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## Adult Social Care – Responses to Strategy Consultation

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**Committee considering report:** Customer First Programme Board

**Date of Committee:** 24<sup>th</sup> February 2022

**Portfolio Member:** Councillor Jo Stewart

**Date Head of Service agreed report:**  
(for Corporate Board) 3<sup>rd</sup> February 2022

**Date Portfolio Member agreed report:**

**Report Author:** Paul Coe, ASC Service Director

**Forward Plan Ref:**

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### 1 Purpose of the Report

The purpose of this report is to advise members of the Customer First Programme Board of the responses to the Adult Social Care (ASC) Strategy Consultation and of the planned next steps.

### 2 Recommendation(s)

This report is for information purposes.

### 3 Implications and Impact Assessment

Implication	Commentary
<b>Financial:</b>	Limited direct costs are anticipated in concluding the Strategy development process. Officer time is the main cost; printing costs can be managed in service.
<b>Human Resource:</b>	Development of the Strategy will require contributions from ASC staff and support from the Communications Team (e.g. graphic design)
<b>Legal:</b>	N/A

<b>Risk Management:</b>	N/A			
<b>Property:</b>	N/A			
<b>Policy:</b>	The Strategy will link to a number of existing Council Strategies and will support the delivery of key priorities.			
	<b>Positive</b>	<b>Neutral</b>	<b>Negative</b>	<b>Commentary</b>
<b>Equalities Impact:</b>				
<b>A</b> Are there any aspects of the proposed decision, including how it is delivered or accessed, that could impact on inequality?	X			The development of the Strategy should provide improved services to service users.
<b>B</b> Will the proposed decision have an impact upon the lives of people with protected characteristics, including employees and service users?	X			The development of the Strategy should provide improved services to service users.
<b>Environmental Impact:</b>		X		None
<b>Health Impact:</b>		X		None
<b>ICT Impact:</b>		X		None
<b>Digital Services Impact:</b>		X		None

<b>Council Strategy Priorities:</b>	X			The Strategy should support WBC’s ‘Council Priority One; to ensure our vulnerable children and adults achieve better outcomes’.
<b>Core Business:</b>	X			The Strategy should support ASC to deliver its core business more effectively.
<b>Data Impact:</b>		X		None
<b>Consultation and Engagement:</b>	The Strategy Consultation has been available to all, and actively publicised to key stakeholder groups.			

## 4 Executive Summary

- 4.1 ASC developed a Draft ASC Strategy and undertook a consultation exercise between 1<sup>st</sup> November 2021 and 3<sup>rd</sup> January 2022. The draft Strategy is at Appendix 1.
- 4.2 The consultation was actively publicised through a number of channels, including direct engagement with relevant stakeholder groups (e.g. Learning Disability Partnership Board, Autism Partnership Board, Carers Strategy Group, Locality Integration Board, Corporate Leadership Team, ASC staff group, etc.). Communication was tailored appropriately.
- 4.3 Respondents to the consultation were particularly asked to comment on two key areas – ‘Guiding Principles’ and ‘Areas for Development’. The consultation questionnaire is provided at Appendix 2.
- 4.4 Responses to the consultation have now been reviewed and a summary of feedback is provided at Appendix 3.
- 4.5 Responses indicated strong support for the Guiding Principles and the identified Areas for Development. Respondents were also invited to identify suggested additions.
- 4.6 The next steps are to incorporate the suggested changes into the draft Strategy and undertake further review with support from the respondents who volunteered to provide further input in the form of a Focus Group. Once the Strategy is finalised, an Implementation Plan will then be developed.

## 5 Supporting Information

### Introduction

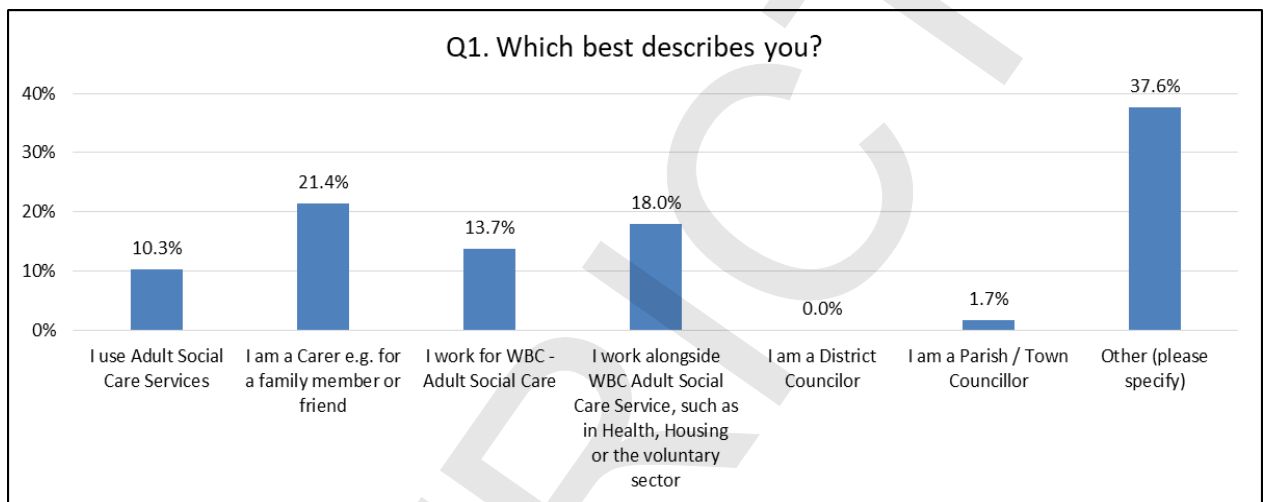
- 5.1 The development of an ASC Strategy will be a positive step for the service and will articulate future plans to staff, service users and stakeholders.

**Adult Social Care – Responses to Strategy Consultation**

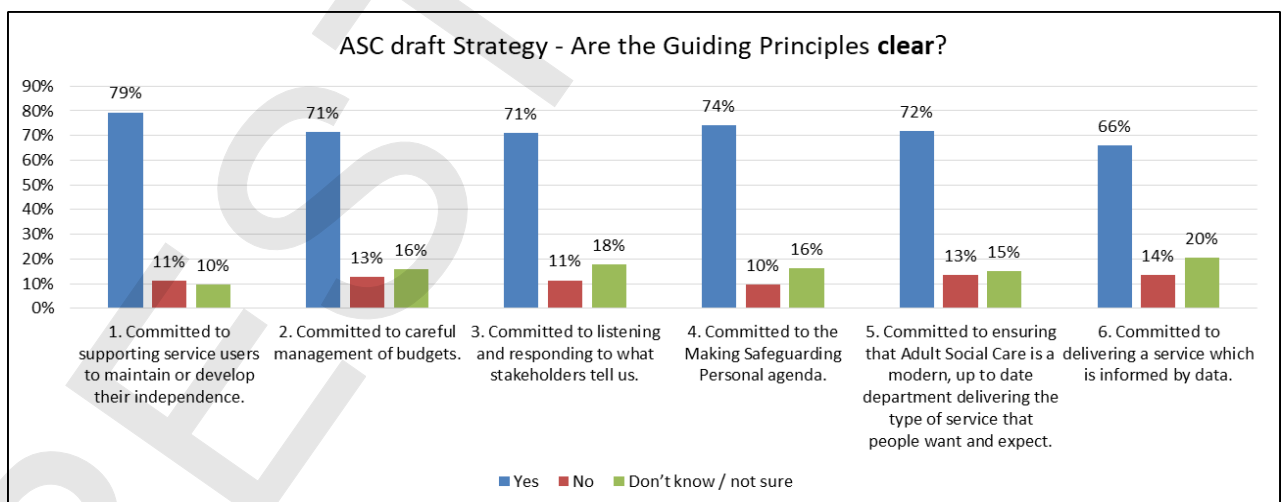
- 5.2 A draft Strategy was developed within the ASC Management Team and discussed at Corporate Board and Operations Board. It is attached at Appendix 1. The draft was then circulated for consultation between 1<sup>st</sup> November 2021 and 3<sup>rd</sup> January 2022.
- 5.3 The consultation was widely publicised to relevant stakeholder groups. (e.g. Learning Disability Partnership Board, Autism Partnership Board, Carers Strategy Group, Locality Integration Board, Corporate Leadership Team, ASC staff group, etc.). Communication was tailored appropriately. The consultation questionnaire is provided at Appendix 2.
- 5.4 Respondents were given opportunity to comment widely on the draft strategy but were also asked specifically to comment on key elements, including the identified ‘Guiding Principles’ and ‘Areas for Development’.

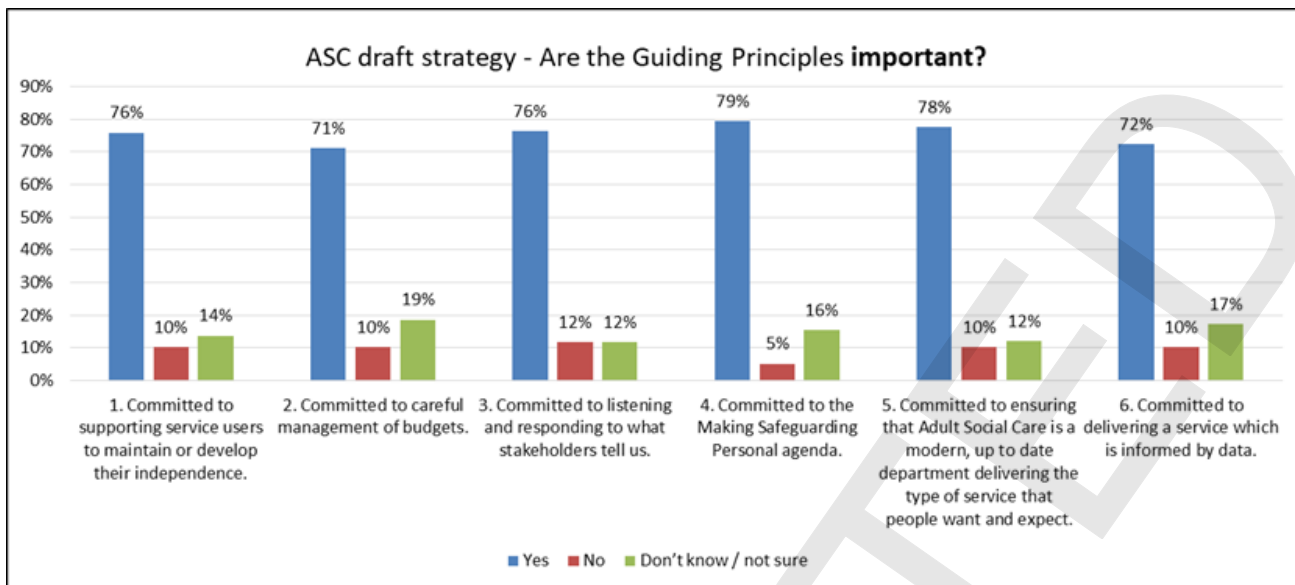
**Responses**

- 5.5 120 responses were received. Respondents represented a range of key groups:

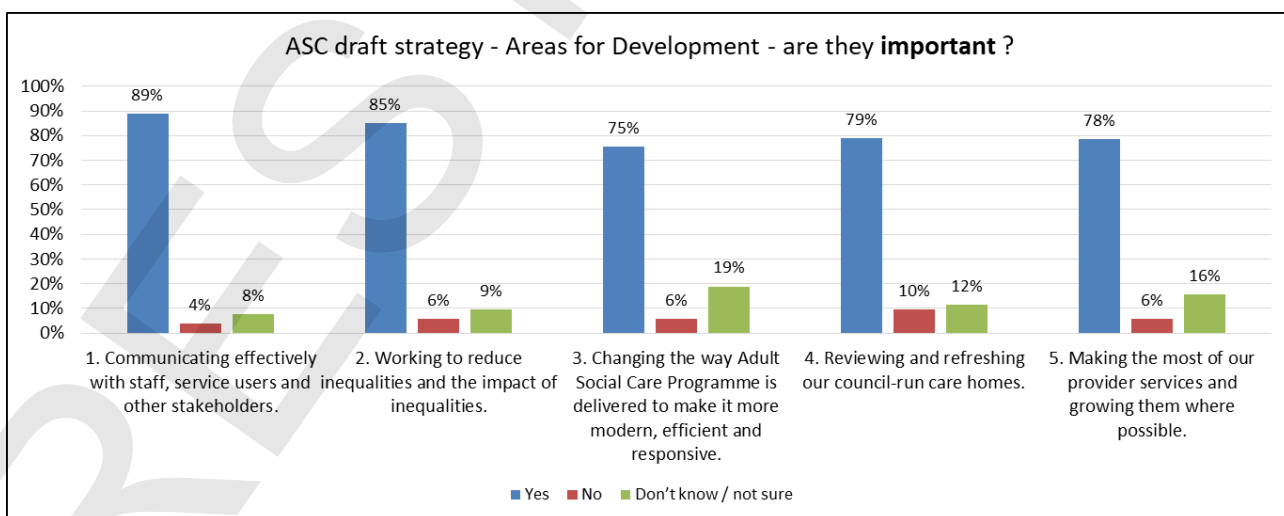
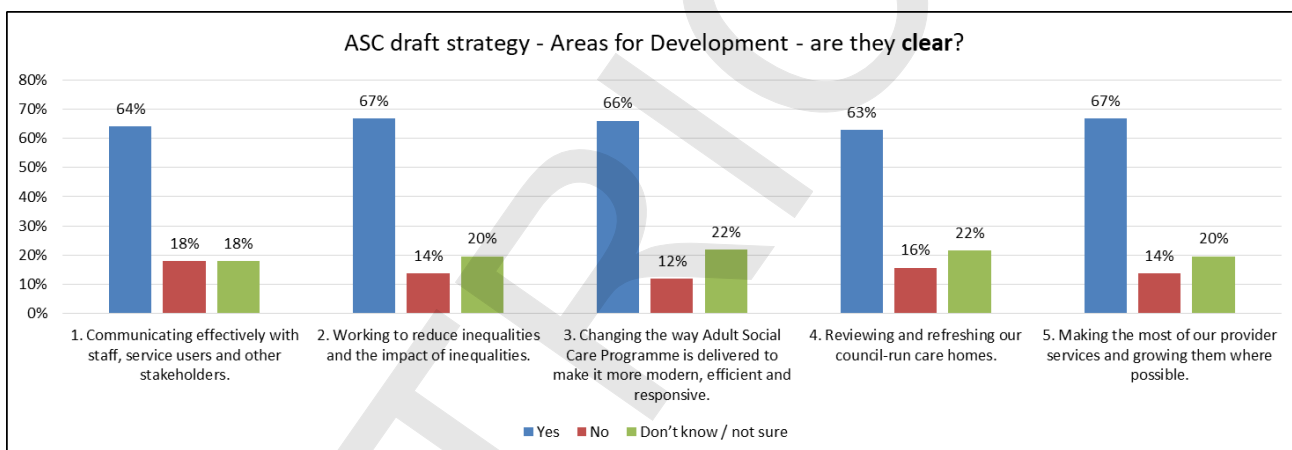


- 5.6 Responses indicated strong support for the ‘Guiding Principles’ identified in the draft.





**5.7 Responses indicated strong support for the Areas for Development identified in the draft.**



5.8 Respondents were also invited to submit additional suggestions. A summary of responses is attached at Appendix 3.

**Next steps**

5.9 Responses received will be incorporated into an updated draft Strategy. It will then be shared with a focus group of respondents.

5.10 The finalised Strategy will then be published and an implementation plan developed.

**6 Other options considered**

There are no other options to the above.

**7 Conclusion**

The results of the consultation show strong support for key elements. They also identify additional elements which will be incorporated and discussed further with a focus group made up of stakeholders. The ASC strategy will be updated to reflect feedback, published, and an implementation plan developed.

**8 Appendices**

Appendix A - Draft ASC Strategy

Appendix B - Consultation questionnaire

Appendix C - Summary of responses to consultation.

**Corporate Board’s recommendation**

\*(add text)

**Background Papers:**

\*(add text)

**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

Delays in implementation could compromise the Council’s position

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Considered or reviewed by Overview and Scrutiny Management Committee or associated Task Groups within preceding six months

Item is Urgent Key Decision

Report is to note only

**Wards affected:** \*(add text)

**Officer details:**

Name: \*(add text)  
Job Title: \*(add text)  
Tel No: \*(add text)  
E-mail: \*(add text)

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**Document Control**

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**Change History**

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1			
2			

# Adult Social Care Strategy 2022 - 2026





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# Foreword

## from the Portfolio Holder for Adult Social Care

Welcome to the West Berkshire Draft Adult Social Care Strategy 2022-2026. This is a draft document at the moment which we are sending out for consultation to give each of our residents, Adult Social Care (ASC) service users and their families, and the ASC staff team, the opportunity to give us their thoughts and input on what our priorities should be over the coming years.

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 draft 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! But when you complete the survey and give your thoughts and feedback, do please let us know where you are specifically thinking about a particular condition, health need or service provision.

Last year, you may have seen we issued a Market Position Statement (MPS)<sup>1</sup> 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*

<sup>1</sup> [https://www.westberks.gov.uk/media/39300/Adult-Social-Care-Market-Position-Statement/pdf/Market\\_Position\\_Statement\\_2020-2023.pdf?m=63741134114117000#:~:text=The%20mid%2Dyear%20population%20estimated,3.5%25%20over%20the%20next%20decade](https://www.westberks.gov.uk/media/39300/Adult-Social-Care-Market-Position-Statement/pdf/Market_Position_Statement_2020-2023.pdf?m=63741134114117000#:~:text=The%20mid%2Dyear%20population%20estimated,3.5%25%20over%20the%20next%20decade)

# 1. Development of this paper

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This Strategy is 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 first draft of the Strategy sets out the thinking within Adult Social Care Senior Management as a starting point for engagement. It is not expected to be a 'final product'.

Stage 4 in particular is expected to challenge, enhance and enrich the Strategy by incorporating the views of stakeholders.

Once completed, this strategy will offer 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<sup>1</sup> and Health and Social Care<sup>2</sup>. 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'<sup>3</sup>. This will be followed by a White Paper which is expected to provide greater detail.
- 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, particularly regarding specialist roles such as Nurse, Approved Mental Health Professional, Social Worker and Occupational Therapist. Again, this may be impacted by Covid-19 / greater awareness of ASC.

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

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

<sup>3</sup> '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](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.

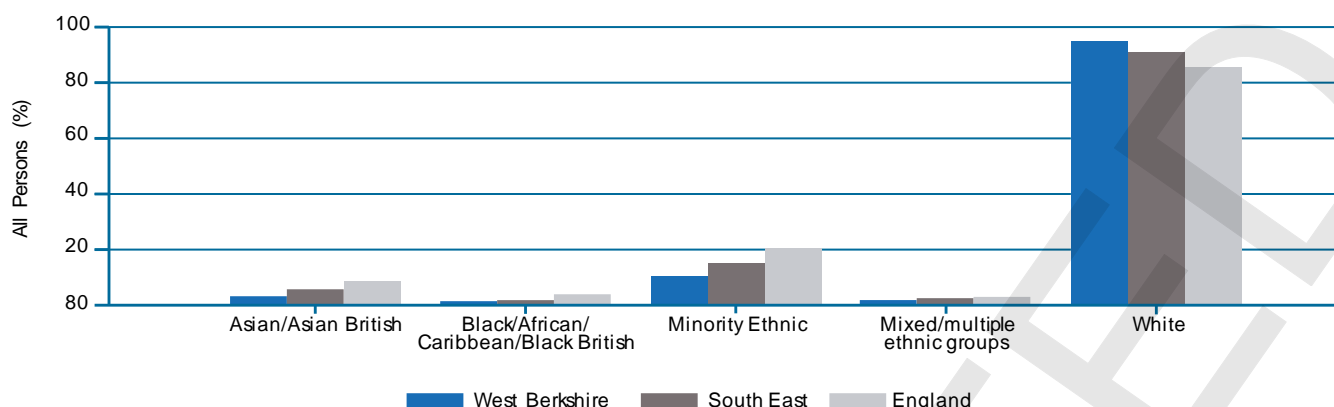
3.5 In terms of gender, the population breaks down as follows:

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
<b>Total</b>						

Source: ONS Census 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<sup>4</sup> is a useful source of information on this topic.

3.8 Another area of inequality is referred to as the Digital Divide<sup>5</sup>. 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.

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.

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.

<sup>4</sup> Public Health Berkshire Observatory  
<sup>5</sup> ONS report - Exploring the UK's digital divide

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.

3.13 Social Work 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, 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, 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, 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, who:

- Monitor and report on ASC performance.

### Responsive Care Providers, 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, 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, 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, including:

- Continuing Health Care<sup>6</sup> Specialist Care Manager.
- Section 117<sup>7</sup> Specialist Care Manager.

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

<sup>6</sup> 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'.

<sup>7</sup> Section 117 of the Mental Health Act sets out the support to be provided to certain eligible individuals

## 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 2,300<sup>8</sup> new requests for support from people who are not in a hospital setting. Section 7 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, 89.1% 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 (3.2%) received short term, emergency support and only 7.7% of people in this group went on to receive long-term support from ASC<sup>9</sup>.
- 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 1695 people receiving a long-term package of support organised by ASC<sup>10</sup>.
- 5.6 Of these, 1,262 were receiving that support in a community setting (in their own home, in extra care, in supported living, day services, etc.). The remainder 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 2019/20, ASC supported 1,317 carers<sup>11</sup>. 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<sup>12</sup>, 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<sup>13</sup>.

<sup>8</sup> Data Source: SALT Statutory Reporting STS001 (excluding Blue Badges)

<sup>9</sup> Local data gathering

<sup>10</sup> Data Source: SALT Statutory Reporting STS001b

<sup>11</sup> Data Source: Statutory Reporting LTS003

<sup>12</sup> <https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/making-safeguarding-personal>

<sup>13</sup> Local data gathering



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*

## 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.

## 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.

## 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.

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.

3

The third is a commitment to listen and respond to what stakeholders tell us. 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.

4

The fourth is a continued commitment to the 'Making Safeguarding Personal' agenda. 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.

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. It is also essential that we use the sensitive data that we hold with great care.

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<sup>14</sup>. 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.

<sup>14</sup> [https://www.westberks.gov.uk/media/39300/Adult-Social-Care-Market-Position-Statement/pdf/Market\\_Position\\_Statement\\_2020-2023.pdf?m=637411341141170000](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

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- 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

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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

ASC will need to deliver on any / all targets set by the council, for example as part of its Delivery Plan.

- 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.
- 2 ASC should seek where possible to reduce inequalities and the impact of inequalities.
- 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 are delivered and in which care and support needs are met.
- 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.



## Draft Adult Social Care Strategy 2022-2026

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### Background

We believe it is valuable for our Adult Social Care department to have a clear and up to date strategy so that:

- 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.

We also want to raise awareness of the important services which we offer.

### How we developed our draft strategy

The draft strategy is a starting point. It has been developed by the Adult Social Care department and draws upon our own knowledge of the legal context, major areas of work either planned or underway as well as key data relating to our activity and performance levels.

### Why we want your views

We now want to hear the views of service users, staff, partners and other stakeholders to develop and enrich the final strategy.

### How to take part

If you'd like to comment on our draft Adult Social Care Strategy please complete our survey by 5pm on Monday, 3 January 2022.

The survey should take about 15 minutes.

We will also be talking with relevant groups and organisations who can help to inform our strategy. This will include, for example, the Learning Disability Partnership Board, the Autism Partnership Board, the Locality Integration Board, as well as independent provider organisations.

If you have any questions about our consultation, please contact Paul Coe (Service Director Adult Social Care), Council Offices, West Street House, West Street, Newbury, Berkshire, RG14 1BZ.

### What happens next

Your feedback will be used to finalise the strategy. The final strategy will be signed off by elected members at an Executive meeting in spring 2022 (meeting date to be confirmed).

Following this, the final strategy will be published on our Strategies, Policies and Plans webpage (<https://info.westberks.gov.uk/policies>)



We welcome all comments on the draft Adult Social Care strategy and are particularly keen to get your views on Section 8 (Guiding Principles) and Section 12 (Areas for Development).

1. Which best describes you? **Please tick all that apply.**

- I use Adult Social Care services
- I am a carer (e.g. for a family member or friend)
- I work for West Berkshire Council - Adult Social Care (ASC) services
- I work alongside ASC, such as in Health, Housing or the voluntary sector
- I am a District Councillor
- I am a Parish / Town Councillor
- Other, please detail:  
\_\_\_\_\_

2. **Section 8 sets out a number of Guiding Principles** - Please refer to page 12 of the draft strategy

Do you think the Guiding Principles are **clear**?

	Yes	No	Don't Know/ Not sure
1. Committed to supporting service users to maintain or develop their independence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Committed to careful management of budgets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Committed to listening and responding to what stakeholders tell us.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Committed to the Making Safeguarding Personal agenda.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Committed to ensuring that Adult Social Care is a modern, up to date department delivering the type of service that people want and expect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Committed to delivering a service which is informed by data.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us the reasons for your responses.

3. **Section 8 sets out a number of Guiding Principles** - Please refer to page 12 of the draft strategy

Do you think the Guiding Principles are **important** to Adult Social Care ?

	Yes	No	Don't Know/ Not sure
1. Committed to supporting service users to maintain or develop their independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Committed to careful management of budgets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Committed to listening and responding to what stakeholders tell us.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Committed to the Making Safeguarding Personal agenda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Committed to ensuring that Adult Social Care is a modern, up to date department delivering the type of service that people want and expect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Committed to delivering a service which is informed by data.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us the reasons for your responses.

4. Do you think there is anything missing from our **Guiding Principles**?

- Yes  
 No  
 Don't know / unsure

If yes, please tell us what you think is missing from the Guiding Principles and why

**5. Section 11 sets out our Areas for Development** - please refer to page 15 of the draft strategy

Do you think these Areas for Development are **clear**?

	Yes	No	Don't Know/ Not sure
1. Communicating effectively with staff, service users and other stakeholders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Working to reduce inequalities and the impact of inequalities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Changing the way Adult Social Care Programme is delivered to make it more modern, efficient and responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Reviewing and refreshing our council-run care homes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Making the most of our provider services and growing them where possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us the reasons for your responses.

6. **Section 11 sets out our Areas for Development** - please refer to page 15 of the draft strategy

Do you think these Areas for Development are **important**?

	Yes	No	Don't Know/ Not sure
1. Communicating effectively with staff, service users and other stakeholders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Working to reduce inequalities and the impact of inequalities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Changing the way Adult Social Care Programme is delivered to make it more modern, efficient and responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Reviewing and refreshing our council-run care homes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Making the most of our provider services and growing them where possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us the reasons for your responses.

7. Are there any other **Areas for Development** you think we should consider including?

- Yes
- No
- Don't know / unsure

If yes, please tell us the Areas for Development you would like to see included and why

8. **Please let us know any other thoughts and comments about the draft strategy**

**Contact Details (Optional)**

**Any personal information you choose to provide will be kept confidential and used in accordance with our privacy notice - [www.westberks.gov.uk/pnconsult](http://www.westberks.gov.uk/pnconsult)**

9. Would you like to be involved in the delivery of the ASC Strategy?

- Yes  
 No

10. Would you like to join the West Berkshire Council's Community Panel?

*If you're a resident of West Berkshire, and would like to be invited to participate in any of our future consultations you can apply to join our Community Panel.*

- Yes  
 No

11. If you've answered yes to either or both of the questions above, please tell us your name and email address.

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

## **About You**

The following questions relate to you individually, e.g. your age and gender, and some invite you to provide “special category” data in terms of data protection, e.g. your ethnicity and health. As such, we need your explicit consent to collect and process your responses to these questions. They are not mandatory, and you are free to skip any or all of them if you wish.

To read more about this, please consult **our privacy notice**.  
[www.westberks.gov.uk/pnconsult](http://www.westberks.gov.uk/pnconsult)

12. **I consent to the council collecting and processing special category data according to the purposes outlined in its privacy**

- Yes - Go to Q13
- No – *please progress to the end of the survey*

13. **What is your gender?**

- Male
- Female
- Other

14. **How old are you?**

- Under 18
- 18-29
- 30-49
- 50-64
- 65-79
- 80 and over

15. **What is your ethnic group?**

Categories are based on those asked at the Census 2021

- White English, Welsh, Scottish, Northern Irish or British
  - White Irish
  - White other
  - Gypsy, Irish Traveller or Roma
  - Mixed or Multiple ethnic groups
  - Asian or Asian British
  - Black, Black British, Caribbean or African
  - Other ethnic group – please specify
- 

16. **Do you consider yourself to have a disability?**

*A disability is defined as a physical or mental impairment that has a substantial and long-term effect on a person's ability to carry out normal day to day activities.*

- Yes
- No

17. **Do you live in West Berkshire?**

- Yes
- No

**Thank you for taking the time to complete our survey.**

Please return your completed feedback form by  
**5pm Monday 3<sup>rd</sup> January 2022** to:

Draft Adult Social Care Strategy Consultation  
Adult Social Care Performance Team  
West Berkshire Council  
West Street House  
West Street  
Newbury  
Berkshire  
RG14 1BZ

## Draft Adult Social Care Strategy 2022-2026

### – Consultation responses

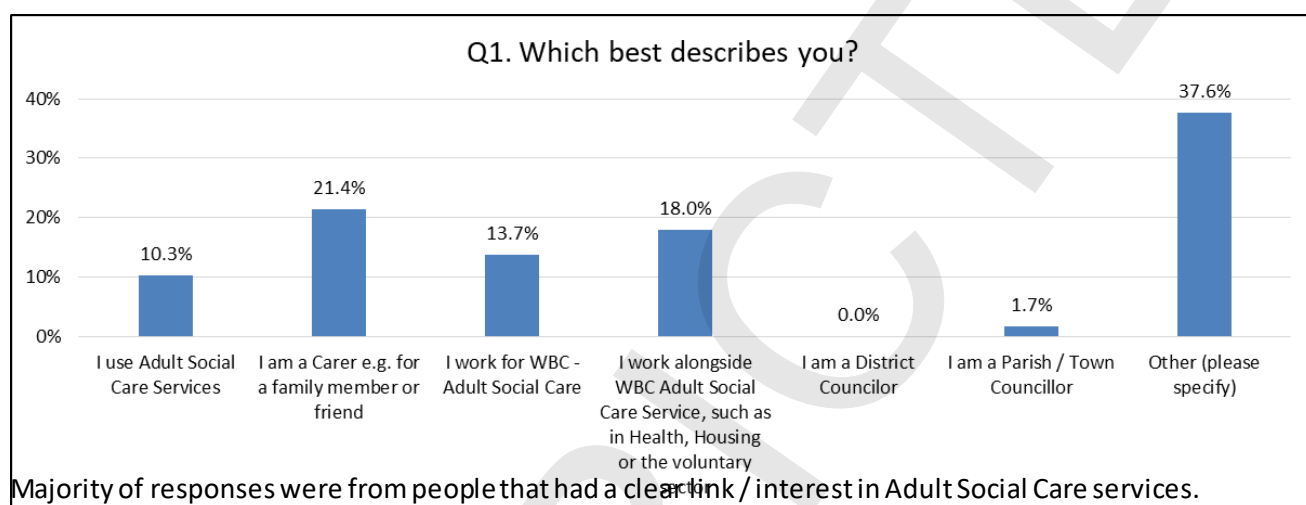
The draft ASC strategy was published on the consultation and engagement hub and consultation survey was open from 01/11/2021 – 03/01/2022

The consultation was promoted via the Community panel, social media and a number of events took place with key stakeholders to discuss the strategy.

#### Responses

118 initially linked through to the consultation but after the first question responses varied between 59-65 responses. Responses are therefore presented in relation to the number that completed.

Q1. Which best describes you? (117 responses)



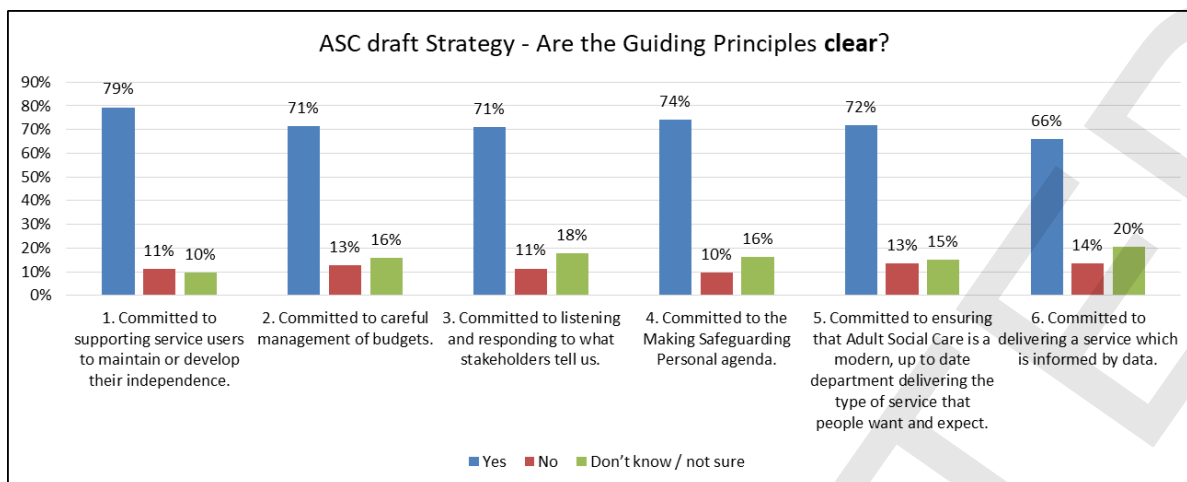
Other included:

- Resident of West Berkshire Council (23 responses)
- Family member receives care
- Member of the Community panel
- Volunteer / voluntary sector supporting Adult Social care
- Academic
- Provider of services
- Other WBC employees i.e Environment team



**Guiding Principles - Section 8 of the Draft strategy sets out a number of Guiding Principles (page 12)**

Q2 - Do you think the Guiding Principles are **clear**? 64 responses received



High proportion of respondents indicated that the guiding principles were clear.

Comments on clarity of principles indicated agreement by a number of respondents:

*'Document is very clear about guiding principles and set the foundations for transforming ASC'*

*'All clearly written', 'All principles are focused and succinct'*

More specific comments around each of the principles included the following:

**1- Committed to supporting service users to maintain or develop their independence**

Independence was seen as a high priority, specific reference was made to wellbeing principle

*'Interestingly the Care Act is mentioned but wellbeing - it's very central principle and a statutory duty - is not'*

**2- Committed to careful management of budgets**

This received the most comments and was acknowledged to be the most challenging. Concern was raised by more than one respondent about whether the Council would have the budget to fulfil its ambitions.

Comments indicated that ASC services were 'needs driven' so did not make sense in the context of a strategy.

*'Budget management doesn't make sense in this context, as you have to be needs driven and these are growing.'*

Reference was made to ASC workforce and how to continue to pay good quality care staff without raising wages and the impact on the market. *'I'm concerned that marketing and budgeting appear insecure'*

Reference to future cap on care costs was made and how this would be managed.

**3- Committed to listening and responding to what stakeholders tell us.**

Comments made were in support of this principle with an emphasis on ensuring adequate feedback and engagement.

*'Listening is good, but co-production is better.'*

**4- Committed to the Making Safeguarding Personal agenda.**

Only 2 comments in relation to this principle, one indicating they were uncertain what this meant and another indicated that this should be *'shared and explained more widely'*.

**5- Committed to ensuring that Adult Social Care is a modern, up to date**

Comments highlighted the need to introduce this carefully to build trust and was interpreted by some as solely around digitalisation. *'Coupling modern and technology/ digital is quite narrow- there are other ways to be innovative that don't always involve technology'*

**6- Committed to delivering a service which is informed by data.**

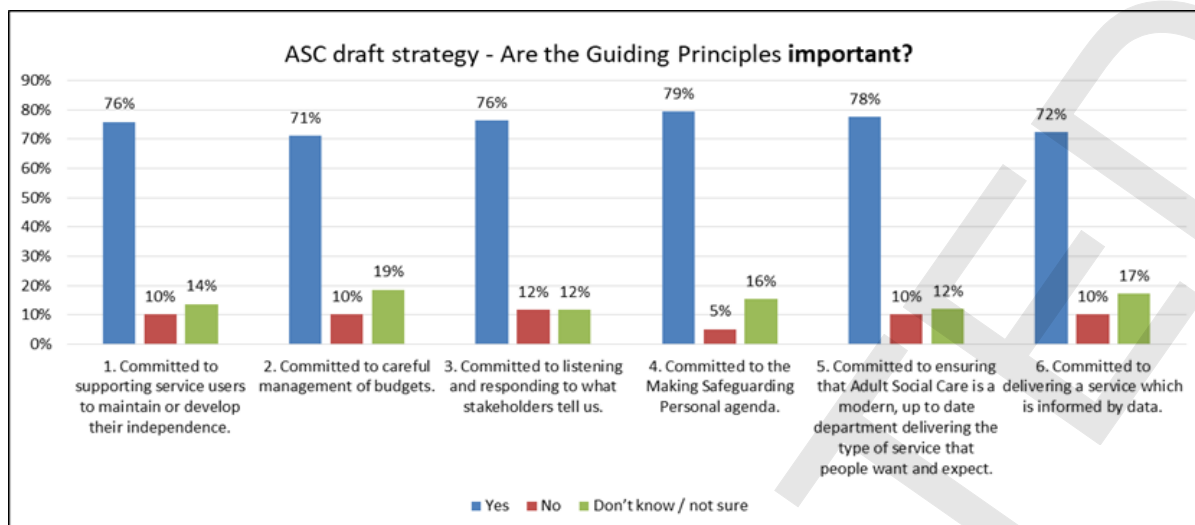
The second principle that received most comments, respondents were concerned about what and data was utilised, where this was obtained from, what data was 'missing', and how it was utilised.

*'This again will need careful introduction, people will be sceptical and cautious';*

*'Data must be of good quality and analysed with skill to be useful ..... will need significant capacity to link up various datasets held by different service areas or contracted providers ..... How will you ensure it is shared safely and used in ways that people consent to?'*

## Section 8 of the Draft strategy sets out a number of Guiding Principles (page 12)

Q3 - Do you think the Guiding Principles are **important** to Adult Social Care? 59 responses received



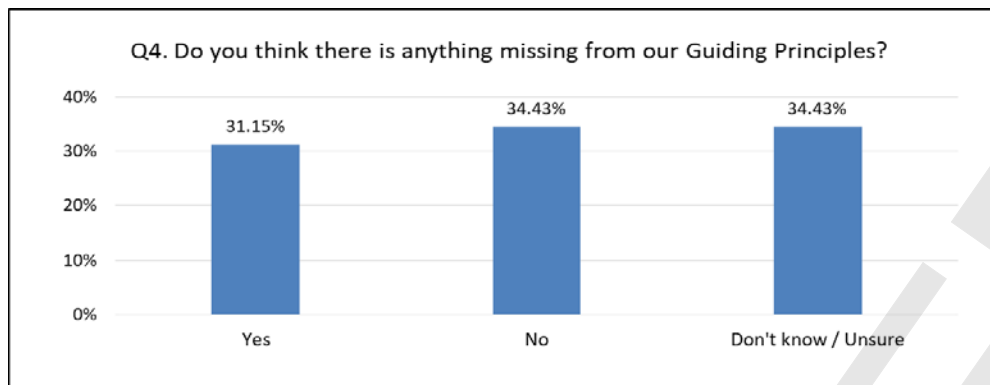
Over 70% of respondents indicated that the guiding principles were important.

Comments indicated a general agreement, but there were some concern about how they were applied in practice and how the service could evidence that the service was meeting these principles.

*‘The high level principles are clear and are important.’; ‘It would be difficult to find something to disagree with. Surely this is what we do?’; ‘The aims are fine. It’s achieving them which is hard’*

Specific comments about the principles are included below:-

- 1- **Committed to supporting service users to maintain or develop their independence**  
Principle of wellbeing should be recognised, for some independence may not be possible  
*‘I think independence is a good goal, but wellbeing is also important and a duty in the Care Act. There will be people for whom independence is not possible ...’*
- 2- **Committed to careful management of budgets**  
As in Q2, a number of comments highlighted concerns about whether the Council’s budget for ASC was sufficient  
*‘I have concerns that there are insufficient resources to implement the strategy.’*  
*‘The management of budgets very difficult as you have insufficient funding and individual budgets are so varied’*
- 3- **Committed to listening and responding to what stakeholders tell us.**  
Comments reinforced that meeting these principles needed to be achieved in conjunction with others and placing the individual and stakeholders at the centre is critical  
*‘Key area - the customer / client is at the heart of the provision regardless of type of provision (information, signposting or hands on delivery etc)’; ‘It is important to listen to users and carers. They deal with this situation every day and have hands on knowledge of whether it works or not’*
- 4- **Committed to the Making Safeguarding Personal agenda.**  
Comments reinforced that safeguarding has to be personal.
- 5- **Committed to ensuring that Adult Social Care is a modern, up to date**  
The only comment was that this principle seemed to be focused on *‘digital solutions’*, and yet this should be more broad. *‘Can it look to other areas for evidence of good ways of working that extend beyond digital?’*  
This response could be partially explained by the digital example given under this principle.
- 6- **Committed to delivering a service which is informed by data.** Comments reinforced those in Q2. *‘A service informed by data will only ever be as good as the quality of data collected, and the skill of analysis’*

Q4 - Do you think there is anything missing from our **Guiding Principles**? 61 responses

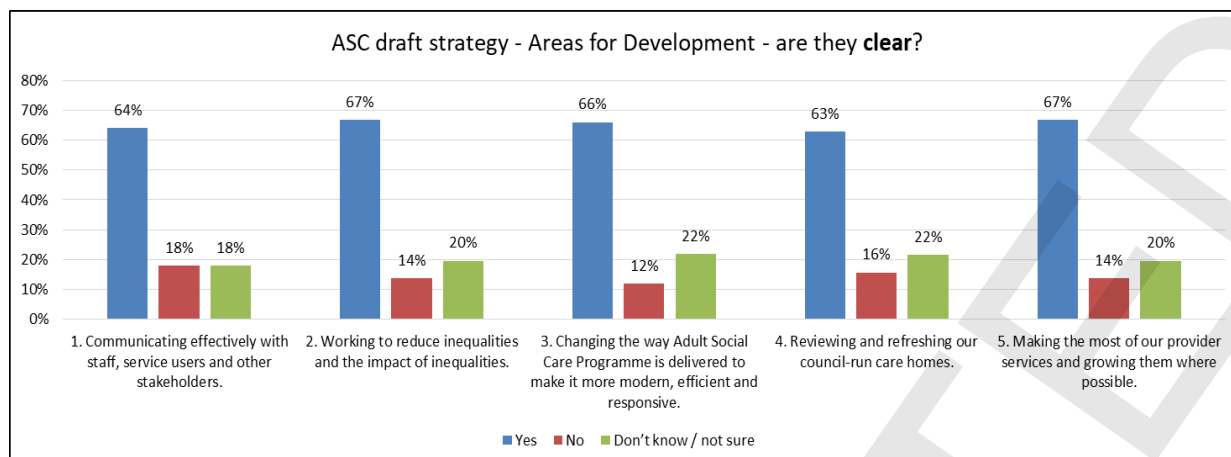
31% suggested that there was something missing from the Guiding Principles.

Analysis of comments indicated the following areas were felt to be missing / should be included:

- **Reference to Wellbeing and promotion of wider Health issues**  
*'There is absolutely no reference to wellbeing despite it being a guiding principle of the Care Act, and no real attention to the way wellbeing was defined in that piece of legislation- that it is person-centred.'*  
*'Promoting broader health (mental and physical) and preventative approaches'*
- **Independence?**  
*'The emphasis on retaining independence excludes many who cannot be independent so you need an additional Principle that covers the non-independent users.'*
- **Equity and inclusivity**  
*'The wider document talks about equity- there is no mention of fairness here.'*  
*'...recognition of diversity and range of client issues is not clear, nor is the level and type of support required including calibre, training and individual specialism required to support such a broad service and its provision.'*  
*'Would be good to see more around health inequalities and inclusive approach to workforce'*  
*'Effective communication mostly centred around the majority, which is not healthy for the minority service users who are in employment.'*
- **Carers** – Commitment to support carers should be included in the principles ensuring we are not placing an 'unfair burden' on them.
- **ASC workforce** – Need to support the retention and development of quality care staff.
- **Efficiency** – *'The Council should always perform its duties efficiently. There is no commitment, or promise to do so.'*
- **Adoption of Build Back Better** – Principles within this national strategy that will have fundamental changes to the provision of care and shape the future care agenda need to be incorporated.
- **Access and increased awareness to services**  
*'Residents need to be made aware of services available.'*  
*'Balance between the patients' needs and that of the social service to ensure process.'*
- **Support to local community groups**
- **Duty of Candour / openness** - *'ability to be honest if mistakes are made .... it is integral to building trust and good relationships'*

## Areas for Development - Section 11 of the draft strategy sets out our Areas for Development – (page 15)

Q5- Do you think these Areas for Development are **clear**? (51 responses)



Over 60% of respondent indicated that the areas for development were clear.

Comments from some indicated that further detail was needed to explain some of these areas *'They are generally clear but lacking in detail'*.

One comment indicated that although clear not challenging enough. *'These don't seem very challenging - pretty basic in fact. Communicate, be aware of inequalities and review service provided. Not exactly 'stretch targets'*

Specific comments about the principles are included below:-

### 1. Communicating effectively with staff, service users and other stakeholders.

Comments indicated communication was key, and was the area commented on the most

*'This needs further explanation and involvement so we do not once more end up with lack of clarity and lip service being paid; 'I am not confident in the ability to communicate effectively'*

*'All good principles. - Just concerned about the communication bit. It reads well, and should work, but know from personal experience it doesn't necessarily in practice!'*

Additional comments reinforced the need to consider alternative forms and advocacy as part of this

### 2. Working to reduce inequalities and the impact of inequalities.

Respondents commented this is a 'must' not a should. Some reflected that this should be a guiding principle rather than an area for development and there were concerns about how this would be *'achieved, evaluated and measured'*.

*'Fuel poverty and rural isolation are inequalities specific to WB and the older population also; fuel poverty is set to be a big issue in the coming months.'*

### 3. Changing the way Adult Social Care Programme is delivered to make it more modern, efficient and responsive

Comments felt this to be a *'repeat of the principles'*.

Concern about *'investment required to modernise and streamline services'*. This was an interpretation that this related to the digital platform which we should not totally rely on *'Remember good human contact is important...'*

### 4. Reviewing and refreshing our council-run care homes.

Whilst there was no specific concern about the clarity of this area, a couple of responses were concerned on the impact on the market, self funders and the wider remit of workforce

*'Please do not shut any more of the Council-run homes as this just pushes up prices for self-finders in the market place.'*

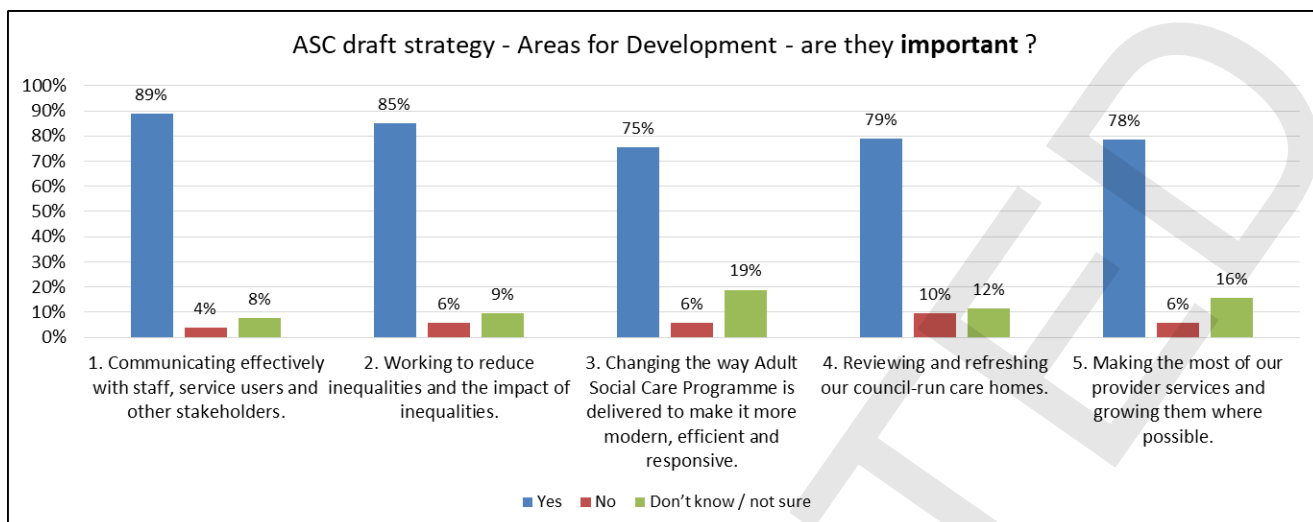
*'Refreshing should include well trained, well motivated and caring staff.'*

### 5. Making the most of our provider services and growing them where possible.

Acknowledgement that this should relate to the ASC workforce and investment needed to ensure suitable, qualified, capable and motivated staff. One respondent was concerned that this would replace homes *'I take it 4 and 5 go hand in hand as the intention would be to replace some of the care homes with alternatives such as Shared Lives? The danger here being that Shared Lives and residential care are not the same in any way- some people will always need a high level of care 24/7 which is not possible through the Shared Lives model. ...'*

**Section 11 of the draft strategy sets out our Areas for Development – (page 15)**

Q6- Do you think these Areas for Development are **important?** (53 responses)



**Communicating effectively** and **reducing inequalities** were seen as the 2 most important areas with 85% of respondents in agreement.

Generally comments indicated agreement, although there was a request for greater clarity and detail on 'how' this would be achieved and measured.

*'The words are fine - let's see how they are put into practice'*

*'Difficult to know what "growing" means'; '...On page 15 they are not laid out clearly and the extra words add confusion...';*

Additional comments were mainly around the last 2 areas for development, concern that this would result in closures and the impact on the market and provision of wider services.

**Reviewing and refreshing our council-run care homes.**

*'Please retain some affordable Council-run Care Homes and market availability to self finders and self-funders and respite places to give respite to unpaid Carers. Not all residents want or can afford 5 star service at 5 star prices.'*

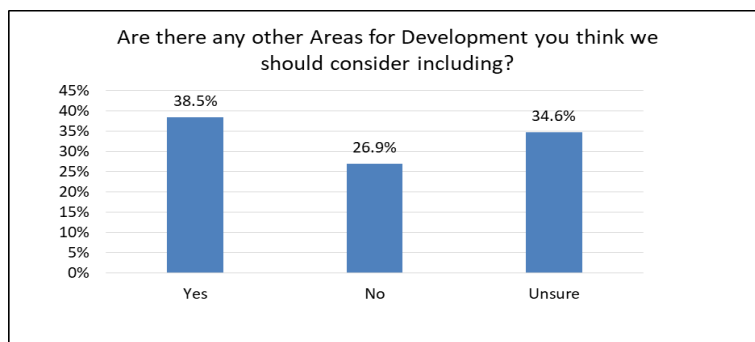
*'Some of the council homes do look very tired, and I think this can massively add to the distress of someone going to a care home. I think this is particularly a problem if the person/their family is effectively given no choice of provider because the council wants to use its own provision first to be economical. Add to that the cost that the council care homes stack up and I think this should be carefully looked at.'*

**Making the most of our provider services and growing them where possible.**

*'...knowing that there is a lack of care stock (inc 3rd party providers) this should also be a key target not simply used a reason to not provide care. Sourcing needs to be a priority and published figures on places vs requirements to keep the % achieved clear to all. What Gets Measured Gets Done. Show us the metrics. Publish the integrated solution that you are implementing and the breakages in the solutions whether they be internal or external.'*

*'There's quite a distance between Care homes and Shared Lives- what other approaches could WB ASC consider so that there are options for the widest population possible?'*

*'Local quality sustainable provision is vital. Being placed out of area causes more distress in an already distressing situation. It also possibly creates an imbalance for people who can afford to start their care home provision in our area and then there is pressure for them to remain when their money runs out. Also the pressure on providers to effectively subsidise placement costs as the real costs are not taken into account in the fees agreed, makes sustainability a concern.'*

Q7. Are there any other **Areas for Development** you think we should consider including? (52 responses)

38.5% suggested that there was something missing from the Areas of Development.

Analysis of comments indicated the following areas were felt to be missing / should be included

- **Increased focus on prevention** - maximising independence, prevention and improving health and wellbeing reduces the need for more intense ASC services. How can we educate people and strengthen our early intervention / preventative approach i.e. risk of falls / understanding costs of care etc
- **Carers**  
*'There's nothing here at all about the huge burden placed on unpaid carers, and what WB ASC plans to do. The evidence suggests the pandemic has been catastrophic for carers in terms of the financial situations and health and wellbeing.'*  
*'If unpaid Carers are willing can you work with PCNs to identify who they are and ensure they are plugged into sources of data and help.'*
- **Employment, housing and education support** -  
*'Recognition by and corroboration between ASC and other departments and partners for job training, skills development, job opportunities, housing, education for disabled people particularly those who have lifetime needs and dependencies'*
- **Diversity and Inclusion**- Being diverse and inclusive with regards to all aspects of adult care  
*'Disabled empowerment such as neurodiversity training, awareness and support';*  
*'BIPOC (Black, Indigenous, and People of Colour)'*
- **Integrated working / systems**  
*'Publish graphically the integrated systems between all the services and partner services that are required to be connected in order to provide a seamless service and prioritisation as opposed to one that continues to be a reactive service...'*  
*'Communications with NHS providers. Handover is often poor: I know from experience.'*
- **Better understanding of Adult Social Care**  
*'Help understand those who don't understand.'*  
*'Where to provide constructive feedback on care services in the area can be given and acted upon'*  
*'Make it easier to communicate. Easier to be contacted. Not the same as communicating effectively!'*
- **Specialist support** - Focus on specialist support for various disabilities and conditions, further focus on Dementia.
- **ASC staff / workforce** – Focus on valuing staff, retention, adequate pay, and their wellbeing.
- **Forthcoming statutory changes to Adult Social Care – LPS / Changes to charging** how will these be managed?
- **Creative use of Care Homes** - Offer places to self funders for respite without a complicated process
- **Increase voluntary sector support**
- **Increase in Daytime hubs**
- **Accountability** for services provided
- **Transitions** – Not included and should be part of strategy
- **Safeguarding** - I felt very little was said about safeguarding. I don't recall seeing any details about this

## **Q8. Please let us know any other thoughts and comments about the draft strategy**

### **Digital solution – further consideration**

*'Digital is not a solution in and out itself (it's not even a single thing!). There needs to be consideration of the infrastructure around digital devices and systems- people will need 1) reliable, affordable connectivity; 2) the devices to connect 3) the skills and ongoing support to connect- these will all require investment in workforce skills and dialogue with stakeholders from outside of ASC. The idea that digital is a simple fix ignores everything needed to make it 'care'. '*

*'There is an acknowledgment of the digital divide in the context setting section of the draft but then it talks about the digital pathway as a way of modernising the ASC services without addressing the digital divide'*

*'There might be people who do not have access to the Internet but who's views are just as important so outreach services are important.'*

### **Further data**

*'I welcome the draft strategy. I would have wished to see another bar chart showing the range of types of need ASC provides and a chart that sets out the West Berkshire Community in terms of impairment, disadvantages, ailment, disability against age grouping etc. like other issues dealt with based on population in section 3. That size of that problems and need cannot be seen and that potential for impact on ASC workload, capacity, planning etc. etc'*

*'Data is great in an ideal world when it's good quality, linked across various services and analysed well but then the real challenge starts. What do you do with the intelligence you've mined from the data? Does WB ASC have the resources to action any of it? What if this high quality, robust, preventative data requires a lot of expensive action'*

**Carers - Strategy misses referencing and valuing Carers**

### **Links to wider Council Strategies**

Missing references to other council strategies/ inter dependencies and golden thread between them all. More than one suggestion that this strategy should highlight the links with the Council Delivery plan and other relevant strategies that have shared objectives. e.g Health and Wellbeing Strategy, Leisure Strategy the Environment Strategy, Recovery Strategy etc

- **Public Health team** – provided a detailed response regarding specific points within the strategy that needs consideration. More emphasis could be included on 'what good would look like'.
- **Links to WBC Environment strategy** - Detailed response from WBC's Environment Delivery Team to align the aims of its new Environment Strategy (2020-2030) and ensure cross-service co-ordination from all areas of WBC. Consideration of their proposal should be responded to.
- **Housing should be incorporated**  
Housing is only referenced once in the whole strategy despite it being so intrinsic to how care and support is delivered and how the quality of individuals lives is directly affected by their housing  
The document seems light on references to mental health & in particular work being undertaken to prevent homelessness/ rough sleeping by focussing resources on mental health/ dual diagnosis & the funds which we can access to deliver/ facilitate this focussed work.  
We see DFGs as a core function and is clear in the White paper but there is complete silence on this in the strategy

### **Monitoring Strategy – Delivery plans**

How will this strategy be monitored / delivered and how will it be afforded?

Action plan to support the delivery of the strategy – what does good look like and how will we know that the strategy has been delivered? What 'improvements' will be seen by the public?

*'No delivery plan is present in this document & would recommend it would add to the depth of the document as part of consultation instead of afterwards'*

**Dementia Care** - No focus on dementia care, so insufficient

**Format of strategy** – no easy read, alternative format available

### **General comments**

*'Very clear about strategic direction of travel that should transform services, improve choice and improve resident outcomes'*

*'Thankfully it is about the right length for a strategy...'*

*'The document is very comprehensive and provides a good view on the landscape that shapes the strategy. What is not clear is what the actual strategy is. I believe that section 7: 'modernising adult social care' is the strategy? It might be beneficial to state 'our strategy is...'*

*'Perhaps an exec summary?'*

*'I am concerned that the Build Back Better only gets a negative statement in the document in section 7. For many users of social care, this will have a fundamental impact on their care costs and for many it is seen positively...'*

*'None, currently. It is a good start and will enable communication and joint development from all stakeholders and partners'*

*'It is clear and straightforward, but there is not much detail in the strategy. It's more about the context and guiding principles'*

*'Will there be a separate communication plan that falls out of the consultation?'*



**Contact Details (Optional)**

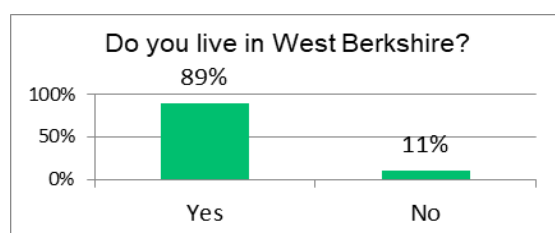
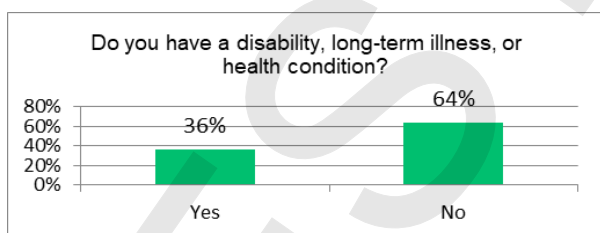
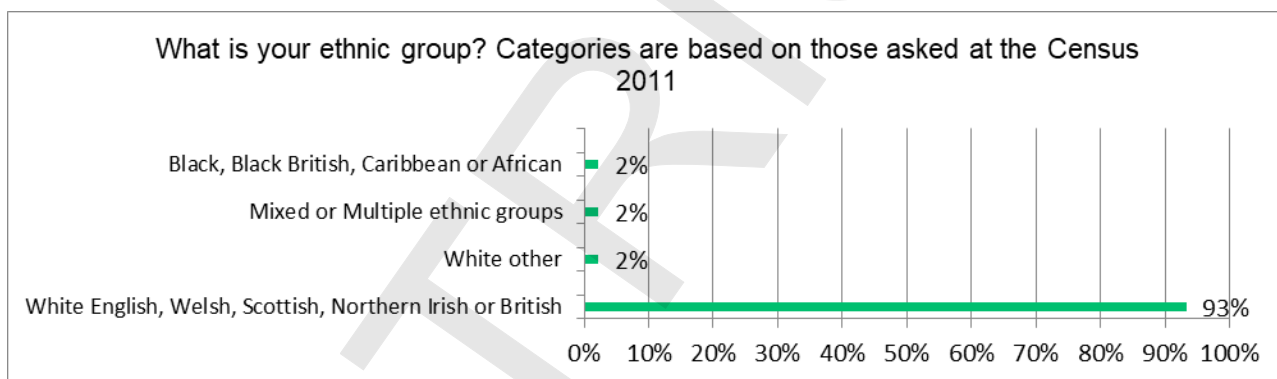
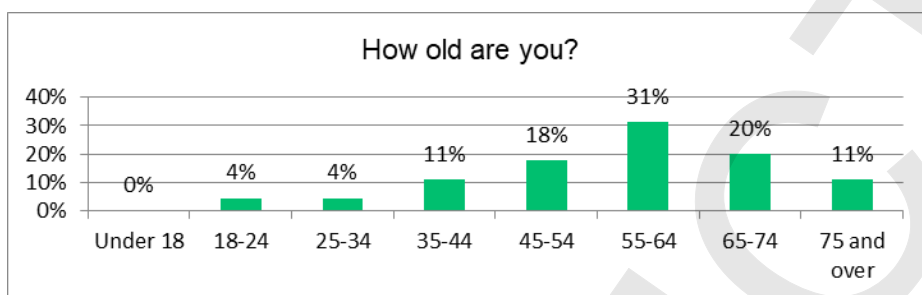
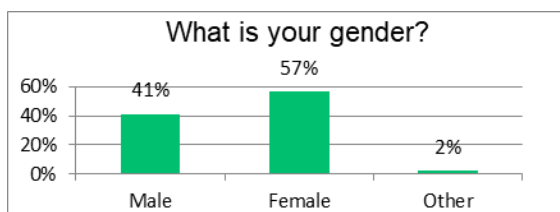
Would you like to be involved in the delivery of the ASC Strategy?

- 17 responded Yes, contact details provided

Would you like to join the West Berkshire Council’s Community Panel?

- 9 respondents indicated they were already a member but a further 11 indicated they would like to join. Contact details passed to corporate team responsible for the Community Panel

**Responses to demographic questions (45-46 responses)**



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