



# Cheshire West and Chester Council Enabling Great Lives Consultation Adult Social Care Strategy, 2024-2028

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## SUMMARY REPORT

***We want to thank everyone who participated in this consultation either as an individual or responding on behalf of organisations. Your input to this process has been of huge value and has helped shape the final version of the strategy.***

# 1. Introduction

## 1.1 Enabling Great Lives Strategy

***Enabling Great Lives* is Cheshire West and Chester Council's Strategy for continuing to improve Adult Social Care Services across the borough.** It is:

- A consolidation of existing practice and activity.
- A documentation of ambition for community-led support, driven by comprehensive transformation and change programmes.
- An over-arching framework which applies and links to other existing strategies and policies and will drive and enable future strategies.

*Enabling Great Lives* sets out the Council's proposals for:

- The **VISION** for Adult Social Care.
- The core **PURPOSE** of Adult Social Care Services.
- The pillars for **CHANGE** and priorities.
- The new operational **MODEL**.

*Enabling Great Lives* Consultation

The changes made following consultation are referenced in this report and fully documented in the version of the strategy for approval which is going to Cabinet on the 31<sup>st</sup> July alongside a more detailed consultation report.

## 1.2 Consultation Feedback Themes

### Consultation Response

Across the engagement process, responses were received from individuals and from care and support organisations. Approximately 200 people provided individual responses to the consultation. 9 organisations provided responses on behalf of their organisation.

In terms of individual responses, 60 people completed the survey online, 45 people engaged in face-to-face drop-in sessions, 52 people engaged in partnership events, 35 people engaged in staff workshops, and there were 3 individual emails, 1 postal response, and 1 social media response.

In terms of organisations, responses were received from Age UK Cheshire, Here and Now, Alzheimer's Society, Disability Positive, Vision Support, MHA Communities Cheshire West, Deaf Support Network, HealthBox CIC, and People's Choice.

A range of people engaged in the consultation, including people in receipt of care and support, carers, staff, partner and provider representatives, and residents. An estimated breakdown is shown below (please note this excludes the nine responses sent on behalf of organisations):

Service Users	27	13.8%
Carers	25	12.8%
Staff	47	24.0%
Partners / Organisations	54	27.6%
Residents	36	18.4%
Other / prefer not to say	7	3.6%

### Consultation Themes

Key messages from the consultation feedback are as follows:

1. **Purpose and Clarity.** There was general agreement with the Vision and the Three Pillars. However, the Strategy was cited as being ‘authority-centric’. Suggestions were made to expand the core purpose to cover more aspects such as carers, respite, and safeguarding; and to provide clearer definitions, clarifications and guidance. A call was made for a more emphasis on truly person-centred care, and to develop specific, measurable goals to ensure the vision is translated into tangible outcomes, aligning with the strategy's commitment to be outcome focused.
2. **Scepticism and Realism.** There was frequent concern about the Council’s ability to deliver what it has set out to do. Respondents fed back the need to ensure that the strategy is not ‘just words’. Mixed opinions were given on the aspirational nature of the statements, particularly considering financial circumstances, and it was felt there was ambiguity and lack of clarity on implementation.
3. **Finance and Transparency.** There were concerns around the cost of service delivery and funding. Prevalent concerns were the Councils ability to invest in care and support, and communications with Carers, family and those in receipt of care and support relating to finances and cost of care. Feedback requested more detailed information and transparency on the financial implications for families with people receiving care, and investment in preventative services and early intervention programmes with community organisations to reduce long-term care costs, aligning with the strategy's focus on prevention.
4. **Quality of Care and Safeguarding.** It was highlighted that assurance, controls and scrutiny are needed around monitoring the quality of care delivery and ensuring that safeguarding measures are in place. Consistency of care and providers were cited as crucial in enabling quality delivery.
5. **Person-Centred Care and Support.** It was felt that this must be central to how ASC moves forward. A lack of time to deliver truly person-centred care was a concern in several responses. A need to ensure that care and support is tailored to individual wants and needs and isn’t restricted through how care is commissioned was also expressed. People needed to feel truly heard and understood in terms of the support they want and require.

6. **Inclusivity and Accessibility.** Respondents want ASC to ensure that: communication methods are accessible for all; those isolated or less able to access services for themselves are not excluded; isolation within communities is tackled; and there is better awareness of community provision. Transport issues were raised repeatedly. Availability of service provision was cited as important throughout the engagement.
7. **Carers.** A recognition of the needs of carers was raised throughout the engagement, for example, appropriate respite provision and greater support for unpaid carers wellbeing.
8. **Co-design and Co-production** (partnership working). It was felt that service users, their Carers, the Council, the third sector and other agencies must design, deliver and monitor services together. Agencies must work cohesively to review services, reduce duplication and maximise resources. Suggested to establish more regular forums and feedback mechanisms for continuous engagement with stakeholders, aligning with the strategy's commitment to co-production.
9. **Third Sector provision.** The need for clarity and transparency around statutory obligations versus signposting / community provision was highlighted. There was support for a community-led and preventative approach but concerns around reliance on the third sector in the financial climate. IT was requested to foster stronger partnerships with local charities to leverage community resources effectively, in line with the strategy's pillar of building community assets.
10. **Workforce.** Workforce quality and consistency, and staff wellbeing, were consistent themes where suggestions were made for improvement, including to: enhance training and support for complex needs and ensure consistency in care quality, ensure competitive salary rates and benefits to attract and retain workers, and expand staff training opportunities, mental health support, and professional development, to support the strategy's aim for a skilled and compassionate workforce.
11. **Digital and technology integration.** It was suggested that the strategy would benefit from a more explicit focus on integrating technology into care services such as digital platforms for care management, data collection, and communication to enhance service delivery.

### 1.3 Changes made to the Draft Strategy

**The changes made to the draft strategy following the consultation have been informed by the key themes from this exercise. These are explored further within the consultation analysis section of this report.**

#### 1. Purpose and Clarity:

A direct quote from the LDPB session has been used to inform a tagline to the title 'Enabling Great Lives' This is to address concerns raised regarding the ambiguity of the word 'great' as well as ensuring that the strategy resonates with everyone.

The tagline is '**Our Plan for supporting people to live life the way they choose**'.

The **Core Purpose statement** has been expanded to rightly recognise the broader stakeholders (carers, partners and communities) and commitments required as well as the need to be person-centred (enabling choice and control) and ensure safe care.

## 2. Scepticism and Realism:

An accompanying plan of activity which will be undertaken to deliver on the strategy will be made public. Reporting will be provided against the intended deliverables to show transparency in activity as well as the actions being committed to which will drive delivery of the strategy forward.

## 3. Finance and Transparency:

**Transparency** has been added to the 'we will' statements to ensure expectations are managed and there is awareness regarding financial implications of future care.

## 4. Quality of Care and Safeguarding:

An edit has been made to the existing 'we will' statement 'ensure safe practice' to further emphasise the need to ensure **safe and quality provision**.

**Pillar 2** has been updated to reference clearly this is about safe and quality services.

## 5. Person-Centred Care and Support:

An edit has been made to the existing 'we will' statement 'focus on strengths' to reiterate the need to be **person-centred** in regard to flexibility, consistency and independence. Wherever possible supporting the person in receipt of care and support to make their own choices but recognising this is not possible for everyone.

The second Pillar for Change has been updated to reflect the need for **choice and control** over an individual's independence.

## 6. Inclusivity and Accessibility:

Our **commitment to enabling thriving communities** has been expanded upon to recognise the need to support raising awareness, tackling isolation and ensuring consistency.

**Pillar 1** has been updated to recognise that those not currently in receipt of care and support but are within our communities are a key stakeholder, so the listed partners has been expanded to recognise individuals within our communities.

**Accessibility** has been added to the 'we will' statements to recognise the need to ensure our communication and promotion of provision reaches everyone.

## 7. Carers:

The **Core Purpose statement** has been expanded to rightly recognise the broader stakeholders (carers, partners and communities) and commitments required as well as the need to be person-centred and ensure safe care.

The 'we will' statement for 'collaborate' has been edited to reference partners, **carers** and those in receipt of care and support.

## 8. Co-design and Co-production (Partnership Working):

The 'we will' statement for 'collaborate' has been edited to reference partners, carers and those in receipt of care and support and the need for involvement in the design of services.

## 9. Third Sector Provision:

**Transparency** has been added to the 'we will' statements to ensure expectations are managed and there is awareness regarding financial implications of future care.

## 10. Workforce:

The Core Purpose has been updated to reflect explicitly that the **workforce** delivering social care is not limited to those employed by the Council.

## 11. Digital and technology integration:

An addition 'we will' statement has been added to indicate our commitment to both joining up data across organisations to inform better **intelligence**, but also to increase choice on services available by utilising **technological advances**.

**END.**