

Appendix Three: Adult Social Services in Devon

The National Context for Adult Social Care Services

Adult Social Care (ASC) in England is a complex and evolving system, providing vital care and support to nearly 890,000 people every day. ASC supports adults aged 18+ who have care and support needs arising from disability, illness, age, or other circumstances. Services include:

- Assessment, information, advice, and guidance
- Community-based prevention and advice
- Supported living and day opportunities
- Residential and nursing care
- Reablement and post-hospital recovery
- Personal care and domiciliary support
- Care market shaping
- Safeguarding

Gross expenditure by English councils on ASC services in 2023/24 totalled £32 billion, with local authorities funding £23.3 billion of these costs and the NHS £2.9 billion. The balance is met by contributions from service users for the cost of their care. On average 1.5% of the population aged 18+ are long term users of ASC services rising to 11.7% for those aged 85+¹.

Eligibility for support is assessed under the provisions of the Care Act 2014 and can either be a short-term intervention to enable an individual to regain their independence or a longer-term care plan for an ongoing need. The act requires that the assessments have due regard to opportunities to reduce, delay or prevent future needs and often the care solutions will be provided in local community settings or by providers commissioned in local neighbourhoods

The Care Act 2014 emphasises promotion of wellbeing, enabling independence, and preventing escalation of need. ASC best practice promotes a strength-based approach, focusing on the individual's aspirations, abilities and goal setting. This is particularly important for those aged 18 to 64 who may need varying levels of support throughout their adult life. There are two distinct but overlapping client groups:

- Working Age Adults (WAA) – including those with physical disabilities, learning disabilities, autism, or mental health needs.
- Older Adults (OA) – often requiring support with frailty, dementia, or recovery posthospitalisation.

In addition, ASC services will often be working closely with children aged 14 to 18, planning for their transition from children's services through to adults for those with the most complex support needs.

There are significant, well documented long standing challenges in the Adult Social Care sector including:

- Political choices and policy changes
- Demographic pressure and rising demand

¹ The Kings Fund – Key facts and figures about adult social care in the UK 2024 <https://www.kingsfund.org.uk/insight-andanalysis/data-and-charts/key-facts-figures-adult-social-care#:~:text=How%20many%20people%20who%20request,%2C%20and%2031%25%20receive%20nothing.>

- Workforce crisis and fragility of provider markets
- System complexity and integration risks
- Financial pressure and cost inflation
- Pressures with NHS Acute hospital for earlier/swifter discharges
- Increasing number of self-funders needing advice and guidance in negotiating complex care system

ASC is by far the largest single element within any unitary council's budget. There are long standing challenges for councils in meeting demand, while managing the spiralling costs for commissioned services from the provider market. Alongside the established services required for older adults (65+) the emerging needs of younger adults including those with complex neurological conditions or physical support needs are defining a whole new approach to lifelong independence and the type of interventions required.

Nationally the ASC system is under intense and growing pressure, which has included a long-standing political challenge to address the underlying funding methodology for ASC and the degree of personal liability any individual should have for personal care fees. This question remains unresolved, despite the significant funding pressure both local authorities and self-funders are experiencing in the current inflationary environment. The increasing number of self-funders requiring the advice, guidance and support of adult social care department to assist them in negotiating the complex care market. Combined with challenging efficiency targets within NHS budgets there will continue to be on ongoing pressure in the system regardless of LGR.

LGR is taking place in the context of a rapidly changing landscape with major shifts already taking place across the wider health and social care landscape. Our proposals for reform of ASC services in Devon are mindful of the current challenges and for the future, including:

- NHS Integrated Care Systems (ICSs) are evolving rapidly, with reconfigured NHS boundaries and new approaches to population health².
- Ongoing financial pressure on ICS making it increasingly difficult to allocate resources to preventive or discretionary activities.
- CQC inspection of local authority ASC functions have been refreshed, with greater scrutiny of quality, outcomes and safety.
- Workforce pressures, provider fragility, and complex transitions from children's services all create demand for smarter commissioning and deeper local knowledge.
- Revolutions in the use of technology, data and predictive analytics present new opportunities in personalised care, within the need for security of personal data.
- The Casey Commission³ is likely to recommend far-reaching changes and reforms to adult social care which could mean further change following LGR

The Local Context for Adult Social Care Services

There are currently 3 councils in Devon with statutory responsibility for the provision of ASC; these are the 2 existing unitaries of Torbay and Plymouth and Devon County Council. Within the context of our Modified Proposal the focus of this section is on the current set up of ASC provided by Devon County Council as this is the service we propose to disaggregate .

Strategic Performance Overview

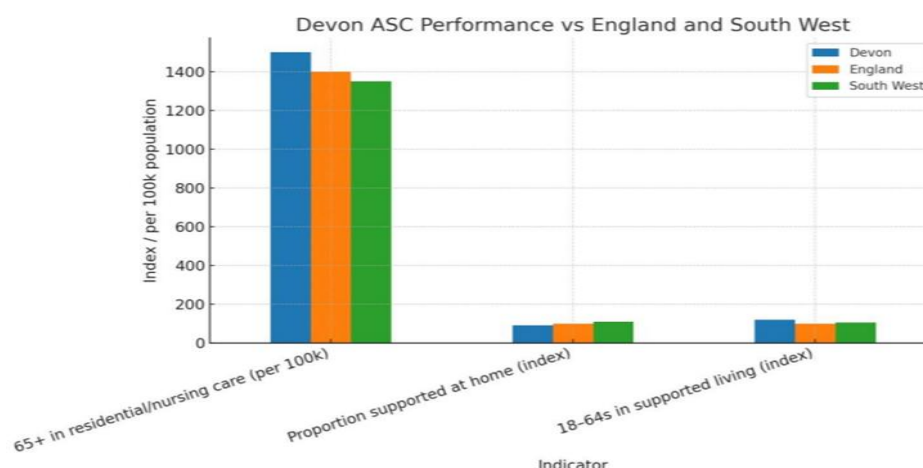
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³ The Casey Commission, launched in May 2025, is an independent body established to develop a long-term plan for reforming adult social care in England. Phase 1, reporting in 2026, will identify immediate priorities and propose medium-term reforms; Phase 2, concluding by 2028, will outline a comprehensive roadmap for implementation over the following decade.

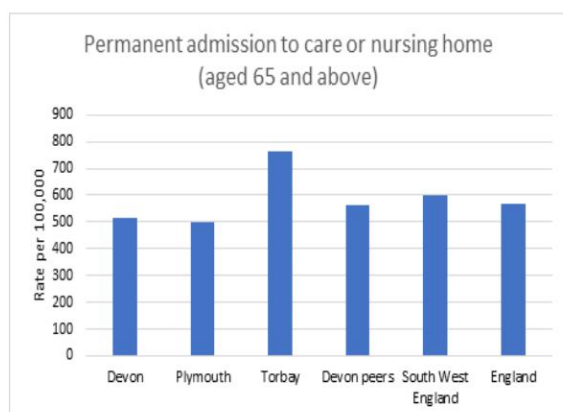
Devon County Council ASC has not had a Care Quality Commission (CQC) Assurance Inspection. It does however undertake an annual self-assessment and publishes an annual report, the most recently published report was for the 2025 self-assessment. This report can be found here <https://www.devon.gov.uk/adult-social-care/devon-social-care/adult-social-care-assurance/our-self-assessment-of-adult-social-care-in-devon-2025/>

Utilising publicly available data our analysis draws the following conclusions on current performance:

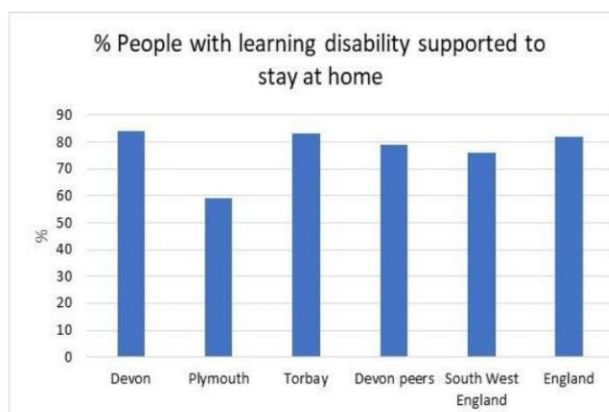
- With 1,500 per 100,000 people over-65s in residential/nursing care Devon is above both the national and regional averages for people living in long term care and is below both the regional and national averages of the proportion of people over 65 being supported to live at home.
- Devon is performing well at 20% above national and regional average for working age adults (18-64) in supported living.



- It is noteworthy that despite its aging population Devon spends proportionally more in working-age adults than on older people.
- Overall benchmarking shows Devon is mid-tier compared with England averages, with variation across a range of performance indicators with relatively good performance across a range of key performance indicators as the following examples show.

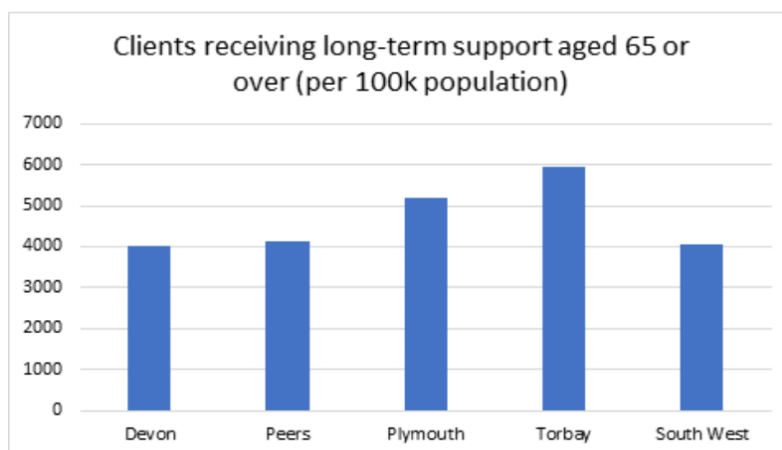


Source: Adult Social Care Outcomes framework (2023/24)



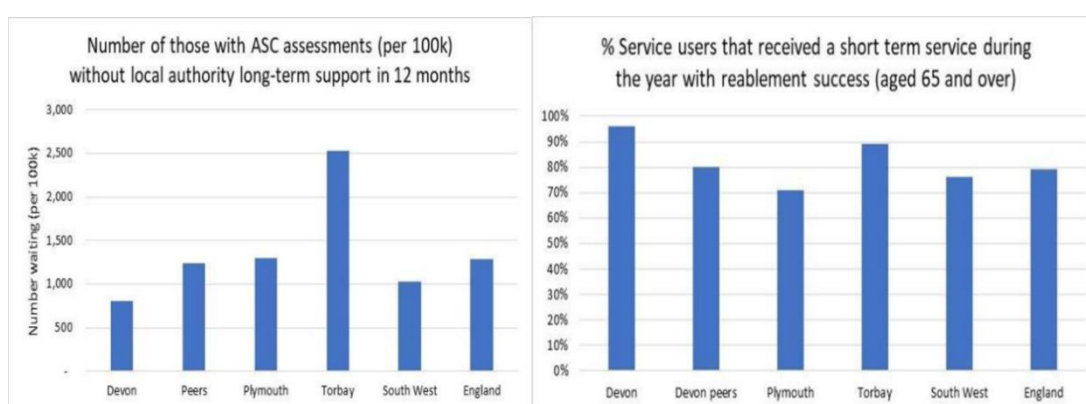
Source: Short and Long Term Support (SALT) survey 2023-24

- Devon ASC performs on a par across the South West but less well than the 2 Devon unitaries in relation to the number of older adults helped to live at home.



Source: Adult Social Care Activity and Finance Comparator report (SALT)

- Devon ASC performs well in comparison with national, regional and local (Devon unitaries) in relation to waiting times for services:



Source: Monthly Adult Social Care statistics bulletin (July 2025) Source: Short- and Long-Term Support (SALT) survey 2023-24

- When comparing performance in Devon between the 3 ASC authorities, Plymouth and Torbay are higher users of residential care for working age adults than Devon.
- Torbay operates at a higher cost per user than Devon and Plymouth with a higher proportion of older adults than Devon.
- ASC in Devon is broadly stronger than both Plymouth and Torbay in providing supported living services for working age adults with learning disabilities and mental health needs.

Variations in performance at Devon District Council level

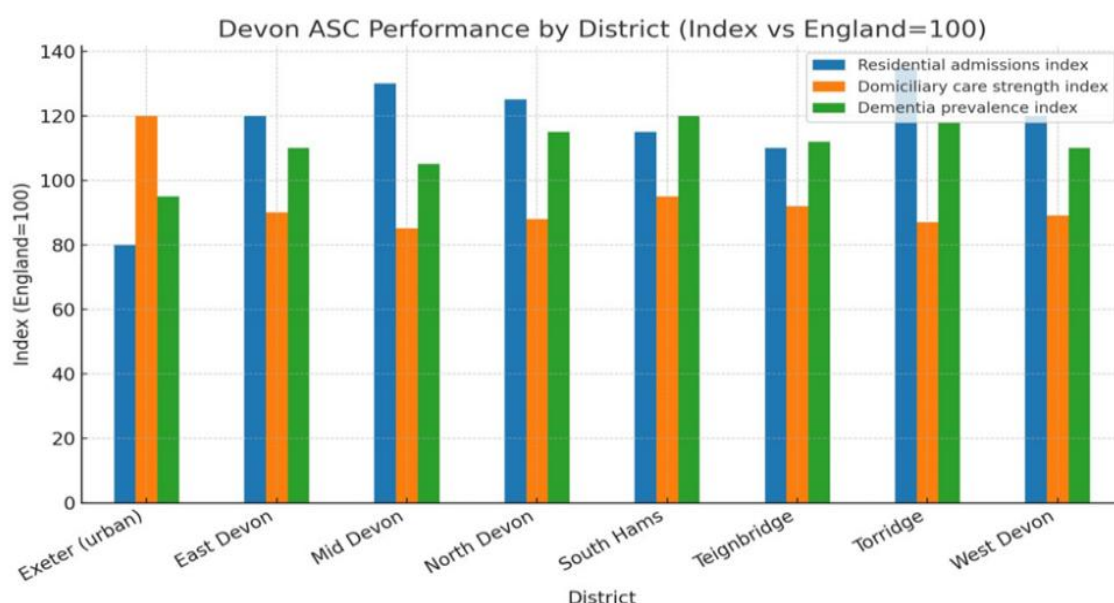
A high-level assessment of ASC performance at District Council level has identified significant variations including:

- Higher dementia prevalence amongst coastal districts
- Higher long term care residential admission rates in the more rural districts (East, Mid and North Devon)
- DCC Market Position Statement (2025) shows a lower prevalence of care homes and greater use of domiciliary care in Exeter compared to other districts which is likely to reflect the urban nature of the city. It identifies a gap in care home provision across the county of 270 beds to support older people with complex needs, especially those providing positive behavioural support – the majority of which is in East Devon and Exeter. The assessment of capacity indicates that Northern Devon has near sufficient capacity to meet the demand for highly complex dementia placements. The greatest

increase in beds is needed in East Devon (including Exeter) which also has the highest demand.⁴

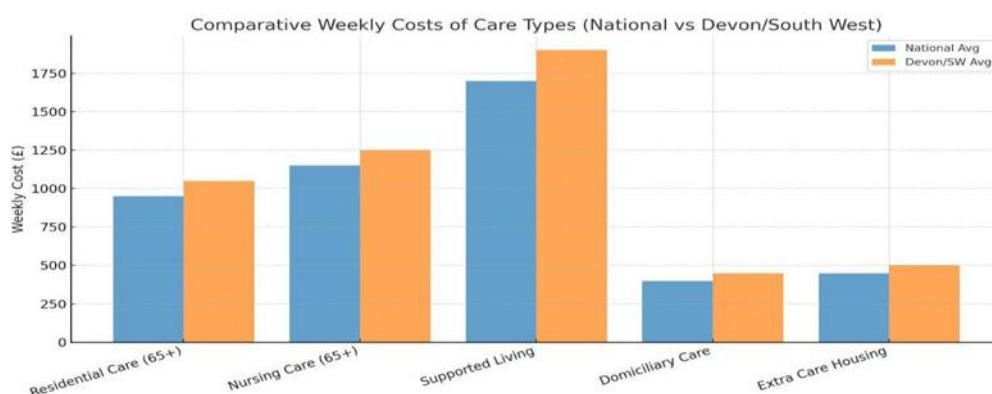
- There are 3 providers of Extra Care Schemes across Devon: Guinness Partnership provides 4 schemes: 2 in South Hams (92 beds) 1 in Teignbridge (50 beds) and 1 in West Devon (50 beds); Sanctuary Housing provide 1 scheme in North Devon (59 beds) and Exeter City Council provides Edwards Court (53 beds) in the city.
- In 2015, DCC in its last refresh of its strategy for Extra Care Housing identified unmet need of 966 Extra Care units across Devon with a projected unmet need of 1978 units by 2033. With 304 units there is a significant under provision of Extra Care across Devon, with around a quarter of unmet need originating in Exeter.

In summary, District variations indicate that the use of prevention and the impact of supported housing are greater in Exeter but with significant unmet need in Extra Care. This graph provided a summary of the variation in performance across districts.



Comparison of ASC costs in Devon with national and regional benchmarks

On average Devon ASC costs are higher than the national average and the South West across all care types.



Devon residential care costs are slightly above South West average but below England mean. Domiciliary care costs in Devon are amongst the highest in the South West, likely to be

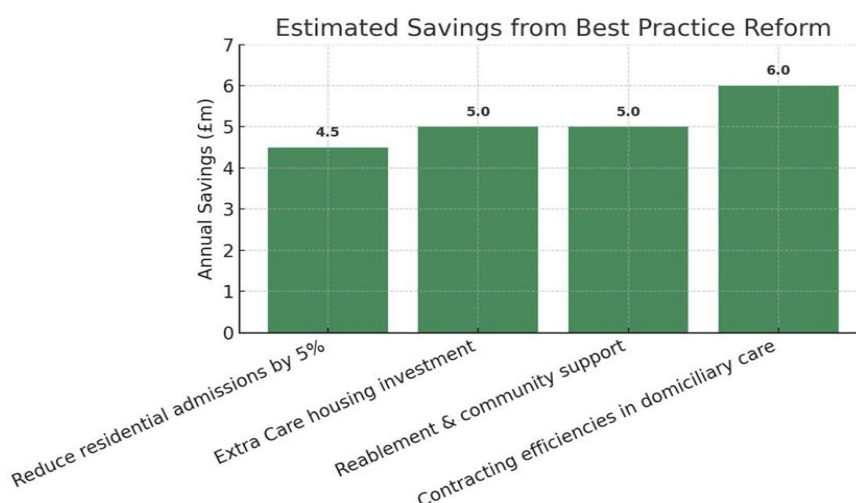
⁴ <https://www.devon.gov.uk/providerengagementnetwork/document/market-position-statement-february-2025/#extra-care-housing-ech>.

reflecting the size of the area its rurality and travel costs. Compared with Plymouth/Torbay: Devon has lower costs overall but higher spend on working-age adults.

Cost benefit of moving to best practice

The relatively strong performance in Devon ASC is a general, high-level indicator that there is unlikely to be much scope for significant cost savings resulting from moving to a unitary authority model in a shift and lift approach to disaggregation. However, there is a significant opportunity to shift current mid-tier performance to top quartile/ best practice within a model of delivery more closely aligned to the specific needs of rural and urban communities. Here are some examples:

Investing in Extra Care Housing: Around £14.5 million could be saved annually across Devon by reducing residential admissions, investing in Extra Care housing as an alternative to costly residential placements and expanding reablement and community support. All these measures would also improve outcomes for people, enabling more people to live independently for longer. Further cost reductions in the region of £6 million annually could be achieved through more effective locality commissioning of domiciliary care could yielding around 5–7% savings.



Investing in Shared Lives and Support Living Placements: Devon currently supports around 80 adults in long-term Shared Lives placements⁵; with between 16 and 25 adults benefit from a Shared Lives short break every month. DCC data shows that the cost of a Shared Lives Placement is between £305 and £479 per week depending on levels of need. This compares the cost of supported living costs for working adults of (average £600-800 / week and residential care for working adults of (average £2,000 per week

Expanding this model for people with learning disabilities, autism, and mental health needs is one of the most cost-effective alternatives to residential provision⁶.

Devon's current ASC delivery model

⁵ Shared Lives is an innovative model of care where approved carers open their own homes to support adults with learning disabilities, mental health needs, or other support requirements.

⁶ 90% of Directors of Adult Social Care (2023 Autumn survey) view Shared Lives as 'a highly impactful model', agree increased provision would have a positive impact on outcomes for people and 87% say greater availability of Shared Lives would reduce adult social care expenditure.

Devon ASC has a complex model of delivery with elements of a client journey broken down into segments with separate teams focused on aspects of a person's needs. There is considerable opportunity to modernise this fragmented approach: designed to cover a large geographical area. Designing a more local place-based service with more integration around the needs of people would introduce operational efficiencies as well as improve the outcomes and experiences for people.

Currently first contact is through Care Direct Plus of which there are 3 centres across Devon in north, south and east Devon. As well as the 3 localities for Care Direct Plus Services Devon has also been divided into large localities for some ASC services, based on NHS Community Health and Care Team areas.

Within Care Direct Plus there are teams of social care assessors, social workers, occupational therapists, therapy assistants, support workers including coordinators and advisors. These staff are organised into separate Assessment and Review and Arranging Support teams. Outside of Care Direct Plus there are separate Adult Safeguarding Hubs, Occupational Therapy teams, Deprivation of Liberty Safeguards (DoLS) team, Transitions (from Children's services) Adult Social Care team, a Sensory team and an Emergency Duty Team. There is also a Client Financial Services team responsible for financial assessment, billing and payment recovery.

In addition to the staff directly employed by DCC in the above teams, there are a number of Health & Social Care teams, provided jointly with the NHS under Section 75 agreement ⁷ with Royal Devon and Exeter university NHS Foundation Trust. These include Hospital Discharge Teams; Health and Social Care Community Teams based in NHS four localities across Devon linked to hospital patient flows. There is a further Section 75 agreement with Devon Partnership NHS Trust for an Autism and ADHD Team, a Specialist Placements Team, Hospital Discharge and Community Mental Health Services. DCC also contract with other providers for some services such as Information, Advice and Advocacy support from Living Options Devon: a VCSE organisation.

A Home Care Reablement service is provided in house by DCC joint funded by the NHS, along with a range of other services through the Better Care Fund (BCF) ⁸ (BCF funding in 24/25 £81.194 million from the NHS and £55.575m from DCC)

Community Equipment, Minor Adaptations and Technology Enabled Care and Support (TECS) are provided via a contract with Millbrook Healthcare Ltd and Devon Independent Living Centre (DILIS), provided by Royal Devon University Healthcare NHS Foundation Trust who runs a centre in Newton Abbot where the public can receive advice on equipment and TECS and try out a wide variety of items. Major home adaptations are provided by the 8 District Council through around £9 million per year of capital funding from the BCF via a capitated grant.

Residential care supported living and domiciliary care are delivered via contracts with independent sector providers, (Care Market).

Adult Social Services in Devon: Outline Transition Plan

Strategic System Challenge A: Political and Cultural Alignment
Reorganising ASC services can be deeply political and cultural challenge as well as a structural and technical one. It is important to align political leadership, officer teams, and organisational

⁷ A Section 75 agreement is a formal partnership under the NHS Act 2006 between a local authority and an NHS body, creating a pooled budget and enabling the shared commissioning and provision of health-related and social care services to achieve better integration.

⁸ The Better Care Fund (BCF) is a government-backed initiative in the UK that pools funding from local authorities and the NHS to create integrated, person-centered health and social care services

cultures across the newly formed authorities.

Phase 1 Preparation	Phase 2 Transition	Phase 3 Transformation
	Deliver a joint leadership development plan. Bringing elected members and senior officers from all legacy councils together using structured sessions to explore expectations, risk appetite, governance models, and shared priorities.	Embed values and behaviours in governance. Codify expectations for behaviour, decision making and collaboration into new constitution, performance frameworks, and leadership development. Reinforce these through appraisal, induction and ongoing peer support.
	In creating a shared narrative for the new council, develop a clear story about what the new council is for, what will be different, and how it will serve communities better — especially in ASC, where continuity and compassion are vital.	Address cultural differences openly by creating safe space to acknowledge and work through those differences. risks, and reform goals to ensure informed oversight.
		Prioritise member induction and ASC literacy by providing early and ongoing development to help members understand ASC duties, budgets etc.

Strategic System Challenge B: Disaggregating Funding

Disaggregating ASC services during local government reorganisation presents a unique set of challenges, including how to model and implement fair, practical service and budget splits between new unitary authorities.

While other functions (such as refuse collection or planning) may lend themselves more easily division along new administrative boundaries, ASC is deeply embedded in patterns of demand supply and risk that often cross or defy geographic logic.

Phase 1 Preparation	Phase 2 Transition	Phase 3 Transformation
Agree criteria for disaggregating funding including need, deprivation and agree rules for applying ordinary residence.	Establish shared understanding of how need and provider market composition may have been skewed by strategic commissioning decisions and agree transitional funding to allow for transformation to realign historic patterns of care within reformed models of delivery.	Implement and monitor delivery of agreed financial and risk management transition plan.
	Agree strategic and financial risk management plan and governance.	

Strategic System Challenge C: ICT Rationalisation and contract novation

ICT Rationalisation Is critical to maintaining continuity of care, statutory compliance, and system functionality during and after local government reorganisation.

The disaggregation process can be complex in that legacy IT systems were never designed to be split. Case management platforms, finance systems, provider databases, and contract management tools are often highly customised, poorly documented and interwoven with broader infrastructure (e.g. county-wide HR or finance systems)

Phase 1 Preparation	Phase 2 Transition	Phase 3 Transformation
Secure ICT and legal capacity and establish digital programme teams, legal contract review, and supplier negotiation	Secure inter-authority agreements for shared contracts and systems.	
Map and rationalise the contracts/license portfolio by completing an audit of active and lapsed contracts, and triage which need novation, which can be repurchased, and which require bespoke solutions.	Where services or suppliers must remain shared for a period, ensure legally binding agreements on funding, security access and decision making	

Strategic System Challenge D: Provider Engagement

A significant proportion of ASC spend goes to external provision in some areas. Disruption to this system, even if unintended, can quickly translate into instability for the most vulnerable residents.

Phase 1 Preparation	Phase 2 Transition	Phase 3 Transformation
Audit contracts and provider geography to understand who delivers care, at what cost, to whom and how reliant they are on scale or local clustering to avoid accidental market destabilisation by splitting a geography that providers need to sustain operations.	Set up a provider transition forum early in the programme. For sharing information, flagging risks, and co-designing solutions.	
	Test contract terms and pricing models before rollout to avoid a “lift and shift” approach to contract novation. Invite providers to review new terms and give feedback — especially smaller organisations who may struggle to absorb complexity.	
	Coordinate payment cycles and uplifts between councils through the changeover: agree transitional alignment to reduce the administrative burden on providers.	
	Identify transition costs: supporting market stability may require short-term investment through bridging payments, provider support packages, or joint commissioning	

	arrangements which need to be built into transition budgets.	
ASC Strategic Challenge 1: Workforce Sustainability		
<ul style="list-style-type: none"> High vacancy and turnover rates (27% turnover, broadly in line with England). Reliance on international recruitment and low average pay compared to national levels. Recruitment and retention difficulties exacerbated by cost-of-living issues and competition with other sectors. 		
Phase 1 Preparation	Phase 2 Transition	Phase 3 Transformation
identify and appoint senior leaders — particularly ‘shadow’ directors and assistant directors of adult social services — as early as possible: Empowered in shadow roles to shape transition plans, stabilise key relationships, and begin carrying the load of distributed leadership well before go-live.		
Joint workforce mapping and early talent planning alongside collaborative recruitment campaigns to avoid bidding wars and ensure shared messaging about career opportunities in the new structures.	Agree principles on pay and conditions to prevent destabilizing market inflation; short term shared or hosted roles particularly in specialist or senior functions where continuity is more important than early separation.	Leverage the city’s higher education institutions (e.g. University of Exeter, Exeter College) to create structured pipelines into care careers.
Values and Vision workshops with senior officers and members to co-create a shared sense of purpose and clarify what success should look and feel like post transition.	Create a narrative to share with staff and communities about what the new service stands for: not just how it will be structured but why it exists and why it will be different	Use local economic development, housing, and planning powers to support affordable housing for care staff, improving retention.
Define “safe and legal” through clear, collaborative decision-making based on agreed and rigorously applied criteria around safety and statutory duties.		Lead joined-up workforce campaigns (e.g. “Proud to Care Exeter”) focused on urban/rural recruitment advantages.
ASC Strategic Challenge 2: Demographic Pressures and Complex Needs		
<ul style="list-style-type: none"> Ageing population with dementia prevalence among over-85s set to rise. Peaks in demand at transition to adulthood and as family carers age. Adults with learning disabilities, autism and physical disabilities living longer with more complex needs. 		
Phase 1 Preparation	Phase 2 Transition	Phase 3 Transformation
Benchmark local services for dementia- friendly assistive technology, and community support best practice.	Ensure shadow portfolios and directorates reflect the future intent of the new organisation: e.g. explicit bringing together of housing, health integration and adult care.	Development of integrated pathways with housing, education, and employment services to better support young adults in transition.
	Development of integrated pathways with strategic NHS ICS commissioners and operational delivery partners including Primary Care Networks (PCN’S) ; RDHU and DPT NHS Trust hospital discharge and community	Integration and co-location of housing, social care, NHS and VCSE services into Neighborhood Area Teams aligned with PCN’s.

	teams.	
		Co-produce and implement assistive technology strategy promoting independence, choice and control
ASC Strategic Challenge 3: Care Home Market Fragility		
<ul style="list-style-type: none"> Over-provision of general residential care but shortages in nursing and complex dementia beds. Estimated shortfall of 270 care home beds by 2027, with highest unmet need in East Devon including Exeter. 		
Phase 1 Preparation	Phase 2 Transition	Phase 3 Transformation
Update strategic needs assessment and renew market position statements	Use planning and housing powers to incentivise the right type of provision (nursing/complex dementia care, not just general residential).	Align Section 106 and City Development frameworks to steer investment into areas of greatest need.
	Directly influence design standards for accessibility and dementia-friendly environments.	Grow hyper-local brokerage capacity for speed, stability and building provider relationships.
ASC Strategic Challenge 4: Extra Care Housing & Supported Living		
<ul style="list-style-type: none"> Significant current unmet need: 151 units in Exeter, rising to 252 by 2033. Supported living services grown piecemeal, inconsistency in quality and tenancy models 		
Phase 1 Preparation	Phase 2 Transition	Phase 3 Transformation
Update strategic needs assessment and renew market position statements	Link with city regeneration schemes (e.g. existing brownfield developments, city centre sites) to embed ECH. Proactive collaboration with Homes England, registered providers, and developers to secure sites.	Integrate housing, planning, and social care to strategically deliver extra care and supported living.
ASC Strategic Challenge 5: Carers' surveys highlight gaps in respite/replacement care and pressures on unpaid carers		
<ul style="list-style-type: none"> Community-based services under strain from increased demand and cost-of-living crisis. 		
Phase 1 Preparation	Phase 2 Transition	Phase 3 Transformation
Update strategic needs assessment and renew Carer's strategies	Harness hyper local community infrastructure (e.g. Wellbeing Exeter) to support carers and reduce isolation.	Hyper local commissioning of tailored respite and replacement care offers
	Stronger coordination with voluntary and community sector partners already embedded in neighbourhoods	
ASC Strategic Challenge 6: Integration with Health		
<ul style="list-style-type: none"> Need to move from hospital-based to community-based care. Current hospital discharge pathways often lead to inappropriate long-term placements. 		
Phase 1 Preparation	Phase 2 Transition	Phase 3 Transformation

Review and renew hospital discharge and reablement strategy and pathways to identify integrated models of delivery	Maintain current team and delivery structures where practicable, disaggregating staff, caseload and budgets to align with new unitary footprint and where practicable to Primary Care Networks. Expand reablement services, with a focus on admission avoidance - using the principles of reablement to maintain more people for longer within the community and avoid, wherever possible, admission to acute hospital settings.	Implement joint commissioning strategies to deliver integrated delivery services within Neighbourhood Area teams utilising outcomes-based Section 75 agreement with NHS partners where it makes sense to do so.
Establish collaborative commissioning and procurement teams to help manage inheritance of Devon-wide contracts with providers	Maintain arrangements with Mental Health and Learning Disability partnerships.	
Develop shared arrangements in specific areas – e.g. Out of hours emergency response; Section 117 aftercare/ forensic mental health/other specialist support/ financial assessments and charging functions which may benefit from collaboration with wider Devon unitary social care	Co-design with NHS partners, future integrated delivery services within Neighbourhood Area teams	