# ASC Strategy post consultation outcome and Delivery Plan

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| **Committee considering report:** | Executive |
| **Date of Committee:** | 24 September 2026 |
| **Portfolio Member:** | Portfolio Holder: Adult Social Care |
| **Date Portfolio Member agreed report:** | 28 08 26 |
| **Report Author:** | Melanie O'Rourke |

## 1 Purpose of the Report

1.1 To provide Executive with a summary of the ASC Strategy public consultation, the impact of the feedback and accompanying Delivery Plan.

## 2 Recommendation

2.1 For Executive to approve the ASC Strategy and Delivery Plan.

## 3 Implications and Impact Assessment

| Implication | Commentary |
|---|---|
| **Financial:** | Implications can broadly be managed within the existing budget.<br><br>Progress associated with “Priority 2: Helping Young People Move into Adult Life Smoothly” will be subject to investment. |
| **Human Resource:** | Implications can be managed within existing staffing establishment. |
| **Legal:** | The Strategy will support ongoing delivery of statutory functions. |
| **Risk Management:** | The Strategy will help to manage organisational risk. |

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|---|---|---|---|---|
| **Property:** | N/A | | | |
| **Policy:** | Related policies and national guidance include:<br>NHS 10-year plan<br>CQC Assurance<br>Care Act 2014 | | | |
| | **Positive** | **Neutral** | **Negative** | **Commentary** |
| **Equalities Impact:** | | | | |
| **A** Are there any aspects of the proposed decision, including how it is delivered or accessed, that could impact on inequality? | x | | | The strategy relates to all adults over 18 years who may have support needs irrespective of their background.<br>ASC ensures equality of access to advice, signposting, guidance and support.<br>The priorities within the strategy intend to support all communities and individuals in line with statutory duties. |
| **B** Will the proposed decision have an impact upon the lives of people with protected characteristics, including employees and service users? | x | | | Social Care practice is underpinned by a strengths-based, person-centred approach that is unique to everyone. Protected characteristics will continue to be explored with everyone to ensure no detrimental impact is experienced. |
| **Environmental Impact:** | | x | | None |

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|---|---|---|---|---|
| **Health Impact:** | x | | | Priority 4. 'Work Better with our Partners' will ensure that ASC work with NHS colleagues across different disciplines to support people holistically.<br><br>It will also strengthen prevention and early intervention through integrated neighbourhood teams. |
| **ICT Impact:** | | x | | No Impact. |
| **Digital Services Impact:** | | x | | Digital innovation will be delivered collaboratively with relevant colleagues. |
| **Council Strategy Priorities:** | | x | | |
| **Core Business:** | x | | | There will be a shift of priorities to reflect the updated strategic position. |
| **Data Impact:** | | x | | No Impact. |
| **Consultation and Engagement:** | A 60-day consultation period has been undertaken to capture the views and suggestions from a wide range of people. | | | |

## 4 Executive Summary

4.1 This report provides a summary of the findings from the 60-day public consultation on the Adult Social Care (ASC) Strategy 2026–2030 and outlines the proposed next steps prior to finalisation.

4.2 The ASC Strategy sets out six key priorities to guide service delivery over the next three years, aligned to national policy, Care Quality Commission (CQC) assurance requirements, and local needs. The consultation was undertaken to ensure that the strategy reflects the views of West Berkshire residents, people who use services, carers, partners, and staff.

4.3 A total of 88 responses were received, including a significant proportion from ASC staff (34%), alongside carers and members of the public. Respondents were predominantly West Berkshire residents (89%), with the largest age group aged 65–79.

4.4 Overall, feedback on the proposed priorities was positive. Most respondents felt that the priorities were clear (57–70%) and important (71–83%). However, there were areas where respondents expressed uncertainty, particularly in relation to transition support for young people and the role of technology in care.

4.5 Qualitative feedback identified several consistent themes across the priorities:

- A strong emphasis on reducing waiting times and improving timely access to support.
- The need for earlier intervention and a greater focus on prevention and independence.
- A clear expectation for stronger multi-agency and multidisciplinary working.
- The importance of supporting people to remain living independently at home.
- Calls for clearer delivery plans, transparency, and understanding of available services.
- Mixed views on the use of technology, including concerns about accessibility, privacy, and impact on human contact.
- The need to strengthen transition arrangements for younger adults moving into adult services.

4.6 Respondents were supportive of co-production, with several expressing interest in ongoing involvement; eight individuals have volunteered to support the development of the Delivery Plan.

4.7 In conclusion, the consultation confirms broad support for the strategic direction, alongside clear expectations for how the priorities should be delivered. The final ASC Strategy reflects this feedback and will be supported by a comprehensive delivery plan and governance framework to ensure measurable delivery, continued engagement, and improved outcomes for residents.

## 5 Supporting Information

### Introduction

5.1 An Adult Social Care Strategy is not a statutory requirement; however, it is vital for ASC to articulate its Strategic position to be clear on our priorities and ensure that staff ASC work cohesively with a common goal. The Strategy is linked to the Care Quality Commission Assurance guidance and will complement the Market Position Statement and the Workforce Plan as well as anticipated drivers over the next 3 years.

### Background

5.2 The draft ASC Strategy was presented to Executive on 31 03 26 with a view that a public consultation period should be undertaken to capture the views of the residents of West Berkshire.

5.3 The consultation was made publicly available on our website, through consultation finder, through the citizen portal, and more directly to stakeholder groups as well as internal staff. Information was also shared in public buildings including libraries, leisure centres, health and voluntary sector buildings and with Town and Parish Councils.

5.4 The final strategy is accompanied by a detailed Delivery Plan which provides details of how the priorities will be achieved.

5.5 Findings from the consultation:

5.5.1 Respondent's Profile

88 people responded to the consultation. 34% of which were members of staff within Adult Social Care. The second highest cohort of respondents were 'other' which included people that currently do not have services and people who know someone with services. The third highest group was Carers.

5.5.2 Consultation demographic profile of respondents.



57% of respondents were female



89% of respondents live in West Berkshire




Largest group of respondents were between 65 - 79



55% reported NO disability or long-term condition



89% White (English, Welsh, Scottish or Northern Irish)

5.5.3 Question 1: Do you think the priorities are clear?

Most respondents felt that the priorities were clear. Each priority was rated for clarity, and the range was between 57% and 70%. The lowest rating related to "Helping young people move into adult life smoothly", where 35% of people didn't know if the priority was clear.

5.5.4 Question 2: Do you think the priorities are important to adults with care and support needs?

Most respondents agreed with this statement ranging between 71% and 83%. The lowest score relating to "Using technology to help people live independently".

5.5.5 Qualitive feedback

This has been weighted with the first being the strongest theme from responses.

**Priority 1: Making Sure People Get High-Quality Support**

- Waiting lists are too long.
- Need to support people earlier.

- There needs to be a detailed delivery plan.
- Need to see multi professionals working together.
- Need to help people to remain in their own home.
- Would be helpful to know what ASC do and don't do.
- More reablement and independence.
- Help people maintain and improve physical wellbeing.
- Where is the money for this?

**Priority 2: Helping Young People Move into Adult Life Smoothly**

- More support is needed.
- Needs to vastly improve [transitions] for people to live productive lives.
- Need to support people at any earlier stage. 17.5 is too late. It can feel like a cliff edge both at 18 and 25.
- Need to help people become independent / use reablement approach.
- ASC need more understanding of ADHD.
- There needs to be a detailed delivery plan.

**Priority 3: Using Technology to Help People Live Independently**

- This makes sense a good idea.
- Could take away from human contact.
- It helps me to be independent.
- Should be provided free of charge.
- Will not work for everyone e.g. People with dementia, people with poor connectivity.
- Staff training needed.
- Intrusion on privacy.

**Priority 4: Working Better with Our Partners**

- Good idea.
- Multi-Disciplinary Team working need to be more focused.
- Would stop repeating myself.
- More detail needed.

**Priority 5: Providing the Right Support, in the Right Place, at the Right Time**

- Waiting lists.
- Good idea.
- Need Home from Hospital approach.
- ADHD needs to be catered for.
- Local support is best.
- A clear strategy.
- Younger adults shouldn't have to live in an older person's nursing home.

**Priority 6: Designing Services Together with Local People**

- Love the co-production element.

- Who do you choose?
- People who self-fund get the least help.
- Need to make it impactful.

5.5.6 Survey responses enabled the voice of people to identify the areas of greatest importance to inform the Delivery Plan. The key areas of importance included; waiting lists; helping people to remain in their own home, provision of supported living to people of working age, and support at an earlier stage for people transitioning to adulthood.

5.5.7 Respondents were invited to be involved in the development of the Delivery Plan (Appendix C) to ensure that views of people with lived experience and interested parties could influence the approach needed to deliver the 6 priorities.

## 6 Other options considered

6.1 Do nothing. This is not recommended as it will leave ASC with a lack of direction to continue on a journey of improvement and development.

## 7 Conclusion

7.1 The ASC Strategy will provide clear guidance to ASC services, internal departments and stakeholders of the priorities as well as transparency to the people we support.

7.2 The Strategy is complemented by a detailed Delivery Plan and robust governance to ensure delivery of the priorities.

7.3 Governance will be managed through the ASC Directorate Management Team quarterly, and periodic updates to Partnership Boards to ensure visibility of progress and to gain feedback on progress.

## 8 Appendices

8.1 Appendix A – Equalities Impact Assessment

8.2 Appendix B – ASC Strategy

8.3 Appendix C – Delivery Plan

**Subject to Call-In:**

Yes: ☒ No: ☐

The item is due to be referred to Council for final approval ☐

Delays in implementation could have serious financial implications for the Council ☐

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|---|---|
| Delays in implementation could compromise the Council's position | ☐ |
| Considered or reviewed by Scrutiny Commission or associated Committees, Task Groups within preceding six months | x☐ |
| Item is Urgent Key Decision | ☐ |
| Report is to note only | ☐ |

**Wards affected:** (All Wards);

**Officer details:**


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**Appendix A**

# West Berkshire Council
# Equity Impact Assessment

August 2026

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## Section 1: Summary details

| | |
|---|---|
| **Directorate and Service Area** | Adult Social Care |
| **What is being assessed** (e.g. name of policy, procedure, project, service or proposed service change). | Adult Social Care Strategy 2026 – 30 |

| | |
|---|---|
| **Is this a new or existing function or policy?** | This is revised version of an Adult Social Care Strategy that was in place between 2022 – 2026. |
| **Summary of assessment**<br>Briefly summarise the policy or proposed service change. Summarise possible impacts. Does the proposal bias, discriminate or unfairly disadvantage individuals or groups within the community?<br>(following completion of the assessment). | The strategy reflects the approaches and priorities for ASC over the next 3 years.<br>The priorities are in response to the local and national picture to allow ASC to respond, develop and improve both the approach we take and the services we offer to vulnerable adults.<br>The strategy will not discriminate and continues to ensure we support all communities in West Berkshire |
| **Completed By** | Melanie O'Rourke |
| **Authorised By** | Paul Coe |
| **Date** | **26 08 26** |

## Section 2: Detail of proposal

| | |
|---|---|
| **Context / Background**<br>Briefly summarise the background to the policy or proposed service change, including reasons for any changes from previous versions. | The previous strategy runs out in 2026. This revised version reflects on achievements from the original strategy and describes the priorities for the new strategy drawing on national and local priorities. |

**ASC Strategy post consultation outcome and Delivery Plan**

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| **Proposals**<br><br>Explain the detail of the proposals, including why this has been decided as the best course of action. | The proposed priorities draw on key drivers to ensure that ASC is fit for the future and able to respond to national and local priorities aligned also to our CQC requirements. This includes:<br><br>Ensuring that the services we commission move away from traditional models, they are value for money and data driven approaches.<br><br>Greater use of technology to enhance independence for individuals and efficiencies for our workforce.<br><br>Ensure that we are empowering the residents of West Berkshire and people with lived experienced to coproduce future developments. |
| **Evidence / Intelligence**<br><br>List and explain any data, consultation outcomes, research findings, feedback from service users and stakeholders etc, that supports your proposals and can help to inform the judgements you make about potential impact on different individuals, communities or groups and our ability to deliver our climate commitments. | ASCOF data, Care Director data, JSNA have all been interrogated to ensure that we are reaching all communities. |
| **Alternatives considered / rejected**<br><br>Summarise any other approaches that have been considered in developing the policy or proposed service change, and the reasons why these were not adopted. This could include reasons why doing nothing is not an option. | None, it is important for ASC to have a strategy, under which a detailed plan can be developed to create clear deliverables. |

## Section 3: Impact Assessment - Protected Characteristics

| Protected Characteristic | No Impact | Positive | Negative | Description of Impact | Any actions or mitigation to reduce negative impacts | Action owner* (*Job Title, Organisation) | Timescale and monitoring arrangements |
|---|---|---|---|---|---|---|---|
| **Age** | ☐ | x | ☐ | By removing the traditional models of commissioned services we can ensure that services are appropriate for individuals needs. | | Service Director ASC.<br>Service Lead Commissioning and procurement. | Throughout the life of this strategy.<br>Monthly monitoring on progress. |
| **Disability** | ☐ | x | ☐ | By removing the traditional models of commissioned services we can ensure that services are appropriate for individuals needs. | | Service Director ASC.<br>Service Lead Commissioning and procurement. | Throughout the life of this strategy.<br>Monthly monitoring on progress. |
| **Gender Reassignment** | x | ☐ | ☐ | | | | |
| **Marriage & Civil Partnership** | x | ☐ | ☐ | | | | |
| **Pregnancy & Maternity** | x | ☐ | ☐ | | | | |
| **Race** | x | ☐ | ☐ | | | | |
| **Sex** | x | ☐ | ☐ | | | | |
| **Sexual Orientation** | x | ☐ | ☐ | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Religion or Belief** | x | ☐ | ☐ | | | | |

## Section 3: Impact Assessment - Additional Community Impacts

| Additional community impacts | No Impact | Positive | Negative | Description of impact | Any actions or mitigation to reduce negative impacts | Action owner (*Job Title, Organisation) | Timescale and monitoring arrangements |
|---|---|---|---|---|---|---|---|
| **Rural communities** | ☐ | x | ☐ | The ASC Strategy implementation will ensure that all communities are able to access Adult Social Care. | | | |
| **Areas of deprivation** | ☐ | ☐ | ☐ | | | | |
| **Displaced communities** | ☐ | ☐ | ☐ | | | | |
| **Care experienced people** | ☐ | | ☐ | A multi-disciplinary approach to care and support to aid independence and reduce likelihood of unnecessary hospital admissions. | | Service Director Adult Social Care | For the duration of the Strategy, monitored through the Locality Integration Board. |
| **The Armed Forces Community** | x | ☐ | ☐ | | | | |

## Section 4: Review

**Where bias, negative impact or disadvantage is identified, the proposal and/or implementation can be adapted or changed; meaning there is a need for regular review. This review may also be needed to reflect additional data and evidence for a fuller assessment (proportionate to the decision in question). Please state the agreed review timescale for the identified impacts of the policy implementation or service change.**

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|---|---|
| **Review Date** | **Annually** |
| **Person Responsible for Review** | **Melanie O'Rourke, Service Director Adult Social Care** |
| **Authorised By** | **Paul Coe** |

**EDI employee related EQiAs should now be sent to Human Resources hrenquiries@westberks.gov.uk.**