

# PROMOTING INDEPENDENCE

## *Our Vision for Adult Social Care in Devon*

**2023 – 28**

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*Last updated: January 25<sup>th</sup> 2023*

## **Foreword**

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. This vision of living the lives we want to live as independently as possible is one that we can all share in and is at the heart of our vision and supporting strategies: 'Living Well in Devon', 'Ageing Well in Devon' and 'Caring Well in Devon'.

We must be honest about the challenges we face. Maintaining financial sustainability when our income is falling behind the rate of inflation won't be easy. People's health and wellbeing have been affected in different ways by the pandemic and its aftermath and we are experiencing changes in demand for our services as a result. The cost-of-living crisis is impacting people's needs and the price we pay for meeting them.

But we are fortunate in Devon to draw on the many strengths and assets of people in their communities and the partners and providers we work with. During the pandemic communities have stepped up to support their neighbours, the voluntary sector has taken on new functions, and our adult social care providers continued to provide quality care in challenging circumstances, and across the health and care system we have seen people respond with compassion, dedication, and innovation.

The pandemic has shone a welcome spotlight on the caring workforce, and we must build on that momentum by promoting careers in care and demanding the recognition and value our frontline workers deserve, seeking to influence national change to deliver local benefits, including through securing the long-term funding of adult social care so that we can deliver on the government's reform agenda to the benefit of people in Devon.

Good quality accommodation and the better use of technology are at the heart of the modernisation of adult social care, providing pathways for people to maximise their independence. We are seeking to make the most of the opportunities of integration, devolution, and partnership through the work of Team Devon to achieve this, building on what we have already achieved together, but not being afraid to think differently; with the world around us changing rapidly, so must we.



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**Councillor James McInnes**  
*Cabinet Member for Integrated Adult  
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## **Our vision for promoting independence in Devon**

Adult social care in Devon includes a wide range of services to help people maintain their independence, be protected in vulnerable situations, maximise their health and wellbeing, and play a full part in society. The people who we support have additional needs arising from age; learning, physical or sensory disabilities; or long-term physical or mental health conditions and autism.

We work with people at all stages of their lives:

- When becoming an adult, by developing their independent living skills so that they can lead a fulfilling life and achieve their goals.
- When developing as an adult, learning new skills as they progress and adapt to their changing needs, while planning for later life.
- When ageing as an adult, accessing the health and care support they need, living longer and better as a result.
- When providing unpaid care and support to, being supported in their role so that they can balance their own needs with those of the person they care for.

Devon County Council delivers these services in partnership with other organisations including District Councils, the NHS, independent health and care service providers, and the voluntary and community sector. Together we aim to support people to keep their life in balance and live well. In changing our services, we are working with and listening to people to better understand what matters to them, so that we can work with each other in making the best use of our collective resources to improve people's lives.

**Most people tell us that what matters to them is to stay living safely at home in their community, surrounded by their family and friends, where they can retain their independence for as long as possible, living the life they want to lead by doing what matters 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 a specialist setting where we will work to get them home whenever it is safe to do so.

We have reviewed our vision for adult social care through conversations with the people who use our services and their carers, our staff and those of independent and voluntary sector providers, and colleagues in partner organisations and across the council. We have considered what they have shared with us of their experiences during the pandemic and our recovery from it in shaping our vision and the strategies that flow from it.

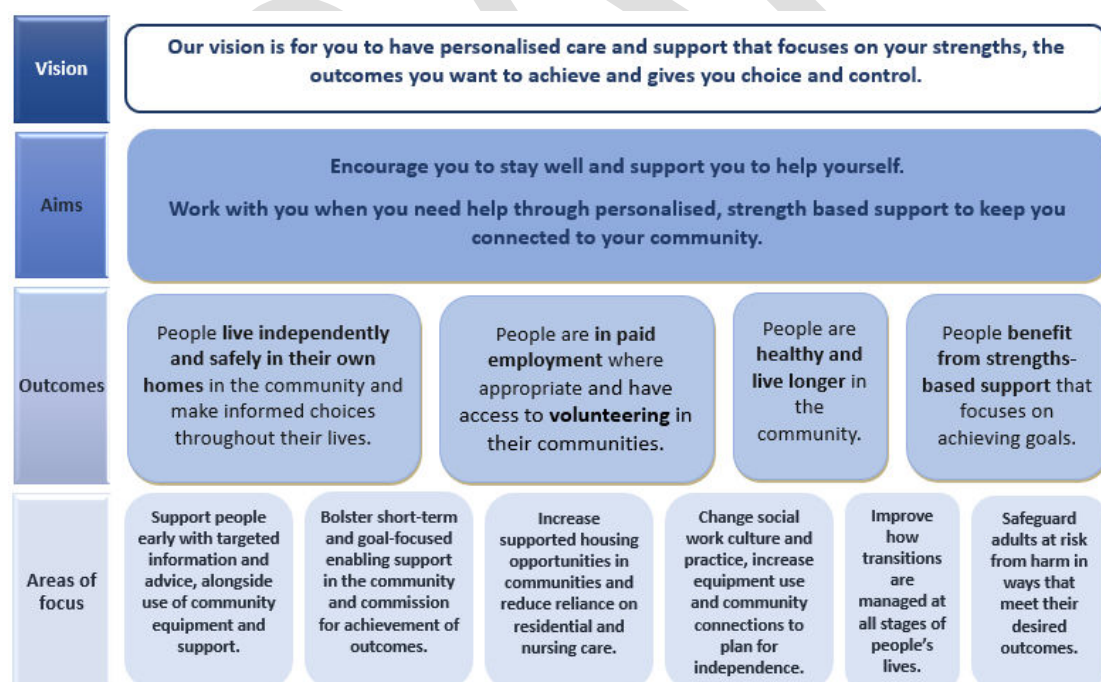
We have also used the evidence contained within our Joint Strategic Needs Assessment and in our Annual Report for Adult Social Care in Devon as well as the research that informs the best practice standards that underpin how the Care Quality Commission assess our services and the outcomes people who use them achieve. This evidence is summarised in Section 7.

We have done so considering our statutory duties defined by the Care Act (2014) and other legislation and in the context of the government's agenda for the reform of health and care services and the strategic plans of Devon County Council and our One Devon Integrated Care System. This thinking is summarised in section 8.

We are seeking to create 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.

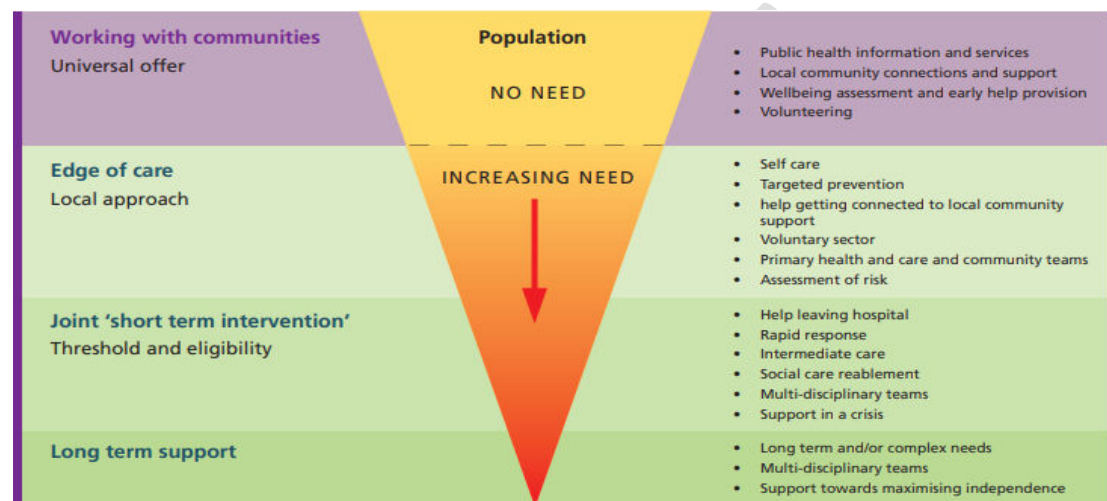
We aim to encourage people to stay well and support them to help themselves. When they need it, people should have personalised care and support that focuses on their strengths, the outcomes they want to achieve, and that gives them choice and control. Wherever possible, people should remain in the place they call home, connected to their community of family, friends and neighbours.



## What promoting independence means in practice

The way in which people are best supported depend on their needs and circumstances:

- For most people, our universal offer comprises information and advice and community development.
- For those on the edge of care, we target preventive approaches to avoid, delay and reduce the need for ongoing support.
- For some, this will mean providing them with short-term services following a crisis to help them recover, rehabilitate and be re-abled.
- For a few, we provide ongoing care and support to meet their long-term needs.



What **promoting independence** means in practice:

- **Through prevention:** creating 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 carers:** 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.

In seeking to promote people's independence in everything we do we will:

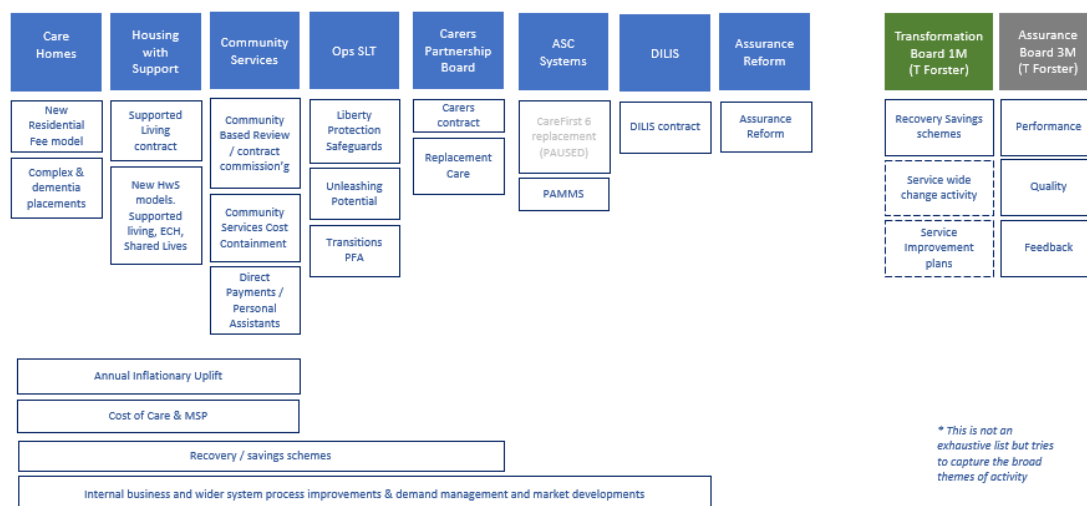
- Listen to people to understand what is important to them and what their abilities and challenges are.
- Recognise, nurture, and build on the strengths of people, their networks, and communities.
- Aim to maintain or regain and maximise people's independence.
- Provide the right care and support in the right place at the right time, keeping people at home wherever possible.
- Use well targeted short-term interventions to reduce reliance on long term care.
- Support people to maintain and extend family and social relationships and take part in fulfilling activities in their communities.
- Help people to gain employment or to access education and training opportunities that leads to employment.
- Encourage people to make use of facilities or services in the local and wider community.
- Promote people's well-being through following healthier lifestyles and accessing health services.
- Inspire and empower people through our own language and behaviour.
- Be ambitious and innovative, having high expectations for ourselves and others.
- Respect our differences in an open, honest, and trusting way.
- Reflect on how we are doing, celebrating success, and acknowledging where we need to improve.

## Our approach to promoting innovation, managing change, and making the best use of resources

Since defining our vision as being one of 'promoting independence', our direction of travel has been to challenge ourselves to innovate by moving:

- From transactional towards strengths-based care management.
- From tactical towards strategic commissioning.
- From consultation towards co-production with people.
- From contracting with to working in partnership with providers.
- From organisational towards system and joint working.
- From assuming dependence to promoting independence.
- From ongoing care by default towards short-term support.
- From use of care homes towards keeping people at home in the community.
- From institutional settings towards housing with support.
- From day centres to enabling day opportunities.

Our change programme itself changes as our priorities change but to illustrate:



We take the following approach in managing change:

- Chairing of our Transformation Board and Assurance Board by our Chief Officer to ensure she is sighted on and directing change and assurance activity.
- Allocating a Senior Responsible Owner to each Project and Board to ensure ownership by a member of our Joint Strategic Leadership Group.
- Using [involvement and engagement](#) opportunities with people who use our services in their carers to inform and where appropriate help shape and deliver change.
- Using formal Programme and Project Management proportionate to the complexity and priority of the initiative.
- This including a plan on a page and concise highlight reporting as accessible means of monitoring progress.
- Making all programme and project documentation available through our use of facilities such as Teams, OneNote, and SharePoint.
- Allocating a Project Manager and support to coordinate each project.



- Assigning senior staff to relevant boards and drawing from a wider pool of staff form project teams and deliver on their workstreams.
- Considering issues and risks arising through maintaining registers that also inform our corporate Risk Register.
- Maintaining close alignment to corporate and system-wide change programmes, some of these projects being our delivery of their requirements.
- Working with [Devon Audit Partnership](#) to give an independent view.

With Devon County Council spending close to half of its [budget](#) on adult social care and with demand rising due to population change and the pandemic and costs rising more rapidly than income, the whole council is focussed on using its resources effectively, prioritising its statutory responsibilities, especially those to more vulnerable people.

We are determined to use our limited resources to best effect by setting and managing our budget in accordance with our 'promoting independence' vision and accompanying strategies 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.



## **Our approach to prevention, information, and advice**

In our health and care system, we consider prevention at three levels:

- Primary prevention focusses on reducing the incidence of conditions that lead to health and care needs developing through universal public health approaches.
- Secondary prevention concerns targeted early interventions to delay and reduce those needs and any requirement for ongoing support.
- Tertiary prevention works with people already receiving care and support to maximise their independence through approaches such as reablement and enablement.

Our public health offer considers the wider determinants of health and wellbeing impacting on our population through the [Joint Strategic Needs Assessment](#) and defines priorities for addressing them in the [Joint Health and Wellbeing Strategy](#):

- Promoting healthier lifestyles through our [One Small Step](#) programme.
- Mitigating the risks of Covid-19 and other infectious diseases through our [Local Outbreak Management](#) and [health protection](#) arrangements.
- Promoting volunteering through our [Show You Care](#) programme as part of our wider approach to [developing and working with the voluntary and community sector](#).

In our vision, we emphasise the importance of people being informed to make the best choices for them to maintain or maximise their independence:

- Online through our website that offers facilities such as [information and advice](#) relating to adult social care, [guided self-help](#), online [self-assessment](#), a [directory](#) of local support, and advice on equipment that assists in [independent living](#).
- Over the phone, via our [Customer Service Centre Care Direct](#) service and, where an assessment of needs is required, via our telephone-based Care Direct Plus or face-to-face Community Health and Social Care Teams.
- Specialist advice for groups such as [carers](#) and people with [mental health](#) needs through our partners Devon Carers and the Devon Partnership Trust and for people with [disabilities](#).

In 2008, our early adoption of more advanced telephony and information technology systems enabled us to provide an improved telephone-based service differentiated according to people's needs. Since, we have deployed technologies to enable people to interact with us online. As we implement the next generation of care management systems we will further develop our capabilities to improve how people can get the help they need.

Over the last decade, we have put increasing emphasis on how we work with people to maximise their independence, especially through short-term support:

- Through [Social Care Reablement](#) mainly targeted at older people to avoid admissions into hospital, facilitate their discharge from hospital, and promote their recovery, rehabilitation and reablement after a crisis.
- Through the [Rapid Response](#) and [First Response](#) services of our NHS partners.
- Through [Reaching for Independence](#), which works with younger adults with disabilities to maximise their capacity for independent living.
- Through the use of [Technology Enabled Care Services](#), alerting us to when people need assistance, and increasingly supporting them directly in other ways.

## **Our approach to developing the adult social care market**

For most people most of the time, their experience of adult social care is through the services delivered to them by the many independent and voluntary sector providers in Devon, ranging from individual personal assistants to national organisations. While the local authority has a duty to ensure a sufficient, diverse, and high-quality market and to assess the needs of people and arrange and fund services for those without the means to do so themselves, everyday delivery is mainly through them.

We work with adult social care providers in Devon through the [Provider Engagement Network](#) and maintain a [Provider Reference Group](#) and facilitate locality and sector specific forums as well as online resources, communicating with them via a regular newsletter and topic-based webinars, offering support with:

- Contracting with Devon County Council.
- Our approach to Quality Assurance.
- Funding opportunities.
- Business continuity planning.
- Our Market Position Statement, Market Sustainability Plan, and Cost of Care assessment.
- Managing outbreaks of infectious diseases such as Coronavirus, influenza, and norovirus.
- Vaccination for staff and service users.
- Workforce development and wellbeing.
- A directory of local and national resources.

Our [Market Management Team](#) manages our business relations with providers by:

- Working with our social care provider partners so that we can deal with any arising issues quickly and effectively to ensure continuity of service for those that need it.
- Working with our commissioning colleagues so that we can develop the marketplace including through the [Market Position Statement](#), [Market Sufficiency Statement](#), and forthcoming Market Sufficiency Plan and Cost of Care publications.
- Working with our care management colleagues on addressing provider failure and business continuity issues.

The [Quality Assurance and Improvement Team](#) offers [support](#) including:

- Helping providers identify the reasons for any non-compliance following a CQC Inspection and supporting them to develop an action plan to return to compliance.
- Helping to identify where systems and processes are not effective and where improvements can be made.
- Giving providers supportive resources, advice, guidance, and information on improving quality in all aspects of service provision.
- Supporting providers to develop and implement effective quality assurance arrangements, including through our challenge and support.
- Prioritising referrals to leadership and management development training.

## **Our approach to developing the social care workforce**

Over [26,000 people work in adult social care in Devon](#), all but a few hundred of them in the independent and voluntary sector. Without an adequate, committed, experienced and well qualified workforce, the adult social care sector cannot deliver sufficient, diverse, and high-quality services to meet the needs of our population, whether they fund their own care or are supported by the local authority or NHS.

Our LoveCare programme was initiated by an [Appreciative Inquiry](#) into adult social care and its workforce challenges bringing together national and local system leaders with care workers, care providers and people who use their services. Out of this event and a visit from colleagues in the Department of Health and Social Care we launched a [prospectus for change](#) for the Devon health and care system, aspiring to develop our workforce into one that is sufficient, caring, confident and collaborative.

Since then, we have been [working together](#) to:

- Agree five principles relating to workforce that can be embedded across the whole system: system working, stability, learning and education, enhancing technology, and sustainability.
- Address future thinking with Health Education England (HEE) and the staff college to develop future scenarios that reflect what the system and workforce could look like in 2035.
- Further develop LoveCare, to test, learn and develop the local care workforce within Devon and campaign for national change on pay, reward, and career pathways.
- Maximise the value of [Proud to Care](#), our recruitment service for health and care in Devon.
- Undertake joint [overseas recruitment](#), pooling resources and requirements.

We are also focussed on developing our own workforce through our 'Unleashing the Potential Programme' and an ongoing [recruitment campaign](#), by:

- 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.

## **Our approach to involvement and co-production**

Devon County Council is committed to enabling people who receive our support to have their say in the planning, commissioning, and provision of services, whenever possible. We have a number of [different ways of engaging with people who use services and carers and the wider public](#), so we learn from their experience of adult social care, including.

- 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.
- [Carer Ambassadors](#) recruited by Devon Carers to actively represent the views of carers, 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](#).
- Older people's engagement: set up to deliver all forms of engagement opportunities with our partners [Age UK Devon](#).

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

- [Living Options Devon](#) coordinate a network of organisations who help us engage with people through statutory consultations and more informal listening events and surveys.
- The [Equalities Reference Group](#) is made up of people from organisations representing each characteristic protected by the Equality Act (2010) and helps us undertake [Impact Assessments](#).
- [Healthwatch Devon](#) is the statutory health and social care consumer voice organisation for the Devon County Council area, and receive their reports at our [Health and Care Scrutiny Committee](#) and our [Health and Wellbeing Board](#).
- Our corporate [Customer Relations](#) service that facilitates formal complaints and other feedback.

We are increasingly going beyond listening to and consulting with people to actively work with them in our [Co-Production Working Group](#) whose aim is to develop the council's approach to participative involvement in commissioning, planning, designing, and evaluating services.

Like other local authorities we participate in [statutory surveys of the people who receive adult social care services](#), annually for service users, and every other year for carers, enabling us to listen to the views of hundreds of people locally on the services they receive and the impact of their lives, and to compare their experiences with those who live elsewhere. We incorporate these insights into our [annual report](#) and share and discuss widely to better understand what factors informed people's responses.

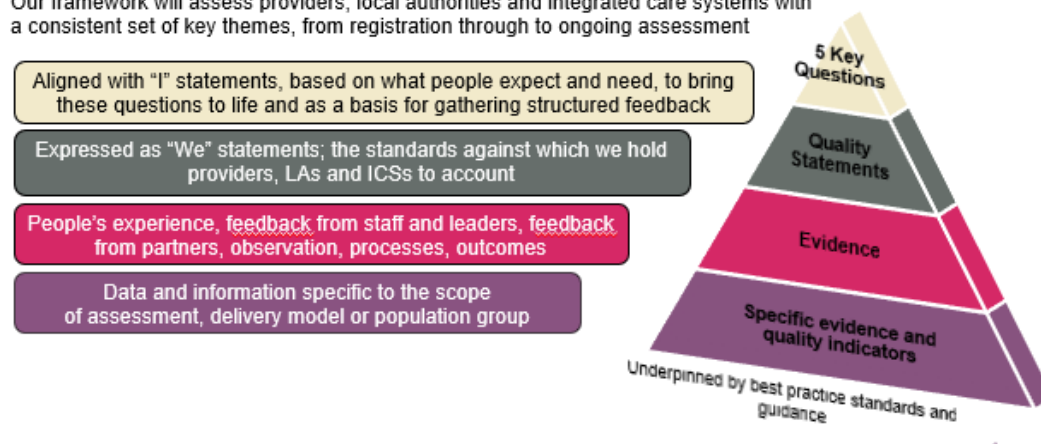
## How we will know whether we are achieving our vision

The [Health and Care Act \(2022\)](#) gave the [Care Quality Commission \(CQC\)](#) new regulatory powers to undertake independent assessment of local authorities' delivery of regulated care functions set out in Part 1 of the Care Act (2014).

The assessment framework draws on the [new CQC approach](#) that defines a set of quality statements that are arranged under topic areas and describe what good care looks like. The framework aims to:

- Set out clearly what people should expect a good service or system to look like.
- Put people's experiences of care at the heart of judgements.
- Ensure that gathering and responding to feedback is central to the expectations of those assessed.

Our framework will assess providers, local authorities and integrated care systems with a consistent set of key themes, from registration through to ongoing assessment



This assessment framework has been grouped into four key themes, each with several quality statements mapped to them:

- How local authorities work with people – assessing needs, care planning and review, direct payments, charging, supporting people to live healthier lives, prevention, wellbeing, information and advice, equity in access and outcome.
- How local authorities provide support – market shaping, commissioning, workforce capacity and capability, integration and partnership working, supporting carers in their role.
- How local authorities ensure safety – safeguarding enquiries, reviews, Safeguarding Adults Board, safe systems, pathways, transitions, and continuity of care.
- How local authorities lead the care system – culture, strategic planning, learning, improvement, innovation, governance, management, and sustainability.

Theme 1: Working with people	Theme 2: Providing support	Theme 3: Ensuring safety	Theme 4: Leadership and workforce
<ul style="list-style-type: none"> <li>• Assessing needs</li> <li>• Supporting people to live healthier lives</li> <li>• Equity in experience and outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Care provision, integration and continuity</li> <li>• Partnerships and communities</li> </ul>	<ul style="list-style-type: none"> <li>• Safe systems, pathways and transitions</li> <li>• Safeguarding</li> </ul>	<ul style="list-style-type: none"> <li>• Governance, management and sustainability</li> <li>• Learning, improvement and innovation</li> </ul>

We expect this process to begin in 2023, with self-assessment and an inspection visit, and anticipate that the first judgements on how well we meet these best practice standards to be published after a 2-year baselining period.

Each year in Devon we have maintained the discipline of writing and sharing an annual report which is our assessment of how we are performing. For the [2022 annual report](#), we extended the range of evidence we use to represent the lived experience of the people we serve to include:

- Some key facts about the population of Devon and the people we serve.
- The money we spend on those services, activity levels and their cost.
- The outcomes we achieve, including those defined by the government in the adult social care outcomes framework which we can benchmark against other local authorities.
- What people say about their lives and the difference services make to them, through structured and statistically sampled surveys, at the various involvement groups we facilitate, and through the organisations that give them a voice such as Healthwatch.
- How our care management service performs in meeting our statutory responsibilities to assess and review people's needs and arrange services to meet them.
- In particular, how well we fulfil our safeguarding duties compared with other councils, with analysis of who and what concerns are about, and their resolution.
- The quality, sufficiency, and affordability of our market of independent and voluntary sector providers of adult social care services.
- The recruitment, retention, demographics and continuing professional development of our internal and external workforce.
- What we learn from complaints, audits, and other formal feedback.

We are now revising our Assurance Framework to better align to our updated Vision and Strategies, using the wider evidence base contained in our annual report, and the structure of the CQC assessment framework. This will be accompanied by changes to our Assurance Governance to give all stakeholders a clearer and more complete view of how we are doing.

## **How our vision, strategies and plans fit together**

People sometimes tell us they want to engage with what we are trying to achieve, why and how, but don't understand how our various strategies and plans fit together. Several of these are statutory documents we must produce; others are agreed locally, involving the people who use our services and their carers:

<b>Document</b>	<b>Purpose</b>
<a href="#">People at the Heart of Care</a>	'People at the Heart of Care' is the government's 10-year vision for the reform of adult social care.
One Devon <a href="#">Vision</a> and Operating Model	'One Devon' outlines the priorities of our integrated care partnership and the structures and governance we have agreed across the health and care system in pursuing them.
<a href="#">Devon County Council Strategic Plan</a>	'A Better Place' outlines the priorities of the county council its various services have agreed to work together to achieve.
<a href="#">Joint Strategic Needs Assessment</a>	This statutory document gathers the main evidence that helps us understand the population of Devon and their needs.
<a href="#">Joint Health and Wellbeing Strategy</a>	'Healthy and Happy Communities' considers the evidence in the JSNA and sets our priorities for improving the health and wellbeing the people of Devon.
Our Vision for Adult Social Care	'Promoting Independence in Devon' (this document) responds to the above, summarising our vision for the distinctive role social care plays in the wider health and wellbeing system.
Our Strategies for delivering our vision.	' <a href="#">Living Well in Devon</a> ', ' <a href="#">Ageing Well in Devon</a> ', and ' <a href="#">Caring Well in Devon</a> ' outline our strategies for achieving our vision for people at different stages of their lives.
<a href="#">Adult Social Care Annual Report</a>	Our annual report assesses how well we are doing in delivering that plan and whether we are making a positive difference to people's lives.
<a href="#">Market Position Statement</a>	This statutory document considers the demand for and supply of social care services and is aimed at the market of service providers we commission from.
<a href="#">Market Sustainability Plan</a>	This new statutory document lays out how the council will work with its local providers to develop a sufficient, affordable, diverse, and high-quality adult social care market.
<a href="#">Service Policies, Strategies and Plans</a>	We also publish policies, strategies, and plans, jointly where appropriate, regarding specific services and how we intend to meet the needs of specific groups.
<a href="#">Safeguarding Plan</a>	Our strategic business plan defines the objectives and priorities of our safeguarding partnership.
<a href="#">Safeguarding Annual Report</a>	Our annual safeguarding report lays out how our safeguarding partnership has achieved its objectives and priorities over the previous year.



## **What our needs assessment tells us**

The following are highlighted in our the [Joint Strategic Needs Assessment](#) as the main current and future health and wellbeing challenges across Devon:

- 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.

In adult social care, our particular challenges are:

- An ageing population which is also growing faster than the national average with growing levels of frailty and dementia.
- The extending life expectancy and increasing complexity of need of people with learning and physical disabilities.
- The growing number of people with long-term conditions with the health service lacking sufficient capacity to address them.
- A changing profile of mental health needs and growth in demand from autistic people.
- High levels of social isolation resulting in loneliness in all age groups exacerbated by the pandemic.
- A sparse and predominantly rural population with patterns of deprivation marked by isolated pockets and hidden need.
- Significant inequalities in healthy life expectancy between the most and least deprived parts of the county.
- The growing number of people with often multiple unpaid caring responsibilities.
- Improvements in health-related behaviours in younger age groups not mirrored by the middle-aged and elderly.
- A disparity between the quality of indoor and outdoor environments in Devon with incomes lower than the national average, house prices higher, and housing quality variable.
- Changes in the benefits system having unforeseen consequences.
- A working age population that is not growing at the same rate as the non-working population with recruitment and retention challenges in our workforce escalating.
- A complex organisational geography with multiple NHS partners.

## **What benchmarking and other data tells us**

As part of the government's sector-led approach to improving social care, we make statutory returns which enable comparative performance to be analysed through the [Adult Social Care Outcomes Framework](#) and associated publications in our Annual Report.

From recent annual reports, we can discern insights from long-term trends that have informed the

- Almost half of the council's budget is now spent on adult social care, a proportion that has increased significantly over the last decade.
- The significant majority of this budget is spent on independent and voluntary sector provision with the council mainly focussed on strategic and person-level commissioning.
- Despite the aged and ageing population in Devon, more than half of this spend is now on people aged 18-64, in particular people with learning disabilities and autistic people.
- We support a greater proportion of our 18-64 population than is typical, especially in community settings and to a greater extent with pressures at transition and when elderly parents can no longer fulfil their caring roles.
- With the growth in the population of older people, and despite the council protecting spend on the most vulnerable, an older person is less likely than before the austerity period to receive council support, in part because of means testing.
- We serve fewer older people relative to our population in all settings than is typical although about a half of people living in care homes and a third of people being supported in their own homes in Devon fund their own care.
- We pay higher than typical fees to our providers, in particular in the hourly rate for regulated personal care services, although our weekly rate for residential and nursing care is now above comparator averages.
- Despite this, we still face challenges in securing sufficient services, especially in the community, lacking capacity to deliver up to 5,000 hours of personal care services each week.
- This impacts on the wider health and care system, and with greater sufficiency and more prompt availability of services we could do more to avoid admissions into and secure prompt discharge from hospital.
- We have improved the reach of our short-term services and could do even better if capacity wasn't being used to respond to insufficiency elsewhere
- The biggest challenge to market sufficiency in Devon is workforce recruitment and retention, with high levels of vacancy and turnover a particular concern, and pay inadequate to attract sufficient new entrants in a competitive local jobs market.
- Our aim is to keep people at home wherever possible; the proportion we support in residential care is similar to that typical elsewhere and on a long-term downward trend although still more than we would like.
- In recent years, the overall satisfaction of service users with adult social care in Devon has been above all comparators but this is not the case with carers who highlight their social isolation and lack of employment opportunities as reasons why.
- We also perform well on indexes that seek to measure people's quality of life, especially for service users where we rank among the highest in the country.

- More people with learning disabilities in Devon live in the community rather than in institutional care and are in paid employment than is typical, both good indicators of independence.
- People in Devon continue to be more likely to use direct payments than is typical elsewhere but whereas research shows this usually leads to better outcomes, that may not be so where the motive is to secure service provision
- Our levels of safeguarding concerns and enquiries are now broadly in line with comparators, and during the pandemic we responded to changes in settings and themes, with more related to abuse and neglect in the home.
- Work across the health and care system resulted in the number of deaths in care homes from Covid-19 during the peak pandemic period relative to our population were among the lowest in the country and high uptake of vaccines among the residents and care homes continues to offer good levels of protection.
- The proportion of adult social care providers in Devon rated Good or Outstanding has consistently been above the national and regional averages for some years, illustrating our good partnership working on quality assurance and improvement

We consider what people have told us and the insights we take from comparative data relevant to the people they relate to in our 'Living Well in Devon', 'Ageing Well in Devon', and 'Caring Well in Devon'. Evidence specific to them is contained in those strategies.

## **The legislation that guides us**

Local authorities are required by legislation to deliver adult social care services that meet defined statutory responsibilities.

The [Care Act \(2014\)](#) defines our main duties including:

- Shaping the adult social care market to ensure quality, choice, diversity, affordability, and sufficiency with contingencies to address provider failure.
- Providing social care for people with eligible needs through assessment, support planning, financial assessment, arranging support, and review.
- Commissioning or delivering a range preventative and short-term services (including information and advice) that reduce, prevent, or delay the need for ongoing care and support.
- Considering individual wellbeing and equality of access and outcome in decision making.
- Promoting integration between health and social care services including through integrated commissioning.
- Safeguarding adults at risk and overseeing governance of the local safeguarding system.

The [Health and Care Act \(2022\)](#) introduced:

- Guidance on the structure and governance of integrated care systems, including the role of local authorities within them, with key strategies and reports put on a statutory footing.
- Assurance by the Care Quality Commission of both integrated care systems and local authority adult social care functions.
- Requirements for adult social care providers to return information used in the monitoring and improvement of provision.
- More flexibility in the discharge from hospital of people with care and support needs.
- Duties to reduce inequalities in the access to and outcomes of health services.
- Commitments to spending a set proportion of the NHS budget on mental health.
- Changes to how health services are commissioned nationally, regionally, and locally.
- Consideration of people's health and wellbeing – and the quality, efficiency, and sustainability of health services – in decision making.

Changes to charging for adult social care, amending capital limits, and introducing a care cap and the right for people to request the local authority arranges their services have currently been postponed.

We are also guided by:

- The [Mental Health Act \(1983\)](#)
- The [Mental Capacity Act \(2005\)](#)
- The [Health and Social Care Act \(2008\)](#)
- The [Health and Social Care Act \(2012\)](#)

## The government's vision for reform

The government has laid out its agenda for the reform of adult social care in '[People at the Heart of Care](#)' published in March 2022. This set out principles and plans to reform how people are charged for their care to make individual contributions more predictable and within a defined limit, but also to lay out a long-term vision the care system will take steps towards.

The government defines its vision as being one that:

- Offers people choice and control over the care they receive
- Promotes independence and enables people to live well as part of a community
- Values our exemplary and committed social care workforce, enabling them to deliver the outstanding quality care that they want to provide
- Recognises unpaid carers for their contribution and treats them fairly

This 10-year vision to transform care and support in England has three objectives:

People have choice, control, and support to live independent lives
<ul style="list-style-type: none"><li>• Champion <b>early health and wellbeing interventions</b> through community support to <b>delay and prevent care needs</b> and <b>reduce the number of people with preventable diseases</b></li><li>• Technology is fully utilised to enable <b>proactive and preventative care</b>, and to <b>support people's independence</b></li><li>• Give people more <b>control</b> over their care and support, and give people the <b>choice to live independently and healthily</b> in their own homes for longer</li></ul>
People can access outstanding quality and tailored care and support
<ul style="list-style-type: none"><li>• Care and support is co-ordinated, and everyone works well together to <b>plan an individual's care</b>, bringing together services to achieve the outcomes that are important to that individual</li><li>• Health, social care and other services – such as housing, homelessness and community support – are joined-up to provide a <b>seamless care experience of person-led support</b>, which also recognises and <b>supports unpaid carers</b></li></ul>
People find adult social care fair and accessible
<ul style="list-style-type: none"><li>• Care and support is accessible to ensure that <b>needs are met without delay</b></li><li>• Information and advice is user-friendly and accessible, so that people can make <b>informed and empowered decisions about their lives – now and in the future</b></li></ul>

The publication builds on the [Care Act \(2014\)](#) and its focus on wellbeing, incorporates the specific reforms regarding charging, integration and assurance incorporated into the [Health and Care Act \(2022\)](#) and begins to lay out the additional funding adult social care will receive over time and how it will be used.

In doing so, it highlighted the strategic risks and issues faced by adult social care:

- Rising to the challenge of increasing demand and rising costs.
- Shaping healthy and diverse social care markets.
- Addressing variation in the quality and safety of care.
- Supporting the adult social care workforce.
- Enabling people to navigate the system to find the right care and support.
- Accelerating the adoption of technology.
- Expanding the choice of housing options.
- Driving integration of health and care services.

## **The ADASS, LGA and NHS Confederation joint vision for the sector**

The Association of Directors of Adult Social Services (ADASS), NHS Confederation and the LGA have published a [joint vision](#) on the long-term solutions required to make our health and care system resilient, preventative, and promoting independence.

This states that high quality, responsive, preventative, and personalised health and care services contribute so much to our lives and society by:

- Enabling people to live their best lives and be active in their local communities.
- Supporting unpaid carers to continue caring whilst working and living their own lives.
- Offering rewarding, skilled employment and long-term careers to over three million people.
- Bringing together the best of the NHS, local authorities, adult social care providers, public health and the community and voluntary sector to support people to live good lives, meet growing needs and expectations of those who draw on care and health services.
- Boosting local, regional, and national economies by contributing to economic outputs (Gross Domestic Product) as major employers and contracting with local businesses. Recent analysis shows that [every pound invested in the NHS results in around £4 back to the economy](#) through increased gross value added (GVA), including through gains in productivity and workforce participation; and that [the estimated adult social care sector GVA was £23.6 billion in 2016](#).

The vision is relevant to those who need care, support, or treatment now or in the future, provide unpaid care for family members, work in social care or health, or run businesses that contribute to health and wellbeing outcomes. It focuses on:

- Maximising health and wellbeing and preventing or delaying people from developing health and social care needs.
- Redirecting resources so that when people need treatment, and short-term support they are assisted to make as full a recovery as possible, restoring their health, wellbeing and independence.
- Maximising independence and wellbeing for people with ongoing health and/or social care needs by working with them to put in place the care and support that works for them.

They call on the Government to work with the sector and to put in place concrete measures to ensure that local leaders can achieve this culture shift, now and in the future asking that the Government:

- Invest in prevention and early intervention.
- Create the ability to plan for the long term.
- Deliver a long-term, fully funded workforce
- Let local leaders lead.
- Recognise the health and care sector as an economic asset.

Core components of the proposed recovery model for people to regain their health and independence following a crisis such as an episode in hospital are:

- **Prevention, including crisis support** – first and foremost, to identify people at risk of admission and to put in place care and support, including crisis support, to prevent them need hospital treatment
- **Discharge planning** – NHS and social care to plan appropriate discharge support on day one of admission, with involvement of the community and voluntary sector and housing providers
- **Multi-disciplinary teams** – including adult social care, NHS community health professionals, the community and voluntary sector, housing and mental health services
- **Timely, shared and trusted data** – all commissioners and providers across health, care and the voluntary and community sector to contribute and have access to a shared data set to enable them to have a ‘single version of the truth’
- **Rapid review** – adult social care and NHS staff jointly review all people being discharged from hospital to make sure that they have the information to make informed choices about the risks and benefits of different options and ensure that any ongoing treatment, care and support is appropriate, with the aim of regaining independence, confidence and connectedness
- **Support for informed choices** – whether in hospital, in a temporary residential setting or at home, everyone should be the information, time and support in order to make informed choices about their care and housing support in the future
- **Going home with support** – including primary care, community mental health services, domiciliary and community and voluntary sector support with an agreed date for rapid review to assess any ongoing health and care needs
- **Bed-based intermediate support in residential care homes** – for a limited period with an agreed recovery, rehabilitation and reablement plan to ensure that care and support is focused on helping people to return to their own homes or make decisions about longer term care options
- **More investment in diverse models of care** – including Shared Lives, carers support, ‘floating support’, and supported employment as effective models of care and support to maximise independence at home
- **More investment in a range of housing options, including supported accommodation** – for people who are unable to return to their own homes, to enable them to live in different housing within their communities with the appropriate level of support.



## The One Devon integrated care strategy

The [partnership of health, local government and care organisations](#) working together in [One Devon](#) (our [integrated care system](#)) has co-designed its operating model outlining how it will work together to achieve our vision of people in Devon having equal chances to lead long, happy and healthy lives.

To achieve these new ways of working, we must make best use of new collaborative structures in One Devon at System, Place and Neighbourhood level:

- Provider Collaboratives of health and care providers working to improve care pathways and deliver better outcomes for patients and service users, making the best use of system resources in areas such as workforce, technology, and estates.
- Place-based partnerships –our 5 Local Care Partnerships (LCPs), which bring together a wide range of organisations, including the NHS, Local Authorities, District Councils and Voluntary, Community and Social Enterprise, to deliver integrated health and care services.
- Neighbourhoods, within which partners such as primary care services, NHS community services, social care and other providers work to deliver improved outcomes for their population.

Our ambitions for the next five years are:

- Effective and efficient care, collaborating to improve quality and productivity.
- An integrated care model that better joins up health and care services.
- The Devon deal, working with communities to address local challenges.
- Children and young people having the best start in life.
- Digital Devon, meaning people can interact with us and be supported online.
- Being equally well in Devon, tackling inequalities of access and outcome.

Building on the analysis in our Joint Strategic Needs Assessment, the One Devon Integrated Partnership Board has declared the twelve challenges our local health and care partnership aspires to address.



To do this we have recently agreed and published our [‘One Devon Partnership Integrated Care Strategy’](#) we have agreed 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 health 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.

## **The Devon joint health and wellbeing strategy**

[Devon's Health and Wellbeing Board](#) has a duty to produce a [Joint Health and Wellbeing Strategy](#) (a local strategy for the local population addressing the needs identified in the [Joint Strategic Needs Assessment](#)) and '[Healthy and Happy Communities](#)' sets priorities for improving health and wellbeing outcomes through to 2025.

The strategy establishes the following principles:

- Prioritise prevention and early intervention.
- Recognise the growing contribution of voluntary, community and social enterprise organisations.
- Support the role of the public in the continuing development of services.
- Respond to inequalities in access and outcome which are avoidable.
- Seek to ensure that people have access to the information and support they need to stay well, tailoring services to their needs.
- Adapt for the future by developing relationships and supporting partnerships across the community to support those with more complex needs.
- Develop the wider health and wellbeing workforce and embrace digital solutions.

And sets the following priorities:

- Create opportunities for all: inclusive economic growth, education, and social mobility
  - Narrow gaps in educational attainment and adult skills
  - Reduce levels of child poverty
  - Support economic growth in more disadvantaged areas
  - Increase social mobility
- Healthy, safe, strong, and sustainable communities: creating conditions for good health and wellbeing where we live, work, and learn
  - Improve housing conditions, reduce homelessness, and increase supply of appropriate, high-quality housing
  - Create conditions for good health, physical activity, and social interaction
  - Support healthy workplaces and schools
  - Help keep communities and individuals safe
- Focus on mental health: building good emotional health and wellbeing, happiness, and resilience
  - Reduce loneliness in all age groups
  - Identify people at risk and intervene to improve poor mental health as soon as possible
  - Proactively address the mental health consequences of trauma and adverse childhood experiences
  - Promote a positive approach to mental health and wellbeing
- Maintain good health for all: supporting people to stay as healthy as possible for as long as possible
  - Prevent ill health by enabling people to live healthier lives
  - Detect disease in the early stages to reduce impact on health
  - Support those living with long-term conditions to maintain a good quality of life
  - Support carers to improve and maintain their own health and wellbeing
  - Promote public health interventions to prevent the spread of infectious disease

## **The Devon County Council strategic plan**

[Our Devon County Council Strategic Plan 2021-25](#) focuses on how the council will help the people of Devon to recover from the COVID-19 pandemic, build on the resilience of local people and communities to create a fairer, healthier, and more caring place, and grasp the opportunity to create a greener, more prosperous, and inclusive future for all where people thrive in growing up, and have every chance to live well and prosper as adults.

It defines the big strategic challenges facing Devon as:

- Responding to the threat of climate change
- Meeting the needs of our changing population
- Improving fairness and equality in access and outcome
- Inspiring trust and confidence in the people we serve
- Maintaining financial resilience, sustainability, and prosperity

And given that context, sets the following priorities:

- Responding to the climate emergency
- Being ambitious for children and young people
- Supporting sustainable economic recovery
- Tackling poverty and inequality
- Improving health and wellbeing
- Helping communities to be safe, connected, and resilient

It commits the council to being:

- Trusted – leading and collaborating well; making food decisions; using resources effectively and being financially resilient
- Inclusive – being intolerant to prejudice and discrimination; developing and nurturing our workforce; hearing the voices of all our communities
- Innovative – listening and learning; using data well; transforming the way we work to improve our services

In our annual plan 2022-23, the council has made several commitments regarding adult social care, including:

- Implementing the government's reform agenda
- Delivering the Love Care programme to raise the profile of working in care and improve conditions for care workers
- Continuing the Proud to Care recruitment campaign in support of independent sector care providers
- Giving additional support to carers.
- Encouraging walking and cycling and other ways to increase physical activity
- Improving access to mental health services.
- Continuing to work with and support voluntary, community, and social enterprise organisations to address the impacts of increasing costs of living.
- Working with partners to tackle social isolation and loneliness particularly among older people, young people, those with disabilities or living with long-term chronic conditions.