Adult Social Care Activity and Performance Report

PLYMOUTH CITY COUNCIL

The vision for Adult Social Care in Plymouth is to support people to lead "gloriously ordinary lives", living their best life doing the things that matter to them. Living in a place they call home and supported by their own thriving connected community, able to access high quality advice, information and timely local services and support, where appropriate, in a way that they choose.

To support the delivery of our statutory Adult Social Care duties, Livewell Southwest is commissioned by the Council to provide services including assessments and reviews. This is alongside some functions which are retained by the Council..

This report shows the position against some key activity and performance measures from across the health and social care system and will be provided to the Health and Adult Social Care Oversight and Scrutiny Committee on a quarterly basis. We continue to test the effectiveness of how we perform and we invited the Local Government Association to undertake a Peer Review of Adult Social Care in January 2025. This led to a revised improvement plan, and we have seen improvements in most areas including waiting times for assessments & reviews.

The Care Quality Commission completed their inspection of Adult Social Care in Plymouth in June 2025 and we are awaiting their report and findings.

Glossary	
ASC	Adult Social Care
CQC	Care Quality Commission
LCP	Local Care Partnership
LGO	Local Government Ombudsman
LWSW	Livewell Southwest
NCTR	No Criteria to Reside
SALT	Short and Long Term
P1	Returning Home – with Reablement support
P2	Short Term Care – Bed Package
P3	Long Term Care – Nursing/Residential

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ADULT SOCIAL CARE KEY FACTS 2024/2025

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Adult Social Care service have supported people, and many more through our wider health & care system activity.

14,563

Completing **5,127** assessments (including Care Act, Occupational Therapy, Carers, and Mental Capacity Assessments) & **4,023** Reviews of individual care support needs.

Average number of contacts per month via for care & support related to advice or activity.

838

Average number of contacts per month via our contact centre

WELLBEING HUBS

Supported the community through **182,000+** contacts

CARERS

All Adult Carers – 2021 Census showed **23,956** people provide unpaid care. Of those unpaid carers, 58.1% are aged 26-64 & 35.4% are aged 65-84

Young Carers (0-17) - **1,050**

Number of safeguarding concerns raised:

6,018

Number of safeguarding concerns that met threshold for S42 enquiry

419

(reducing or removing the identified risk in **352** cases)

£	24/25 Gross Budget	£103m
	25/26 Gross Budget	£114m
	People supported by Domiciliary Care Providers	2,218
	People supported in Care Homes	1,273
ECH	Extra Care Housing Places	240
	People supported by Out of Area Care Home Commissioned services	198
	People in supported living	796
DP	People Supported Through Direct Payments	724

OUR VISION FOR ADULT SOCIAL CARE

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"Gloriously ordinary lives"
Social Care Futures

"People living their best life doing the things that matter to them. Living in a place they call home and supported by their own thriving connected community, able to access high quality advice, information and timely local services and support, where appropriate, in a way that they choose."

Remaining Independent

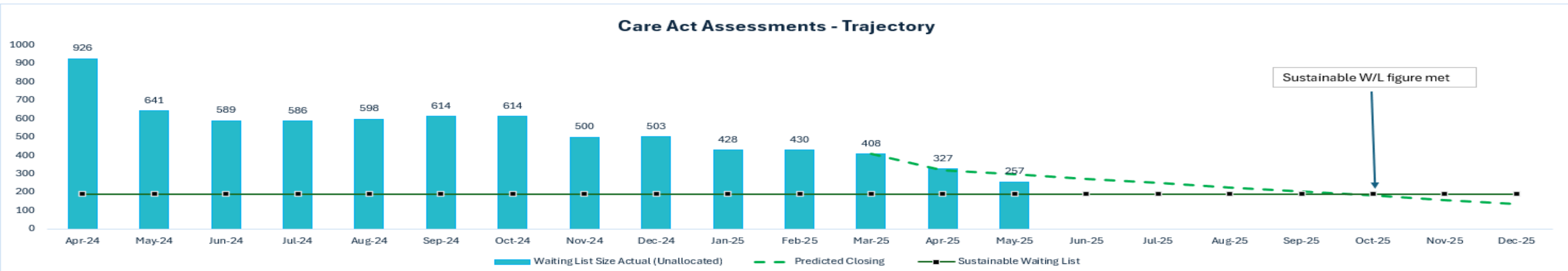
Effective & timely assessment

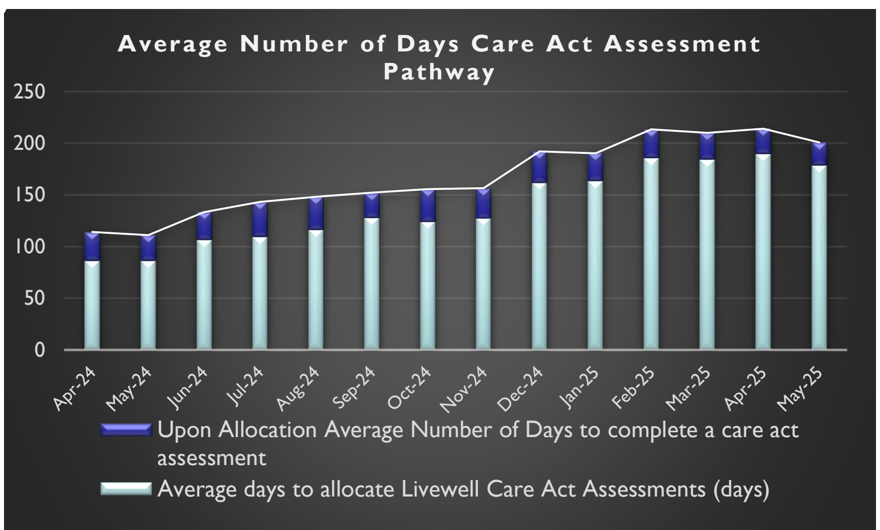
Ensuring choice & control

Good quality care & support from a skilled workforce

Theme 1: Waiting Lists – New Care Act Assessments

Key Performance Indicator	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Target	
Number of People Waiting	641	589	586	598	614	614	500	503	428	430	408	327	257	183	▼
Average number of days for an assessments to be completed (upon allocation)	27.6	24.6	26.7	33.6	32.1	24.1	31.5	28.9	30.2	27	27.6	25.6	24.3	20	▼
Number of Care Act Assessments Completed	255	228	186	170	151	200	180	154	223	197	186	198	243	183	▲





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Narrative

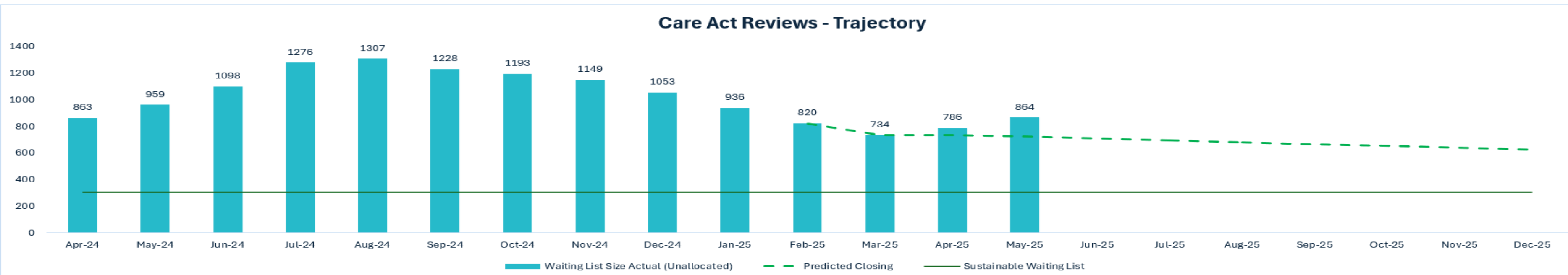
Upon allocation to a social worker, we know that the average Care Act assessment takes 24.3 days to complete. Focused work continues to bring down the waiting times. We have implemented a "Waiting Well" policy which ensures that people are waiting safely and we consistently prioritise allocation of work in an effective, safe and proportionate way.

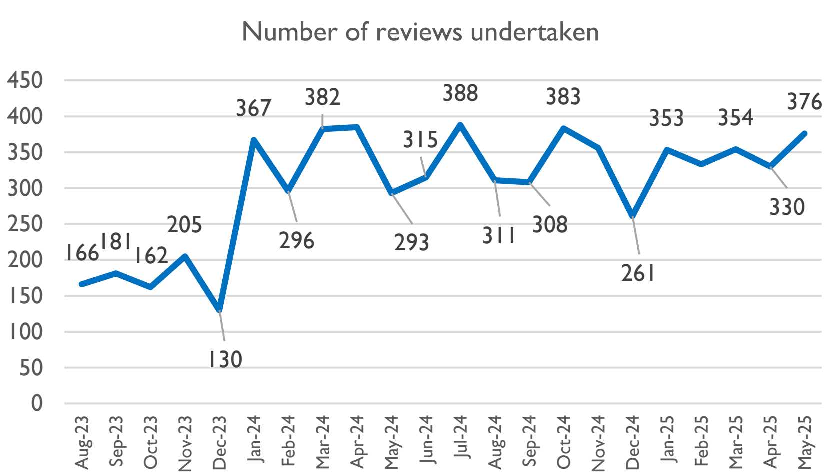
As of 2nd June we have 15 people waiting over 300 days for an assessment, these will be allocated to a social worker within the next four weeks. We anticipate that we will reach a sustainable waiting list position in October 2025. The overall length of the assessment pathway is currently taking on average 200 days from point of triage due to focused work being undertaken to review those who have been waiting longest.

Our next priority is to undertake a review of our "front door" contact centre pathways to ensure people are receiving the right information and support when they contact us. This also includes practitioners working in our community wellbeing hubs.

Theme 1: Waiting Lists – Care Act Reviews/Change of Circumstances

Key Performance Indicator	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Target	
Number of People Waiting	959	1098	1276	1307	1228	1193	1149	1053	930	793	709	739	864	277	▲
% of reviews with increased cost	12%	16%	17%	12%	19%	17%	18%	10%	16%	21%	15%	19%	TBC		
% of long-term service users with an assessment or review in the last year	50.50%	50.30%	50.60%	50.80%	51.60%	53.40%	55.50%	57.10%	59.40%	60.70%	60.40%	59.70%	57.90%	60.7%	▼





Narrative

The sustained enhancement in the review of individuals receiving long-term care and support is a significant achievement, with performance increasing from 36.1% in April 2023 to 57.9%. This progress brings us closer to the regional benchmark of 60.7%.

Over the past month, there has been a small increase in the backlog of those awaiting a review. This is attributable to the redeployment of additional resources aimed at reducing the number of individuals drawing upon care and support services who area awaiting a Care Act Assessment. However, people added to the overdue list are only overdue by a matter of weeks or months and we have no one with an overdue review of over two years We will continue to use resources flexibly to reduce waiting times for both assessments and reviews depending on assessment of risk.

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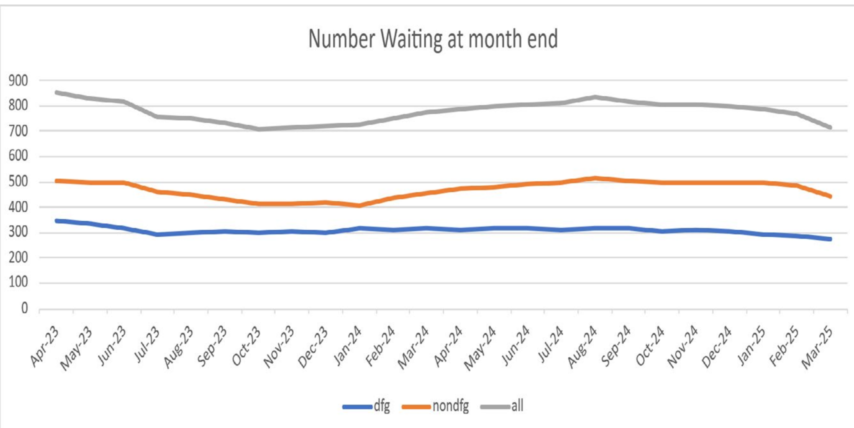
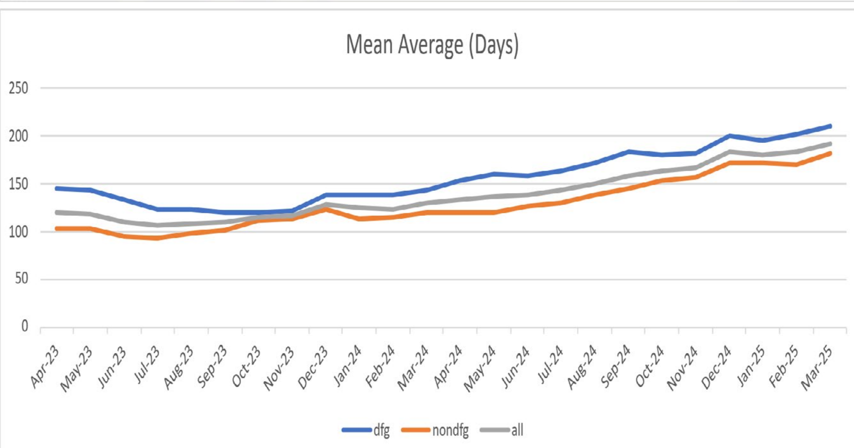
Theme 1: Waiting Lists – Occupational Therapy Assessments

Key Performance Indicator	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Target	
Number Waiting	784	796	806	811	833	818	803	806	800	786	771	715	700	TBC	▼
Maximum Wait (in days)	446	477	507	386	417	439	428	458	489	520	548	535	585	36	▲
Mean Wait (in days)	118	123	129	134	136	146	149	156	172	175	176	185	220		▲





Narrative

Occupational Therapy has been identified as a service area under significant pressure, with current demand consistently exceeding available capacity. To address this, a time and motion study was conducted using the NHS Education for Scotland (NES) workforce planning model. This analysis aimed to determine the staffing requirements necessary to reduce the waiting list to a sustainable level.

The team has implemented measures to enhance transparency of the waiting list and has proactively contacted all individuals awaiting a service, in accordance with the "Waiting Well" protocol. Additionally, a comprehensive review of documentation processes has been undertaken. This includes streamlining assessments and improving information-sharing to minimise duplication. Collaborative efforts are also underway with Plymouth Community Homes (PCH) to align with their Trusted Assessor model.

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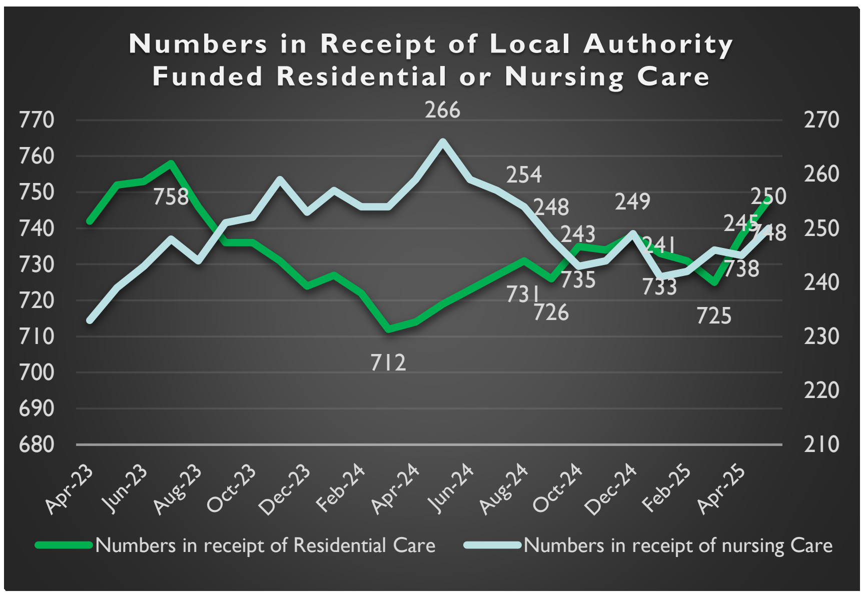
Theme 2: Residential and Nursing Care

Key Performance Indicator	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Target	
2C Adults aged 65+ whose needs are met by admission to residential/nursing care homes (per 100,000 population)	125.7	177.2	234.9	267.9	296.7	368	426.5	498.7	562.5	614.1	710.9	41.2	90.7	594	▲
Adults aged 18-64 whose needs are met by admission to residential/nursing care homes (per 100,000 population).	3.7	5.6	5.6	5.6	5.6	6.2	8.1	10	11.2	12.4	15.6	3.1	5.6	N/A	▲
Numbers in receipt of nursing Care	266	259	257	254	248	243	244	249	241	242	246	245	250	224	▲
Numbers in receipt of Residential Care	719	723	727	731	726	735	734	738	733	731	725	738	748	735	▲



Narrative

Progression from Intermediate Care following hospital discharge remains the most common pathway into both Residential and Nursing Care placements, accounting for on average 76% of Residential referrals and 86% of Nursing referrals.

We continue to work closely with our NHS partners to make sure that people leaving the hospital have a full range of options for their care and support, and those who wish to return home and live independently are given the opportunity to do so. Our multi-agency discharge work between January 2024 and January 25 has seen an improvement in the percentage of Pathway 1 intermediate care discharges from hospital to home from 23% to 55%, with the aim of reaching 75% by August 2025.

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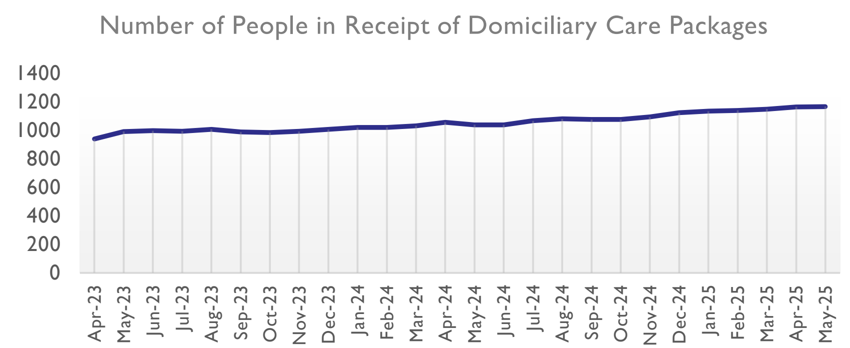
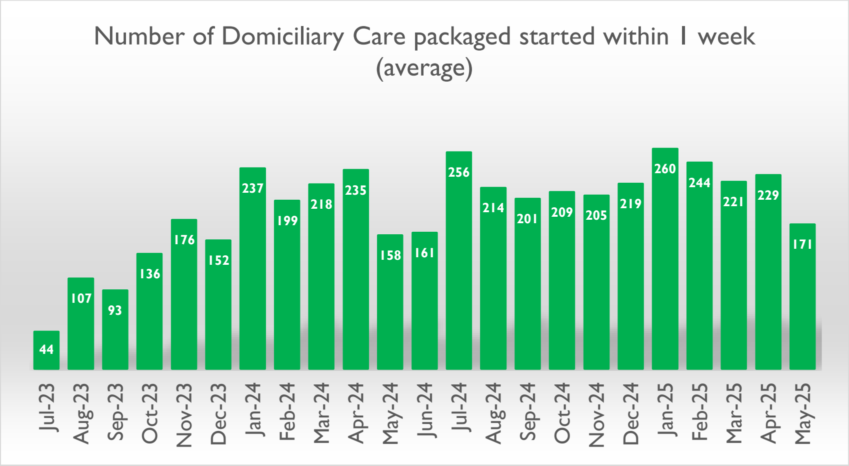
Theme 3: Domiciliary Care

Key Performance Indicator	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Direction
Number of people in receipt of domiciliary care	1039	1040	1068	1081	1076	1077	1095	1124	1135	1140	1149	1165	1168	▲
Of which in Intermediate Placements							72	54	58	68	67	67		▼
% of Domiciliary Care package opened within one week	94.40%	89.80%	90.20%	88.60%	90.10%	87.80%	94.00%	85.20%	93.50%	94.60%	85.30%	85.10%	70.40%	▼
Number of Domiciliary Care packages started	158	161	256	214	201	209	205	219	260	244	221	229	171	▼





Narrative

The number of individuals receiving domiciliary care continues to increase each month, putting pressure on both the budget and forecasts, but offering more people the ability to remain living in their own homes. The percentage of new domiciliary care clients coming from Intermediate Care is the highest it has been in recent months, which correlates with more people leaving hospital with domiciliary care support (Pathway 1).

Provider fee uplifts for 2025/26 have been communicated and at the current time are not leading to a sense of vulnerability within the market. Provider Forums were held on 5th March, and 16th April 2025 to enable feedback.

Regular meetings are held with the CQC to share concerns about regulated care providers we are collectively worried about, including where providers are not able to demonstrate their ability to improve.

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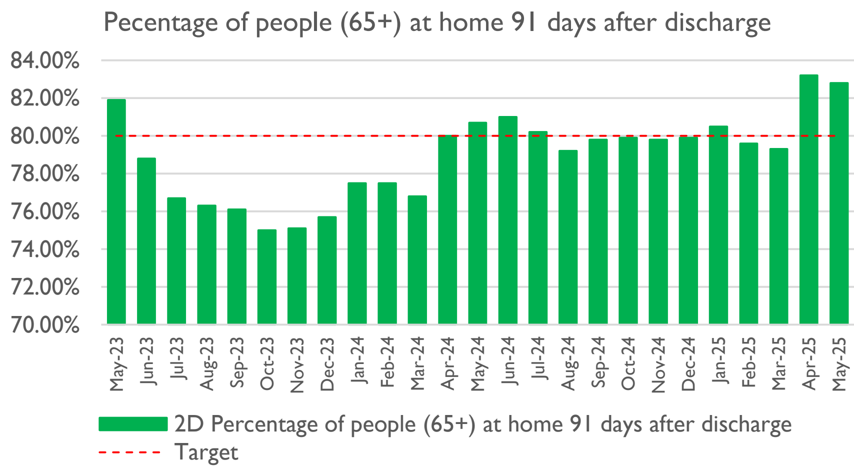
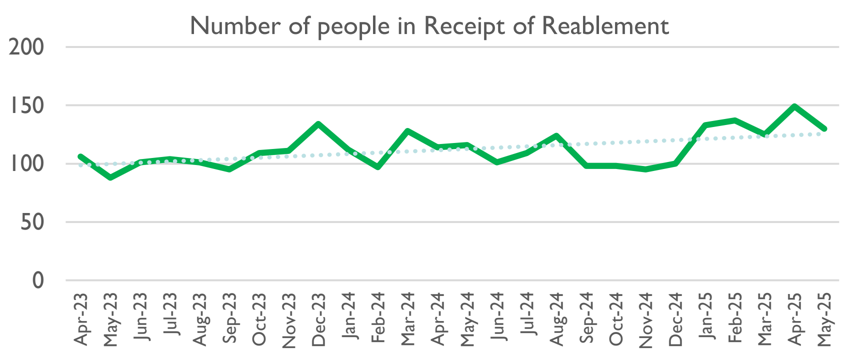
Theme 4: Reablement

	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Target	Direction
Number of people in receipt of Reablement	116	101	109	124	98	98	95	100	133	137	125	149	130	N/A	▼
Percentage of people (65+) at home 91 days after discharge	80.70%	81.00%	80.20%	79.20%	79.80%	79.90%	79.80%	79.90%	80.50%	79.60%	79.30%	83.20%	82.80%	80%	▲
Number of reablement packages started in period	121	85	110	105	84	93	104	112	118	104	118	110	108		▲
Actual reablement hours in period	3144	3626	4651	3902	3966	3781	3151	3842	4356	4416	4547	4097	3144		▲
Average Length of Time in receipt of Reablement (In weeks)						5.7	4.86	3.46	4.03	4.61	4.99	4.8	5.5	6.0	▲





Narrative

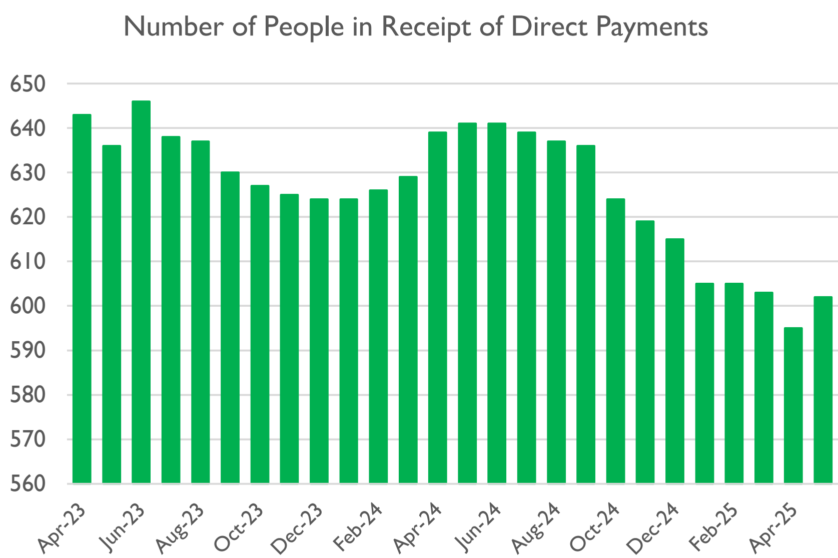
As a system the average length of time individuals receive reablement care is below the national target, at 4.9 weeks and has remained within target across the financial year.

The percentage of people remaining at home 91 days after discharge is exceeding our target of 80%.

The number of people receiving reablement has remained at an effective level.

Theme 5: Direct Payments

Key Performance Indicator	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Target	
Number of people in receipt of direct payments	641	641	639	637	636	624	619	615	605	605	603	595	602	635	▲
Number of new Direct Payments in Month										19	8	10	6	TBC	▲



Narrative

After a period of decline in the number of people receiving Direct Payments, we are now seeing this increase. The previous reduction in Direct Payments is attributed to the death of previous recipients or payments being stopped following reviews (and people no longer requiring a service). There continues to be new Direct Payments recipients each month.

Direct Payment training for staff is being developed and will be rolled out to staff in quarter three of this year.

Recent feedback from the LGA highlighted that individuals receiving care and support would benefit from more structured guidance during the setup and ongoing management of Direct Payments. The team have developed some new guides to support people, and these will be shared on the Plymouth Online Directory.

We have identified that those providing care and support, such as personal assistants, need better training and fairer pay to reflect their essential role. We will be investing in improved training for personal assistants to strengthen the overall care and support ecosystem, fostering a reciprocal relationship between those who provide support and those who receive it.

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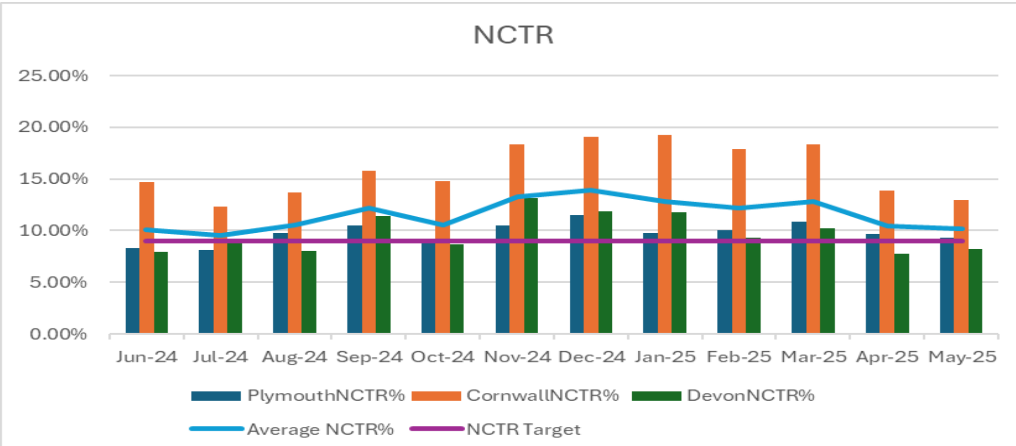
P1 Performance Update



This metric represents the proportion of patients with *No Criteria to Reside* and is calculated from when the patient is medically fit for discharge and when they leave the hospital.

Our target for NCTR is 9%.

- Average NCTR has improved for May at 10.14%. – Devon 8.26%, achieving the 9% target, Plymouth 9.32% and Cornwall 12.93%.

This metric is calculated by determining the proportion of pathway 1 discharges that make up the total number of complex discharges (P1, P2 and P3).

Our target is for 75% of complex discharges to be P1 by the end of August

- To achieve this, we need to increase the proportion of Plymouth P1 discharges by 1.57% each week.
- W/c 26th May, Plymouth P1 53.42%, against weekly target of 59.42%
- Our Plymouth position for May was 55.21% against the 75% target.