

## UPDATE OF INTEGRATED ADULT SOCIAL CARE VISION AND STRATEGIES

Report of the Director for Integrated Adult Social Care for Devon County Council.

### 1. Recommendation

- 1.1 Members of the Health and Adult Care Scrutiny Committee note the opportunity to engage with and give feedback on the updating of the Integrated Adult Social Care vision and strategies via our [‘have your say’](#) web pages the closing date for which has been extended until 31<sup>st</sup> March 2023, communicated to them via the Members’ Bulletin of 13<sup>th</sup> February 2023.

### 2. Purpose

- 2.1 To present to Health and Adult Care Scrutiny Committee an outline of the process for updating, and current content of, the Integrated Adult Social Care vision and strategies.
- 2.2 In particular, to highlight the opportunities for providing feedback on the draft Integrated Adult Social Care vision and strategies.

### 3. Background

- 3.1 The role of our vision and strategies:
  - Our [‘Promoting Independence’ vision](#) describes what we are trying to achieve for people who need adult social care services in Devon now or may do in the future.
  - It seeks to align to the [government’s vision for adult social care](#), [One Devon health and care system strategy](#), and the [Devon County Council strategic plan](#) whilst articulating the distinctive role and objectives of adult social care.
  - Our [‘Promoting Independence’ policy](#) sets the policy framework by which we operate including how we apply statutory guidance in Devon and the [‘Commitment to Carers’](#) underpins our approach to unpaid carers.
  - Our [‘Living Well’](#), [‘Ageing Well’](#) and [‘Caring Well’](#) strategies describe how we apply this vision and policy to people aged 18-64, people aged 65+, and unpaid carers.
  - Our [‘Annual Report’](#) or ‘Local Account’ assesses our delivery against our vision, strategies and plans each year, using national surveys, performance information, and activity/cost/spend data to compare with others.
  - This will inform our self-assessment when the [Care Quality Commission](#) begin to assure local authority adult social care functions from April 2023.

3.2 Our vision and strategies were last updated in 2018-19, four years ago, and much has changed since:

- We have been through the Coronavirus pandemic.
- We are facing a cost-of-living crisis.
- Maintaining public and provider financial sustainability is challenging.
- There have been changes in legislation e.g., Health and Care Act 2022.
- There have been changes in government vision and policy.
- We have a new Director of Adult Social Services.

Our leadership team has reviewed what we have published and thinks the principles are still sound but want to test them with other stakeholders.

3.3 These documents are important in prioritising the use of resources and shaping service development:

- They inform service users and unpaid carers, the wider public, our providers and partners, and our staff what we are trying to achieve.
- They are referred to by all of our other strategies and plans and help us decide how to deploy our limited resources by setting our priorities.
- They set aspirations we can assess our delivery and performance against, including in our Annual Report.
- They give the Care Quality Commission clear statements of what we are trying to achieve and why to assess us against.
- They give members of the council, especially those on the Health and Care Scrutiny Committee, an overview to inform their activity.
- They inform our decision-making including when deploying our limited resources including budget.

3.4 Our Vision document articulates our aspirations for the people of Devon with adult social care needs:

- People tell us they want to live in the place that they call home, with the people and things they love, in communities that look out for each other, doing the things that matter to them.
- We start with the assumption that the more independent people are, the better outcomes they will achieve, and at lower cost. Once someone is receiving adult care support, they risk their needs escalating unless we work with them, and the people who care for them, to keep them as independent as possible in the place most appropriate to their needs at that time.
- For most people most of the time that will be in their own home which is where people tell us they want to be. For some people some of the time this will be in hospital or specialist settings where we will endeavour to get them home whenever it is safe, working with the independent and voluntary sector and their unpaid carers to do so.
- We are seeking to create and support conditions in which people can lead fulfilling lives as independently as they are able, through being informed, secure and connected:
  - Independent – People who are ambitious about living lives they have choice in and control over.

- Informed – People who know how they can get the support they need, when they need it, to help with the things that matter most to them.
- Secure – People who feel safe and confident that they can make the choices they want about how they live.
- Connected – People who have rewarding relationships and involvement with their family, social networks, and communities rather than feeling lonely or isolated.

3.5 In practice, this vision for promoting independence means:

- Through prevention: creating and supporting the conditions where people and communities help themselves.
- At first contact: effectively meeting people’s needs through information, advice, signposting, diverting them from dependence on care services by preventing, reducing, or delaying their need for them.
- In our care management practice: focussing on strengths of individuals, their families and social networks, and their communities to help people help themselves and each other do what matters to them.
- Through short-term interventions: developing the range of services we offer collaborating with NHS partners, extending their reach, improving their effectiveness, and ensuring appropriate access and triage.
- Through long-term services: making the default expectation the maximisation of independence and giving people choice and control over the services they receive from a diverse, high quality, affordable and sufficient market of providers.
- By safeguarding: keeping vulnerable adults in our health and care systems, pathways, and transitions safe.
- With unpaid carers: recognising them as expert partners and supporting them in their role through access to information, training, advice, and support.
- In integration: making independence the key outcome of all services and the core principle of shared culture, preparing people for recovery in all stages of health intervention.

3.6 We express this vision through three strategies that outline where we are, where we want to get to, how we plan to get there, and how we’ll know:

- Living Well in Devon
  - For adults of working age who receive or may receive adult social care support during their lives to sustain and/or maximise their capacity for independent living.
  - This includes people with a Learning Disability, Autistic people, mental health needs and/or physical or sensory disabilities.
- Ageing Well in Devon
  - Focuses on the needs of people as they get older, to maximise their capacity for independent living.
  - Many people over 65 years of age may not regard themselves as ‘old’ and the Ageing Well strategy will therefore not limit its ambition to an arbitrary age.

- The age range covered by this strategy includes a wide variety of needs from the active and well, to those who will have significant care needs.
- Caring Well in Devon
  - Unpaid carers who look after a partner, family member, friend.
  - Not all carers will recognise themselves or be recognised as such. Nor will they necessarily have had their needs assessed or be in receipt of a service.

3.7 The key points of our draft strategies are:

- Prevention: people want to engage with services online and tell us they do not have accessible information, advice, and guidance so they have choice and can plan.
- Community: independence and a good quality of life should be less about services and more about increasing capacity for early intervention and enabling life experiences.
- Housing: people want to be able to access safe and quality housing at the right time, which support positive outcomes and value for money.
- Strength-based and personalised practice: people tell us that they want more personalised and timely support to promote their independence.
- Safeguarding adults at risk from harm: ensure staff are well trained to support prompt responses to any allegation of abuse and that the public, volunteers and professionals have a good understanding of safeguarding.
- Identify and address inequalities: in our employment of staff and the commissioning of services and in the access to and outcomes of the services that people receive.

3.8 Our proposed vision and strategic aims, outcomes, and priorities are summarised as:



3.9 The timetable for the development and sign-off of our vision and strategies is:

Month	Activity
October 2022	Approach and timetable agreed.
November 2022	Initial drafting.
December 2022	First round of engagement. (We have met with over 20 groups of stakeholders, mainly people who use services and their carers.)
January 2023	Drafts completed.
February 2023	Launch of 'have your say' for online feedback. Second round of engagement.
March 2023	Health and Care Scrutiny. Assimilation of feedback.
April 2023	Health and Wellbeing Board discussion. Final drafting.
May 2023	Formatting for publication. Leadership Team sign-off.
June 2023	Cabinet sign-off. Publication.

3.10 Feedback from stakeholders to date includes:

- On the language and principles of 'promoting independence':
  - Ensure 'promoting independence' is written through the strategies, recognising that people's capacity for independence varies and can be different at different times.
  - (Some are positive about the language of 'promoting independence', others are concerned it doesn't recognise that for some, living their best lives involves dependence on others, and prefer 'empowering people' or 'enabling independence'.)
  - Ask whether the principles and priorities articulated in the vision and strategies are strong enough to guide decision-making, including regarding the use of limited resources.
  - Acknowledge that the aspirations of carers (especially parent-carers) may differ from their loved one, including regarding employment and independent living.
  - Remember that carers also want greater independence, and are unable to 'live their best lives' without regular breaks from their caring role.
- On the structure and style of the documents:
  - Be honest about the financial context and ask whether the proposed savings strategies are aligned to the strategies and whether the ambitions laid out are achievable.
  - Reduce length of, and jargon in, the documents and incorporate more quotes from people with lived experience. Recognise what we have said and that you have listened.

- Define terms where they are important. What is 'strength-based practice'? What does 'promoting independence' mean to people with disabilities?
- Distil the vision and strategies into a single short paragraph to include in the header of every document and a single slide to share with staff and other stakeholders.
- Address join-up with the vision and strategies in children's services, the opportunities of working across health and care through One Devon, the importance of the voluntary sector, and the untapped potential in communities.
- (Some recognise the approach of three strategies as being pragmatic and meaningful, others point out that the pension age is no longer 65, and people experience ageing differently.)
- On the changes to services the strategies propose:
  - Highlight that mental health and wellbeing should have parity with physical health, and that includes dementia.
  - Recognise that end of life care is a priority and for many will be the only phase in which they need adult social care support.
  - Emphasise the shift to short-term interventions, including in response to crisis and to support transitions, as opportunities to promote independence and reduce long-term support that is unnecessary for some in normal circumstances.
  - Recognise that people's lives are not lived 9-to-5 and services should flex accordingly, especially enabling support.
  - Also, that where people live, who they live with, and their access to transport are as important as the kind of accommodation they live in.
  - Make a stronger commitment to equality of access and outcome, recognising the hidden barriers rooted in social disadvantage.
  - Regarding safeguarding, recognise that carers can also be vulnerable and the victims of abuse.

**Electoral Divisions:** All

Cabinet Member for Integrated Adult Social Care and Health: James McInnes

Director of Integrated Adult Social Care: Tandra Forster

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

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BACKGROUND PAPER                      DATE                      FILE REFERENCE

Nil