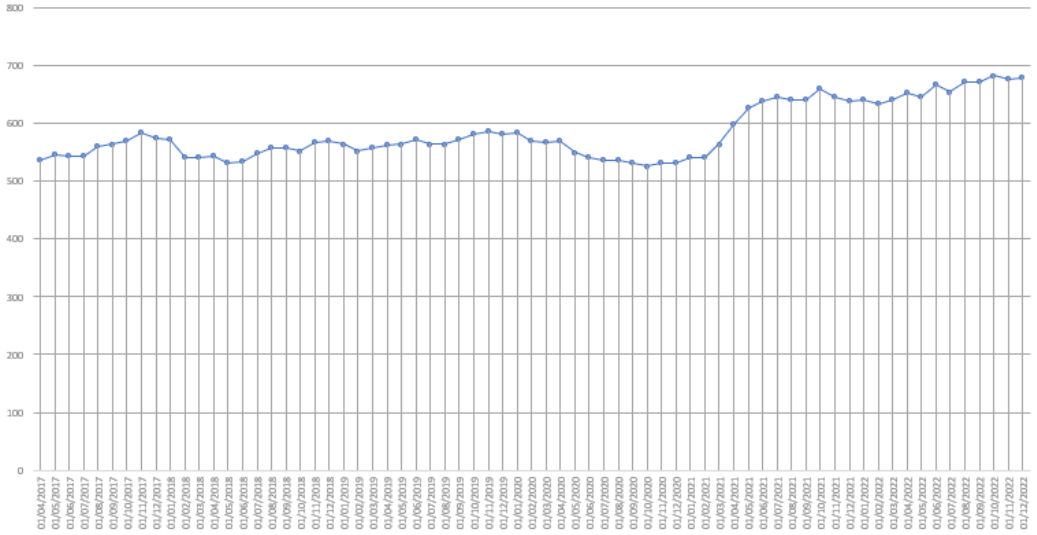


Figure 7.7.2 Trend in the number of older people in nursing care 2017-22. (Source: Finance)

7.8 The number of older people the county council supports in their own homes through regulated personal care has been on a reducing trend since 2017, reducing by a third in that period, the total number of hours delivered also falling, despite unmet assessed need of up to 5,000 hours. Given the growth in those 65+ and especially those 85+, older people now are about half as likely to receive local authority funded support now as they were before the austerity period began, partly because we are more effective at promoting their independence by preventing, delaying, and reducing the need for care and support.

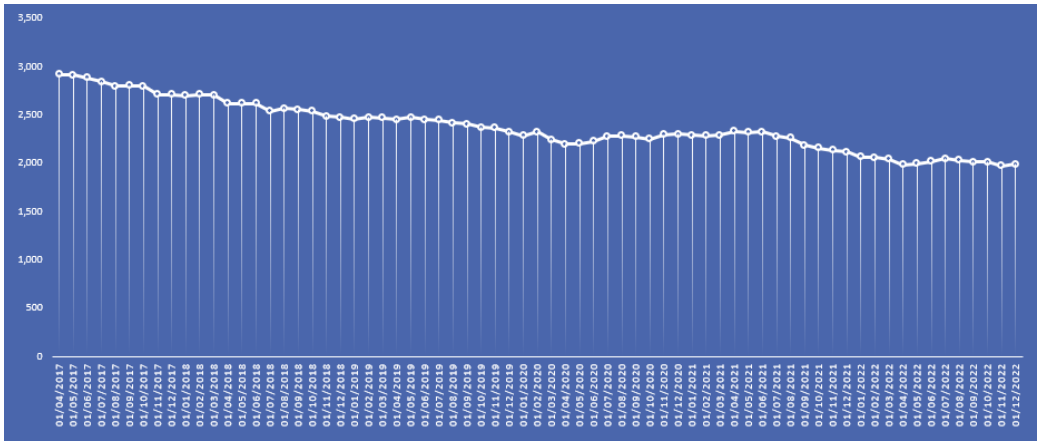


Figure 7.8.1 Trend in the number of older people receiving personal care 2017-22. (Day only) (Source: Finance)

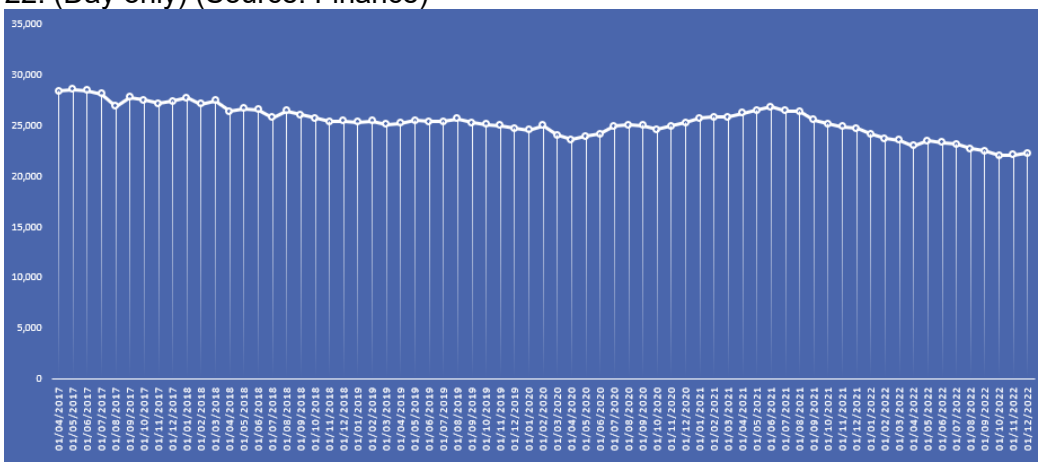


Figure 7.8.1 Trend in the number of hours of personal care received by older people 2017-22. (Day only) (Source: Finance)

7.9 Although on a rising trend, far fewer older people are in receipt of unregulated support than working age adults, and some of this increase may be due to insufficiency in the personal care market.

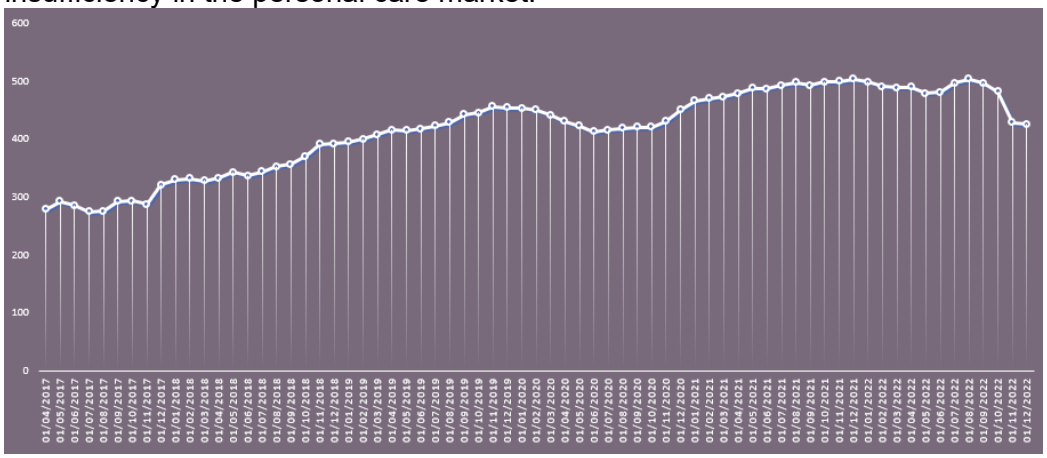


Figure 7.9.1 Trend in the number of people aged 65+ receiving enabling 2017-22. (Source: Finance)

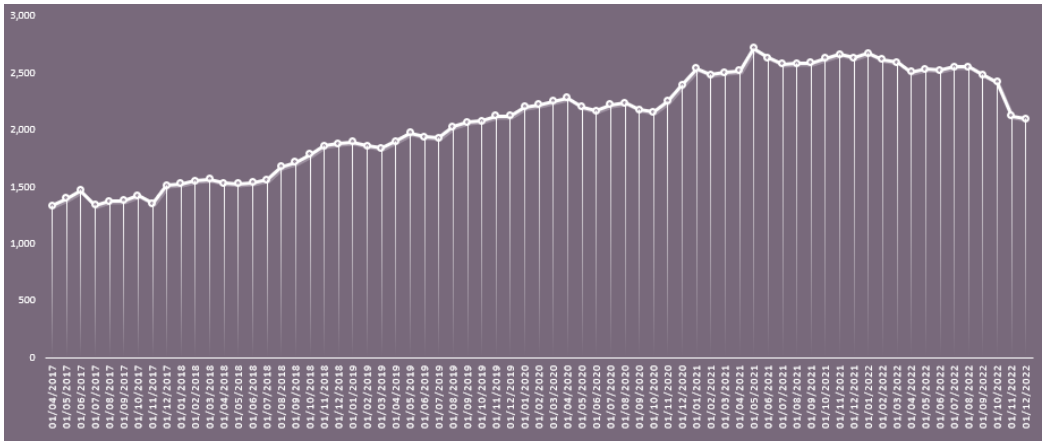


Figure 7.9.2 Trend in the number of hours of enabling support provided to people aged 65+ 2017-22. (Source: Finance)

7.10 The number of older people receiving direct payments declined somewhat during the pandemic period due to some community-based provision being suspended but expenditure has been on an upward trend in part due to insufficiency in the personal care market, in part because it is an effective mechanism for giving people choice and control.

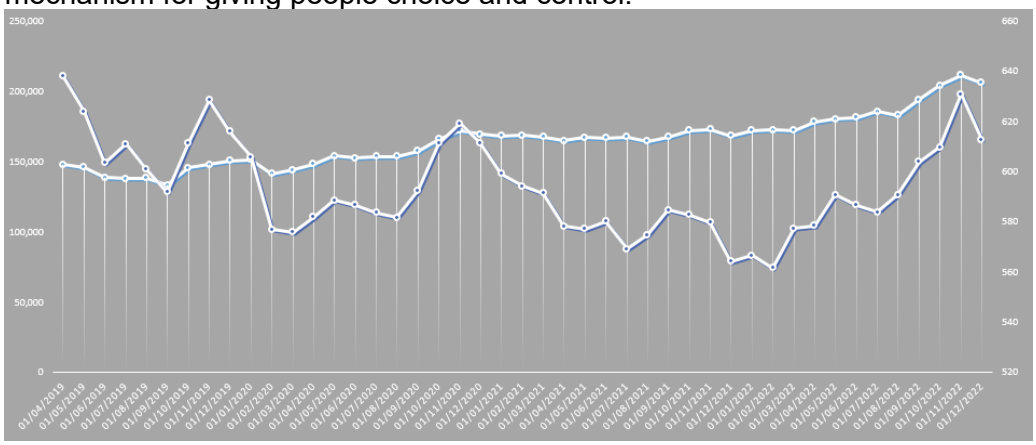


Figure 7.10 Trend in the number of people aged 65+ receiving direct payments and the spend on them 2017-22. (Source: Finance)

7.11 Carers in Devon are mainly supported through our contractual arrangement with Devon Carers:

- 42,000 carers are known to Devon County Council of the estimated 130,000 unpaid carers in Devon providing care of a value of £1.6bn.
- It is estimated from census results that more than 20% of these provide upwards of 50 hours care per week, making them far less likely to be economically active.
- 26,700 carers are registered with Devon Carers for support.
- 1,900 carers accessed Peer Support during 2021-22 and this number is rising.
- Carers made 13,691 calls to the Devon Carers Helpline, 1,300 email contacts, and initiated 1,560 webchats.
- 286 carers accessed training – and more wish to do so.

8 Listening to what people tell us.

8.1 In addition to our participation in the national annual survey of service users and a biennial survey of carers, the results of these are incorporated into the Adult Social Care Outcomes Framework summarised above, we engage extensively with people who use our services including unpaid carers:

- The Joint Engagement Forum: a quarterly gathering of people who use services, carers, and relevant organisational representatives.
- The Learning Disability Partnership Board: of people with learning disabilities, carers, relevant providers and health and social care managers.
- The Autism Involvement Group: a specialist forum for autistic people, those with ADHD and related conditions and their carers.
- The Commissioning Involvement Group: a network of people with lived experience of receiving social care services and equality issues who can give us in-depth insight into the effects of changes being made to social care and health.
- The Co-Production Working Group: whose aim is to develop the council's approach to co-production in the commissioning and planning processes.
- The Equalities Reference Group: corporate DCC forum made up of people from organisations representing each characteristic protected by the Equality Act (2010).
- Carer Ambassadors and the Carer Partnership Steering Group: Devon Carers, holders of the carers support contract, recruit Carer Ambassadors who can represent the view of carers as well as being active in their local communities, a number of whom sit on the Carers Partnership Steering Group.
- Mental Health engagement: services are delivered and jointly commissioned by Devon Partnership NHS Trust who have developed the LEAP programme for people who use their services to become involved in their development.
- Older people's engagement: set up to deliver all forms of engagement opportunities with our partners Age UK Devon.

8.2 We also commission services that further facilitate the involvement of people with lived experience in making their voices heard:

- Living Options Devon hold a contract with Devon County Council and NHS Devon to help us listen to the people we support. Living Options are required to maintain a network of organisations and individuals who can share their lived experience of receiving adult social care, including people with characteristics protected by the Equality Act (2010).
- We commission Healthwatch Devon as the statutory health and social care consumer voice organisation for the Devon County Council area.

8.3 The comments listed below relating to older people have been taken from minutes of meetings in 2022 involving older people and their carers:

- Older people are less likely to use a website than other age groups and other channels need to be considered in developing approaches

to developing information, advice and signposting and improving services accessibility.

- Older people are a minority user of supported housing, with most preferring to live in their own homes.
- Covid-19 has restricted our ability to engage with older people, with increasing reliance on online meetings which some find inaccessible.
- There is increasing demand for a specialist dementia service including younger people with dementia, to address barriers to people with dementia staying in their home.
- Older people need more support to live as actively as possible as the most effective approach to preventing, reducing, and delaying the need for health and care services.
- People want a continuity of home care at the time they prefer with the same people supporting them.
- The council needs to ensure that older people and carers of people with dementia are involved in commissioning care home services and determining their fees.

8.4 The comments listed below have been taken from meeting minutes of meetings in 2022 involving working age adults and their carers, primarily those with learning disabilities and autistic people:

- There is lack of choice for people when a service closes, causing anxiety for them and their carers.
- The Reaching for Independence service is not suitable or realistic for people with more severe and profound needs.
- There are not enough replacement care or respite options for carers.
- The council does not keep in touch with carers sufficiently or listen to and act on their concerns.
- There is inconsistency across Devon where some carers have had an increase in their direct payment allowing them to pay their personal assistants but not others, resulting in them leaving to work for agencies where the rate of pay is better.
- There are widespread concerns about long waiting times for care assessments when families are struggling.
- The mental health of carers is a growing issue due to their social isolation and stressful situations, leading to crises and carer breakdown.

8.5 During 2021 and 2022, we have involved service users and carers in improving our care management services through a variety of the for a we facilitate with them. Improvements made because of that involvement include:

- Informing the development of our online information advice and tools.
- Creating Easy Read versions of our online assessment forms, complaints forms, and guidance on our care management processes.
- Exploring the blocks, brakes, and barriers to getting timely assessments and reviews and receiving resulting services such as respite care and enabling.

- Addressing uplifts in direct payments to keep pace with the inflationary pressures on securing the care and support they fund.
- Informing our practice quality standards such as those applying to reviews.
- Developing an autism alert card.

8.6 On November 22nd, our new Director of Integrated Adult Social Care Tandra Forster attended our Joint Engagement Forum for an open discussion of the challenges we face together. The questions posed by representative users of our services and their carers indicate their most pressing concerns:

- What will be the impact of the budget pressure Devon County Council is under on adult social care and how do you see the role of the health and social care system in supporting people during the current cost of living crisis?
- As budgetary pressures increase, how do we ensure good value for money in our care and support contracts, when there is presently little or no capacity for reviews and feedback from providers or service users?
- Will the financial climate have any impact on individual adult social care financial assessments?
- The economic situation is impacting on community services such as libraries and youth work provide some of the informal support networks for people receiving social care, how are you responding to that knock-on challenge?
- Representations from the public to Healthwatch indicate concern about lack of availability of care providers to deliver care packages. Will this result in care to service users being allocated on a priority basis, possibly increasing level of risk and safety to service users? This could result in more people moving into the higher level if needs are not met, what do you make of that feedback from your strategic perspective?
- How do you plan to improve support for adults who have a mental health condition and an Autism Spectrum Condition (ASC) or how can you improve the way ASC teams and MH teams work together for the benefit of our community?
- What work is under way in adult social care to address the issues highlighted by the Black Lives Matter campaign and the DCC race equality audit?
- Hate crime usually increases in times of economic hardship, can you outline some of the ways in which the health and social care system will help address this?
- We were pleased to read about your commitment to Co-production in the biographical information we received, can you tell us about any Co-production activities you found particularly valuable in your previous local authority?

8.7 The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 dictate that complaints to be resolved by the Council follow a one stage process. If the complainant remains unhappy with the outcome of their complaint, they have the right to approach the Local

Government and Social Care Ombudsman who may choose to investigate their complaint.

8.8 The Adult Social Care Complaints Procedure is administered by the Customer Relations Team, with oversight from the Customer Relations Manager. The complaints procedure and wider policy are available from the Customer Relations website. Part of the statutory requirement is the production of an annual report on complaints, which is available to members of the public, our staff, and our elected Councillors.

8.9 In summary, feedback received by the Customer Relations Team during 2021-22 is quantified below. Most formal complaints are made about our care management operational services which provides our frontline response to issues relating to individuals (158 of 184 or 86%), in particular regarding Community Health and Social Care Teams (116 of 184 or 63%) who deal with the most complex cases, although only a minority of these complaints were ultimately upheld.

Adult Care & Health feedback 2021-22	Q1	Q2	Q3	Q4	YTD
DCC investigated complaints	41	43	51	49	**184**
LGSCO investigated complaints	6	5	5	3	**19**
Representations	6	14	7	9	**36**
MP Enquiries	15	16	18	10	**59**
Compliments	69	80	71	65	**285**
Total	**137**	**158**	**152**	**136**	**583**

Figure 8.9: Summary of all feedback received by the Customer Relations Team on Adult Social Care in Devon during 2021-22. (Source: CRT/LGO)

8.10 As well as listening and responding to individual grievances, the main purpose of any complaints system is to learn and improve from individual case issues and insights from thematic analysis. The most complained about aspect of our service was assessment and review, followed by placements to external providers. Whatever the subject, we categorise by root cause and seek to learn from that.

Root Cause	No. of Issues	% Upheld
Quality of service provided	56	46%
Poor communication (to customer)	32	41%
Timings of service offered	14	43%
Inappropriate activity	14	36%
Delay in providing service	12	42%
Attitude/rudeness/inappropriate comments	12	42%
Inappropriate action or service	12	42%

Figure 8.10: Summary of the root causes of complaints received by the Customer Relations Team on Adult Social Care in Devon during 2021-22. (Source: CRT)

8.11 For every fully or partially upheld complaint the investigating officer completes an action plan, so that actions and wider learning are recorded and evidenced. The implementation of agreed actions is monitored by the Customer Relations Team. The table below highlights that there were 49 actions recorded as being

required following the completion of complaints in 2021-22, with the most frequent being arranging staff training or guidance and providing an apology.

Action	Total
Arrange staff training or guidance	13
Apology	12
Provide additional service	3
Change or review policy or operational procedure	3
Re-assessment required	3
Waive fees/costs/funding	3
Provide additional information	3
Management action required	3
Discuss at team meeting	2
Pay fees/costs/funding	2
Change or review service	1
Review service criteria	1
Grand Total	**49**

Figure 8.11: Summary of actions agreed with and monitored by the Customer Relations Team regarding Adult Social Care in Devon during 2021-22. (Source: CRT)

8.12 There were 14 complaints investigated by the Ombudsman in 2021-22, and 9 of those were upheld. There was one Public Report issued against Devon County Council in 2021-22. In a small number of investigations, the Ombudsman will publish a detailed report of the investigation. These require the organisation involved to make a public announcement and the Ombudsman will promote the report in the media and these are summarised in the annual report on complaints. ('Maladministration' is the term used by the Local Government Ombudsman for their finding that there was some fault in the way the council acted, including where that fault had been accepted and rectified.)

Closed after initial enquiries - No further action		1	1			1					**3**
Closed after initial enquiries - out of jurisdiction	1										**1**
Not upheld - no maladministration or injustice					1						**1**
Upheld - Maladministration and injustice			2	1		1	1	1	1	1	**8**
Upheld - Maladministration but no injustice									1		**1**
Grand Total	**1**	**1**	**3**	**1**	**1**	**2**	**1**	**1**	**2**	**1**	**14**

Figure 8.12: Summary of outcomes of complaints investigated by the Local Government Social Care Ombudsman regarding Devon County Council during 2021-22. (Source: CRT/LGO)

9 The Pandemic in Adult Social Care in Devon

9.1 While the previous two years in Adult Social Care were dominated by the pandemic, with older and more vulnerable people, especially those living in adult social care settings, being at higher risk of serious disease and death than the general population, in 2022 we have experienced far fewer fatalities attributable to Covid-19. Up to 20% of deaths in care homes were attributable to Covid-19 during the winter period but since this has consistently been well under 10%.

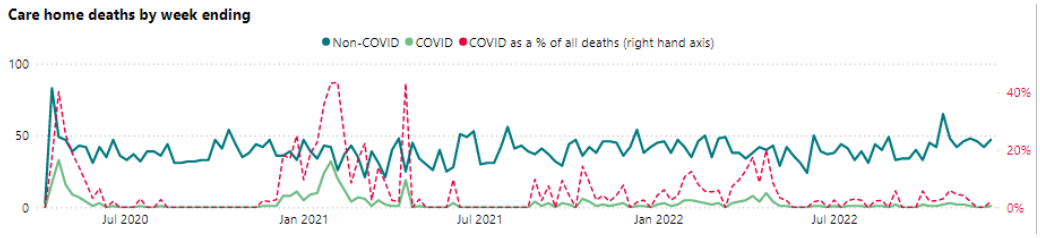


Figure 9.1: deaths attributable to Covid-19 in care home settings in Devon. (Source: MIT)

9.2 Nevertheless, we have continued to experience significant numbers of outbreaks of Covid-19 in care homes and other care settings requiring a whole system response and enhanced infection prevention and control protocols.

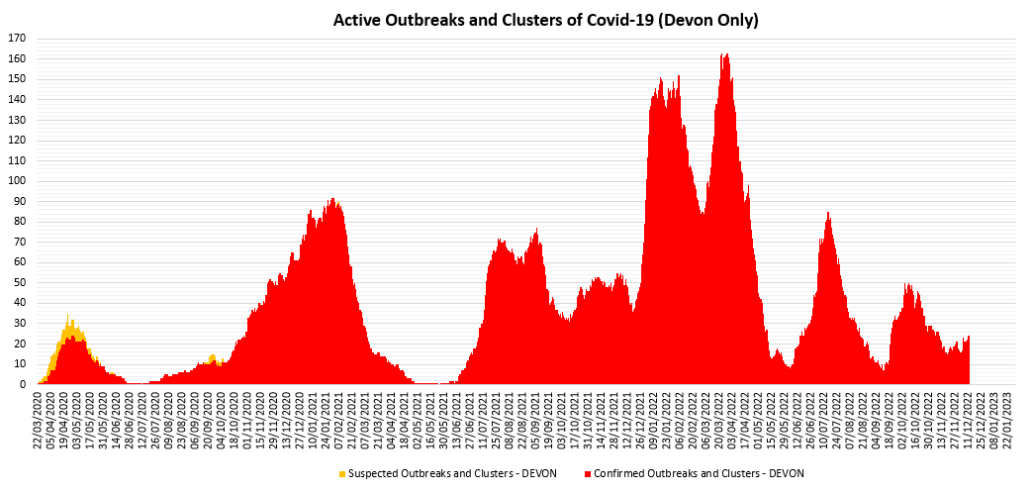


Figure 9.2: outbreaks of Covid-19 in care settings in Devon. (Source: TPST)

9.3 A significant factor in this shift of circumstance has been the continuing high uptake of vaccination by care home residents and staff, although uptake of vaccines by staff has notably reduced this autumn:

- 96% of care home residents in Devon have received two or more doses of a vaccine against Covid-19.
- 88% of care home residents in Devon have received an autumn 2022 booster of a Covid-19 vaccine.
- 82% of care home residents in Devon have received a vaccine against this year.
- 94% of care home staff in Devon have received two or more doses of a vaccine against Covid-19.
- 29% of care home staff in Devon have received an autumn 2022 booster of a Covid-19 vaccine.
- 17% of care home staff in Devon have received a vaccine against influenza this year.

Looking across data from care providers in all residential and nursing settings and in regulated community providers, Devon uptake among residents and staff has typically been among the highest in the country.

9.4 Looking back over the pandemic period to date:

- There have been 199 deaths in care homes attributable to Covid-19 per 100,000 of the 65+ population in Devon, ranking 27th lowest of 150 local authority areas in the country, with most of those being London

boroughs where there are fewer care homes. More than thirty local authority areas have experienced double or more this rate of fatalities.

- The percentage of deaths in care homes attributable to Covid-19 as a percentage of all deaths in Devon has been the 9th lowest of 150 local authority areas in the country. Almost thirty local authority areas have experienced double or more this percentage of fatalities.
- Some of the approaches to working with care homes in outbreak management developed by public health and adult social care colleagues in Devon were picked up and used regionally, and influenced the national response.

We mourn the deaths of the 414 people whose deaths are attributable to Covid-19 in care homes in Devon during the pandemic period, many of whom could have looked forward to a longer life, and thank all of the staff who've been involved in the response across the health and care system, especially frontline care-giving staff who have often been working in trying circumstances.

9.5 As we move into winter we are also faced with more cases of influenza, norovirus, and other infectious diseases than during the pandemic period. 2022 is ending with industrial action in the NHS and elsewhere, cost-of-living pressures impacting on the demand for and provision of social care, and financial sustainability challenges constraining our ability to respond. Earlier in 2022 we responded to Storm Eunice and resulting power outages across Devon, some lasting several days and particularly impacting those most vulnerable living in care settings and at home, and our winter planning has involved preparations for issues arising from bad weather and power cuts.

10 The adult social care workforce

10.1 The recruitment, retention, and development of staff across the adult social sector continues to be our top priority, leading the way nationally through our Love Care programme and Proud to Care initiative, attracting attention from the Department of Health and Social Care and others following our Appreciative Inquiry as we seek to raise the profile of the sector as a key employer, with 26,000 people working in adult social care across Devon, contributing to the health wellbeing of fellow residents of the county and boosting its economy.

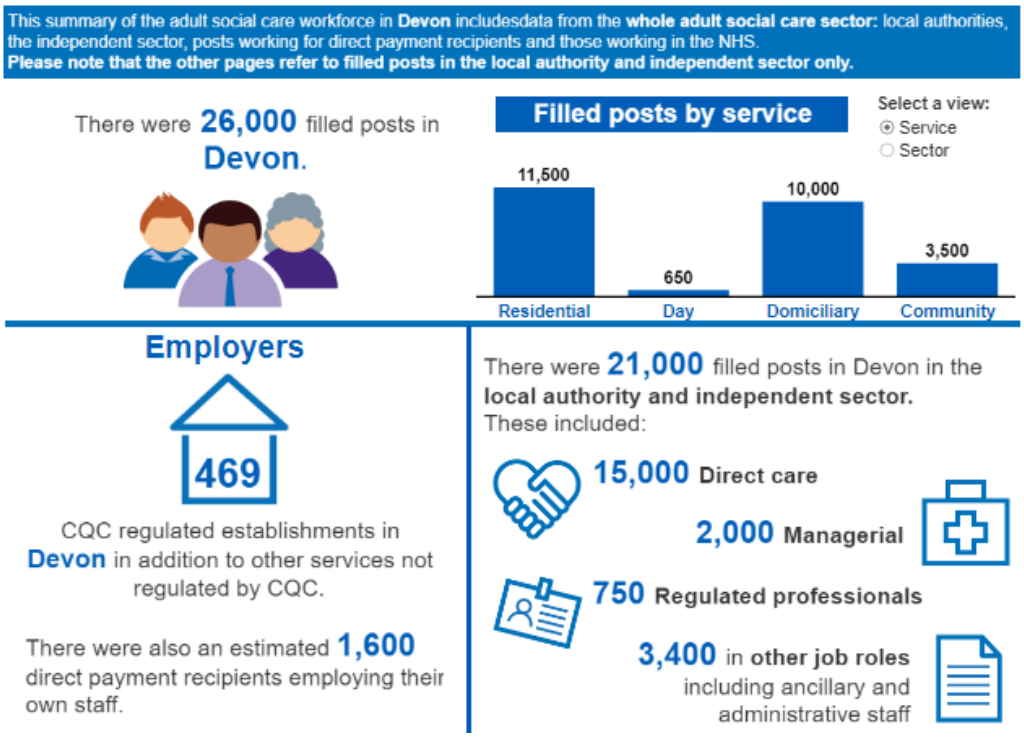


Figure 10.1: the adult social care workforce in Devon 2021-22 (Source: SfC)

10.2 There are both part- and full-time opportunities in the sector, with roles in Devon split equally between the two. Over 90% are permanent positions and a far lower proportion of these are on zero-hour contracts locally than nationally.

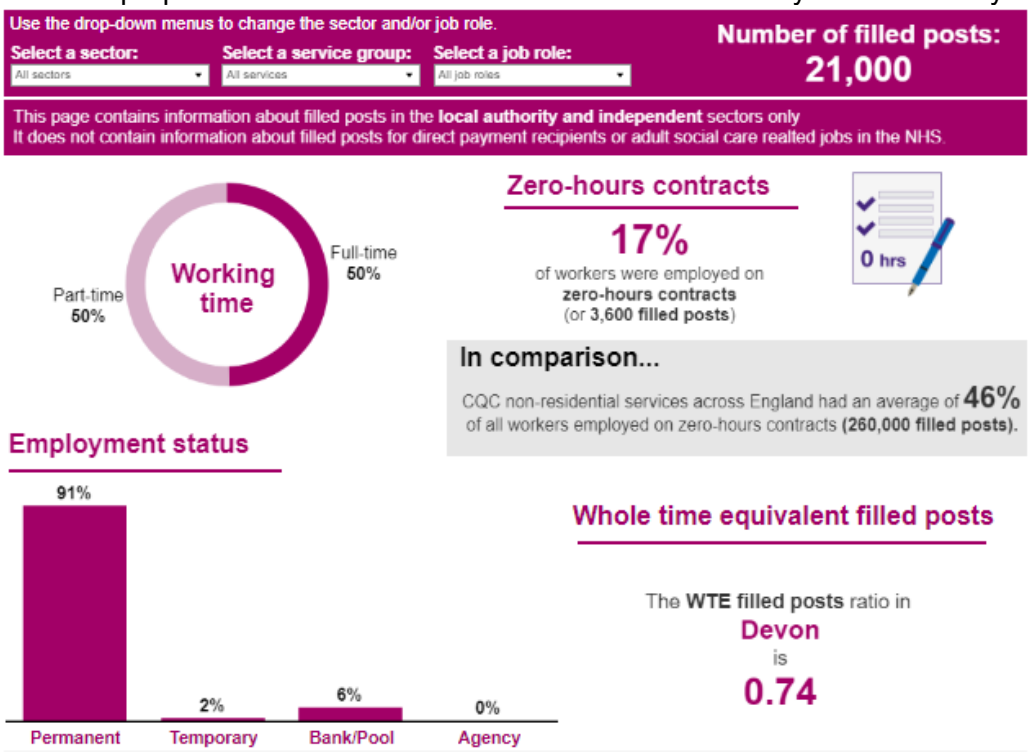


Figure 10.2: The adult social care workforce in Devon and their employment status 2021-22 (Source: SfC)

10.3 Information on the many rewarding job and career opportunities in the health and care sector in Devon can be found at Proud to Care who work closely with partners such as Department of Work and Pensions, Skills for Care, Health

Education England, colleges and universities to attract people into jobs, education and careers in health and social care. The Proud to Care website provides information about health and care including the different types of roles available, career progression routes, information about education and training and work placements, and real stories of people working in health and care and a jobs board with live vacancies in Devon, using social media to engage with local communities, the current workforce, and to encourage people to start a career in the sector. Current initiatives include:

- A focus on using our collective resources across health and care in Devon to boost international recruitment targeting filling 145 care worker and 20 nurse roles by March 2023.
- Encouraging current employees to help recruit friends through social media, and the Care Friends App which has brought 111 new starters into the sector.
- Attending over 100 recruitment related events around the county.
- Working with Indeed to engage with potential applicants via webinars and on-screen interviews.
- Commissioning accredited eLearning for current employees.
- Developing new qualification opportunities and career pathways and roles such as Nursing Associates working in Nursing Care Homes.
- Building on our The Health and Social Care Skills Accelerator Programme, part funded by the European Social Fund (ESF) to attract new people into health and social care roles, and to develop and offer progression routes through a range of accredited training programmes delivered by local providers. .

10.4 We have commissioned research funded by Health Education England to inform our retention activities building on national research undertaken by Skills for Care which indicates the following influence the likelihood of a social care worker leaving their role:

- Workers who travelled further were more likely to leave.
- Those under 25, and over 60 years old, were more likely to leave their posts.
- Turnover decreased with higher levels of experience working in the sector.
- Likelihood of leaving decreased as pay levels increased.
- Likelihood of leaving decreased with higher levels of experience in role.
- Likelihood of leaving decreased if workers had more training.
- Turnover decreased if workers had a higher number of contracted hours.
- Likelihood of leaving decreased if workers had fewer sickness days.
- Workers on zero-hours contracts were more likely to leave their posts.
- Likelihood of high turnover rates increased if the establishment had high turnover historically.

10.5 We are particularly keen to extend the diversity of our workforce, emphasising that for those with the right qualities and values, there are opportunities in the adult social care sector for people of all genders, ethnicities, genders, and

ages to work with a range of adults of all ages. We are particularly keen to attract more younger people, and more men, and are currently actively recruiting overseas to work alongside those we employ from the UK.

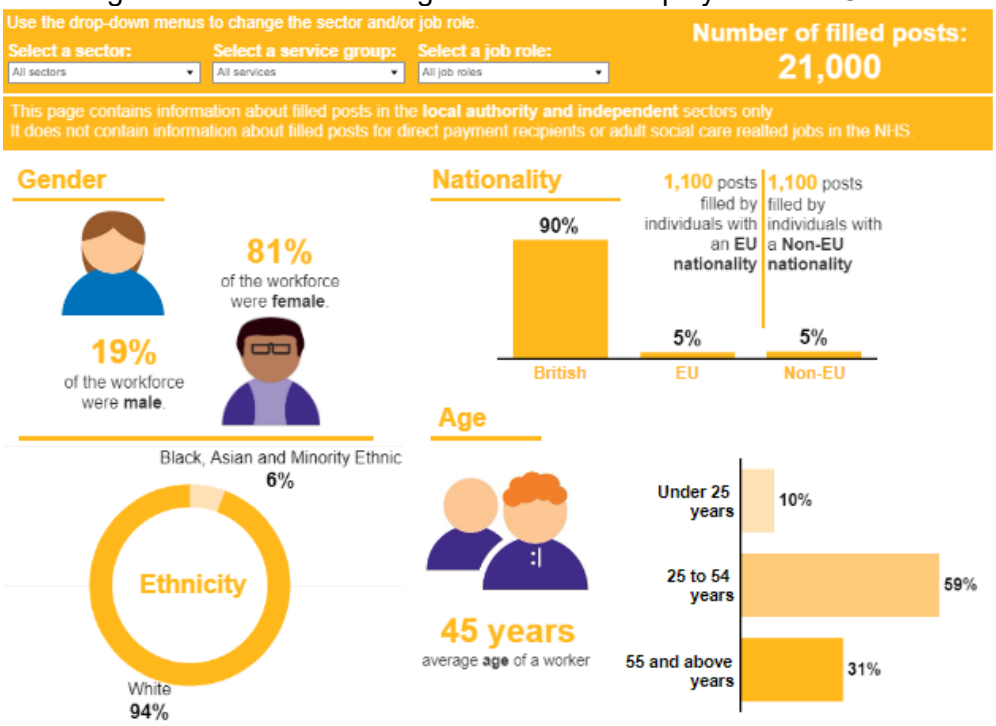


Figure 10.5: The adult social care workforce in Devon demographics 2021-22 (Source: SfC)

10.6 The vacancy rate in the care sector is a limiting factor on our ability to provide sufficient and high-quality services in Devon and is higher now than before the pandemic with significant turnover, albeit variable by role and employer, often indicating movement within the sector, and lower than the regional and national average. Nationally, vacancies continue to rise and are 50% higher than before the pandemic, and regionally the South-West has as high a vacancy rate as anywhere in the country. For the first time in the last decade and beyond, the number of filled posts in the sector in the UK fell and by more than 4% when the pressures of an aged and ageing society suggest they should be rising. Positively, with the pandemic waning, the absence rate nationally is down to 6.2 days per annum, falling from a peak of 8.2, but still above the pre-pandemic period when it varies between 4.5 and 4.8 days per annum over the previous decade.

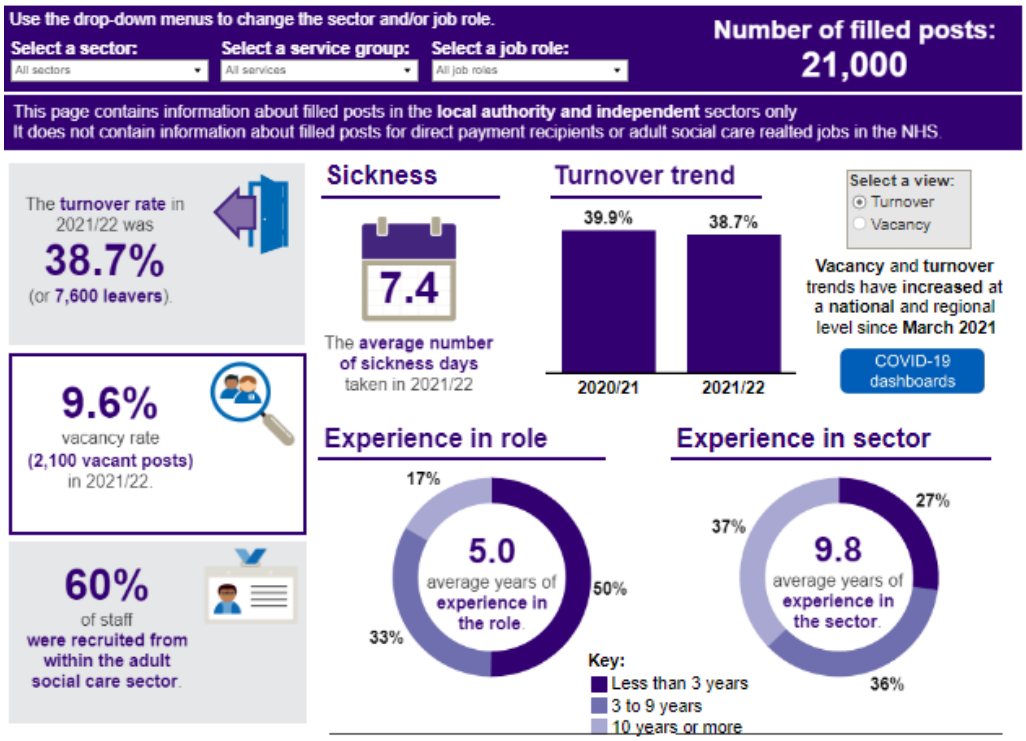


Figure 10.6: The adult social care workforce in Devon vacancy, turnover, and absence 2021-22 (Source: SfC)

10.7 The difference in average hourly rates of pay between the fewer than 1,000 staff employed by Devon County Council and the more than 20,000 staff employed in the independent and voluntary sector is mainly accounted for by professional and managerial roles being concentrated in the former and frontline care-giving roles in the latter. Nevertheless, while pay isn't the only benefit that workers value, the hourly rate in competing sectors has been increasing faster than in health and care making alternative work in roles in retail and hospitality, for example, comparatively attractive. While the hourly rate the council pays for domiciliary care and weekly rate it pays for residential and nursing care has been rising more rapidly in Devon than elsewhere, pay has risen less rapidly, although both are above the national and regional averages.

	England	Region	Area
Full-time equivalent annual pay			
Social Worker*	38,000	36,500	39,300
Registered nurse	35,100	35,500	35,000
Hourly pay			
National Living Wage	£8.91	£8.91	£8.91
Senior care worker	£10.41	£10.50	£10.66
Care worker	£9.66	£9.69	£9.81
Support and outreach	£9.89	£10.07	£10.04

Figure 10.7.1: Comparative pay by role in the adult social care sector in Devon 2021-22 (Source: SfC)

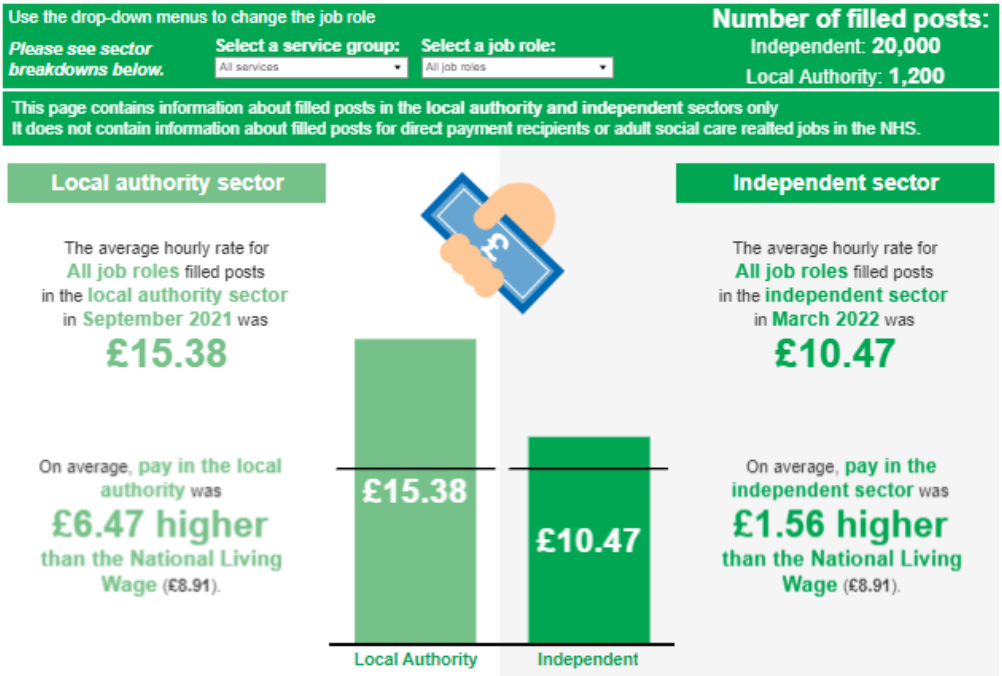


Figure 10.7.2: Pay in the adult social care sector in Devon 2021-22 (Source: SfC)

10.8 One of the key objectives of the LoveCare programme is to establish career pathways across the health and care system in Devon that identify people with the right values and aptitude for care work and develop them into roles requiring greater levels of qualification over time, rewarding their commitment and experience. We are pleased to see that the proportion of the adult social care workforce with a relevant qualification has increased from 46% to 51% this year, many acquired on the job, and are working with our Integrated Care System partners on a whole health and care system workforce strategy.

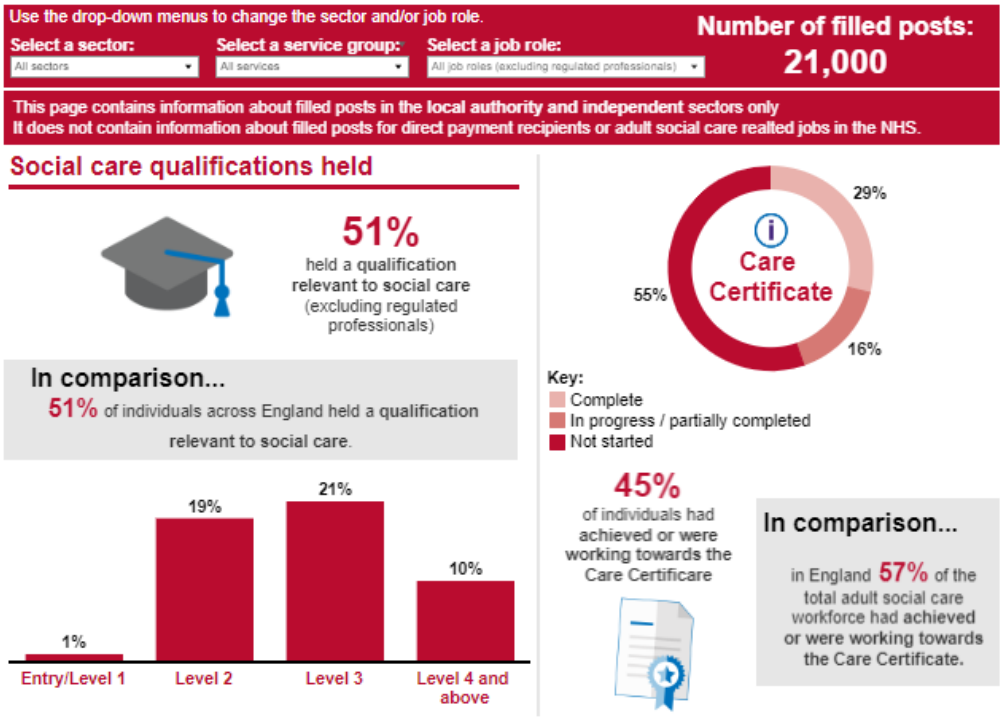
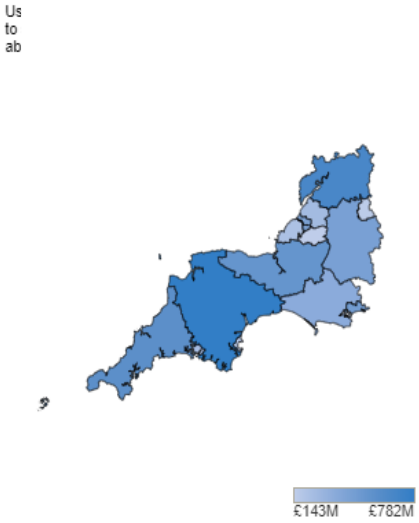


Figure 10.8: Qualifications in adult social care in Devon 2020-21 (Source: SfC)

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



ross value added (output)

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

Figure 10.9: the contribution of adult social care to the Devon economy in 2020-21 (Source: SfC)

11. Performance and Outcomes

11.1 Data collections that feed the Adult Social Care Outcomes Framework were hampered in various ways during the pandemic period, but surveys of service users and their carers have been reinstated (with many hundreds being surveyed, statistically sampled and adjusted, nationally defined and locally delivered) and we now have a complete picture for the first time since the pandemic. Using the 26 indicators of the ASCOF framework, in 2021-22 Devon ranked in the top two quartiles of 19 of them and while national trends are mainly downwards, Devon's performance was maintained or improved in 21 of them.

Quartile 1:
- 1A - Social care-related quality of life score
- 1B - Proportion of people who use services who have control over their daily life
- 1E - Proportion of adults with a learning disability in paid employment
- 1I(1) - Proportion of people who use services who reported that they had as much social contact as they would like
- 2B(2) - Proportion of older people (65+) who received STS services after discharge from hospital
- 2D - The outcome of short-term services: sequel to service
- 3A - Overall satisfaction of people who use services with their care and support
- 3D(2) - Proportion of carers who find it easy to find information about services

Quartile 2:
- 1C(1A) - Proportion of people who use services who receive self-directed support
- 1C(2A) - Proportion of people who use services who receive direct payments
- 1F - Proportion of adults in contact with secondary mental health services in paid employment
- 1G - Proportion of adults with a learning disability who live in their own home or with their family
- 2A(1) - LTS needs of younger adults (18-64) met by admission to residential and nursing care homes, per 100k pop.
- 2A(2) - LTS needs of older adults (65+) met by admission to residential and nursing care homes, per 100k pop
- 3B - Overall satisfaction of carers with social services
- 3C - Proportion of carers who report that they have been included in discussion about the person they care for
- 3D(1) - Proportion of people who use services who find it easy to find information about support
- 4A - Proportion of people who use services who feel safe
- 4B - Proportion of people who use services who say that those services have made them feel safe and secure

Quartile 3:
- 1C(2A) - Proportion of people who use services who receive direct payments
- 1D - Carer-reported quality of life
- 1H - Proportion of adults in contact with secondary mental health services living independently
- 1J - Adjusted Social care-related quality of life - impact of Adult Social Care services

Quartile 4:
- 1C(1B) - Proportion of carers who receive self-directed support
- 1I(2) - Proportion of carers who reported that they had as much social contact as they would like
- 2B(1) - Proportion of older people (65+) who were still at home 91 days after discharge from hospital into STS

Figure 11.1: Devon performance in ASCOF 2021-22 by quartile (Source: NHSD/MIT)

11.2 Overall satisfaction rates in Devon remain higher than the national, regional and comparator averages as has been typically the case over the last decade and we now rank 15 of 150 local authority areas in the country, a testimony to those working in the adult social care sector around the county.

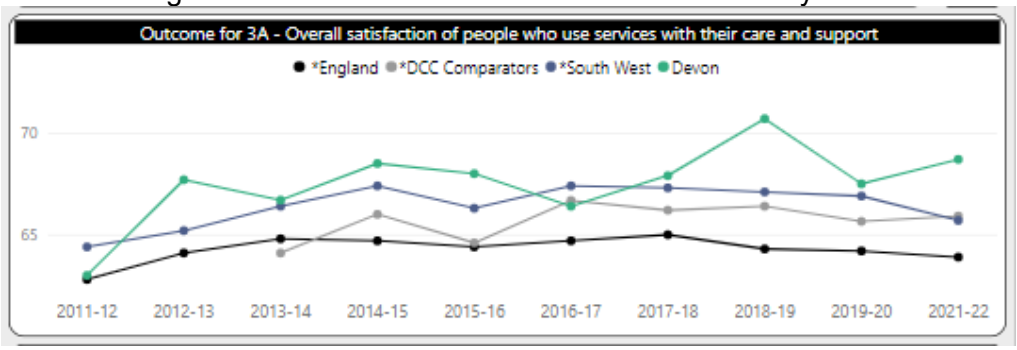


Figure 11.2.1: Overall satisfaction of people who use services with their care and support (performance). (Source: MIT/NHSD)

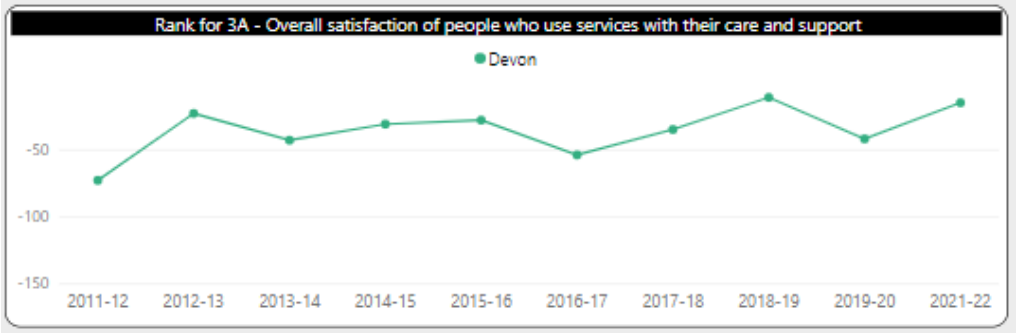


Figure 11.2.2: Overall satisfaction of people who use services with their care and support (ranking). (Source: MIT/NHSD)

11.3 In the similar indicator for unpaid carers, the national and regional trend has been mainly downwards, whereas in Devon we have seen improvements in the last two surveys and now rank 40 of 150 local authority areas and above the national, regional and comparator averages.

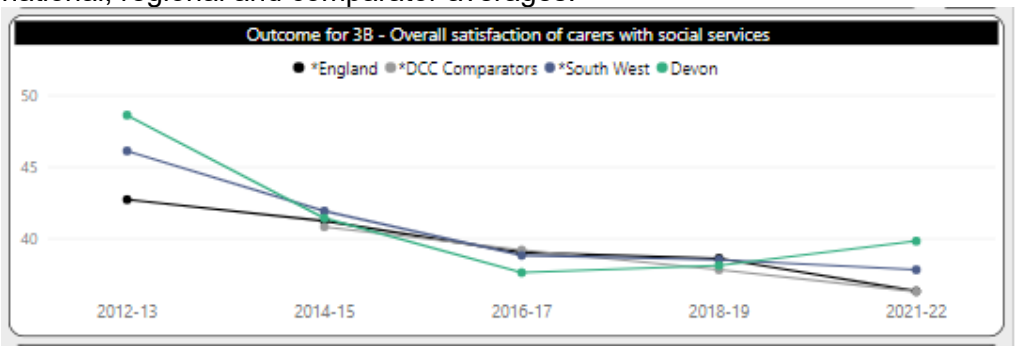


Figure 11.3.1: Overall satisfaction of carers with social services (performance) (Source: MIT/NHSD)

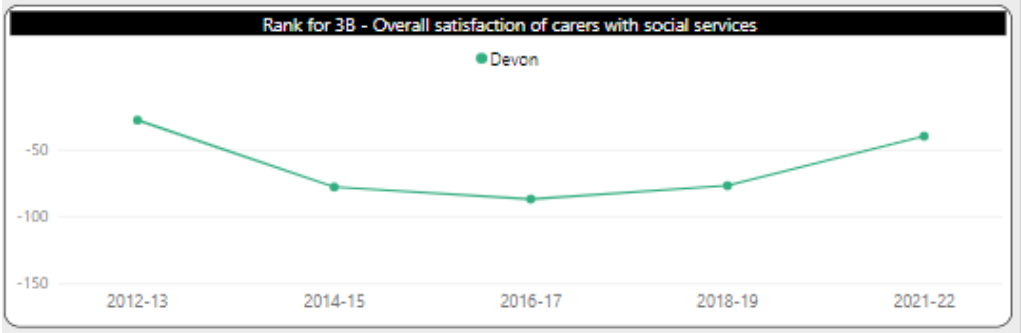


Figure 11.3.2: Overall satisfaction of carers with social services (ranking) (Source: MIT/NHSD)

11.4 ASCOF includes indices that measure people's quality of life, for service users including questions regarding their control, dignity, personal care, food/nutrition, safety, occupation, social participation, accommodation. In Devon we now rank 5 of 150 in the country with improvements in performance and ranking in each of the past four surveys. (We perform less well on an alternative composite indicator, adjusted for the impact of adult social care services, where we are mid-ranking and perform at the national and regional average.)

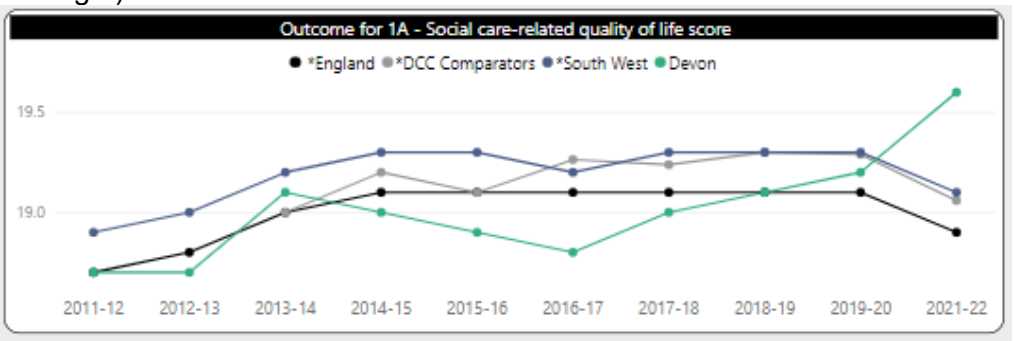


Figure 11.4.1: Social care related quality of life for service users (performance) (Source: MIT/NHSD)

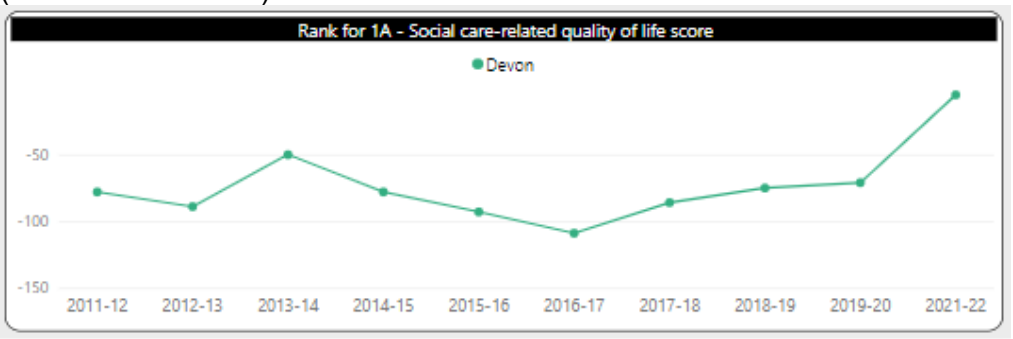


Figure 11.4.2: Social care related quality of life for service users (ranking) (Source: MIT/NHSD)

11.5 The equivalent indicator for unpaid carers is also a composite index that captures multiple facets of their lived experience including occupation, control, personal care, safety, food/nutrition, safety, social participation, encouragement, and support. The survey of carers is biennial, and Devon has been on a declining trend since its inception, similar to the regional and national trends. Although our ranking has improved to 94/150 it is still below all comparator averages and our absolute performance is at its lowest ever.

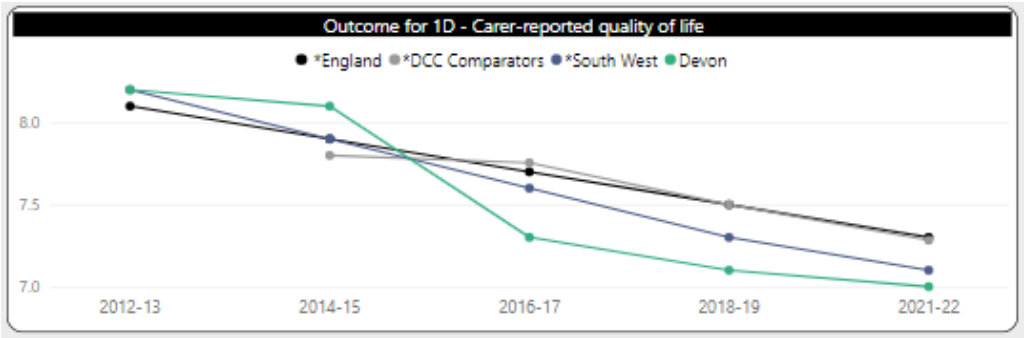


Figure 11.5.1: Carer reported quality of life (performance) (Source: MIT/NHSD)

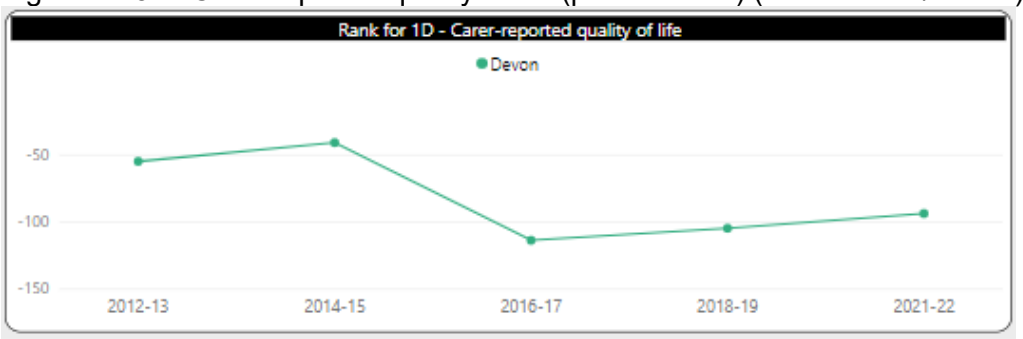


Figure 11.5.2: Carer reported quality of life (ranking) (Source: MIT/NHSD)

11.6 Looking in more detail at some of these quality-of-life related questions, we pay particular attention to those that indicate whether we are being successful at promoting people's independence by putting them in control of their daily lives. Our performance exceeds that of all comparator averages, and we have been on a rising trend since we devised our 'Promoting Independence' strategy in 2018.

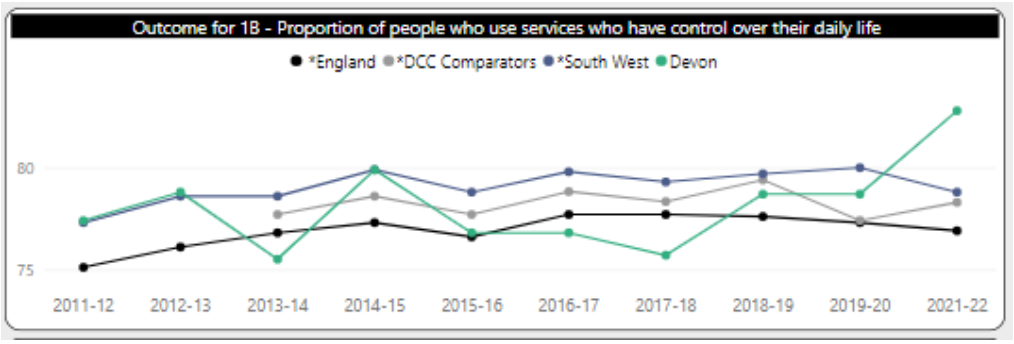


Figure 11.6.1: Proportion of people who use services who have control over their daily lives (performance) (Source: MIT/NHSD)

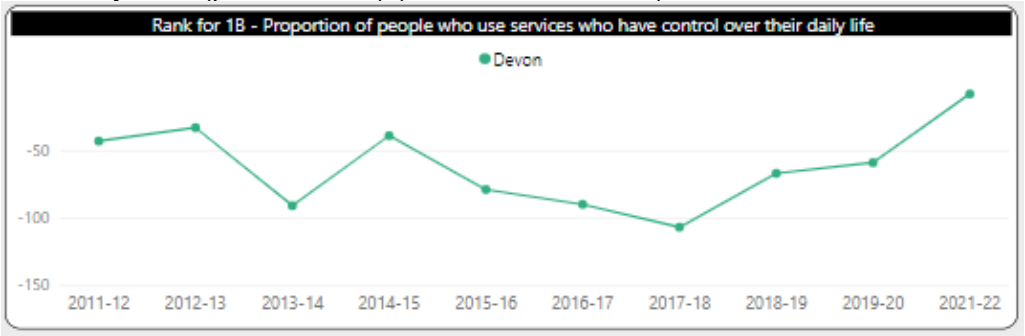


Figure 11.6.2: Proportion of people who use services who have control over their daily lives (ranking) (Source: MIT/NHSD)

11.7 While health services are there to keep people alive and well, social care services aim to enable them to live life doing the things that matter most to them, which for many of us is maintaining contact with our family and friends. We know from research that social contact and the avoidance of loneliness is key to maintaining health, wellbeing, and independence. Maintaining social contact is a particular concern in rural areas, predominant in Devon, where people are more likely to become isolated and have fewer social opportunities, limited by transport. We now rank 18 of 150 local authority areas which exceeds all comparator averages and while our absolute performance hasn't improved, in most places it has got worse. The cost-of-living crisis and threats to rural transport will be continuing challenges regarding maintaining social contact.

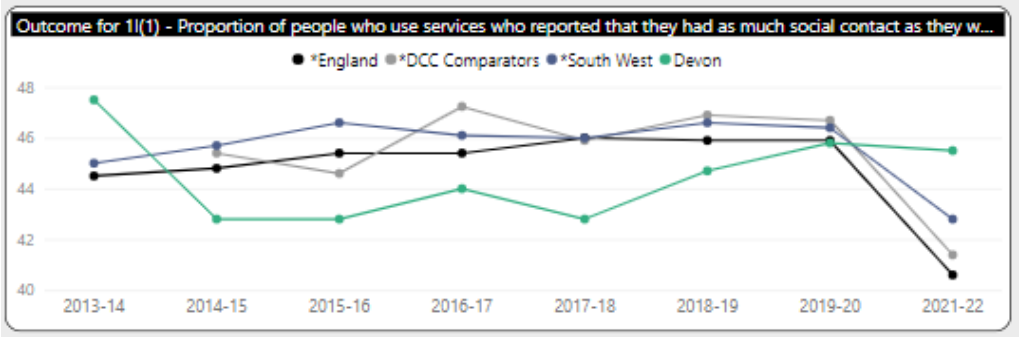


Figure 11.7.1: Proportion of service users who reported they have as much social contact as they would like (performance) (Source: MIT/NHSD)

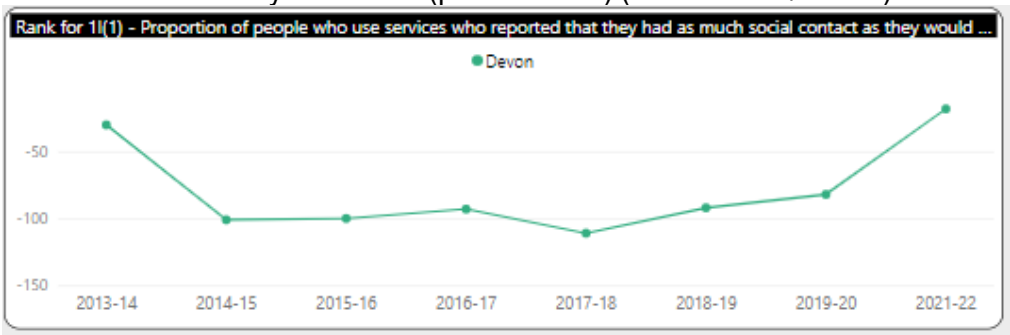


Figure 11.7.2: Proportion of service users who reported they have as much social contact as they would like (ranking) (Source: MIT/NHSD)

11.8 In contrast to service users, we now rank 140 of 150 local authorities for carers reporting they have as much social contact as they would like which is below all comparator averages. Carers also often work less and in less well-paid jobs than their potential, limiting their means to maintain social contact. In rural areas, replacement care can also be more difficult to access, and social opportunities are fewer and take more time to reach.

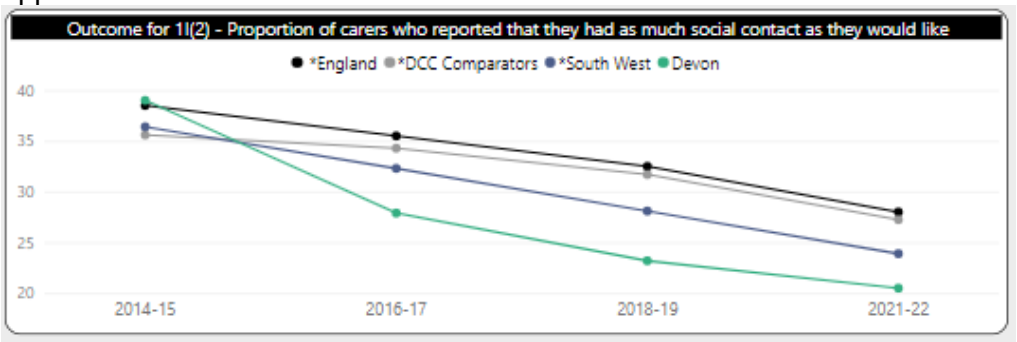


Figure 11.8.1: Proportion of carers who reported they have as much social contact as they would like (performance) (Source: MIT/NHSD)

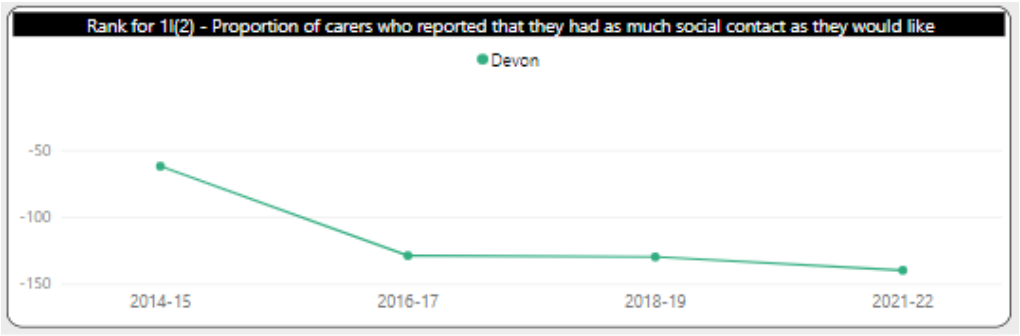


Figure 11.8.2: Proportion of carers who reported they have as much social contact as they would like (performance) (Source: MIT/NHSD)

11.9 Being able to access information and advice and effective signposting to support in the community is an important enabler of people's independence, choice, and control. It is important to note that we contract with Devon Carers (Westbank League of Friends) for information services to carers whereas our Care Direct provide these services to the wider public. For service users, we rank 55 of 150 and exceed all comparator averages, and for carers, we rank 19, our best area of performance for services to carers. In both, our ranking is improving due to decline in absolute performance elsewhere.

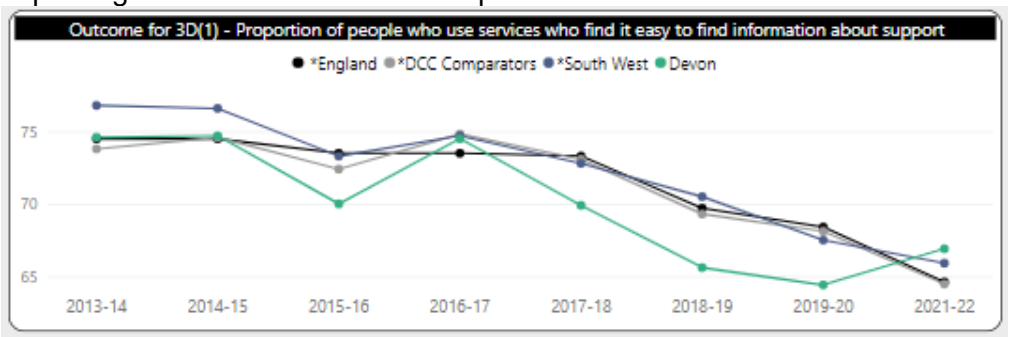


Figure 11.9.1: Proportion of people who use services who find it easy to find information about support (performance) (Source: MIT/NHSD)

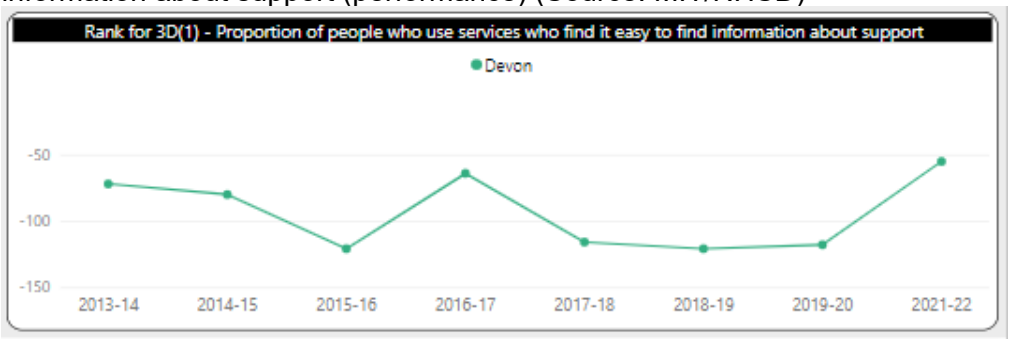


Figure 11.9.2: Proportion of people who use services who find it easy to find information about support (ranking) (Source: MIT/NHSD)

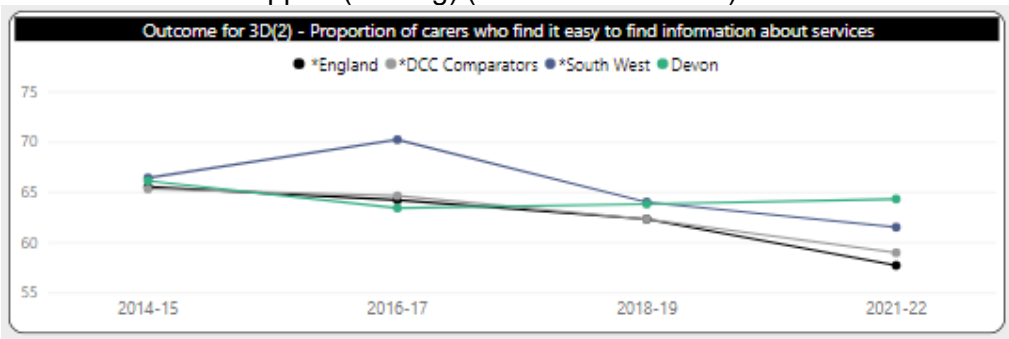


Figure 11.9.3: Proportion of carers who find it easy to find information about services (performance) (Source: MIT/NHSD)

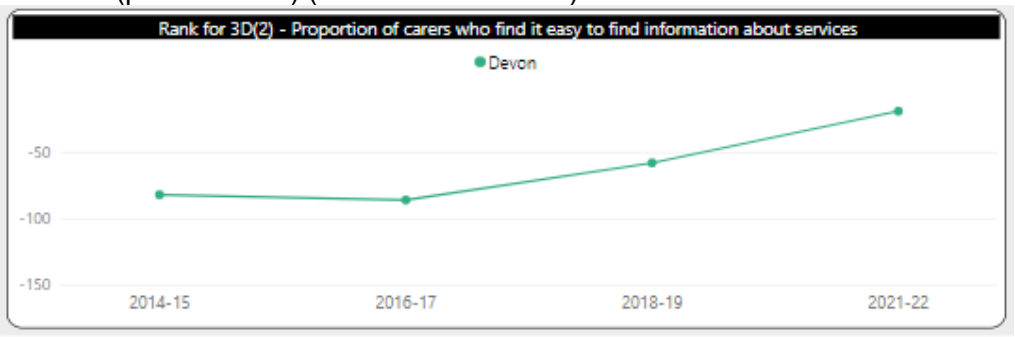


Figure 11.9.4: Proportion of carers who find it easy to find information about services (performance) (Source: MIT/NHSD)

11.10 It is important to assess both flow of people out of hospital into the community and the use of short-term and long-term services to ensure they have the right care and support at the right time to maximise independence and maintain health and wellbeing. These current indicators are flawed, and there is yet no replacement of Delayed Transfers of Care that assessed the effectiveness of hospital discharge arrangements. The reach of short-term services for older people being discharge from hospital continues to improve and we rank 22 of 150. The impact of short-term services at keeping people out of hospital is low and we rank 138 of 150. (This mirrors the shift in reach i.e., if you reach more, you are likely to have fewer positive impacts, and may previously have been selecting those with most potential to recover.) The other impact of short-term services indicator, we do much better on i.e., the sequel to short-term services not being long-term care and support where we rank 18 of 150.

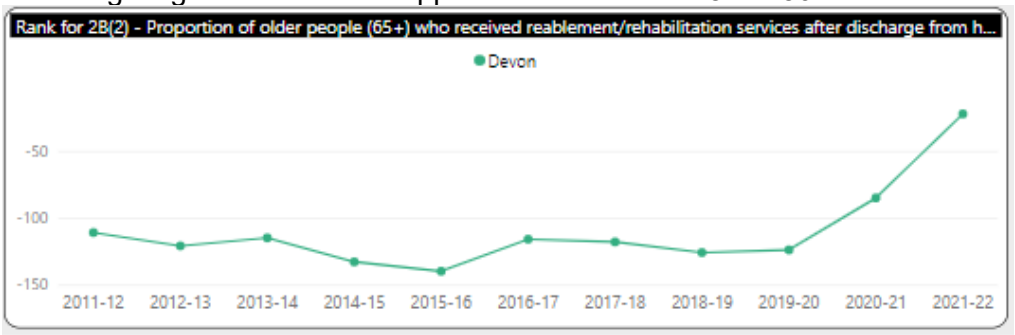


Figure 11.10.1: Proportion of older people who received reablement services after discharge from hospital (ranking) (Source: MIT/NHSD)

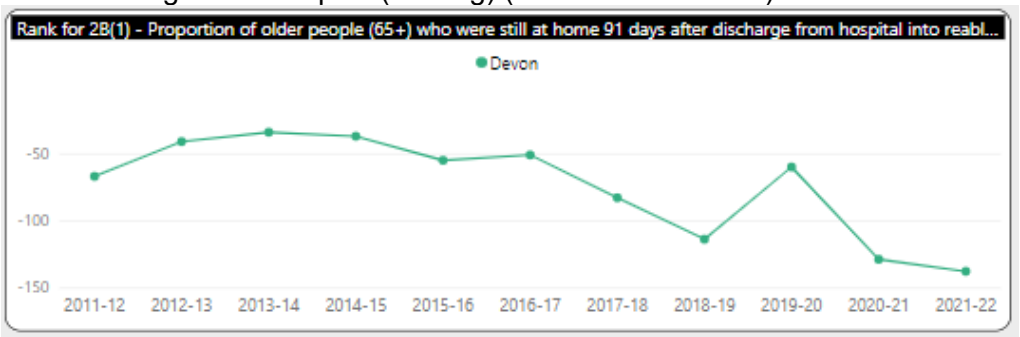


Figure 11.10.2: Proportion of older people who were still at home 91 days after discharge from hospital into reablement services (ranking) (Source: MIT/NHSD)

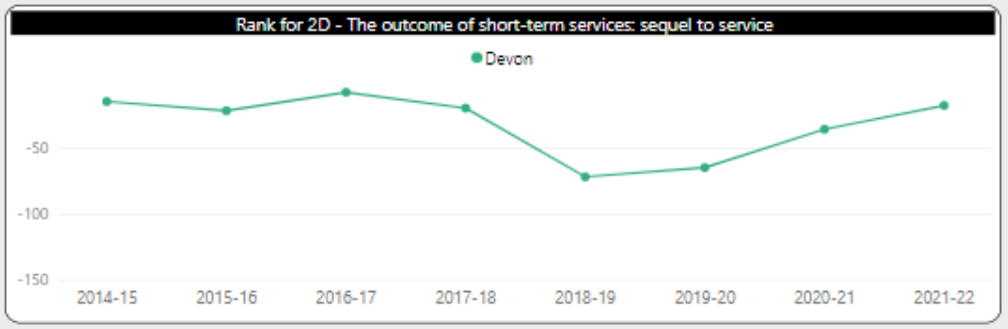


Figure 11.10.3: The outcome of short-term services (ranking) (Source: MIT/NHSD)

11.11 When well deployed, direct payments are a good indicator of exercising independence through choice and control, and research shows people who use of direct payments generally achieve better outcomes. Devon ranks 49 of 150 for service users, exceeding all comparators, and 99 of 150 for carers. (The latter indicator is flawed, given different operating models in supporting carers around the country.)

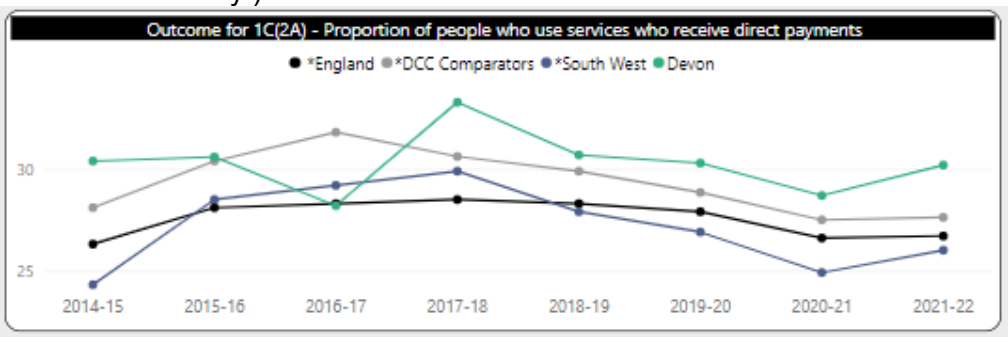


Figure 11.11.1: Proportion of people who use services who receive direct payments (performance) (Source: MIT/NHSD)

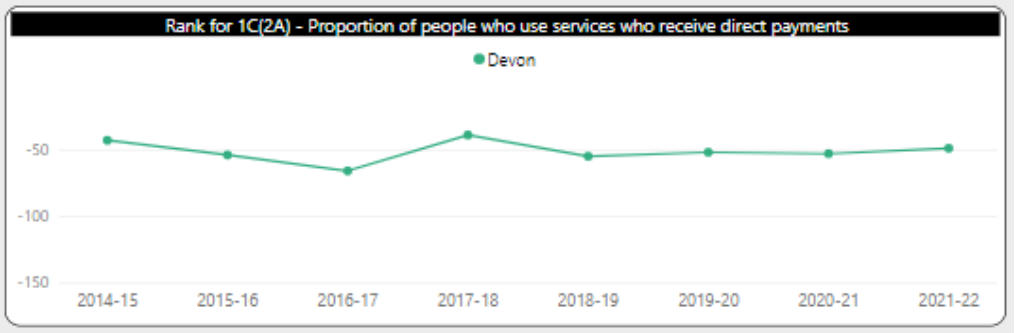


Figure 11.11.2: Proportion of people who use services who receive direct payments (ranking) (Source: MIT/NHSD)

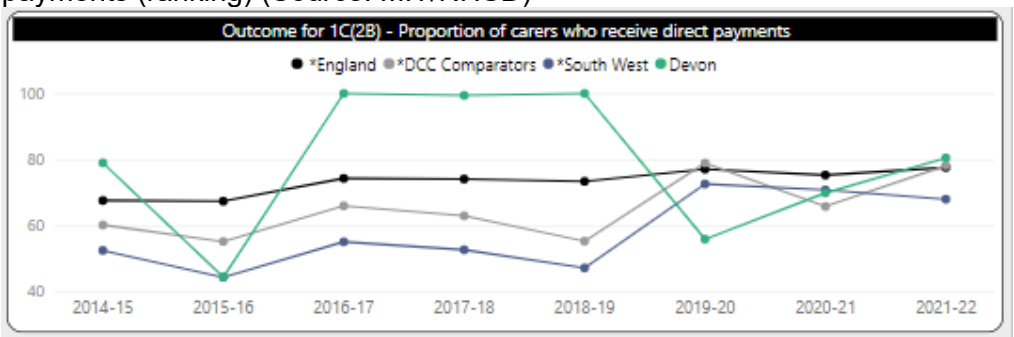


Figure 11.11.3: Proportion of carers who receive direct payments (performance) (Source: MIT/NHSD)

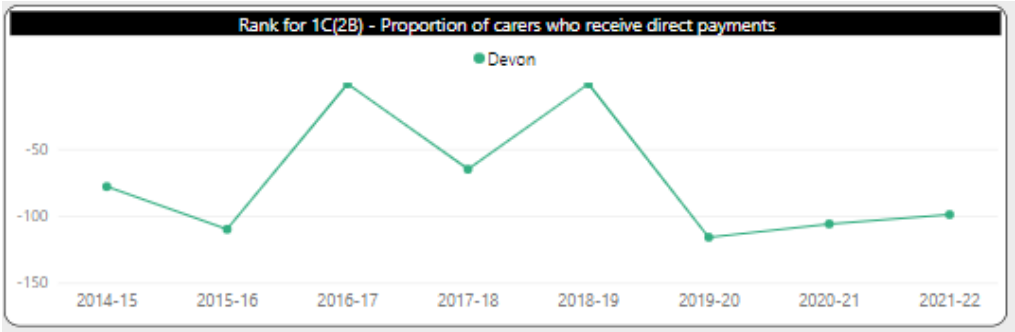


Figure 11.11.4: Proportion of carers who receive direct payments (performance) (Source: MIT/NHSD)

11.12 Our approach to promoting the independence of working age adults is to support them to develop their independence within their family and/or own homes wherever possible, only using traditional models of residential or nursing care where other options are not viable. The long-term trend is improving nationally and locally and in Devon is currently better than all comparator averages ranking 45 of 150, although small numbers can make a large difference in this cohort and measure.

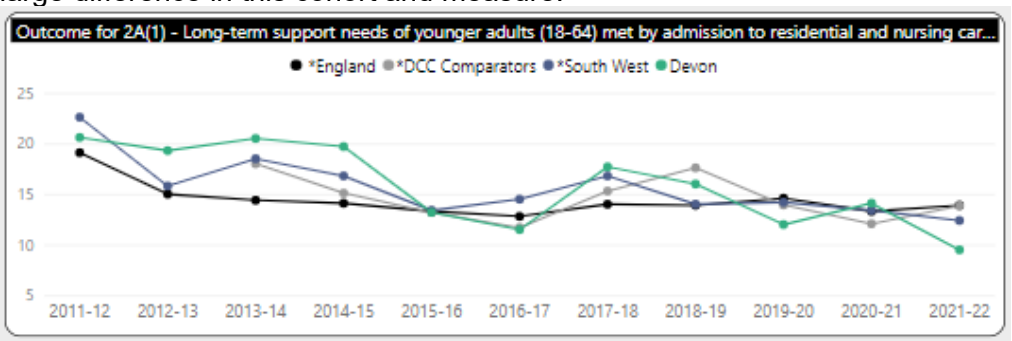


Figure 11.12.1: Proportion of younger adults having their needs met by residential or nursing care (performance – low is good) (Source: MIT/NHSD)

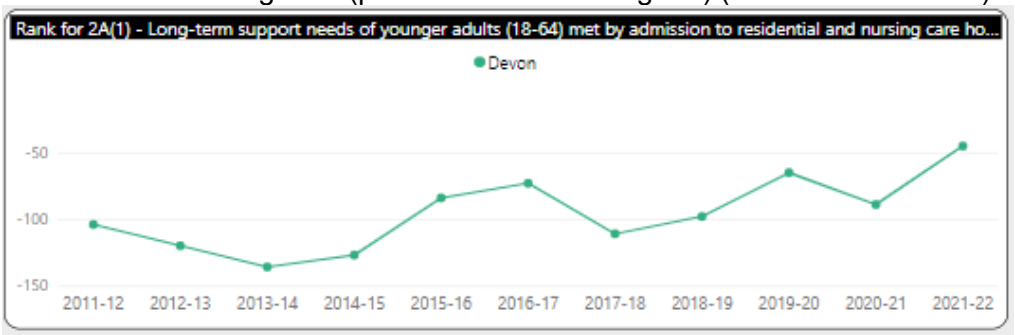


Figure 11.12.2: Proportion of younger adults having their needs met by residential or nursing care (ranking) (Source: MIT/NHSD)

11.13 Similarly, our approach to promoting the independence of older adults is to maintain them in their own homes wherever possible, only using residential or nursing care where that is no longer viable. The long-term trend is downwards nationally and locally, and Devon performs between the regional and national averages, ranking 51 of 150.

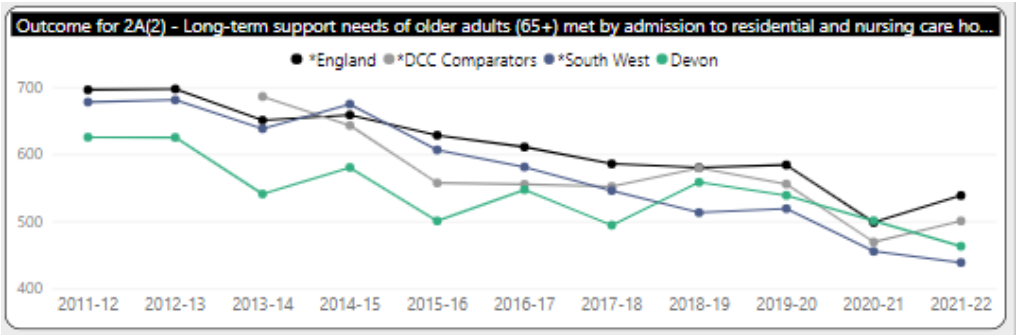


Figure 11.13.1: Proportion of older adults having their needs met by residential or nursing care services (performance) (Source: MIT/NHSD)

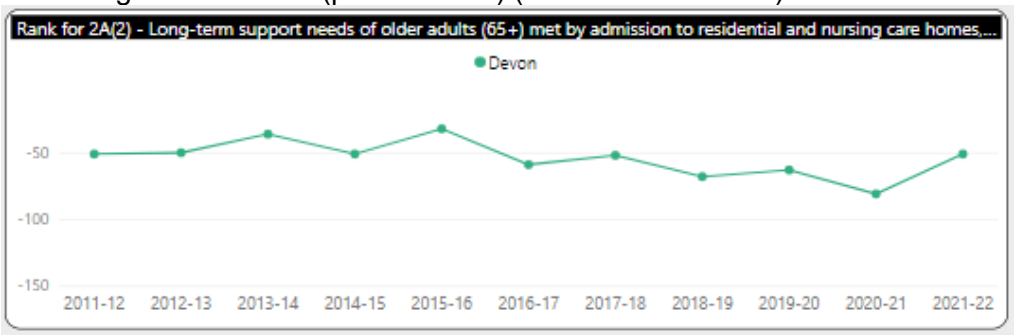


Figure 11.13.2: Proportion of older adults having their needs met by residential or nursing care services (ranking) (Source: MIT/NHSD)

11.14 In Devon we have consistently managed to maintain a greater proportion of people with learning disabilities in paid employment than is typical nationally, regionally or among our comparators, and despite the pandemic have maintained our performance which is a good indicator of promoting their independence, ranking 33 of 150. We also measure the same indicator for people with secondary mental health needs where services are delivered through a Section 75 agreement with the Devon Partnership Trust; our performance compares less well at 75 of 150 but there are known data quality issues with this cohort locally and nationally.

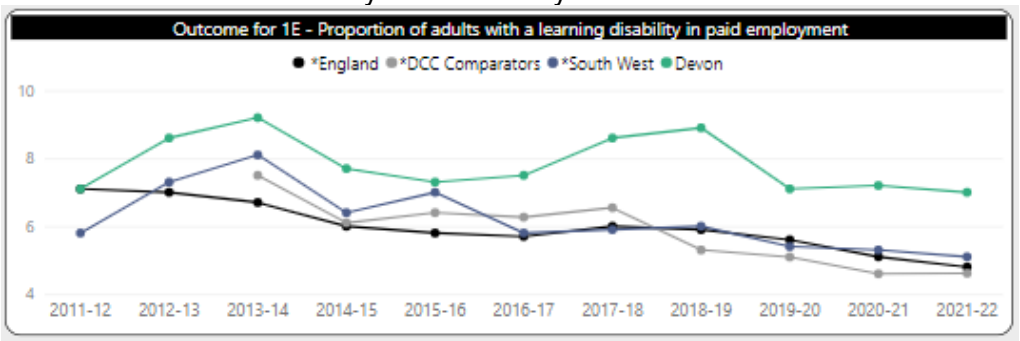


Figure 11.14.1: proportion of adults with learning disabilities in paid employment (performance) (Source: MIT/NHSD)

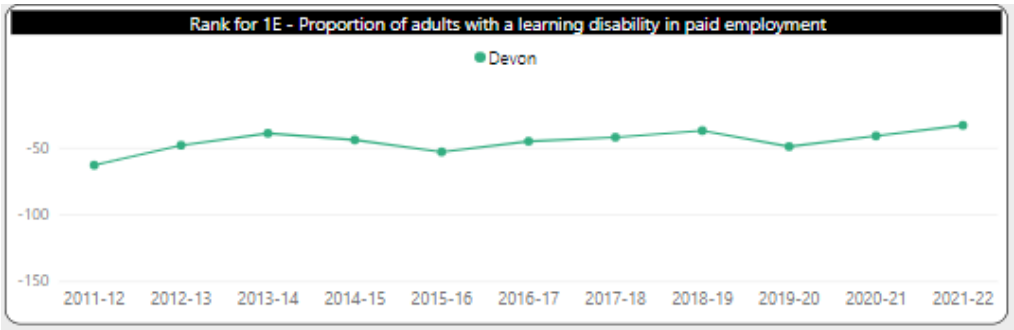


Figure 11.14.2: proportion of adults with learning disabilities in paid employment (ranking) (Source: MIT/NHSD)

11.15 During the first year of the pandemic the proportion of adults with learning disabilities living independently or with their family (rather than being in a residential care setting) increased and remains above the national, regional and comparator averages, ranking 58 of 150. There may be some concerns that people moving back to a family home from another form of accommodation may have lost rather than gained independence during the pandemic period, and we recognise that living in the family home is not always the best preparation for independence, especially if continuing into middle age.

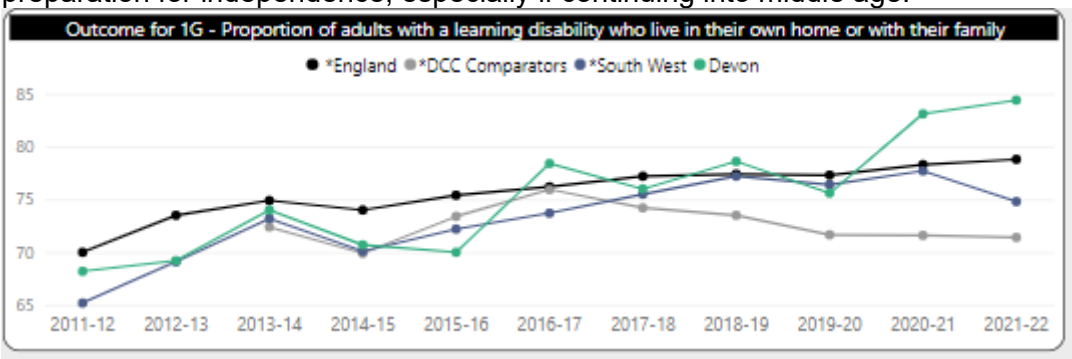


Figure 11.15.1: Proportion of adults with learning disabilities in appropriate accommodation (performance) (Source: MIT/NHSD)

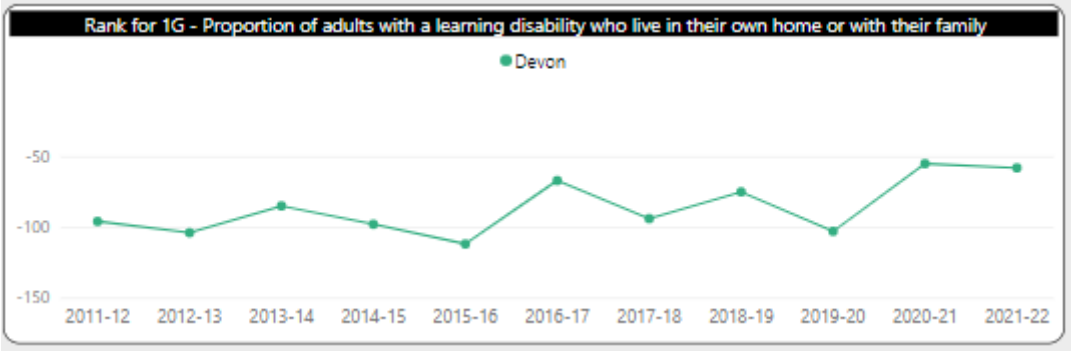


Figure 11.15.2: Proportion of adults with learning disabilities in appropriate accommodation (ranking) (Source: MIT/NHSD)

12. Safeguarding and perceptions of safety.

12.1 Recorded safeguarding activity in Devon has doubled in the last four years because of concerted action to address the low rate of reported concerns by raising awareness and improving practice. We are now above our comparator group average but still below the England average. It is a national challenge in monitoring and improving performance that adult safeguarding practice

differs widely around the country with no consensus regarding what is good. The rate of concerns relative to population between localities in Devon does not differ significantly.

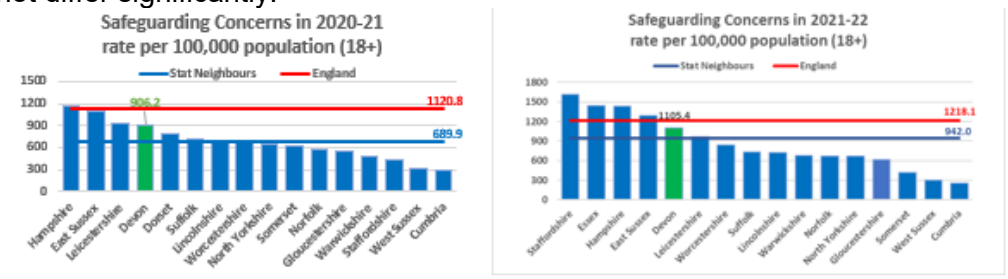


Figure 12.1: Comparative safeguarding concerns relative to population (Source: MIT/SAC)

12.2 There has also been a large increase in the rate of enquiries (concerns that meet the threshold for further investigation) from 166 to 250 (per 100,000 population 18+). This brings us closer to but still behind the England average compared to previous years, and we now exceed the average of our comparator group, meaning a 50% increase in activity year-in-year. The rate of enquiries between localities in Devon relative to population differs significantly, with that in North being almost double that in East and three times that in South/West and this is being investigated as it suggests thresholds are being applied differently.

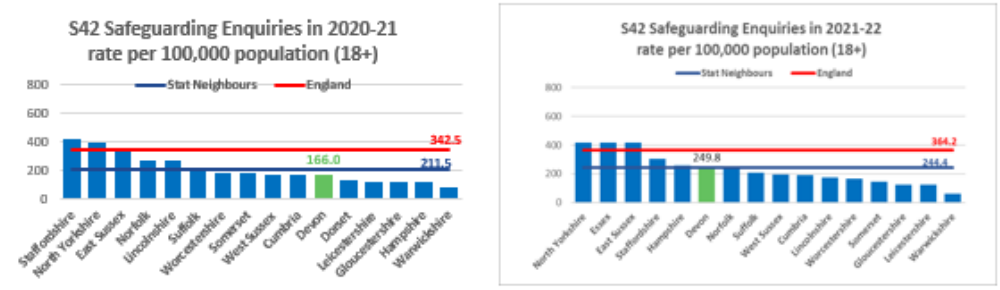


Figure 12.2: Comparative safeguarding enquiries relative to population (Source: MIT/SAC)

12.3 The In 2021-22 in Devon a lower proportion of enquiries were recorded as being about physical abuse and neglect than all comparators. We continue to be an outlier in terms of enquiries being pursued about neglect. Conversely, a greater proportion concerned psychological abuse and organisational abuse compared to others. These patterns are very similar to the previous year. Of the enquiries where the person lacked mental capacity, 58% (65%) were supported by an advocate in Devon. For our comparators this was 67% (69%) and England 79% (81%) and so requires further exploration.

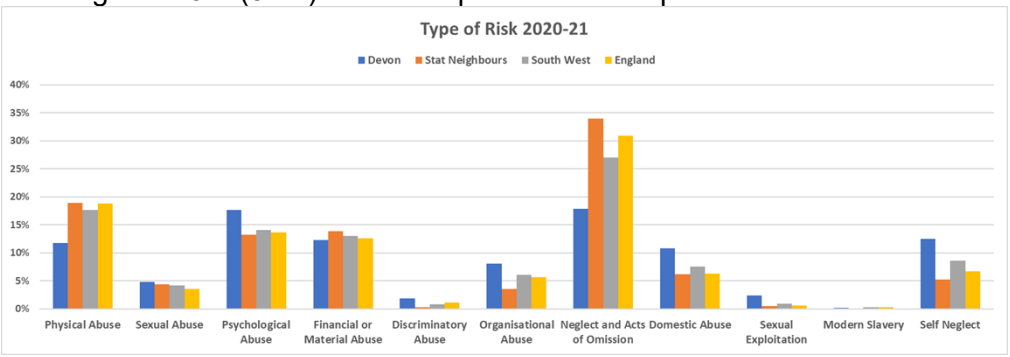


Figure 12.3: The comparative primary risks underlying safeguarding Concerns. (Source: MIT/SAC)

12.4 We look closely at the demographic profile of people who safeguarding Concerns are raised about to ensure that groups aren't over or under-represented from an Equalities perspective. The female:male split is 60:40 which corresponds with the gender ratio of people who use our services. The proportion of safeguarding concerns raised about people from BAME groups has risen to 1.2% taking us closer top being representative of our population adjusted for age, but with concerns remaining that safeguarding concerns in some communities are underreported. With the exclusion of the unknown category Devon has a lower level of concerns relating to people with a Primary Support Reason of Physical Support when compared to our Statistical Neighbours, with higher percentages of people with Mental Health Support, Learning Disability Support and Support with Memory and Cognition.

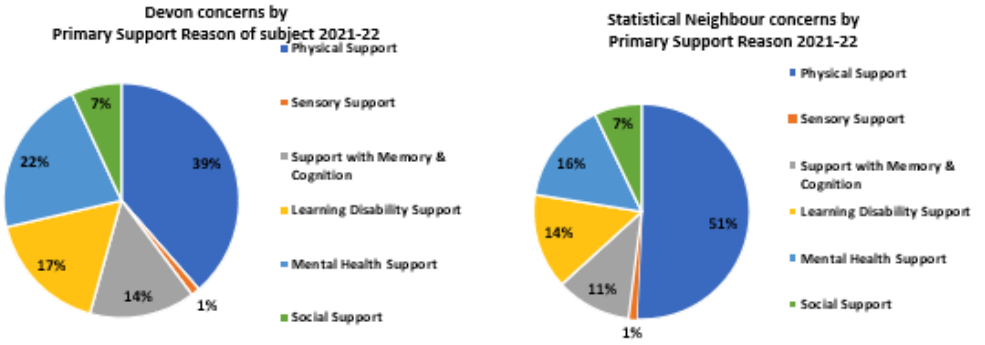


Figure 12.4: safeguarding concerns raised in Devon by Primary Support Reason compared with similar authorities. (Source: MIT/SAC)

12.5 For enquiries that were pursued in Devon, a risk was identified, and action was taken, in 71% of cases, similar to that nationally, regionally and in statistical neighbour authorities. For enquiries that were pursued in Devon, 10% were concluded with the risk recorded as remaining, again similar to comparator groups. (This may be appropriate, for example if an individual chooses to remain with the perpetrator.)

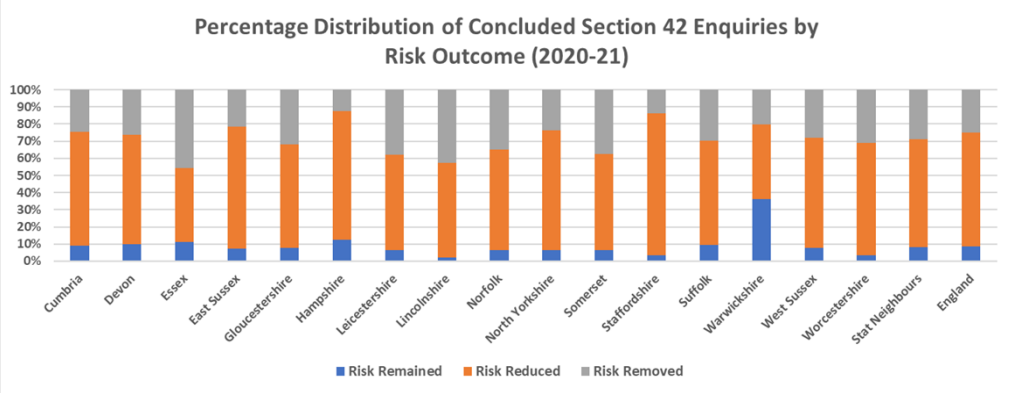


Figure 12.5: safeguarding enquiries by risk outcome. (Source: MIT/SAC)

12.6 The introduction of Making Safeguarding Personal encouraged local practitioners to seek the outcome the subject of a safeguarding enquiry hoped to achieve and record at the end of the process whether it had been achieved. The information is collected on a voluntary basis but indicates that practitioners in Devon establish the desired outcome in a greater proportion of cases than is typical in comparator authorities but a lesser proportion than the

national average. Of those, 94% of people consider their objectives have been wholly or partially met, similar to comparators.

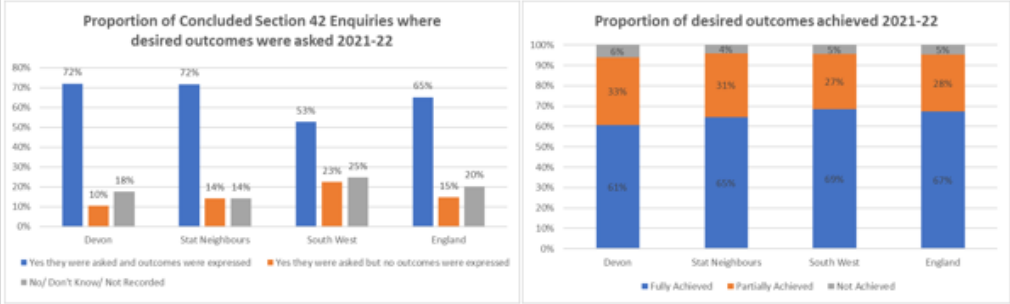


Figure 12.6: the comparative outcomes achieved under 'Making Safeguarding Personal'. (Source: MIT/SAC)

12.7 People's perception of safety relates to many factors, many beyond the control or influence of local authorities. We now exceed all comparator averages for both perception of safety indicators, with marked improvement in whether people feel their services keep them safe in recent surveys, ranking 60th and 45th of 150 respectively, a notable and consistent improvement over the last 5 years when we highlighted this as an area of concern.

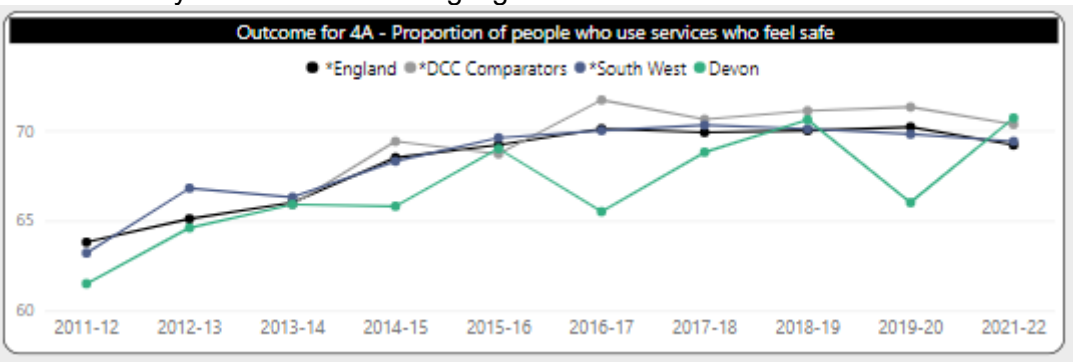


Figure 12.7.1: Proportion of people who use services who feel safe. (Performance.) (Source: MIT/NHSD)

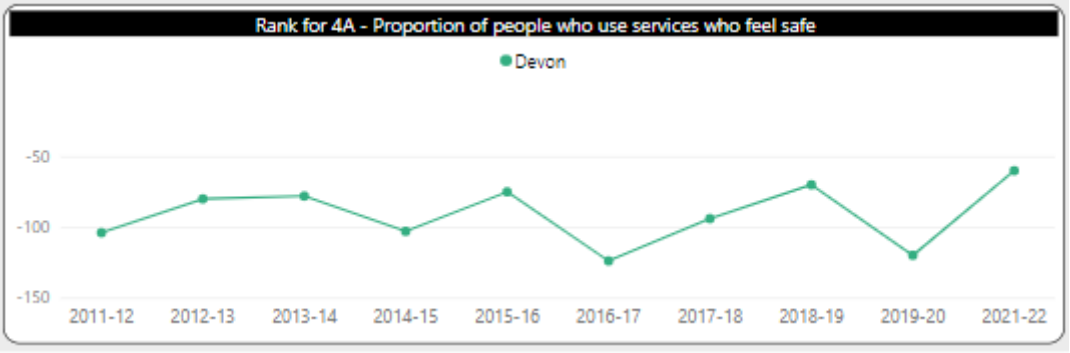


Figure 12.7.2: Proportion of people who use services who feel safe. (Ranking.) (Source: MIT/NHSD)

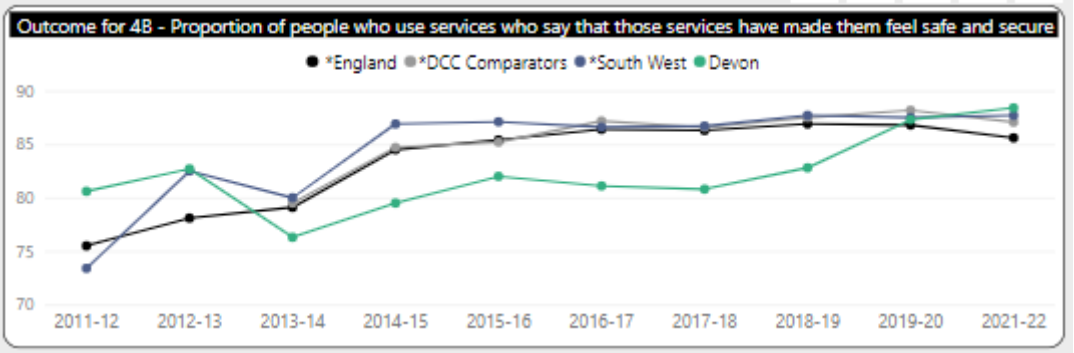


Figure 12.7.3: Proportion of people who say those services have made them feel safe and secure. (Performance.) (Source: MIT/NHSD)

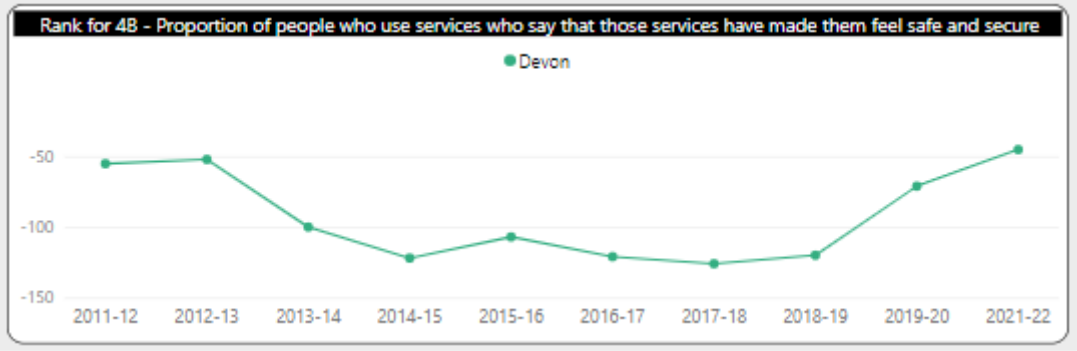


Figure 12.7.4: Proportion of people who say those services have made them feel safe and secure. (Ranking.) (Source: MIT/NHSD)

13. Provider quality and market sufficiency.

13.1 In Devon on 1st December 2022, 79% of community-based services are rated Good or Outstanding by the Care Quality Commission, compared to the national average of 66% and the regional average of 77%. Our Quality Assurance and Improvement Team use data to target providers who may need additional support and work with those where improvements are required. The Care Quality Commission have highlighted the strength and continuity of leadership in Devon as being an important factor in sustaining these ratings.

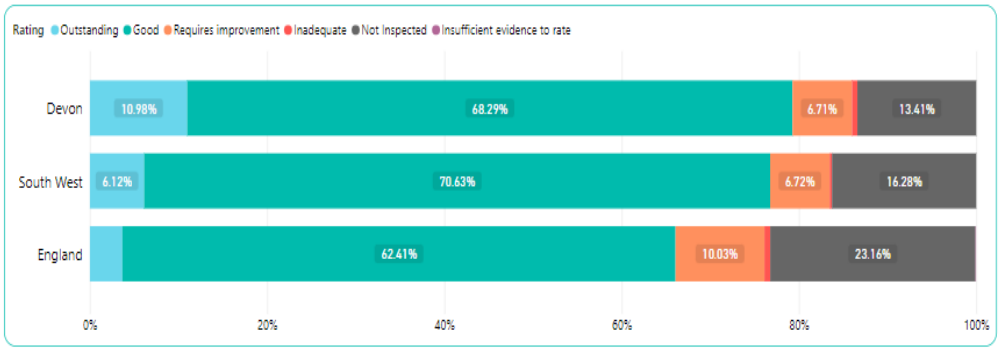


Figure 13.1: The comparative quality of community-based services as judged by the Care Quality Commission. (Source: MIT/CQC)

13.2 In Devon on 1st December 2022, a greater proportion of residential service providers are rated Good or Outstanding by the Care Quality Commission than the national and regional averages as has been the case for many years. 89% of residential care homes in Devon are rated Good or

Outstanding, compared to the national average of 79% and the regional average of 85%.

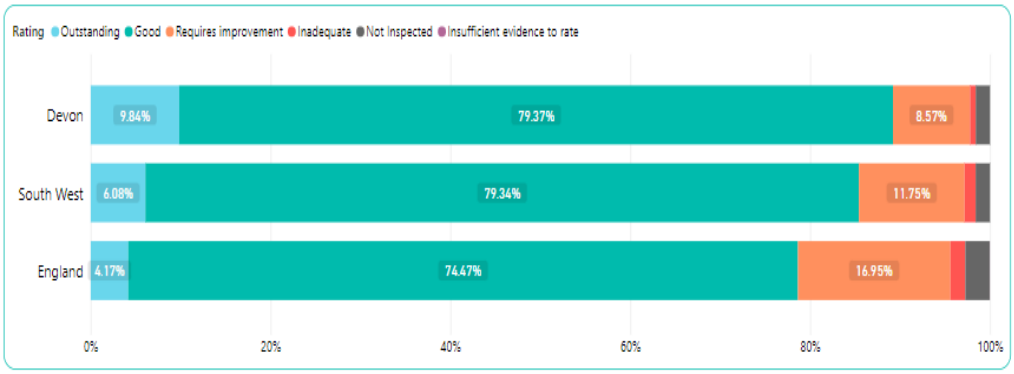


Figure 13.2: The comparative quality of residential and nursing services as judged by the Care Quality Commission. (Source: MIT/CQC)

13.3 Capacity and activity in the personal care market is challenging to analyse because a third or more of demand is from self-funders. Insufficiency in the personal care market in Devon has improved somewhat in the last year but is still a major cause for concern with over 400 people waiting for almost 5,000 hours of personal care per week, despite our being among the highest payers in the country with the average hourly rate now £25.00. In cases where care cannot be sourced contingency arrangements are put in place to keep people safe and maintain their wellbeing. About half have care delivered by Devon County Council or NHS or agency staff, others are in temporary residential care, while some are being cared for by unpaid carers or in temporary residential care.

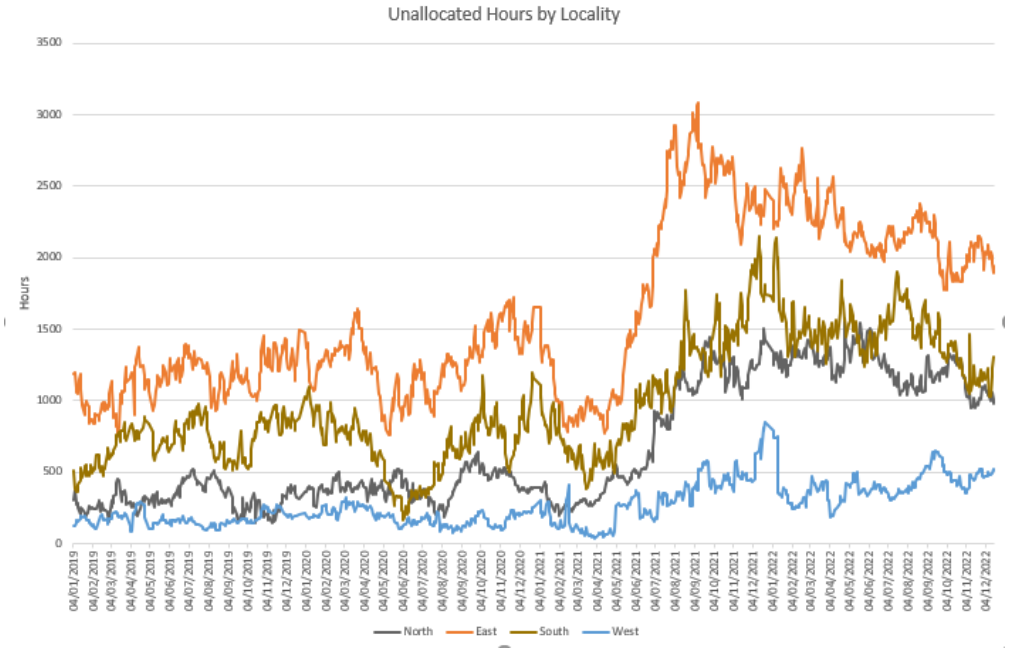


Figure 13.3: Total unallocated personal care hours in Devon by locality. (Source: MIT)

13.4 Assessing residential and nursing care sufficiency is also challenging not just because of unknowns regarding self-funders (who make up almost 50% of the local market) and out of area activity but also because of complexities of geography and suitability of a setting as the home of a given individual. Overall, the number of beds is below the regional and neighbour averages

and weighted more towards residential than nursing care. People from Devon frequently become resident in care homes on the Devon border, especially in Plymouth and Torbay; some with the most complex needs are placed further afield; others prefer to be located closer to family who can visit them. The Care Quality Commission has noted that occupancy levels in care homes nationally have fallen compared with before the pandemic, but this is less apparent in Devon.

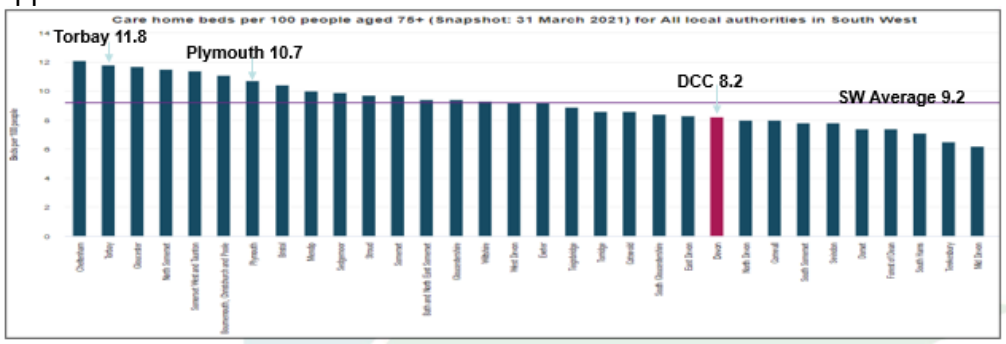


Figure 13.4: comparative residential/nursing care capacity in the South-West 2021 (Source: MIT/CQC)

14. Our care management services.

14.1 It should be noted that there is a lack of national data regarding comparative performance of council operational care management services in different areas. The Adult Social Care Outcomes Framework focusses on what matters most to people in their lived experience and while processes such as assessment and review are important entry points to services, they do not constitute the ongoing support than makes most difference to people's lives. In Devon, we continue to monitor these care management processes because they help us deploy our limited capacity effectively and identify and seek to address areas of lower productivity.

14.2 We aspire that at least 75% of people approaching is for an assessment of their care needs have that assessment completed within 28 days, acknowledging that for some with the most complex needs that timescale is difficult to meet. Before the pandemic, we were on an improving trajectory towards meeting this target, subsequently performance has been in decline and is currently under 60%.

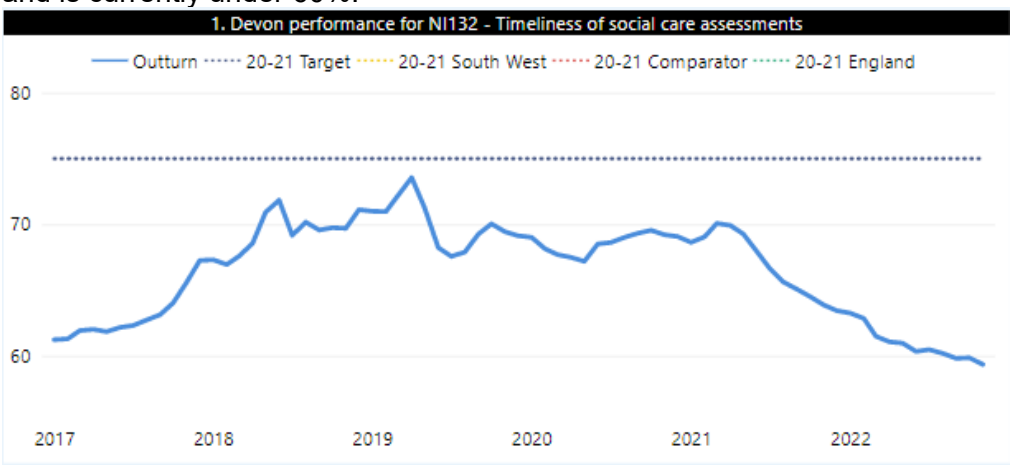


Figure 14.2: Timeliness of social care assessments – proportion completed within 28 days (Source: MIT)

14.3 An assessment is only really completed from the person's perspective when any services arising from that assessment are put into place. We aspire that at least 90% of people receiving an assessment should be in receipt of those services within 28 days of the assessment being completed and have consistently been meeting that target since the pandemic period.

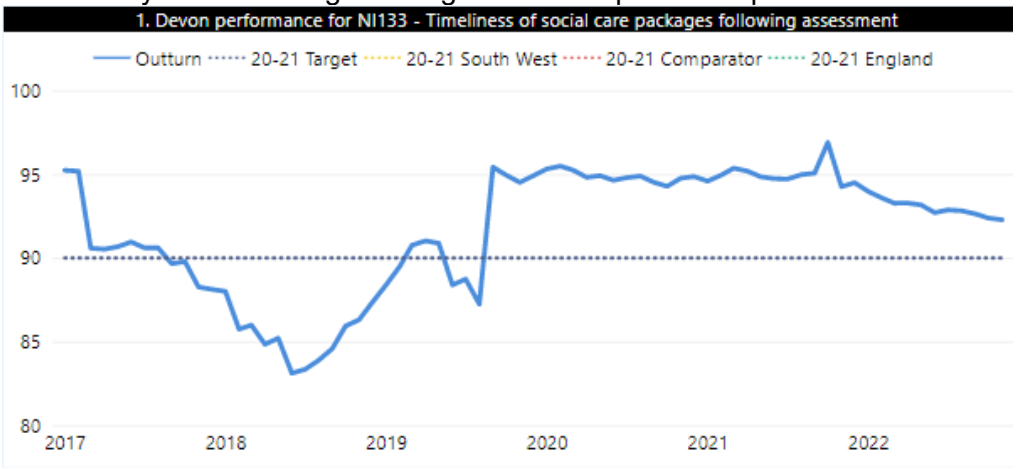


Figure 14.3: Timeliness of social care packages after assessment – proportion delivered within 28 days (Source: MIT)

14.4 Reviews can respond to changes in people's needs or circumstances, be targeted according to the services they receive, or scheduled to ensure that needs and circumstances haven't changed, and the services being delivered are meeting them. The Care Act (2014) highlights the importance of periodic review, and we recognise the importance of this in promoting people's independence. Nevertheless, the decline in performance in this area was evident before the pandemic period and has not yet improved since, with under 40% of people receiving services for more than a year currently receiving a review in the previous 12 months. An important reason for this is that although care management capacity has not been increased, safeguarding activity has doubled in this period.

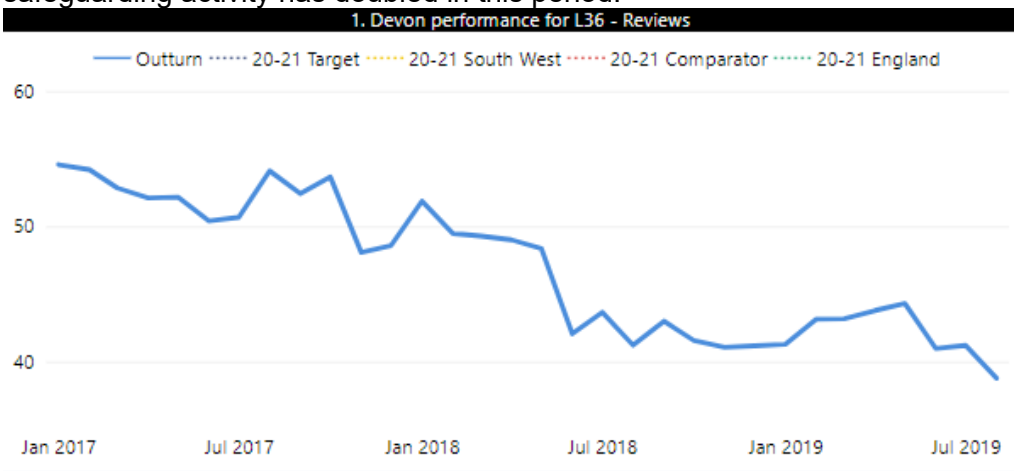


Figure 14.4.1: Proportion of long-term service users being reviewed in the last year (Source: MIT)

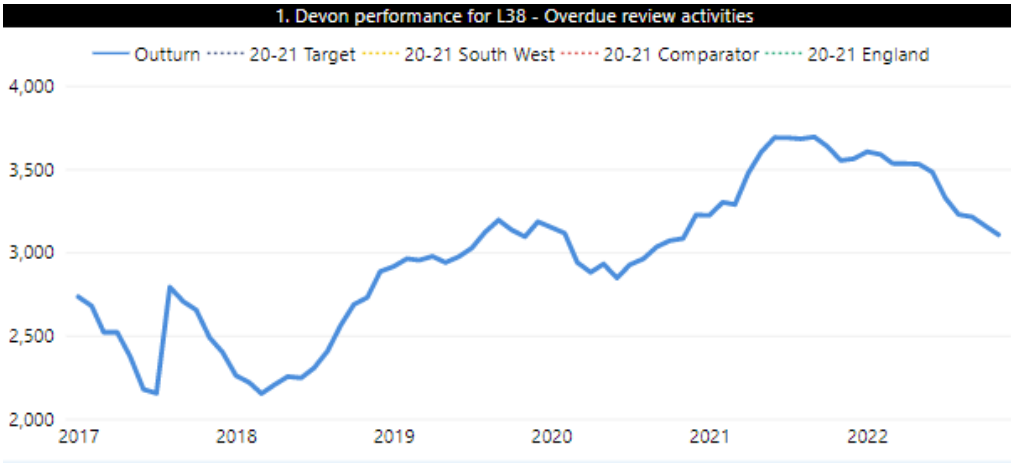


Figure 14.4.2: Number of long-term service users awaiting a scheduled annual review (Source: MIT)

14.5 In responding to Safeguarding Concerns and undertaking Enquires, promptness of response is important, and we aspire to hold a first Enquiry meeting within 7 days, doing so in about 50% of instances, prioritised according to risk. We then aspire that a second Enquiry meeting within 30 days, and consistently do so in more than our target of 60% of cases. There are currently about 300 safeguarding Enquiries still open more than 90 days after being initiated. It should be noted that safeguarding activity increased significantly during this period, the rate of Enquiries more than trebling in 5 years adding considerable additional workload to the care management service leading to performance pressures in assessment, review and DoLS assessment.

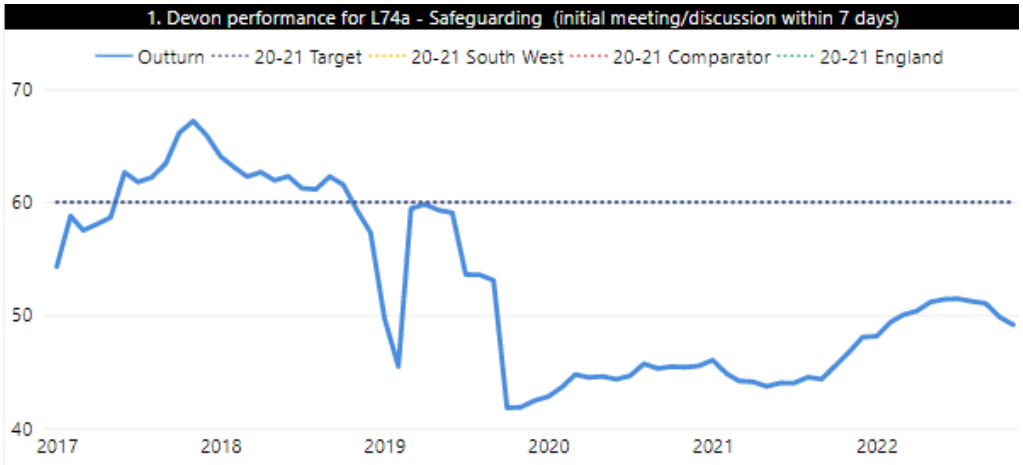


Figure 14.5.1: Proportion of first safeguarding Enquiry meetings held within 7 days (Source: MIT)

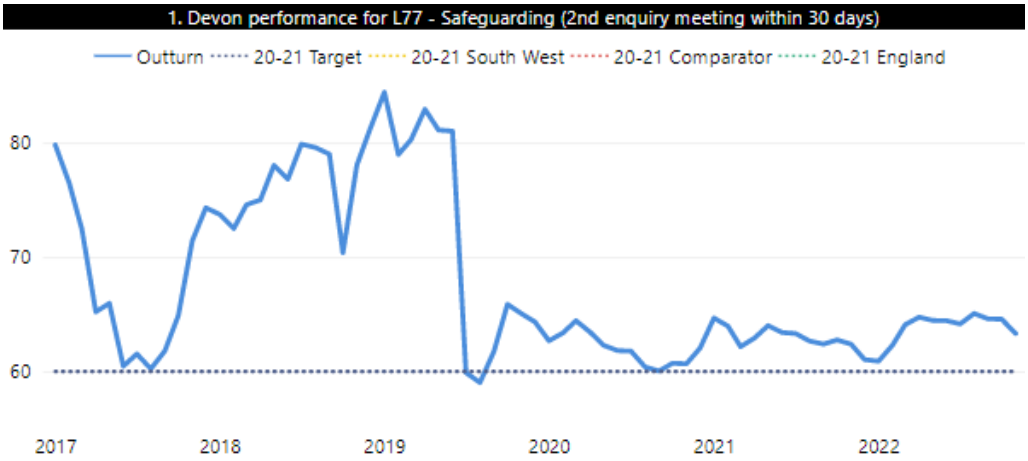


Figure 14.5.2: Proportion of second safeguarding Enquiry meetings held within 30 days (Source: MIT)

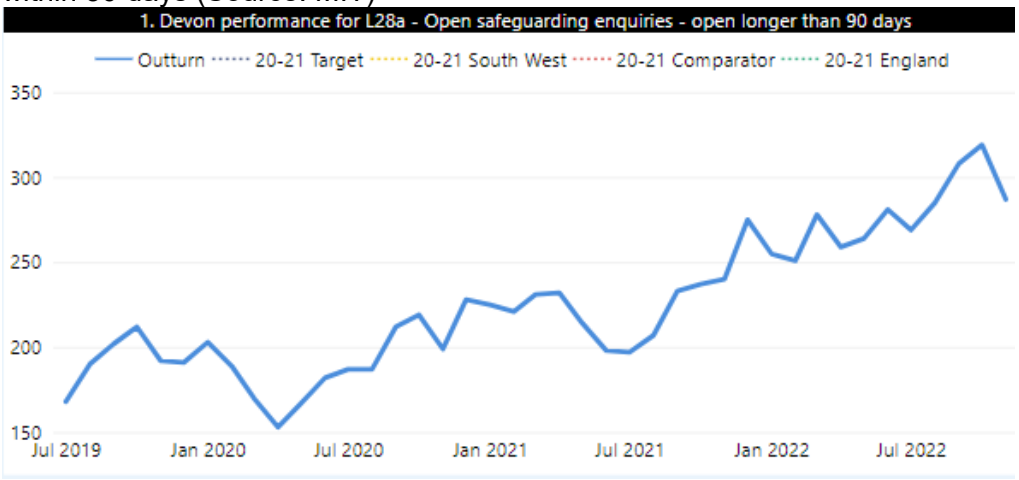


Figure 14.5.3: Number of safeguarding Enquiries open longer than 90 days (Source: MIT)

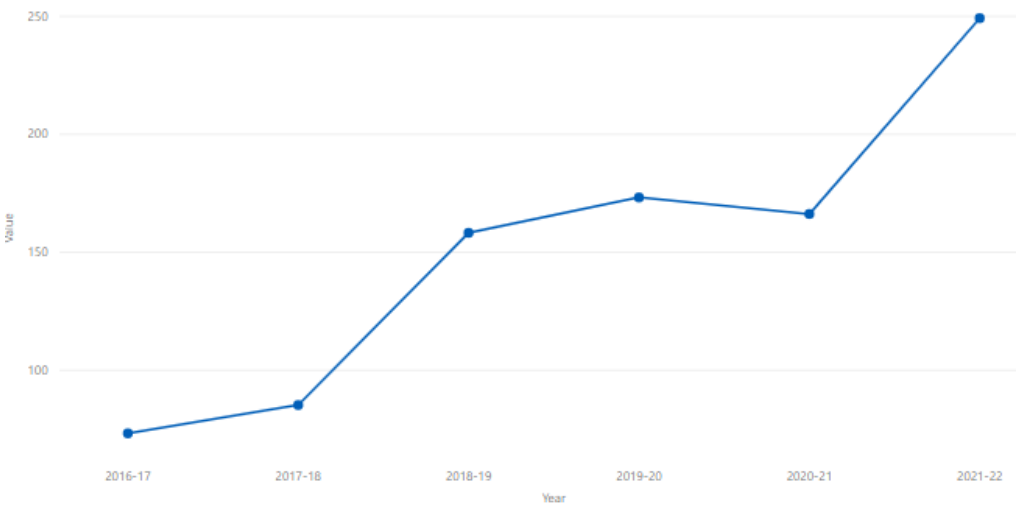


Figure 14.5.4: Section 42 Enquiries per 100,000 adults in Devon (Source: NHSD)

14.6 Comparative data is available regarding practice relating to Deprivation of Liberties Safeguards as defined by the Mental Capacity Act (2005). In 2021-22, 3,815 applications were received by the county council and 3,650

completed, an increase of 17.6% and 19.3% respectively. When expressed as a rate relative to population, activity levels in Devon are typical.

Figure 14.6.1: Number of DoLS applications received and completed by month. (Source: NHSD)

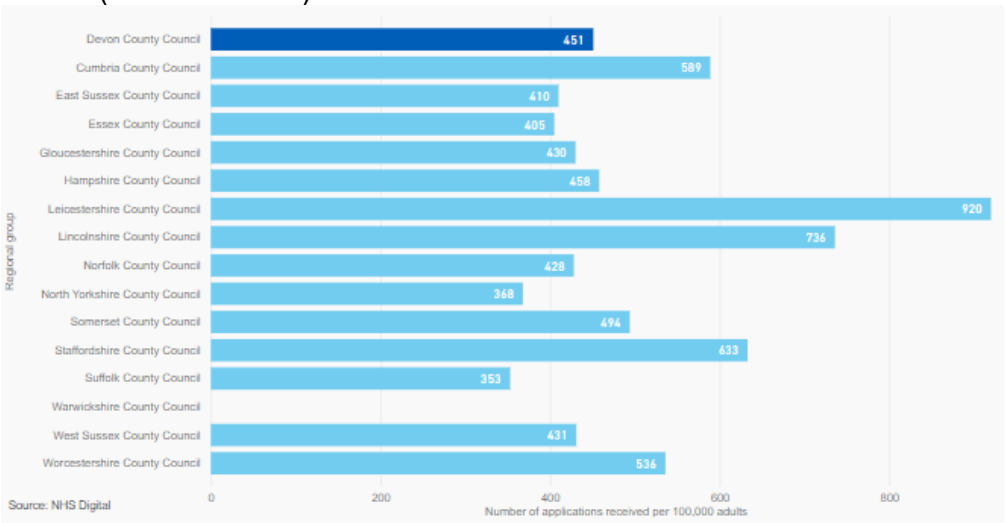


Figure 14.6.2: Number of DoLS applications received per 100,000 adults. (Source: NHSD)

14.7 With the numbers of applications received exceeding the number completed, the waiting list in Devon rose to over 2,900. When expressed as a number of months assuming current completion levels, Devon is typical in this respect.

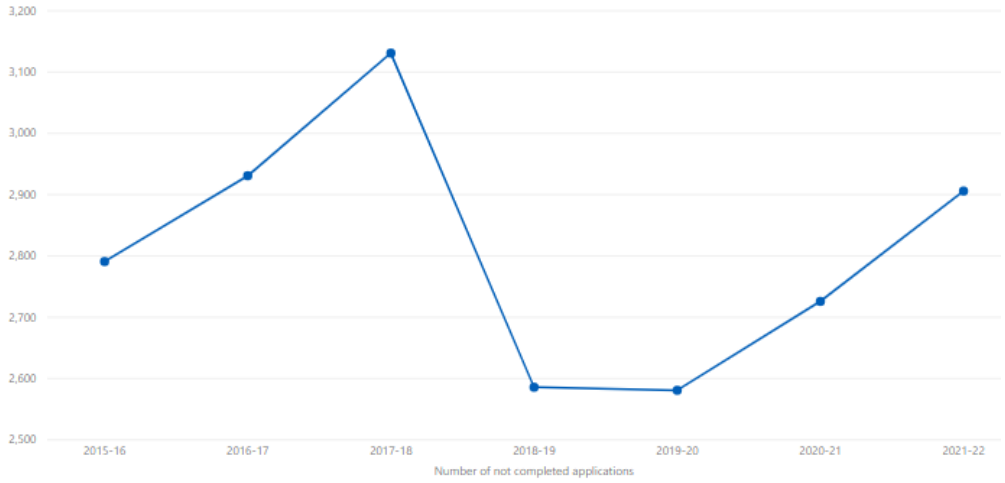


Figure 14.7.1: Number of DoLS applications not completed at the end of the reporting year. (Source: NHSD)

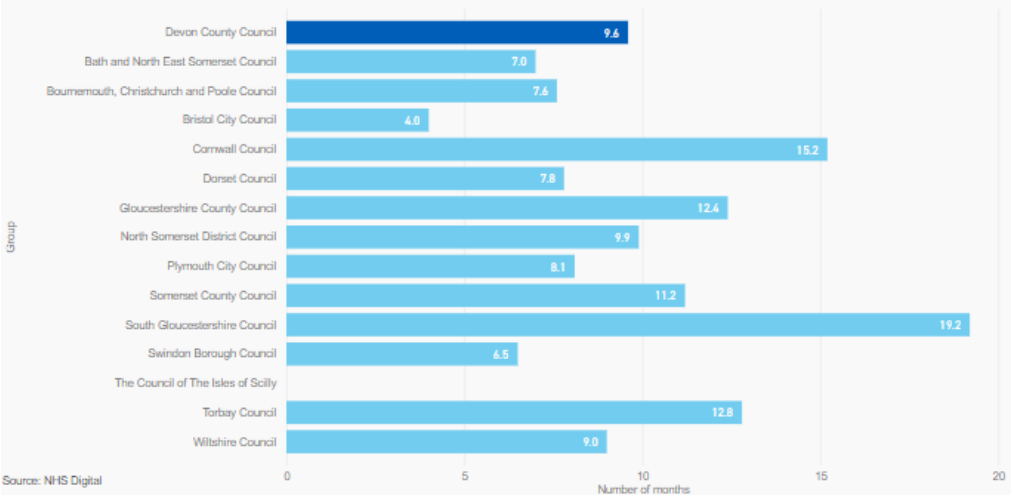


Figure 14.7.2: Estimated number of months it would take the local authority to complete outstanding applications. (Source: NHSD)

14.8 There are currently 1,487 people (or 1,213 full-time equivalents) working in adult social care in the county council, with nearly 200 in commissioning and associated roles and the remainder split between care management and in-house service delivery. Turnover is stable at 9.6% with the use of agency staff typically limited to around 20, all in frontline roles

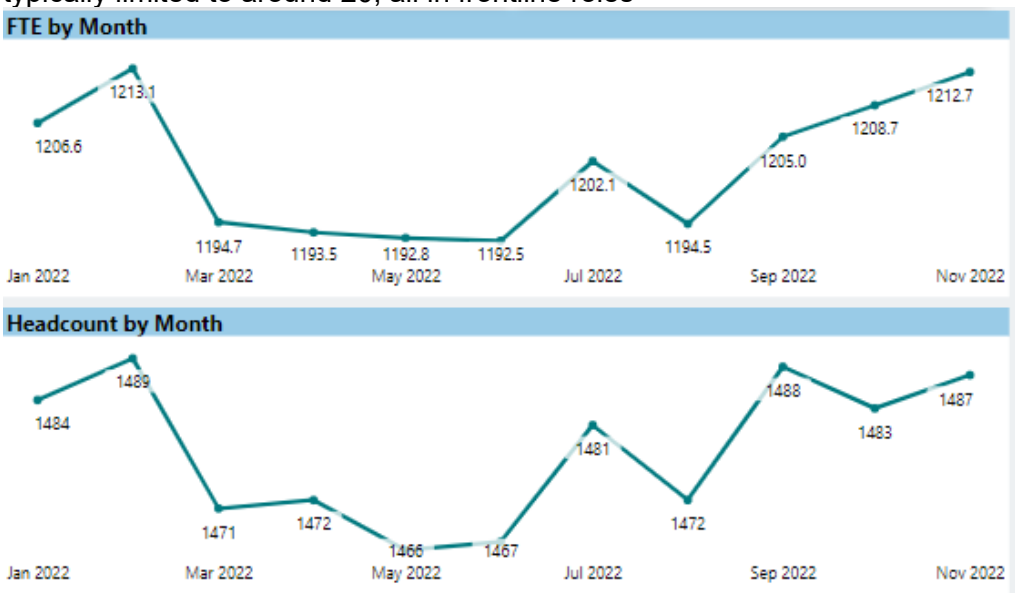


Figure 14.8: Integrated adult social care workforce. (Source: HR)

14.9 While challenges in the recruitment and retention of frontline care workers attracts most of the local and national headlines, we are similarly challenged in maintaining a sufficient workforce of our own. In October 2022:

- Our social worker vacancy rate was 16% with 10% turnover.
- Our occupational therapist vacancy rate was 16% with 5% turnover.
- More than 50% of our own workforce are over 50 and more than 80% female.

- Our absence rate has been increasing year-in-year over the last 5 years and this winter and last was greater than in any month during the peak pandemic period.
- Absence related to respiratory infections including Covid-19 peaked at around 16% of the total and is now displaying seasonal patterns. Psychological reasons account for almost as many absences as the sum total of all physical ailments and conditions.

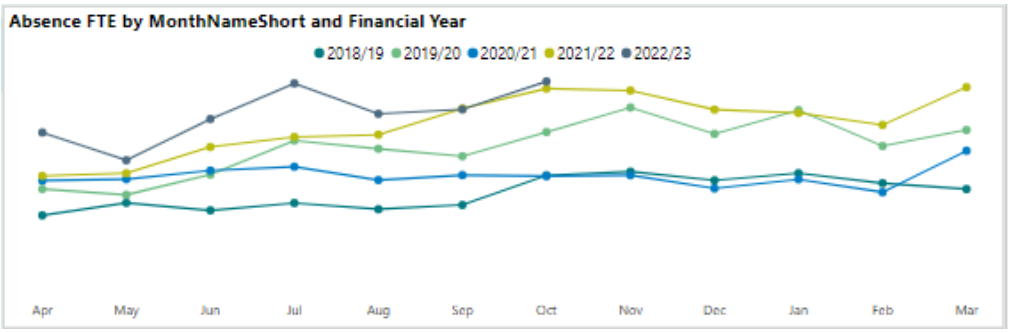


Figure 14.9: Integrated adult social care workforce absence. (Source: HR)

14.10 We are further developing our own recruitment, retention and continuing professional development and apprenticeship strategies to support our workforce, including:

- Benchmarking salary and other employee benefits across the region
- Reviewing our career pathways across the health and care system
- Promoting our existing staff benefits including opportunities for secondments, career breaks, flexible retirement, and unpaid leave.
- Extending our social work apprenticeship scheme and considering similar for occupational therapy as part of our 'grow our own' workforce strategy.
- Looking at international recruitment following successes in the wider sector.
- Using a range of media, social media, and other opportunities to promote opportunities to work in adult social care in Devon County Council.
- We are currently reviewing our corporate staff survey results and undertaking the Local Government Association annual healthcheck, using the 2021 results to inform our 'Unleashing the Potential of our Workforce' programme.

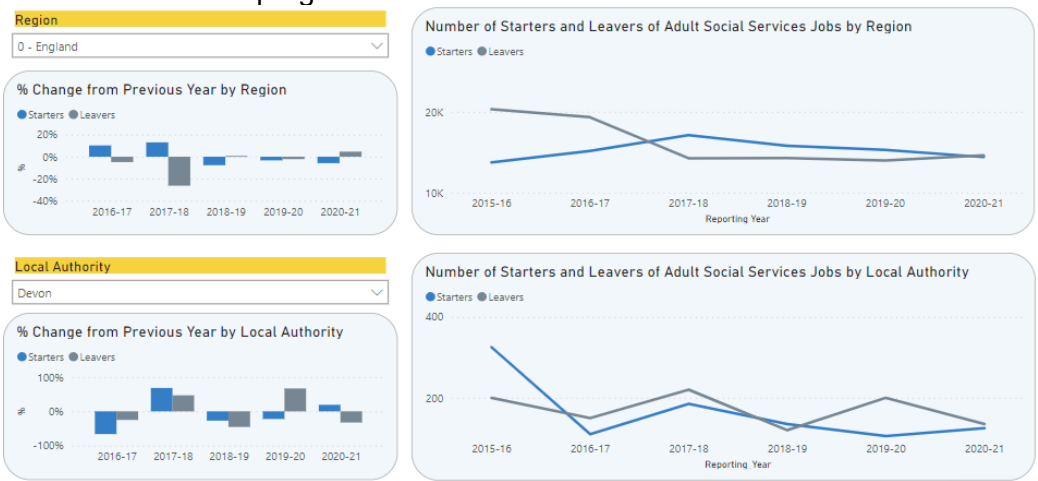


Figure 14.10: Starters and leavers in local authority adult social care roles by year. (Source: NHSD/SfC)

14.11 Our 'Unleashing the Potential of our Workforce' programme, which incorporates all of our initiatives and investments in developing our internal workforce, has established core values for our practice which will be based on:

- Strengths-based approaches.
- Solutions-focused practice.
- Trauma-informed practice.
- Co-production approaches.

And be:

- People-focused.
- Value-based.
- Person-centred.
- Anti-racist.
- Anti-discriminatory.
- Promoting wellbeing and independence.
- Promoting dignity and respect.
- Enabling choice and control.

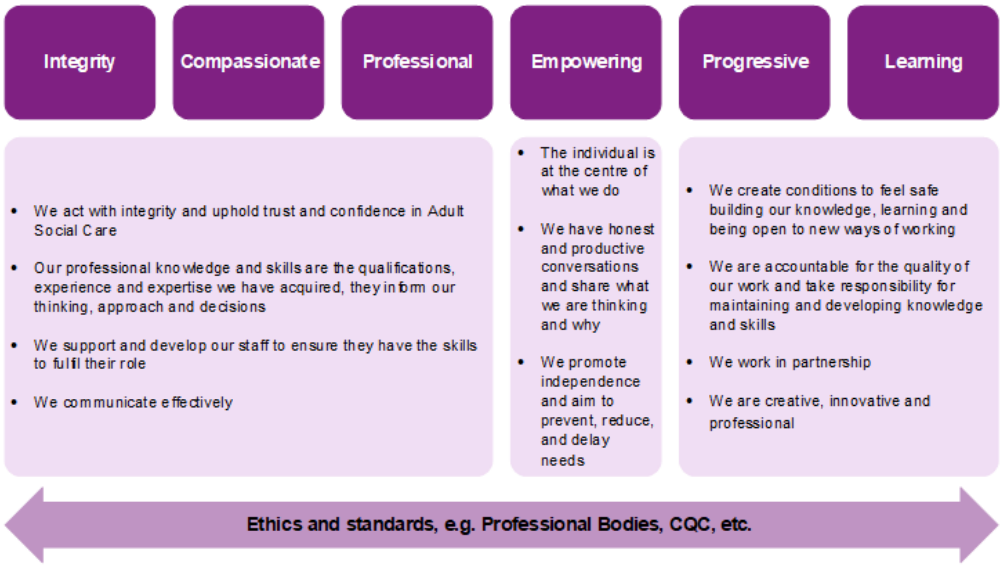


Figure 14.11: Our core values in Integrated Adult Social Care.

15. Activity, cost and spend

15.1 It has been challenging to monitor activity, cost and especially spend in adult social care during and since the pandemic in a way that can be compared with the situation pre-pandemic given different patterns of demand, changes in service delivery, and the additional costs of enhanced infection prevention and control and testing regimes. Therefore, any conclusions we draw should be treated with caution nationally as well as locally, especially regarding expenditure beyond aggregations of individual care and support packages which is the focus of in-depth benchmarking and trend analysis summarised at a high level below.

15.2 While spend on adult social care reduced in real terms between 2010-11 and 2015-16 a rising trend since has been driven by increases in the National Living Wage. Trends have been similar locally, regionally, and nationally with adult social care budgets now verging on being half of overall expenditure in top tier authorities. Locally our spend on care management and commissioning is typical, and we are now addressing issues in the ASC-FR finance return that inflate our declared expenditure on corporate overheads, the reason for the reported reduction in expenditure on Adult Social Care in 2021-22.

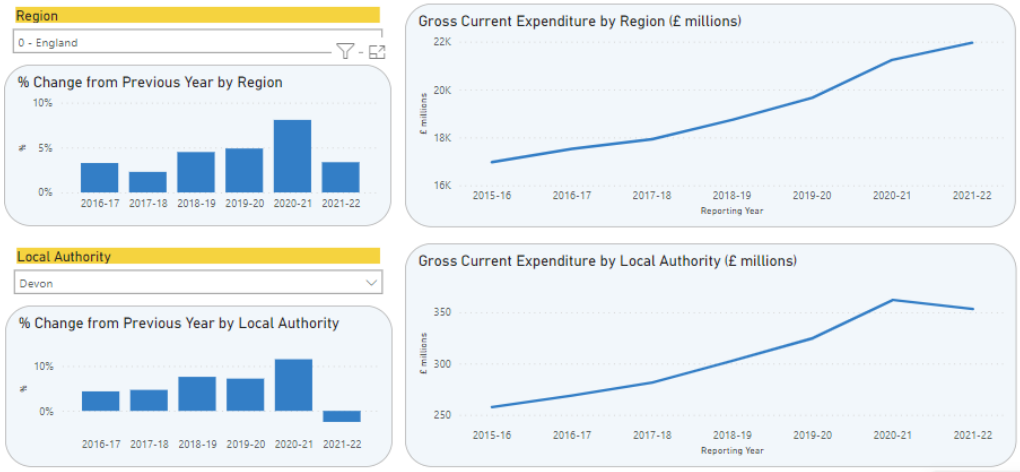


Figure 15.2: Recent trends in gross current expenditure on adult social care. (Source: NHSD - ASC-FR)

15.3 Each year the Local Government Association publish an independent assessment of the Use of Resources in each local council with adult social services responsibilities. The 2021-22 assessment highlights:

- Devon spends more on adult social care per adult than is typical, but the gap is now narrowing due to corrections in our allocation of corporate overheads that previously inflated our reported spend.
- We have consistently spent less per adult aged 65+ than is typical, but the gap is narrowing due to our unit costs increasing more rapidly than elsewhere rather than increasing activity.
- Our lower levels of activity for older people may in part be due to the comparative wealth in assets of income of that population in Devon.
- We have consistently spent more per adult aged 18-64 and the gap is widening again due primarily to our funding services to more people than is typical in this age group, mainly through unregulated support such as enabling.
- We also observe high activity levels for younger adults in our ICS Devon partners Plymouth and Torbay, indicative there may be a population as well as practice factor, but this is challenging to establish with limited comparative national information on the prevalence of relevant conditions.

Figure 15.3: Recent trends in gross current expenditure on adult social care. (Source: LGA - ASC-FR)

15.4 Devon County Council supports a greater proportion of its 18-64 population with community-based services than all comparator groups, but a lesser proportion than its partner authorities in Devon ICS with Torbay being a national outlier. We support a lesser proportion of our 65+ population with community-based services than all comparator groups including our partner authorities in Devon ICS. (More deprived areas tend to support a greater proportion of older people because adult social care is means tested.)

Figure 15.4: Comparative rate of recipients of publicly funded adult social care community-based services relative to the population. (Source: MIT – SALT)

15.5 In Devon we have incrementally increased the hourly rate we pay to personal care service providers in recognition of the premium of delivering in a largely rural area and of meeting the costs of care including a living wage for care workers, and are now among the highest payers in the country. We do not provide personal care services in-house (although we retain some social care

reablement and enabling capacity in the community) but those authorities that do have a higher cost base. Costs have continued to rise in-year and are now in the region of £25 per hour. (There is no national benchmarking for unit costs of unregulated care ands support, despite this being the most significant area of spend on working age adults in the community.)

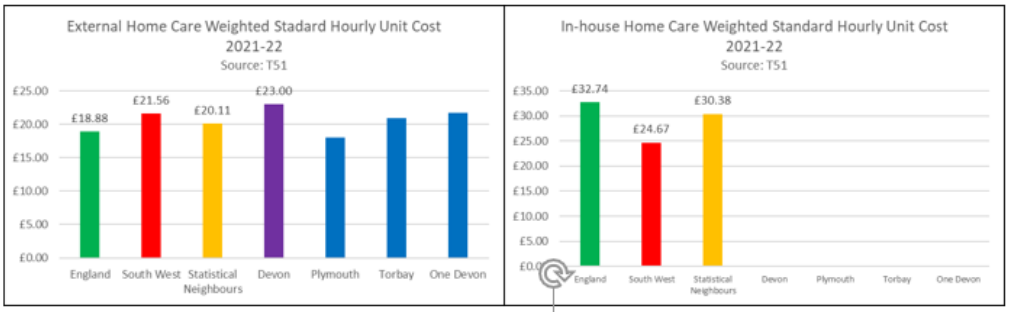


Figure 15.5: Comparative cost of personal care services. (Source: MIT – ASC-FR/SALT)

15.6 Spend is the product of activity and cost. Devon County Council spends a more on community services relative to its 18-64 population than all comparator averages, driven by high activity levels. Two thirds of people served in this age group have learning disabilities and we have seen rapid growth in demand from autistic people in recent years. We spend less relative to our 65+ population than all comparators including similar authorities and others in the region, despite our unit costs rising rapidly.

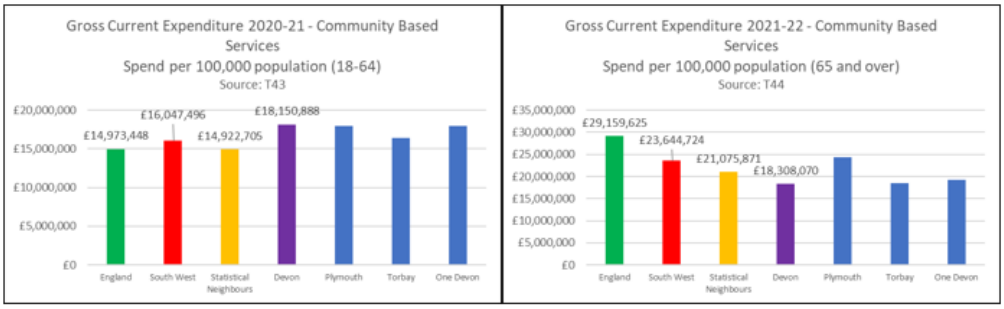


Figure 15.6: Gross current expenditure on adult social care community-based services relative to population. (Source: MIT – ASC-FR)

15.7 Devon County Council supports a similar proportion of its 18-64 population in residential and nursing care to all comparator groups but a lesser proportion than Torbay in Devon ICS which is a national outlier. We support a similar proportion of our 65+ population in residential and nursing care to all comparator groups, although now somewhat above regional and statistical neighbours and are experiencing growth in nursing care in particular due to pressures ion the NHS, but less than our partner authorities in Devon ICS. (More deprived areas tend to support greater proportion of older people because adult social care is means tested; half of people in living in care homes in Devon fund themselves.)

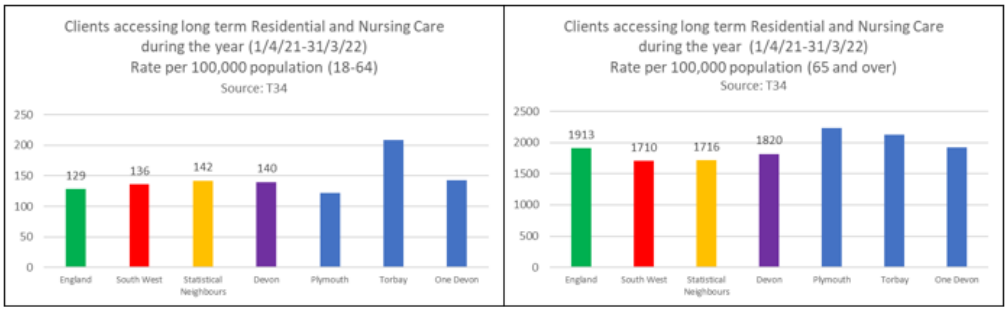


Figure 15.7: comparative rate of recipients of publicly funded adult social care residential services relative to the population. (Source: MIT – SALT)

15.8 Looking at residential and nursing costs together for people 18-64, Devon County Council pays similar rates to national and regional comparators but more than its partner authorities in Devon ICS where property prices are lower than is typical in the county, and the labour market different. For people 65+, weekly rates in Devon have been rising more rapidly than elsewhere and are now above comparator averages. (In a county like Devon, approximately 50% of the residential/nursing market for people 65+ is self-funded.)

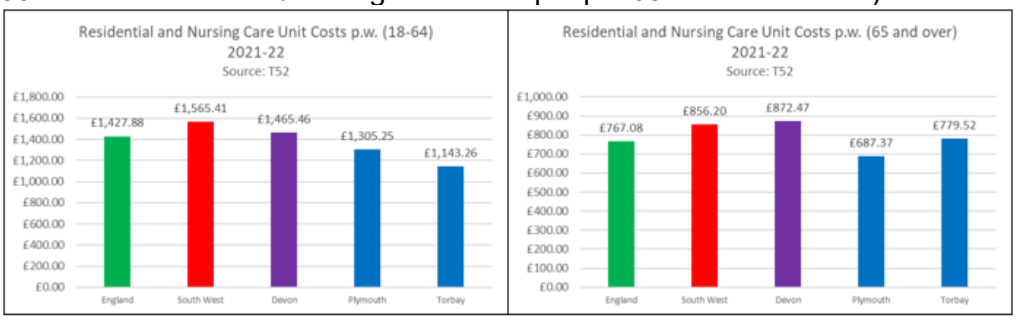


Figure 15.8: Comparative cost of residential and nursing care services. (Source: MIT – ASC-FR/SALT)

15.9 Devon County Council spends a similar sum on residential and nursing care relative to its 18-64 population as the regional average, more than is typically nationally and in similar authorities, and significantly more than our partner authorities in the Devon ICS due to their lower weekly rates. Our spend on the residential and nursing care of the 65+ population is now above all comparators averages due mainly to more rapidly rising weekly rates.

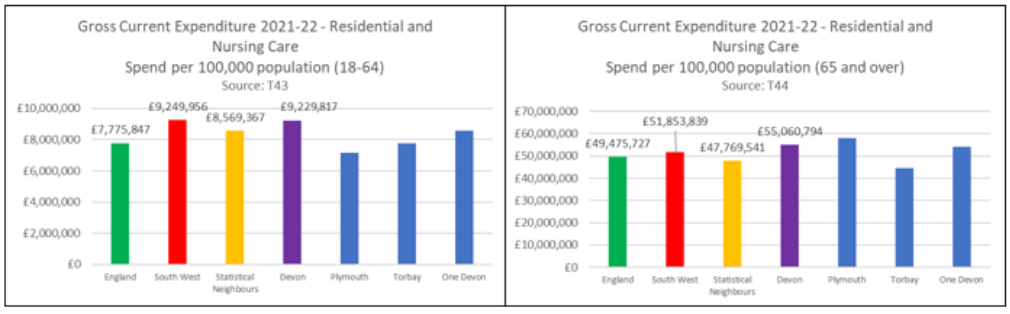


Figure 15.9: Gross current expenditure on adult social care residential services relative to population. (Source: MIT – ASC-FR)

15.10 Our income relative to population is above all comparator averages, although below Torbay which has atypical partnership arrangements. Income levels are showing a rising trend across all comparators with One Devon mirroring this. Additional funding from Government to support the pandemic also continues

to influence the increases between years, meaning a likely reported reduction in 2022-23.

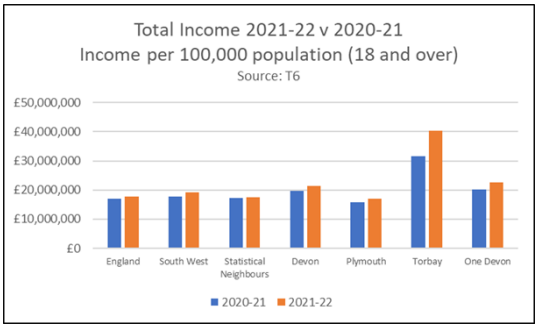


Figure 15.10: Total income (from specific government grants, NHS, and client contributions) for adult social care residential services relative to population. (Source: MIT – ASC-FR)

15.11 Devon's expenditure on care management costs is reported as being marginally above all comparator group averages, while its expenditure on commissioning, countywide contracts, and corporate overheads is now reported as being below. Different operating models and accounting practice in finance functions mean these comparisons must be treated with caution but are included for transparency.

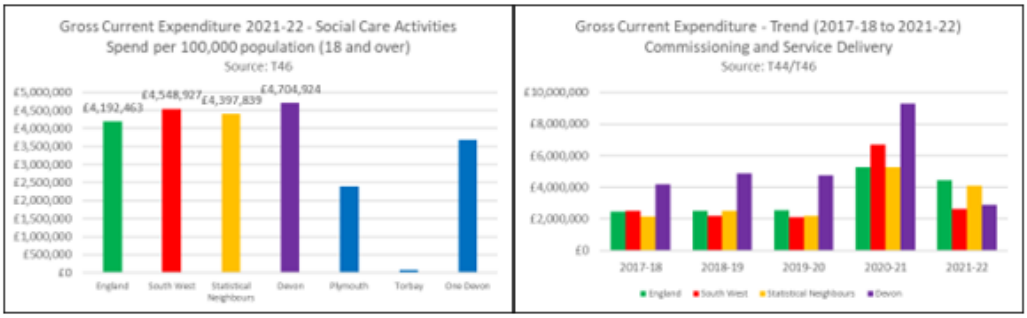


Figure 15.11: Total expenditure relative to population on social care activities (care management) and commissioning and service delivery (commissioning, countywide contracts, and corporate overheads) relative to population. (Source: MIT – ASC-FR)

16. Some achievements and awards of note for Devon staff and providers.

16.1 National and regional award schemes are an opportunity to showcase some of the great work that happens across the adult social care system in Devon and to recognise the contributions of some of those who undertake it.

16.2 Cranford Residential Home in Exmouth won the Great British Care Awards at the Regional Finals for Workforce Development. The home was also shortlisted for the Caring-UK national 'Commitment to Workforce Development'. Part of the success has been the commitment to training and developing every member of staff at Cranford Residential Home, implemented through a successful training programme with progression routes for all staff, which is integral to effective recruitment and retention at Cranford. The Cranford Residential Home is an Approved Training Centre with five registered trainers, delivering more than 20 courses to staff, to ensure they are kept updated so they can deliver outstanding care to residents.

16.3 Our in-house Learning Disability Respite Team came second out of a record number of 69 nominations and were 'highly commended' in the small team of the year category of the Local Government Chronicle Awards. Following the closure of the learning disability respite services when lockdown restrictions came into place, the team switched to become a bridging service to support people being discharged from hospital to home. They provided a supportive environment for people to learn, or relearn, lost skills following a hospital stay, to promote independence, reduce likelihood of readmission and help people to stay where they want to be – in their own home. This was carried out at the Hampton by Hilton Hotel at Exeter Airport and Durrant House Hotel in Bideford. When the second wave arrived in 2021, the team were asked to help again. This time they provided two units for hospital discharge and rehabilitation, and one for respite provision serving the whole county. During this time the teams continued to work flexibly, considering infection control needs, testing programmes, vaccinations, and boosters all of which was constantly changing and placing new requirements on operational activity

16.4 Bideford Community Health and Social Care Team won the exceptional partnership category award at the Royal Devon University Healthcare NHS Foundation Trusts Extraordinary People Awards ceremony. Kate Holliday, Community Services Manager also deserves congratulations as she won an Exceptional Leader award.

16.5 The Northam Care Trust won the South-West Region Kickstart award in the National Small and Medium Size business category. The Kickstart Scheme provides funding to employers to create jobs for 16- to 24-year-olds on Universal Credit. Based in North Devon, Northam Care Trust provide person centred support to individuals with learning and physical disabilities, and older people and individuals with dementia. Services provided include supported living and enabling, residential, domiciliary care and day opportunities.

16.6 Lucy Hunt and Tom Wood who won the Gold and Silver Award respectively at in the Team Leader of the Year, Adults Services, in the Social Worker of the Year Awards. This is a fantastic achievement and continues our strong showing at the awards for many years. We were also represented at the awards by Natasha Round and Sarah Asprey, shortlisted for student social worker of the year and mental health social worker of the year.

16.7 In the first year of the West Country Women Awards, Ana Barbosa, Social Worker in the South Molton Team, currently on secondment in the DCC Communities Team, won the Diversity and Equality category for her work, leadership, and influence across Devon County Council in response to the race audit, including mentoring our previous Chief Executive Phil Norrey.

17. **Our change programme, audit, and risk management.**

17.1 Despite the financial challenges we face, we aim to prioritise the deployment of the resources we have to achieve the best possible outcomes for the people we serve. We welcome the independent assessment of the Care Quality Commission and have adapted our assurance framework and governance to align to their best practice standards.

17.2 We have organised our change programme to deliver on strategic change, enable us to manage within our budget, and deliver on business-as-usual improvements:

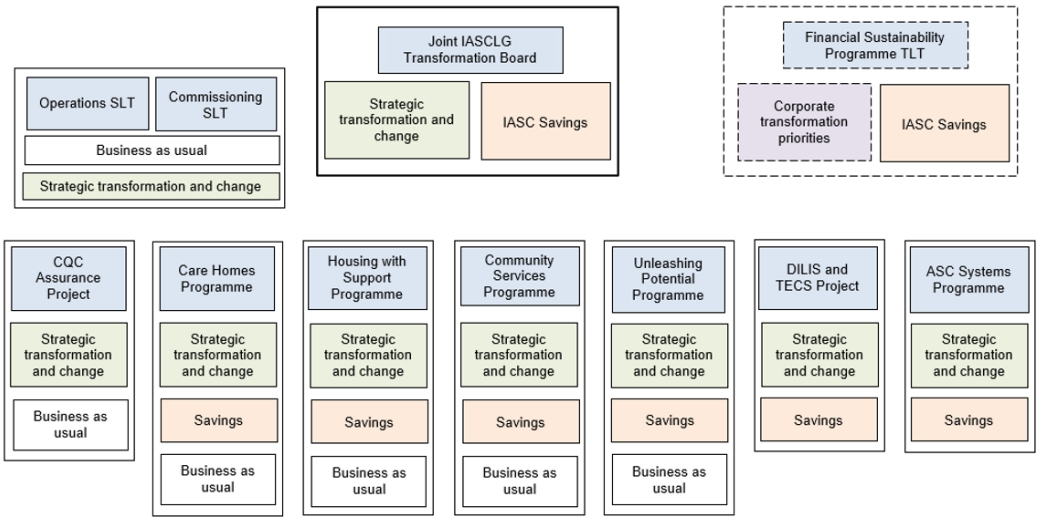


Figure 14.2: The Devon County Council Imntagerated Adult Social Care Transformation Programme.

17.3 We have prioritised the following themes for 2023:

- Recovery from the pandemic, addressing its legacy impacts on demand for services, their provision, and our finances.
- Investing in the development of our internal workforce and practice through our 'unleashing the potential' programme.
- Improving flow through the health and care system, in particular avoiding hospital admission and facilitating hospital discharge with an emphasis on improving personal care sufficiency
- Improving our service offer for those with complex needs including dementia.
- Delivering on the government's reform of adult social care including of charging arrangements (currently postponed), the cost of care and market Sufficiency, the introduction of regulation of local authority adult social care functions by the Care Quality Commission, and the transition from Deprivation of Liberty Safeguards to the Liberty Protection Safeguards framework.
- Meeting contractual requirements. Including the recommissioning and retendering of services.

17.4 We will deliver these:

- At the front door, managing demand through prevention, self-assessment, information, and advice, offering guidance and signposting to support in the community.
- In service, whether people are receiving short-term interventions or long-term support, including assessment and review, commissioning and arranging support, developing our service offer, managing service costs and income.
- At the back door, managing the flow to and from partner organisations such as hospitals, transitioning to and from other services, ensuring we

have a high-quality market of providers sufficient to meet the needs of the population.

- The above will be underpinned by a focus on business-critical transformation, including how we manage demand that comes into the service from various routes, and how we remain focused on ensuring the operational workforce continue to develop a person-centred and strengths-based approach to practice.

17.5 We work closely with Devon Audit Partnership to give independent assurance across a programme of activity prioritised by risk, reporting to the Audit Committee on a quarterly basis on the adequacy and effectiveness of the internal control framework within the County Council. The Committee received the 2021-22 Annual Internal Audit Report on 7th June 2022, reporting on:

- Market sufficiency, assessed through the annual Market Sufficiency Statement (Reasonable Assurance).
- Operational practice in Care Assessment, assessed through data analysis and case sampling (Substantial Assurance).
- Our approaches to external workforce retention and recruitment through our 'Proud to Care' and 'Love Care' initiatives (Advisory Only).
- The use of Direct Payments (Limited Assurance, noting substantial improvements in monitoring and reviewing processes).
- The use of our Community Equipment budget (Good Standard, follow-up audit).
- The replacement of our Care Management System (Advisory Only).

Audits completed or underway in this year's programme include:

- Increasing capacity in our community-based servicers.
- Updating the Section 75 agreement that governs the delivery of mental health services through our partnership with Devon Partnership Trust.
- Documenting and applying the lessons learned from our response to the Coronavirus pandemic.
- Assessing the effectiveness of our protocol and processes for managing provider failure.
- Contributing to decision making regarding the Adult Social Care IT systems programme.
- Using the Workforce Recruitment and Retention Fund.
- Following up on previous work on the deployment of direct payments.

17.6 We maintain a register of strategic risks that confront the authority corporately and in adult social care, and record and monitor actions being taken to mitigate those risks, also reporting to the Audit Committee on a quarterly basis. In order of their current status, in November 2022 we were highlighting adult social care related risks pertaining to:

- The council failing to meet its market sufficiency duty for personal care.
- The council failing to meet its market sufficiency duty for care homes.
- There being insufficient financial resources to support people with eligible social care needs.
- The adverse impact of cost of living increases on the care home market.

- The council's ability to deliver on the government's charging reform agenda. (The government has subsequently postponed the implementation of charging reform.)
- Our operational practice in safeguarding adults with care and support needs who are at risk of abuse or neglect.
- The council failing to meet its statutory obligations under the Deprivation of Liberty Safeguards, and their transition to Liberty Protection Safeguards.
- The changes in demand for services arising from the pandemic destabilising the market for adult social care.
- The unknown financial implications of the government's reform of adult social care charging. (The government has subsequently postponed the implementation of charging reform.)
- The adverse impact of cost of living increases on the unregulated care market.
- The challenge in recruiting appropriately qualified adult social care professionals to the in-house workforce.

These are in addition to the corporate risks that affect the whole council such as those pertaining to financial sustainability, cyber-attack, the Coronavirus pandemic, and workforce recruitment and retention.

Appendix: Data Sources and National Analysis

NHS Digital: Adult Social Care Analytical Hub

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

NHS Digital: Adult Social Care Collection Materials 2020-21
NHS Digital: Adult Social Care Collection Materials 2021-22
NHS Digital: Adult Social Care Collection Materials 2022-23

Skills for Care

- Adult Social Care Workforce Data Set
- Adult Social Care Workforce monthly trackers
- State of the Adult Social Care Workforce
- Local Workforce Information
- Regional Workforce Information
- National Workforce Information

Care Quality Commission

- State of Care
- The CQC single assessment framework

The King's Fund

- Social Care 360

Association of Directors of Adult Social Services

- Publications

Local Government Association

- Social care, health, and integration
- LGInform