

# Adult Social Care Activity and Performance Report



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 underwent our Care Quality Commission (CQC) Inspection in 2025.

Following the publication of the report we are creating a revised improvement plan, to support us in continuing in our journey to delivery outstanding levels of care.

<b>Glossary</b>	
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

# OUR VISION FOR ADULT SOCIAL CARE



**PLYMOUTH**  
CITY COUNCIL

## “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.”

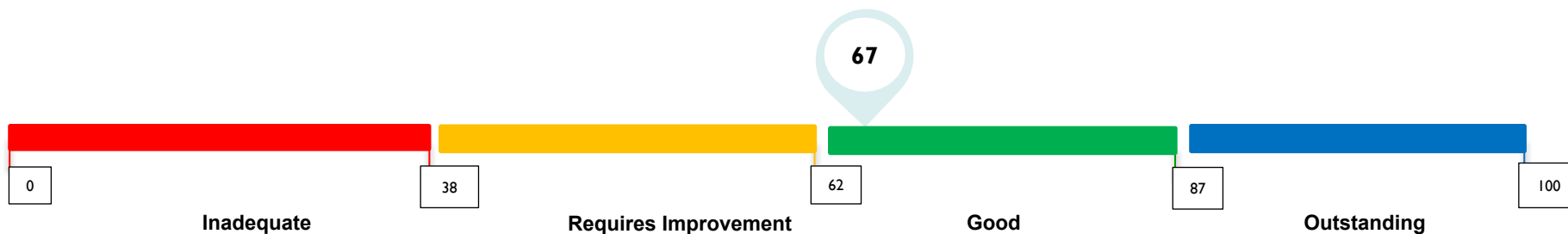
**Remaining  
Independent**

**Effective &  
timely  
assessment**

**Ensuring  
choice &  
control**

**Good quality  
care &  
support from  
a skilled  
workforce**

# OUR CQC OVERALL SCORE

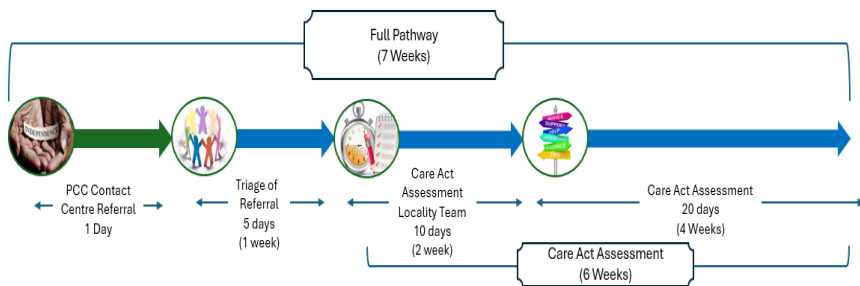


Overall, our CQC Rating is: **Good**

Quality Statements	Assessing needs	Supporting people to live healthier lives	Equity in experience and outcomes	Care provision, integration and continuity	Partnerships and communities	Safe systems, pathways and transitions	Safeguarding	Governance, management and sustainability	Learning, improvement and innovation
Overall % QS score	50%	63%	88%	57%	82%	57%	57%	75%	75%

# Theme I: Waiting Lists – New Care Act Assessments

Key Performance Indicator	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Target	
Number of People Waiting	408	327	257	272	288	306	301	336	324	369				200	▲
Number of Care Act Assessments Completed	186	198	243	221	222	171	178	210	186	147				200	▼
Average number of days to complete an assessment	210	214.2	200.7	169.3	171.8	154.5	149.6	156.4	144.8	126				120	▼



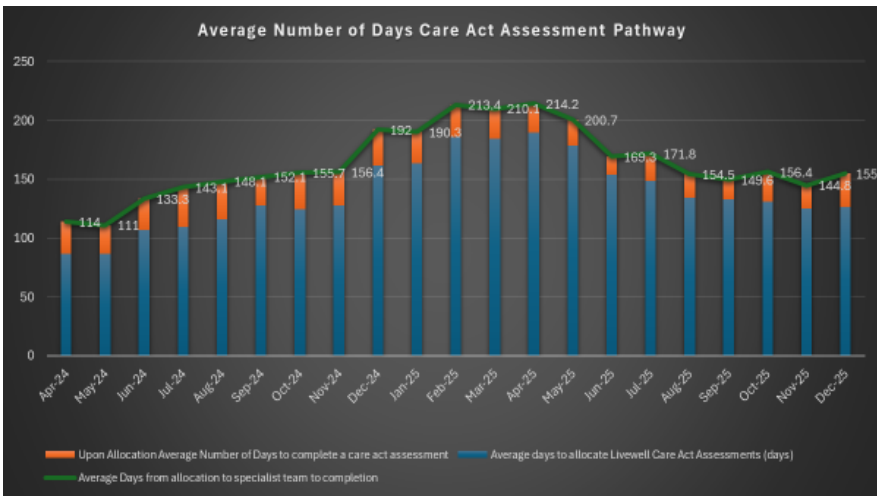
## Narrative

Referral demand fell further in December and the initial triages are being completed within 5 working days, in line with the targets

Unallocated assessments has risen slightly to 369, which is typical of trends seen in December due to leave and accessibility of meeting with people.

We are positively moving towards the phase 3 target of 100 days to complete a care assessment.

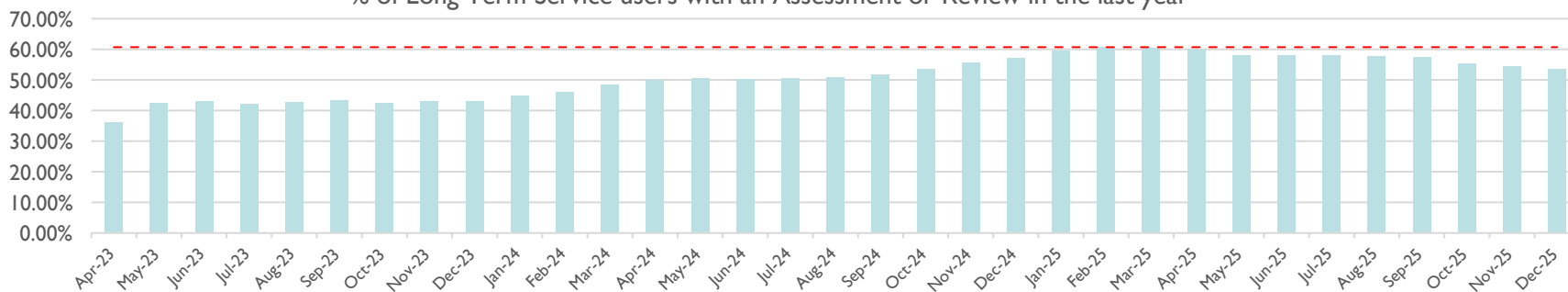
Overall, performance trends indicate steady improvement, with targeted actions in place to address remaining pressures and ensure continued compliance with Care Act obligations



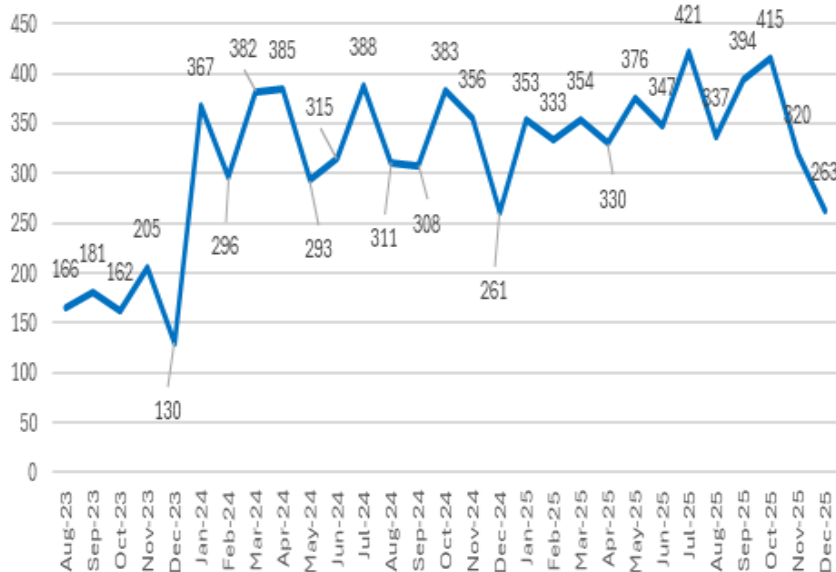
# Theme 1: Waiting Lists – Care Act Reviews/Change of Circumstances

Key Performance Indicator	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Target	
% of long-term service users with an assessment or review in the last year	60.4%	59.70%	57.9%	58.2%	58.1%	57.7%	57.4%	55.4%	54.3%	53.4%				60.7%	▼
% of reviews with increased cost	15%	19%	23%	18%	15%	34%	18%	21%	21%	21%					

% of Long Term Service users with an Assessment or Review in the last year



Number of reviews undertaken



## Narrative

drop this reflects the seasonal decreases seen in reviews in December months.

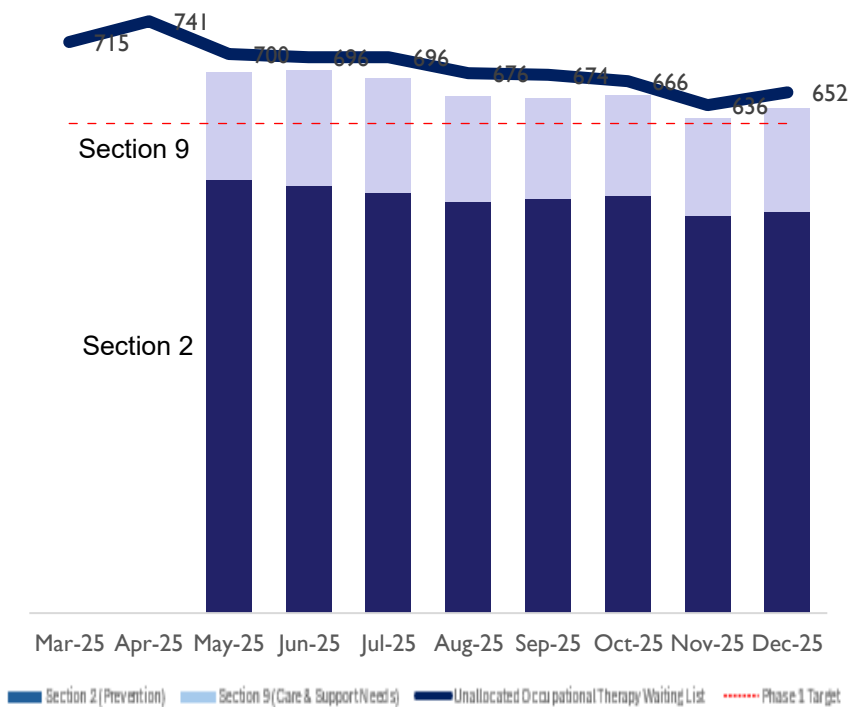
The proportion of long-term service users with an assessment or review in the past year fell slightly to 53.4%, down from 55.4%. This softening reflects the challenge of keeping pace with demand and maintaining statutory coverage.

Looking ahead, the priority will be sustaining review activity while strengthening oversight. Reviews will continue to be prioritised by risk over chronological need, ensuring targeted and proactive reviews undertaken. Although the overall number has recuded this is because the proactive review of health funded cases will not be reflected within these numbers.

# Theme I: Occupational Therapy (OT)

Key Performance Indicator	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Target
Unallocated Waiting List	715	741	700	696	696	676	674	666	636	652			613 ▼
Longest Waiter			459	557	581	612	588	619	427	413			N/A
Mean Wait (in days)	216.9	214.2	202.9	205	194	195	193	183	183	189			150 ▲

OT Unallocated Waiting List



## Narrative

OT waiting list pressures remain a priority, but recent actions across Livewell Southwest are beginning to show impact. As reported in the Adult Social Care performance packs.

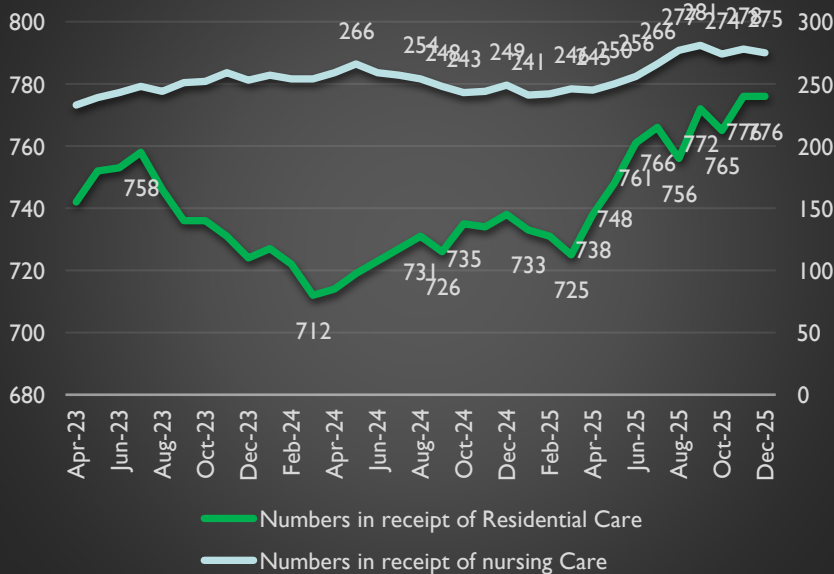
The overall OT waiting list sits at 652 people, however this is a combined waiting list across both Adult Social Care and Health referrals.

While overall demand continues to outpace capacity in some pathways, escalation and prioritisation frameworks are in place, with focus on the longest waiters. The team has implemented operational expectations to improve flow and efficiency, and 'waiting well' principles have been embedded. This has ensured that all individuals currently on the waiting list have been contacted and risk-assessed as part of the waiting list validation process.

## Theme 2: Residential and Nursing Care

Key Performance Indicator	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Target
Numbers in receipt of nursing Care	246	245	250	256	266	277	281	274	278	275				224 ▲
Numbers in receipt of Residential Care	725	738	748	761	766	756	772	765	776	776				735 ▲
2C Adults aged 65+ whose needs are met by admission to residential/nursing care homes (per 100,000 population)	710.9	41.2	90.7	131.9	210.2	261.7	355.9	391.5	463.6	517.2				594 ▲
Adults aged 18-64 whose needs are met by admission to residential/nursing care homes (per 100,000 population).	15.6	3.1	5	7.5	9.3	9.3	13.7	13.7	16.8	17.4				N/A ▲

**Numbers in Receipt of Local Authority Funded residential or nursing care**



### Narrative

The overall number of people in receipt of residential and nursing care has remained stable, with a sustained flow into long-term care continuing the need to monitor how placement growth aligns with market capacity and system pressures.

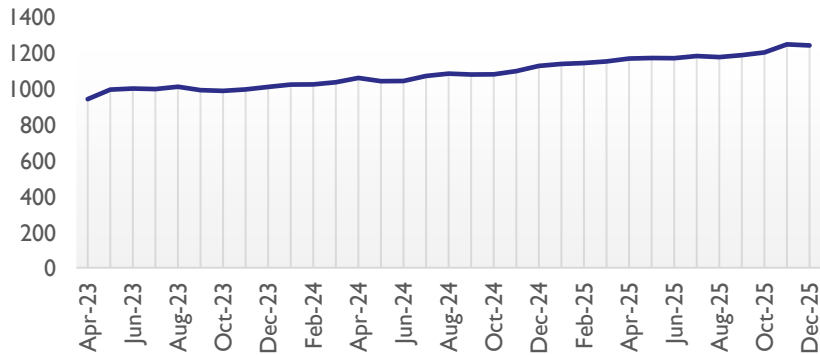
The Care home framework goes live 8<sup>th</sup> January, with 38 care homes awarded on to the framework. Of these, 32 have committed to joining an Innovation Steering Group, working in partnership with commissioning teams to shape future approaches and explore options for complex care. This initiative builds on ongoing collaboration with the provider market and will focus on developing care models that promote reablement and independence, reducing reliance on more intensive long-term care.

A refreshed Market Position Statement is underway and will support future development modelled on demand and complexity.

# Theme 3: Domiciliary Care

Key Performance Indicator	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Target	
Number of people in receipt of domiciliary care	1149	1165	1168	1167	1179	1173	1184	1199	1244	1238				1071 Forecast 1172	▼
Of which in Intermediate Placements	115	111	113	91	81	71	72	83	94	84				TBC	▲
Number of Domiciliary Care packages started	221	229	171	165	245	186	230	224	248	218					▼

Number of people in receipt of domiciliary care package



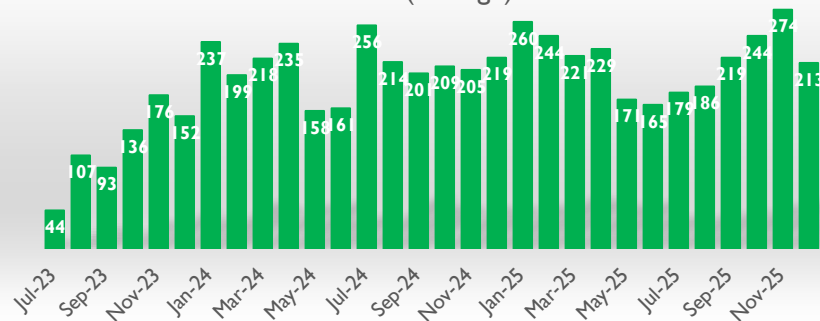
## Narrative

The number of people receiving domiciliary care in Plymouth has dropped slightly, however retains significantly above the targeted and forecasted numbers. This reflects sustained demand for care services and underlines the Council's commitment to supporting residents to remain independent at home.

The number of new care packages started each month continues to fluctuate, with 218 packages opened in December, though more packages of care have closed throughout the month reflecting the slight drop in overall numbers.

The strategic review of market capacity to ensure resources are sufficient to meet current and future demand continues.

Number of Domiciliary Care packaged started within 1 week (average)



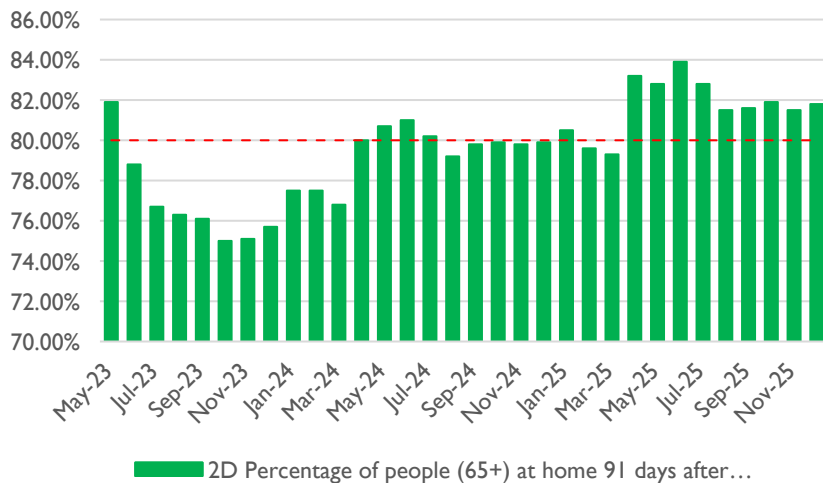


# Theme 4: Reablement

	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Target	
Number of people in receipt of Reablement	125	149	130	159	144	148	136	111	114	139				N/A	▲
Percentage of people (65+) at home 91 days after discharge	79.3%	83.2%	82.8%	83.9%	82.8%	81.5%	81.6%	81.9%	81.5%	81.8%				80%	▲
Number of reablement packages started in period	118	110	108	133	122	112	110	93	106	107					▲
Actual reablement hours in period	4547	4097	3144	3833	5214	5172	4993	4520	4165	5066					▲
Average Length of Time in receipt of Reablement (In weeks)	4.99	4.8	5.5	4.4	4.5	5.2	5.3	4.7	4.3	4.9				6.0	▲

## Narrative

Percentage of people (65+) at home 91 days after discharge



Reablement performance remained stable in December, with 81.8% of people aged 65+ still at home 91 days after discharge, supporting the target of 80%.

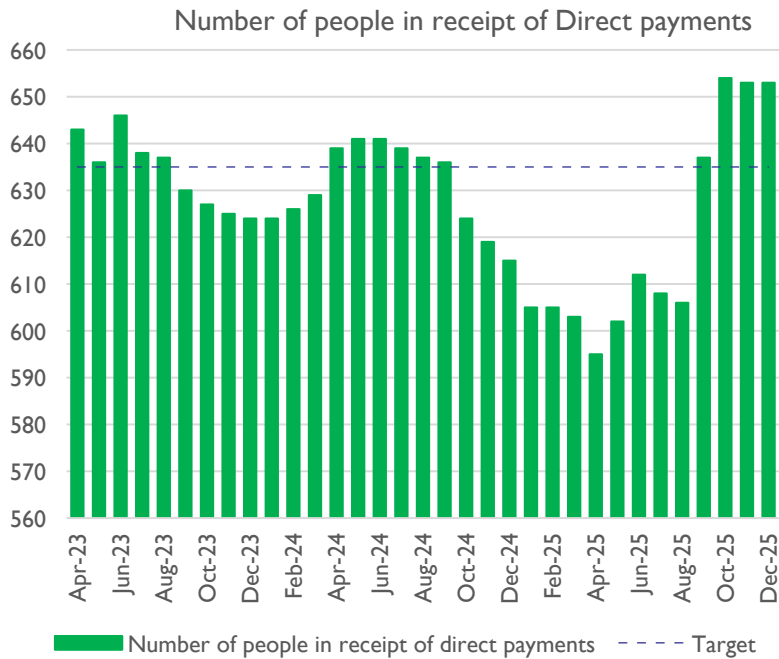
The teams supported more people in reablement during December with a strong increase in reablement hours. This is reflective of the targeted work to increase capacity within the service and demonstrates the continued success of our approach in helping individuals regain independence, enabling them to live independently, improve confidence, and reduce reliance on ongoing care services.

The average length of time in reablement has slightly increased, but comfortably below the 6 week target.

By focusing on independence and recovery, we are not only meeting performance targets but also making a real difference to people's lives.

# Theme 5: Direct Payments

Key Performance Indicator	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Target	
Number of people in receipt of direct payments	603	595	602	612	608	606	637	654	653	653				635	▼
People in receipt of direct payments Under 65	480	472	478	488	485	483	510	524	527	528					▲
People in receipt of direct payments Over 65	123	123	124	124	123	123	127	130	126	125					▼

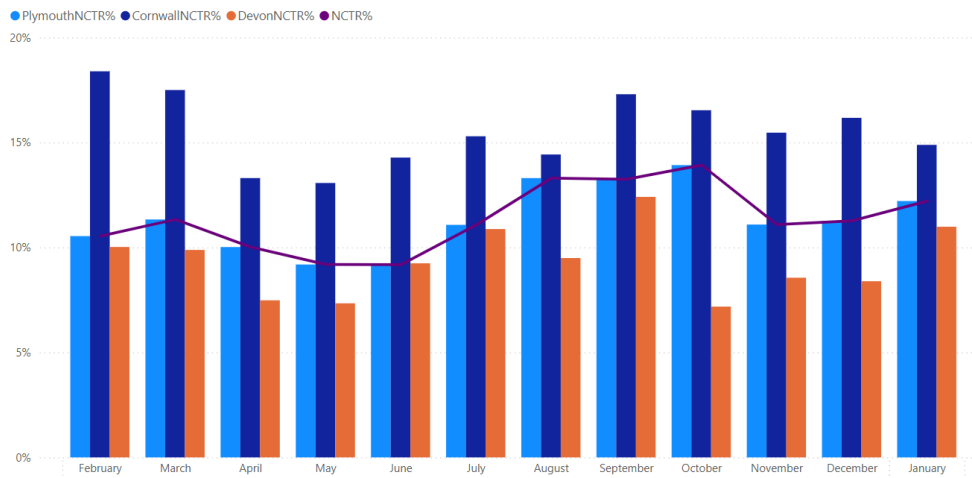


**Narrative**

In Plymouth, the number of people receiving Direct Payments held steady at 653, over the target of 635. Activity across age groups remained stable, suggesting continued and balanced engagement across both cohorts.

The service has now been brought in-house, and we are seeing a steady increase in people choosing to manage their own care arrangements. Plans are underway to enhance training staff to offer Direct Payments where appropriate and to strengthen engagement with Personal Assistants, helping to build networks and foster collaboration across the sector.

# 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.

**Out target is 9%**

Plymouth's average NCTR has remained stable at 10% throughout November and December, reflecting an improved performance compared to the summer period.

Recent data for the Plymouth cohort shows a marked increase in the percentage of complex discharges over the past several months:

September: 56.97% / October: 59.03% / November: 67.4% / December: 68.61%

The growth signals an increase in the complexity of need among patients requiring discharge. This trend indicates that a greater proportion of individuals are presenting with more complex requirements, which places additional pressure on discharge pathways and post-hospital support services.

