Adult Social Care Strategy 2022 - 2026

West Berkshire
COUNCIL

Contents

Foreword
from the Portfolio Holder for Adult Social Care

Welcome to the West Berkshire Adult Social Care Strategy 2022-2026.

The recent announcements by the government regarding the proposed reforms to the social care system as part of their 'Build Back Better' plans mean it is perfect timing for us to set in our minds what our social care priorities should be in the coming years.

As the Portfolio Holder for ASC, this gives me an ideal opportunity to build on the great work that has already been completed by Graham Bridgman (previous Portfolio Holder) and the teams across West Berks Council, who do such great work every day looking after our residents. And as we emerge from the pandemic and start to understand the long term effects of Covid-19 and 'Long Covid' on our health and social care needs, it will undoubtedly be a changed landscape to any that we could have predicted 12 months ago.

When you read through this strategy, you'll no doubt notice that it doesn't detail every type of health need or medical condition and that's been done on purpose, as the list would be extremely long!

Last year, you may have seen we issued a Market Position Statement (MPS)1 for ASC service providers to help them understand where we are seeing potential gaps in the care services available over the next few years, and where we particularly welcome new approaches, enhanced provision or additional supply to make improvements to existing services. This strategy document is intended to underpin the MPS and give West Berkshire Council guiding principles and areas of particular focus, aligning to our Council Strategy. It will also ensure our teams and care service providers will keep those residents who need our care support, safe and well looked after, now and in future years.

Cllr Joanne Stewart

*Executive Portfolio Holder
for Adult Social Care*

---

1   https://www.westberks.gov.uk/media/39300/Adult-Social-Care-Market-Position-Statement/pdf/Market_Position_Statement_2020-2023.pdf?m=637411341141170000#:~:text=The%20mid%2Dyear%20population%20estimated,3.5%25%20over%20the%20next%20decade

1. Development of this paper

This Strategy has been developed through the following process:

Stage 1: Development work by the Adult Social Care (ASC) Senior Management Team.

Stage 2: Consultation with the Executive Member for ASC and Executive Director (People).

Stage 3: West Berkshire Council internal governance process.

Stage 4: Consultation (including ASC staff, stakeholders and the wider Public).

Stage 5: Development and implementation of Action Plan.

The Strategy seeks to provide the following:

- staff will understand the principles they are expected to demonstrate
- service users will understand the standards they can expect
- partners will understand our role in relation to them.

As noted in the Foreword, the approach taken in the Strategy is 'universalist'. It sets out fundamental principles and seeks to establish the standards which everyone should expect from the service.

It does not seek to set out specific responses for specific groups of people. This is because our statutory duties apply equally to all eligible groups. Some of our services (such as our care homes) cater specifically for certain conditions and it is also essential that our staff understand the specific needs of different groups with which they work. However, this strategy seeks to ensure that equity is a core principle by which the service is organised and our standards must work for all.

2. The National Context

2.1 The legislative context is key in determining the role and function of all Local Authority ASC departments. Key pieces of legislation include (but are not limited to) the Care Act 2014, the Mental Capacity Act 2005 and the Mental Health Act 1983 (as amended).

2.2 White papers have recently been published on Mental Health[1] and Health and Social Care[2]. Further developments are also expected, such as the introduction of Liberty Protection Safeguards. All ASC departments will need to adjust in response to these sorts of changes.

2.3 In addition, the Government has now set out its plan for Health and Social Care, titled 'Build Back Better'[3]. This has been followed by a White Paper titled 'People at the Heart of Care'. Both set out wide-reaching reforms relating to a number of areas. Central to the reforms are plans to review the funding/ charging model. As the reforms are substantial, we will not seek to summarise here. The Government has also launched an Integration White Paper. ASC will need to adjust our practice in line with all of these requirements.

2.4 There is a broad consensus that one of the greatest challenges facing ASC departments is the need for an adequate and sustainable funding model. There is concern that 'Build Back Better' will not address this issue; indeed it is expected to increase the burden on ASC staff and providers in managing the new requirements relating to independent personal budgets and the cap on care costs

2.5 Beyond the legal context, there is the demographic context. This has of course been changed by the Covid-19 pandemic. Nonetheless, the previously established trends of an ageing population, living longer with impairments, can be expected to persist in the long-term. This creates an underlying pressure on ASC resources.

2.6 It has long been true that the general public does not have a high level of awareness of ASC unless or until such time as it is needed in their lives, or the lives of a friend / family member. Additionally, it is not generally seen as a professional domain held in high esteem, partly because many roles are not well paid.

2.7 It appears that public consciousness and esteem for social care functions has improved as a result of the Covid-19 pandemic, in light of a greater level of awareness and a recognition of the importance of the work. This may not be long-lasting once the worst effects of the virus are better managed.

2.8 Finally, the national context includes a staffing challenge. This is being seen across a great number of roles, both specialist (such as Nurses, Approved Mental Health Professionals, Social Workers and Occupational Therapists) as well as the wider workforce of paid carers. All are essential in order to meet the needs of the population. As well as being in step with the national picture, ASC sits alongside a number of local strategies and so must be coherent with them. They include the West Berkshire Council Strategy 2019 – 2023, which will shortly be updated. There is also the Berkshire West Health and Wellbeing Strategy, the West Berkshire Council Environment Strategy 2020-2030, Carers Strategy and the Leisure Strategy.

---

[1] Mental Health White Paper - https://www.gov.uk/government/consultations/reforming-the-mental-health-act/reforming-the-mental-health-act

[2] Health and Social Care White Paper - https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all

[3] 'Build Back Better' - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1015736/Build_Back_Better-_Our_Plan_for_Health_and_Social_Care.pdf

3. The Community we serve

3.1 The mid-year 2019 population estimate for West Berkshire from the Office for National Statistics (ONS) is 158,450.

3.2 The Adult population is 122,855 (77.5%). 75% of the adult population are aged 18 to 64. 25% of the adult population are 65 and over.

3.3 A noticeable trend is that the proportion of adults aged 65 and over in West Berkshire is growing in comparison with the younger age group. See table below.

West Berkshire Adult Population

	2019	2011	% change for adult population 2011-2020
18 - 64	92,287	94,802	-3%
65 and Over	30,568	23,626	29%
Total	122,855	118,428	4%

3.4 In broad terms this trend has an impact on ASC in terms of the number of people likely to need support and the available workforce to support them.
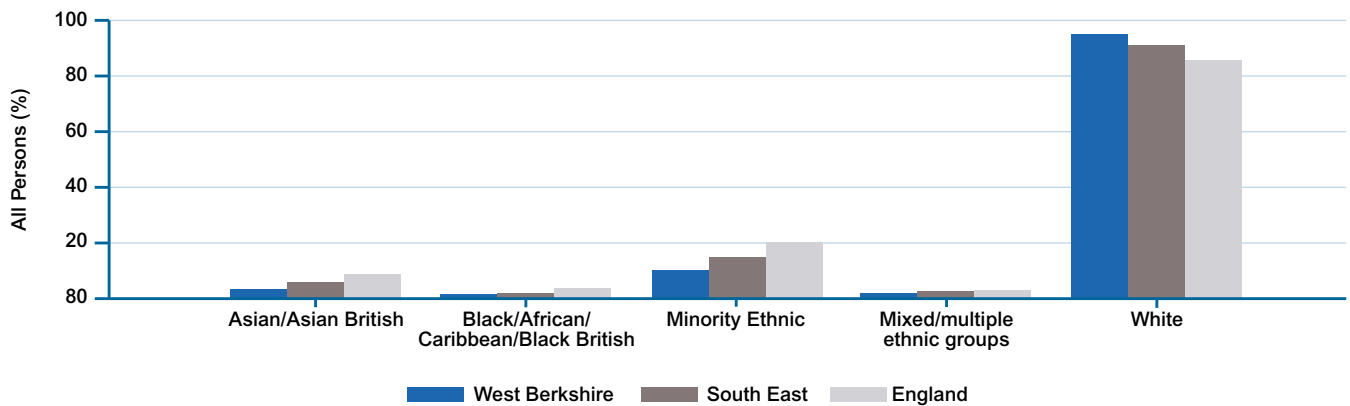
3.5 In terms of gender, the population breaks down as follows:

Gender	18 to 64	%	65 and over	%	18 and over	%
Males	46,134	50.0%	14,173	46.4%	60,307	49.1%
Females	46,153	50.0%	16,395	53.6%	62,548	50.9%
Total	92,287		30,568		122,855	

Source: ONS 2019 mid-year population estimates

3.6 In terms of ethnicity, the population breaks down as follows:

Broad Ethnicity Groups

	West Berkshire		South East		England	
	Count	%	Count	%	Count	%
Asian/Asian British	3,808	2.5	452,042	5.2	4,143,403	7.8
Black/African/Caribbean/ Black British	1,376	0.9	136,013	1.6	1,846,614	3.5
Mixed/multiple ethnic groups	2,420	1.6	167,764	1.9	1,192,879	2.3
Other ethnic group	364	0.2	51,111	0.6	548,418	1
White	145,854	94.8	7,827,820	90.7	45,281,142	85.4
Total						

Source: ONS Cenensus 2011
Note – due to different years this data totalled will not be the same as the adult population quoted in 3.1

3.7 In very broad terms, West Berkshire is a relatively healthy and prosperous place to live, but there are areas of deprivation / health inequalities. The Public Health West Berkshire Observatory[4] is a useful source of information on this topic.

3.8 Another area of inequality is referred to as the Digital Divide[5]. Technological change means that digital skills are increasingly important for connecting with others and accessing information and services; this is leading to a digital divide between those who have access to information and communications technology and those who do not. This gives rise to inequalities in access to opportunities, knowledge, services and good information.
This links to the objective in the Environment Strategy, where we will seek to improve our communications process and access to good quality information for our residents, to ensure they have the information they need to make environmentally-conscious decisions.

3.9 This idea is of particular relevance to ASC users because age and disability can be factors in whether people confidently use online services. In 2018, over half of all adult internet non-users in the UK were over the age of 75 years.

3.10 The proportion of disabled adults who are internet non-users has been declining since 2014 but remains higher than for non-disabled adults. In 2018 it was 23% compared to 6% of those without a disability.

An Increasing proportion of internet non-users are over the age of 65 years

Age composition of internet non-users, UK, 2011 to 2018
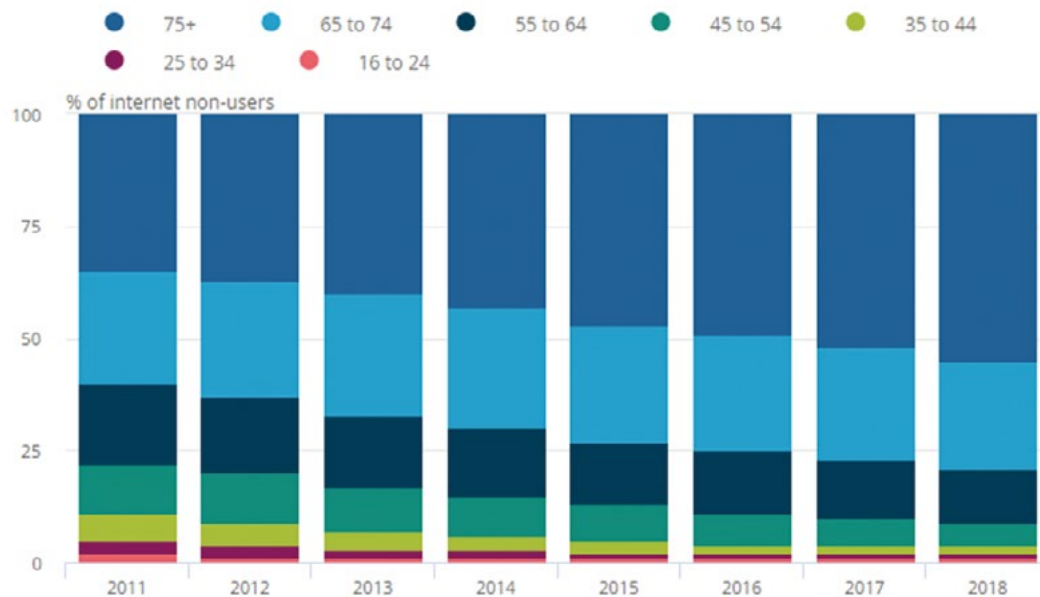
3.11 ASC should support people to access the digital offer and also ensure that non-digital alternatives continue to be made available where needed.

3.12 A further issue which can contribute to the broader exclusion of some people is West Berkshire's geography. Large rural areas can sometimes impact on the ease with which some people access services and similarly with the ability of providers to deliver equitable services to all. This links to the objective in the ES to establish greater connections between sustainable travel options as well as the enhancement of existing services.

3.13 Staff employed in social care roles (and allied professions) have a role in identifying and mitigating wherever possible these sorts of inequality.

4. Our current structure

ASC is made up of:

Care Management teams c.100 staff, including:

- West, Central and East Locality teams which respond to new or urgent requests for help from the community.
- Review team which carries out scheduled reviews of care packages.
- Transitions team, which works with young people in preparation for their transition into adulthood.

Client Financial Services Client Financial Services c. 25 staff, including:

- Finance and Charging Team, which carries out financial assessments.

- Deputyship Team, which supports people who are unable to manage their own money.
- Direct Payments Team, which organises payments to people who manage their own care.
- Care Director Team, which manages our case recording system.

Joint Care Provider Services JCPS c. 80 staff, including:

- Hospital Discharge service, which supports people being discharged from hospital.
- Reablement service, which supports people in their own homes to be as independent as possible.

- Specialist Mental Health team, which supports people with urgent and complex mental health needs.
- Sensory Needs team, which supports people with visual and hearing impairments.

Quality Assurance team 2 staff, who:
- Monitor and report on ASC performance.

Responsive Care Providers c. 200 staff, including:
- Care Homes, which accommodate people with complex care needs.
- Resource Centres, where people can access care and support during the week.
- Shared Lives, which finds and supports placements for disabled adults.

Safeguarding Adults c. 10 staff, including:
- Safeguarding team, which responds to urgent concerns about the safety of vulnerable people.
- Complaints Manager, who responds to complaints and Data Subject Access Requests.
- Best Interests Assessors, who scrutinise situations where people are deprived of their liberty.

Senior Management team c.10 staff, including:
- Service Director, who is responsible for the department.
- Service Lead, who leads on operational delivery.
- Service Managers for the above teams.
- Integration Manager, who supports joint-work with Health partners.
- Principal Social Worker, who provides professional leadership.
- Business Manager, who manages the financial position of the department.

Specialist assessors 2 staff, including:
- Continuing Health Care[6] Specialist Care Manager.
- Section 117[7] Specialist Care Manager.

Teams are supported by Administrative staff who make an essential contribution to the work of the department.

5. Levels of Demand

5.1 In this section, levels of demand in some key areas will be set out to provide readers with a sense of the type and scale of work being undertaken. The section will not capture all areas of activity as the service is large and diverse.

5.2 In a given year, ASC expects to receive **around 1,300 requests to support people to come out of hospital.** Our key focus here is on working with our system partners to achieve prompt, safe and successful discharges from hospital.

5.3 We also receive **in the region of 2,400[8] new requests for support from people who are not in a hospital setting.** Section 8 describes the Three Conversation Model. In this approach, our focus is on trying to ensure that people receive only what they need from ASC and that we do not build up dependence on long-term services where it can be avoided.

5.4 In 2019/20, 87% of people in the community (i.e. not in a hospital setting) who approached us with a request received information, advice or practical support from ASC. A far smaller proportion (5.3%) received short term, emergency support and **only 7.7% of people in this group went on to receive long-term support from ASC[9].**

5.5 As you would expect, where we establish that long-term support is needed, those arrangements can persist for a long time. As at the 31st March 2021, there were **1715 people receiving a long-term package of support organised by ASC[10].**

---

[6]   NHS Continuing Healthcare (NHS CHC) is a package of care which is funded solely by the NHS following a legally prescribed decision making process to determine whether the individual has a 'primary health need'.

[7]   Section 117 of the Mental Health Act sets out the support to be provided to certain eligible individuals

[8]   Data Source: SALT Statutory Reporting STS001 (excluding Blue Badges)

[9]   Local data gathering

[10]   Data Source: SALT Statutory Reporting LTS001b

5.6 Of these, 74% (1,277) were receiving that support in a community setting (in their own home, in extra care, in supported living, day services, etc.). The remainder, 26% (438) were receiving care in a residential or nursing home.

5.7 In any given year, **around 600-700 people receive reablement support.** This is any support provided in a person's own home intended to help them build their ability and confidence to manage without help/ with as little help as is safe.

5.8 **An important group of people for which ASC has certain statutory responsibilities is unpaid carers.** The 2011 census indicated that 9.3% of the population in West Berkshire provide unpaid care – i.e. in the region of 15,000 people. Many carers will not see themselves as carers; others will feel that they are managing their caring responsibilities successfully and therefore do not need outside help. A relatively small number ask ASC for specific help. In 2020/21, ASC supported 1,238 carers[11]. The enormous contribution of unpaid carers should be recognised, as well as the reality that, for many, the impact on their own lives can be huge.

5.9 Safeguarding adults is a core activity of ASC and a statutory responsibility for Local Authorities. This refers to actions to protect someone who is unable to protect themselves, for example as a result of a disability. **ASC reported 1563 safeguarding concerns in 2020/21.** Our response is delivered in line with the 'Making Safeguarding Personal' agenda[12], which highlights the importance of understanding and responding to what the vulnerable person wants to happen.

5.10 **106 Mental Health Act assessments** were conducted by the Specialist Mental Health Team during 2020/21, the equivalent number in 2019/20 was 148.

5.11 At 31st March 2021, **222 people were being supported to manage their affairs** by the Deputyship Team[13].

5.12 **The ASC revenue budget in 20/21 is £50.5m.** This comprises expenditure of £69.4m and income of £18.9 m. Looking at the net budgets, Long Term Commissioned services account for £33.4m. Spend in care services provided by the Council (Care Homes, Day Centres, Reablement) is £6.3m and staffing and any sundry budgets (including payments to Voluntary Sector) are £9.2m.

Capital budgets for ASC amount to £2.1m. We spend just over £1m on Occupational Equipment in people's homes, and have a small maintenance budget for the Care Homes and Resources Centres.

2021/22 data is provisional

[11] Data Source: Statutory Reporting LTS003
[12] https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/making-safeguarding-personal
[13] Local data gathering

6. Our Workforce

6.1   To achieve its objectives, ASC needs a motivated and stable workforce. This includes people employed within the council and also those employed by external providers. In recognition of this, we have a Workforce Strategy and a Workforce Board. We also work closely with colleagues through forums like the Care Quality Board and the Provider Forum.

6.2   ASC in West Berkshire has a number of recruitment and retention challenges including our location in the Thames Valley corridor and proximity to a number of neighbouring authorities. We are also impacted by the district's geography, with large rural spaces around the centres of population. West Berkshire is recognised as relatively expensive in terms of property prices and this impacts on the availability of relatively low-paid workers. One of the challenges for ASC departments is ensuring that public funds are used diligently while also coming to a reasonable position on the cost of services.

6.3   ASC uses a Values-based recruitment approach in our provider services. In short, this means that we look to recruit people with the right motivations and attitudes for the work and we undertake to support them to develop the skills and experience to do the job well. This is different to a more conventional approach which prioritises qualifications and experience.

6.4   ASC actively uses the Apprenticeship route to select internal candidates for professional qualification training including Social Work and Occupational Therapy. Although the process is lengthy due to the demands of the training, this is making a positive contribution to the wider workforce challenge. We also work with partners (e.g. Health partners and Children and Family Services) to support placements linked to these qualification routes.

6.5   ASC is, of course, committed to ensuring that staff meet all of the occupational standards required for specific roles. We also provide opportunities for specific professional groups to come together and access focused briefing sessions. Subject-specific training is offered in partnership with relevant colleagues, such as the Legal Service.

6.6   ASC also recognises the importance of forums for staff to come together regularly to share information, access peer support, or access advice and guidance (for example the Risk Assessment Management Panel). Additional forums which support the sharing of information include the Service Director Forum and New Starter meetings.

6.7   ASC is a relatively large and dispersed service within the council. The service is committed to active communication with all staff to maximise their engagement.

6.8   The impact of the Covid-19 pandemic on the ASC workforce has been very profound. We will continue to understand and respond to its impacts across the coming years, including its impact on staff wellbeing and resilience.

7. Modernising Adult Social Care

ASC has established the 'Modernising Adult Social Care' Programme Board. The Board is delivering a range of positive improvements to the way ASC works. The projects are dynamic and will change over time, but presently they include:

ASC Digital Pathway

A Project to provide a digital option for people to access assessments and services. It is not intended that this will replace conventional options, but by providing a digital option which works we hope to also create more capacity for those that need a face-to-face approach.

Financial Assessments

A Project to support digital access to financial assessments. This should support quicker assessments and create capacity for staff to undertake more complex work as needed.

Resource Allocation System

A Project to use digital solutions to ensure that the setting of personal budgets is objective and fair.

Care Director Upgrade

A Project to update ASC's Case Management System, including a move to the 'cloud'. This project will support many of the other digital solutions.

Delegated Funding Decisions

A Project to explore the delegation of certain funding decisions in order to give managers the authority to make quicker decisions with reduced bureaucracy

Market Shaping

A project to ensure that the local market can meet the requirements of the population, including consideration of the role that our in-house provision plays.

Joint-funding with Health

A Project to work with Health partners to ensure that funding decisions relating to Continuing Health Care/ Section 117 of the Mental Health Act are made fairly and in line with the statutory guidance.

Technology-Enabled Care

New technology is emerging all the time and this Project maximises the use of this new technology to support people in need of care.

Build Back Better

A Project to respond to the Government's plan for Health and Social Care ('Build Back Better'). This will need to adapt to new rules regarding charging and is expected to create a significant additional workload for ASC staff, as well as challenges for the provider market.

Joint-funding with Health

A Project to work with Health partners to ensure that funding decisions relating to Continuing Health Care (CHC)/ Section 117 of the Mental Health Act are made fairly and in line with the statutory guidance.

One of the responsibilities of the Local Authority is to undertake assessment activity, in conjunction with Health partners, in relation to eligibility for CHC. The council must be prepared to challenge decisions where they appear to be incorrect, providing relevant evidence for their view. Eligibility for CHC determines who the funding authority will be and, consequently, whether an individual will be charged for services or not.

8. Our Guiding Principles

ASC operates according to a number of guiding principles.

1 **The first is a commitment to supporting service users to maintain or develop their independence.** This is seen in a range of services, including the Reablement service, the Sensory Needs service and Resource Centres. It is also seen in our use of the Three Conversation Model, which is based upon the principle that we should only provide long-term services where absolutely required and that we should first support people to manage without our long-term intervention. These approaches align with the Care Act focus on preventing, reducing and delaying the need for care and support.

The Care Act also sets out the Wellbeing Principle as a central consideration for our work and its supporting guidance provides insight into how this should be delivered. All ASC interventions must be compliant with the relevant legal framework

2 **The second is a commitment to the careful management of budgets.** This includes the use of robust monitoring and management of expenditure and the continuing refinement of the Long-Term Services model. It also includes a commitment to ensure that service users/ commissioners pay the right level of contribution to the care they receive or buy. It also includes robust measures to pursue debts where they are owed and to be alert to deprivation of assets. It includes a commitment to advising people how to plan properly for their future care needs.

While ASC expenditure is still fundamentally driven by the needs of the population, through these measures it is possible to manage the associated costs and to plan properly to meet that future demand.

3 **The third is a commitment to listen and respond to what stakeholders tell us, using a co-production model wherever possible.** This includes statutory surveys of service users and carers as well as staff surveys and the Social Work Health Check. It includes forums such as the Carers Strategy Board, the Safeguarding User Forum and the Autism Partnership Board. It also includes collaborative work with partners inside and outside the council. Co-production will lead to richer and more sustainable outcomes, genuinely delivering on what the community needs.

4 **The fourth is a continued commitment to the 'Making Safeguarding Personal' agenda.** At its heart, the Making Safeguarding Personal agenda seeks to ensure that the person experiencing abuse is central to the decision-making process about how to respond to and manage risks. This will be demonstrated by ongoing monitoring of performance and reporting to the council's Corporate Board. It will include ongoing staff training and advice.

5 **The fifth is a commitment to ensuring that ASC is a modern, up to date department delivering the type of service that people want and expect.** This is reflected in the Modernising Adult Social Care Programme and the multiple projects which sit within it. For example, making greater use of Technology-enabled Care, developing a Digital Pathway for service users, upgrading our case management system, using analytical tools to reach fair funding decisions, and so on. Innovation does not relate only to technology, but ASC must be open to reviewing its approach and learning from best practice being seen in other services.

6 **The sixth is a commitment to delivering a service which is informed by data.** It is essential that, for the purposes of analysis and planning, the service has access to and makes best use of relevant data. This will include data generated and curated by partners, notably Health. The data will need to be effectively analysed by skilled personnel in order to create true understanding. Given the sensitive nature of some of the relevant data, it is essential that we have effective controls in place to keep it secure.

This list is not presented in hierarchical order. Each principle is equally important.

9. Our Role in the Care Market

9.1   In broad terms, West Berkshire benefits from a high number of good quality local care providers. The council has statutory responsibilities regarding 'market shaping' and has published a Market Position Statement[14]. This is the key point of reference for the wider market.

9.2   It is also helpful to note our own role as a provider of care and support as noted above. Our provider services include three care homes, three resource centres, a Shared Lives service and a Reablement service. This gives us insight into the issues facing providers and helps us to manage business continuity challenges.

9.3   We remain fully committed to our role as a provider. We are developing a statement on our provision of care homes because we recognise the need to plan ahead in order to keep services up to date and fit

for purpose. It is important that we can demonstrate how to deliver high quality, progressive services which are tailored to meet the needs of our service users. We will look to draw on best practice models and ensure appropriate levels of investment.

9.4   We also see the benefit of our other provider services and will look to actively grow those services where the conditions allow. Again, our focus is on ensuring that we are proud of the quality of the services which we provide which matches developments across the sector.

14   https://www.westberks.gov.uk/media/39300/Adult-Social-Care-Market-Position-Statement/pdf/Market_Position_Statement_2020-2023.pdf?m=637411341141170000

10.   Our Partnership work

10.1 ASC operates in a highly interconnected space. Consequently we must engage in meaningful partnership work with a whole range of organisations and people. The number and variety of stakeholders creates a challenge in itself.

10.2 Partners include (but are not limited to):

- Internal Partnerships – Housing, Contracts and Commissioning, Children and Families, Communities and Wellbeing, Education, Legal Services, etc.
- Statutory partners, including Health partners, the Police, Fire Service, neighbouring authorities, the Safeguarding Adults Board, etc.
- The Voluntary and Charitable sector.
- Independent Care Providers.

10.3 ASC is committed to undertaking proportionate, constructive and respectful partnership-working arrangements with all of the above.

10.4 The great majority of care provision delivered to our service users comes from external providers. ASC will continue to work collaboratively and supportively with those providers, in conjunction with our colleagues in the Commissioning Service, to ensure that provision can meet the future needs of the population.

10.5   There is a great deal of very valuable work underway which takes a 'preventative' approach. This includes work driven by Public Health colleagues to support people to live healthier lives, reduce avoidable harm and minimise health inequalities. The Health and Wellbeing Board is key in maximising the benefits of this approach and ensuring a coherent system-wide approach. ASC will remain committed to this agenda and will support the work wherever possible.

11.   Our role as a Leader

ASC seeks to provide a leadership role in a number of ways, for example:

- The co-ordination of the local Carers Strategy Group.
- The co-ordination of the Autism Partnership Board.
- Supporting the development of the Supported Employment Strategy.

- Co-chairing/ supporting the Locality Integration Board.
- Commissioning external providers to provide advice and challenge (e.g. the Learning Disability Partnership Board, Advocacy services).
- Providing advice and challenge on issues of safeguarding and care quality.

12. Areas for development

The following 'areas for development' will be taken forward through the creation, implementation, monitoring and reporting of an Action Plan. Progress against the plan will be communicated with stakeholders.

1 Communication with both internal and external groups has been identified as an area requiring development. A Communications Strategy has been developed and a new role introduced to support its delivery. Further work will be required to support the wider council's engagement approach. Specific issues such as 'planning for your future care needs' and 'preparing for transition' will also need detailed work. Communication with service users and the wider community should be a routine feature of ASC. While there are a number of settings in which communication is facilitated, there is scope to further develop active engagement with stakeholders in a co-ordinated way. It must be recognised that some of ASC's work requires appropriate challenge (e.g. actions taken to prevent abuse) and therefore not all feedback can be taken at face value. For some service users, the use of independent advocacy will be a requirement.

2 ASC must seek where possible to reduce inequity and the impact of inequity. This will be achieved through targeted support to specific groups and appropriate challenge to partners where inequity is identified. This must be built on a solid understanding within ASC of the factors which lead to inequity and a firm commitment to the principles of inclusivity and valuing diversity.

3 The Modernising Adult Social Care programme is a priority for the department and it will require focused efforts across the senior management team and from a variety of teams. The programme consists of multiple projects, all seeking to modernise the way in which services and delivered and in which care and support needs are met. Digital solutions will be used to provide alternative and complementary ways to access support. They are not expect to replace current arrangements.

4 Review / refresh of care home stock. As stated above, there is an ongoing commitment within the council to be a provider of care home services. It is essential that our services are of a good quality, delivered in buildings which are fit for purpose.

5 Our provider services are a source of income and represent a cost-effective way of meeting needs. The Shared Lives service in particular should be grown if conditions support this.

6 ASC will continue to develop the support to Carers (begun by the Carers Strategy Group). Carers make an invaluable contribution to the wellbeing of the community and the long-term impacts can be very significant. On that basis, ASC should continue to work with partners to improve and enhance the offer to carers.

7 Develop all services in response to Government plans (e.g. Build Back Better, People at the Heart of Care, Integration White Paper) in conjunction with relevant partners

8 - ASC should continue its work to ensure that we have a skilled and motivated workforce of the right size. This includes work to address challenges in recruitment. This will need also to include work on staff wellbeing and resilience. This work is already underway through the both the Corporate and the ASC Workforce Boards.

13.   Glossary

(NB – definitions provided relate to Adult Social Care and/or their use within this document)

Apprenticeship – a training opportunity delivered whilst in the workplace

Care Management – a broad-based term capturing a range of actions to assess people's needs and plan to meet those needs.

Deputyship – specific arrangement to manage the affairs of someone who lacks mental capacity

Integration – work to join up the services provided by partners across the health and social care system

Reablement - Reablement is a person-centred approach helps individuals to learn or re-learn the skills necessary to be able to engage in activities that are important to them.

Review – the Care Act 2014 sets out a duty to check that a person's needs are being met by the long-term arrangements which are in place.

Safeguarding - protecting a vulnerable person and enabling them to live free from harm, abuse and neglect

Stakeholder – a person, group or organisation affected by a project, service or enterprise

Transitions - used within the Care Act (and also the Children and Families Act 2014) to describe the range of processes that local authorities should use to support a child or young carer (and their informal networks of support) to move successfully from childhood into adulthood.

White Paper - a government report giving information or proposals on an issue.