



ADASS Business Plan 2017/18

ADASS' vision for the future of adult social care services

ADASS is a charity. Its objectives include:

- Furthering comprehensive, equitable, social policies and plans which reflect and shape the economic and social environment of the time.
- To further the interests of those who need social care services regardless of their backgrounds and status
- To promote high standards of social care services

Full details are set out in **Appendix 1**.

ADASS set out its vision for the future of adult social care in the paper “**Distinctive, Valued, Personal**”, launched in March 2015. This vision described a system that is **protected, aligned and redesigned**.

The vision has been updated for 2017/18 as adult social care responds to increasing degrees of integration with health and other council services, develops new devolved arrangements across localities, works with health partners on new models of care and manages the consequences of the Spending Review and Budget decisions on funding allocations up to 2020.

Distinctive, Valued, Personal detailed five priorities; these remain relevant in bringing about an adult social care system which meets increasing levels of demand and complexity of need whilst managing with reducing resources and delivering truly personalised, quality services which improve outcomes, encourage resilience and independence, and safeguard individuals from harm and abuse. They were:

- 1. For central government to ensure that social care funding is protected and aligned with the NHS, including making provision for the social care funding gap by 2020, alongside the gap in health service funding over the same period.*
- 2. For all parties across the social care sector to focus relentlessly on ensuring that the level of quality is sufficient and that no services cause harm.*
- 3. To ensure that new social and health care delivery models prioritise the need for:*
 - a) Good information and advice to enable us to look after ourselves and each other, and to get the right help at the right time as our needs change.*
 - b) The recognition that we are all interdependent and we need to build supportive relationships and resilient communities.*
 - c) Services that help us get back on track after illness or support disabled people to be independent.*
 - d) When we do need care and support, we need services that are personalised, of good quality, that address our mental, physical and other forms of wellbeing, and are much better joined-up around our individual needs and those of our carers. Personal budgets are central to this approach.*
- 4. Heightening the efforts of all parties across the social care sector to build a sustainable workforce to deliver this model.*
- 5. To strengthen local accountability and innovation by developing local health and wellbeing boards (HWBs) as the places where partners bring together and lead commissioning, market shaping, resource allocation, and service delivery.*

At the time of writing a General Election has been called. The debate will be ongoing.

Review of 2016/17 Priorities and deliverables

Resources (short and long term):

The 2016 Autumn Statement and 2017 Spring Budget formed important focus points for ADASS' work on short-term funding in 16/17. In preparation for these, and in collaboration with sector partners, we set out the case for government to fully fund adult social care to meet the increasing demand and complexities of need. Much of this evidence was drawn from the ADASS Budget Survey which continued its significant impact, additionally informing submissions to the Health Select Committee, Communities and Local Government Select Committee and the House of Lords Committee on the long term sustainability of the NHS. The Local Government Finance Settlement was disappointing, however re-iterating the evidence with partners resulted in an additional two billion pounds over three years, to be earmarked to the sector in the 2017 Spring Budget.

ADASS and partners identified the need for a grassroots social movement to make the case for the value of social care. Work was initiated that led to an open session held at the National Children and Adult Services Conference (NCASC), with around 150 people attending and a long-term strategy is being developed. The momentum has been continued by a steering group with broad sector membership carrying the movement forward into 2017.

Social work reform:

The focus on social work has continued, including a joint seminar between ADASS members, the Chief Social Worker and Principal Social Workers, resulting in 'Social work: Essential for Integration' being published in March 2017. The President and/or Chief Officer have been consistently involved in the Chief Social Worker's Advisory Group. The Chief Officer initially, then Carolyn Kus as Workforce Lead, have been involved in the joint Department for Education (DfE), Department of Health (DH) group focusing on Social Work Reform and Regulation, alongside Association of Directors of Children's Services (ADCS). This is now working on the implementation of Social Work England.

Integration and devolution:

ADASS worked hard to ensure that social care, social work and the social model are recognised in integration, that care is better coordinated for and with older and disabled people and that pressured health and care systems can become more sustainable. ADASS has been engaged in Better Care Fund planning and delivery, locally, regionally and nationally. The majority of our members have also been involved in the development of Sustainability and Transformation Plans and in digital road maps. In June 2016, in partnership with the Local Government Association (LGA), NHS Confederation and NHS Clinical Commissioners we launched our vision for health and social care integration, 'Stepping up to the Place' and accompanying toolkit. The vision describe what a fully integrated, transformed system should look like based on what the evidence tells us.

Rising demand at Accident and Emergency (A&E) departments and difficulties in discharging people when they were ready to go home resulted in an even more difficult winter than usual. ADASS members responded well to the winter challenge and worked well with NHS colleagues by having a collaborative response and local actions helped alleviate pressure. Whilst NHS England identified a number of 'fragile systems' these were not the same as those challenged by DToCs.

Home Care, Quality and Markets:

In 16/17 ADASS supported members to maximise market stability via a revitalised commissioning network with new leadership, membership from every region and regular meetings.

ADASS engaged fully with partners such as CQC in a wide range of activity to influence the coordination of initiatives such as the emerging Quality Matters commitment, maintaining a social care commentary with NHS England in relation to a range of their quick guides, and reviews of *Commissioning for Better Outcomes* in the light of integrated commissioning.

The sustainability of the home care market remains of particular concern. ADASS is a key partner in the *Re-imagining Care at Home* initiative and an ADASS Home Care group worked together to share best practice throughout the country.

Carers:

ADASS had an advisory role in the Carer's Trust report 'Care Act for Carers: one year on', helping to shape the recommendations. The report drew on a broad range of witnesses which resulted in a balanced report. ADASS continues to host the influential Carers Policy Network (CPN) and has a role on the National Carers Strategy steering group, influencing the upcoming National Carers Strategy. The CPN orchestrated the ADASS response to the call for evidence and continues to input in the shaping of the strategy (now delayed until after the general election). Other outcomes included a roll out of a *Commitment to Carers* which encourages more joined-up services between social care and health, whilst recognising that there is more to do to ensure that integration of health and care services appropriately supports carers.

Transforming Care:

Work continues to support those living in hospitals to move out into the community, and to prevent those at risk of admission from being admitted. There has been a renewed focus on the resettlement of people who have been living in hospital for more than five years, capacity modelling and commissioning good quality community services.

The Transforming Care Programme celebrated 'Building the Right Support - One year on' in November 2016. Some of the 48 Transforming Care Partnerships (TCPs) were asked to work together as second wave 'fast track' areas. There was some concern that the programme is not delivering change as quickly as hoped, and that while people are being discharged from hospital, others are being admitted.

NHS England Specialised Commissioning are now active members the national Transforming Care Delivery Board. Agreement was reached in January 2017 within NHS England at national level on how specialised commissioning funds will flow through the system to Clinical Commissioning Groups (CCGs), to enable funds to be included in budgets to be pooled at a local level between local authorities and CCGs. Revised financial plans and bids for transformation funding for 2017-2019 were evaluated early in 2017 for 2017/18.

The focus on children and young people has received increased attention within the Transforming Care programme with the involvement of ADCS and DfE.

The National Audit Office undertook a national review of learning disabilities with a focus on progress of the Transforming Care Programme. This was the subject of the government's Public Accounts

Committee in March 2017. It was acknowledged that it is a very complex programme, and that some progress has been made, but that more is required.

Deprivation of Liberty Safeguards (DoLS):

The Mental Health Network has engaged with the Law Commission, giving feedback on proposals developed as part of their review of DoLS, resulting in the publication of proposals for Liberty Protection Safeguards to replace DoLS. It is proposed that Liberty Protection Safeguards will be part of mainstream assessment and care planning for most people, with authorisation forming part of that as a safeguard.

Safeguarding:

A programme of work aimed at embedding Making Safeguarding Personal was delivered, funded through the LGA Care and Health Improvement Programme. This included a co-ordinator for independent chairs, a series of coaching calls, a 'temperature check', which included a range of recommendations, followed through with a guide on the engagement of those who use safeguarding services and a guide on widening Making Safeguarding Personal to apply to those partners outside adult social care.

2017/18 Plan

Activity Areas for 2017/18:

To support the coordination of how ADASS effectively and efficiently delivers against its priorities for 2017/18, three inter-related activity areas have been set out as follows:

- **Policy implementation support:**

To cover all activity undertaken by ADASS to influence, comment upon, inform and support implementation of policy decisions, and initiatives relating to the delivery of adult social care at a national, regional and local level.

- **Communications:**

To cover internal communications to and from ADASS members, including development of the ADASS website, events and seminars, and external communications including media activity with the public, partners, policy influencers, press and politicians in order to both disseminate and inform ADASS' work.

- **Business:**

To cover all business activity undertaken by ADASS to support members, governance of the Association, management of the work programme, and the funding, skills and resources to deliver.

Policy and implementation activity for 2017/18:

Note: Priorities 4 – 6 have been identified by Margaret Willcox as her Presidential Priorities.

Priority 1	Resources (short and long term)
Sponsor(s), lead(s) and support	Margaret Willcox and David Pearson John Jackson and Iain MacBeath. Cathie Williams
Ambition	Adult social care is properly funded to meet its duties and responsibilities and to enable older and disabled people to live fulfilling lives.
Objectives	<p>Following the announcement of the Spring Budget, the immediate focus for 2017/18 is to support members to manage the impact of resource changes (and associated requirements), the effective use of resources for adult social care and to evidence the impact of those changes.</p> <p>ADASS will work with partners and government departments to support and influence the development and response to a Green Paper on the longer term sustainable funding of ASC</p> <p>ADASS and partners are incubating the evolution of a “social movement” advocating for sustainable funding of social care for the next spending review period.</p>
Deliverables	<ul style="list-style-type: none"> • Launch ADASS Budget Survey Report by July 2017 • Influence the development of the upcoming green paper on sustainable funding throughout 2017/18 • Continued alignment with partners in relation to messages about the value of social care and the visibility of the social movement.

Priority 2	Sustainable Health and Care Systems
Sponsor(s), lead(s) and support	Grainne Siggins, David Pearson and Richard Webb Mark Hill.
Ambition	Care is person centred and co-ordinated, and health and social care systems are sustainable so as to improve outcomes for individuals, their carers and local populations. Social care, social work and the social model are visible and effective.
Objectives	Continue to work with national, regional and local partners to make health, and social care systems sustainable and to better co-ordinate person centred care. Having undertaken much in relation to the interfaces with the acute sector, ADASS intends to introduce greater focus on the interface with primary, community, mental health and housing this year. 2017 – 18 will see new challenges relating to post budget work on systems interfaces and reviews by CQC.
Deliverables	<ul style="list-style-type: none"> • Continue to develop, update and implement ADASS key principles of integration • Key messages/tips to be communicated to ADASS members, so they are able to make sure the BCF is implemented effectively at a local level and that social care and social work is protected and enhanced • Respond effectively to key policy initiatives and consultations so the voice of adult social care is clearly heard. • Working with national partners (County Council Network, District Council Network and Foundations) to make sure that DFGs are allocated effectively. • HWBs remain the driving force for local delivery. This will need to be balanced against STPs which are the local driver for health. • Continue to work effectively with partners, to address the on-going challenge of urgent and emergency care. By linking with primary care, to directing people to more appropriate forms of care, rather than people ending up in A&E. • Integration should not be seen as a means to an ends. The challenges for us are to support our members and colleagues to address significant transformation through better co-ordinated care with improved outcomes.

Priority 3	Market sustainability, quality and safeguarding
Sponsor(s), lead(s) and support	Glen Garrod Bev Maybury, Denise Radley, Helen Jones, Adi Cooper, Mike Briggs, Steve Peddie Hilary Paxton.
Ambition	Sustainable and high quality care markets that offer individuals and their carers' dignity, independence, safety and choice and control.
Objectives	Ensuring sustainability, sufficiency and quality whilst managing the risks associated with fragile markets and managing continuity is critical for the wellbeing of people needing care and support and will be a key focus for 17/18. Avoiding failure (but addressing it well, should it occur) will be a key component of this.
Deliverables	<ul style="list-style-type: none"> • Continued engagement with partners to influence the coordination of quality initiatives, including through promoting and supporting the implementation of Quality Matters • Effective support to members to maintain the sustainability of the homecare market in particular • Development of a checklist for regional chairs to use, should there be provider failure on a supra council level • Safeguarding and quality - particularly working out the relationship between Safeguarding Adults Boards (SABs) and Quality Surveillance Groups (QSGs) • Making Safeguarding Personal (MSP): Delivering the recommendations from the temperature check. • Prevention (in terms of safeguarding as opposed to quality), that is, reducing social isolation as a key strategic approach.

Priority 4	Mental Health
Sponsor(s), lead(s) and support	Margaret Willcox Stephen Chandler, Deborah Cohen, Simon Galczynski Hilary Paxton
Ambition	People who are acutely mentally unwell have their rights safeguarded when doctors are considering compulsory treatment or admission. The key contribution and responsibility of Directors and Approved Mental Health Professionals (AMPHs) are well understood.
Objectives	<ul style="list-style-type: none"> • Better understand the increase in Mental Health Act assessments, sections and detentions: the distribution and number and the implications for social work and social care (as part of a system-wide perspective). • Developing an improved and sustainable AMHP workforce. • Ensure a link is made with Priority 5 of this Business Plan to increase the number of people with mental health issues who are supported to gain and maintain employment
Deliverables	<ul style="list-style-type: none"> • Top tips for directors in relation to AMPHs • Materials to support the recruitment, development and retention of AMHPs • Good practice guidance on employment of people with mental health

Priority 5	Personalised support into employment for people with care and support needs
Lead(s) and Support	Margaret Willcox Sean McLaughlin, Simon Leftley, Peter Fahy, Mike Hennessey, Phil Porter, Carolyn Kus Hilary Paxton
Ambition	People with disabilities and care and support needs are increasingly included in employment.
Objectives	People with disabilities and care and support needs have personalised support to enter (or re-enter), maintain and thrive in paid employment or rewarding volunteering roles
Deliverables	<ul style="list-style-type: none"> • A top tips and good practice guide

These priorities will be underpinned by:

- An ongoing commitment to the delivery of the Transforming Care Programme
- An ongoing commitment to the delivery and implementation of a National Carers Strategy

Priority 6	Membership engagement
Lead(s) and Support	Margaret Willcox Cathie Williams Andriana Delevich
Ambition	To support all members to have the opportunity to engage with the President and vice versa in an ongoing and regular fashion
Objectives	To create a secure virtual environment for ADASS members to engage with the President and each other to discuss, debate and share relevant issues and materials.
Deliverables	<ul style="list-style-type: none"> • Members only website group to be launched • Regular communication directly from the President to memberships • Sharing of relevant materials throughout the year • Members opportunity to engage with content

Key Theme	Regional and National Co-ordination
Lead(s) and Support	Julie Ogle Cathie Williams
Ambition	ADASS effectively co-ordinates its work across regions and nationally, supporting regional diversity and using its resources as effectively as possible to improve outcomes for people needing care and support.
Objectives	ADASS to maintain a strong and credible national, regional and local profile and reputation in identifying and delivering good practice and peer support for improvement.
Deliverables	<ul style="list-style-type: none"> • Continue the developing dialogue between regional and national teams • Review how staff support resources are deployed

Communications Activity for 2017/18

Key Theme	External Communications
Lead(s) and Support	Margaret Willcox Alan Harris and Andriana Delevich
Ambition	ADASS is an effective and efficient external communicator in both informing policy and disseminating policy messages relating to adult social care.
Objectives	ADASS to maintain a strong and credible national, regional and local profile and reputation in articulating the concerns and contributions of Directors of Adult Social Services and the wider membership of ADASS.
Deliverables	<ul style="list-style-type: none"> • Review the media service • Development of a long-term communications strategy to highlight the need for a long-term sustainable solution to funding adult social care. • Maintain our regular column for Community Care and ensure the continued supply of blogs for the website. • Implement the ADASS Media Plan and meet target of 300 national and trade media hits that show ADASS as an expert voice on social care and with 60 news releases and statements issued by May 2018.

Key Theme	Internal Communications
Lead(s) and Support	Glen Garrod and Margaret Willcox Andriana Delevich and Amanda Fry
Ambition	ADASS is an effective and efficient internal communicator to and from its members
Objectives	<p>The focus for 2017/18 is to build upon progress already made to include developing the ADASS website as an interactive tool to allow for greater virtual working across ADASS. This is an important dimension to supporting effective and efficient working and supporting members to be informed on key issues relating to adult social care and to engage in the work of ADASS.</p> <p>A key objective for this, as other years, is the management of ADASS events and seminars, including National Children and Adults Services Conference, the Spring Seminar and events with various partners.</p> <p>As part of the priority for membership engagement (see above) a President's page will be built and accessible to all members.</p>
Deliverables	<ul style="list-style-type: none"> • Spring Seminar, NCAS conference and all ADASS events run successfully • ADASS website fully interactive to support virtual working across the Association • Weekly Bulletin issued to all ADASS members • President's page to be fully functional and accessible to all members

Business Activity for 2017/18

Key Theme	ADASS Business
Lead(s) and Support	Richard Webb and David Pearson Cathie Williams Julie Boulting-Hodge, Marie Rogers, Catherine Cunningham and Inge Hartkoorn
Ambition	ADASS staff team supports the President, Trustees, Executive and members in effectively and efficiently meeting the objectives of ADASS
Objectives	<p>To cover all business activity undertaken by the ADASS staff team to support members, governance of the Association, management of the work programme, and funding and resources.</p> <p>We will develop a more specific focus on member support, will focus upon reviewing all current ADASS service level agreements and contracts and develop new funding streams and relationships with sponsors.</p>
Deliverables	<ul style="list-style-type: none"> • Maintain current income streams • Streamline internal financial systems by December 2017 • Review treasury arrangements by December 2017 • Establish ADASS human resources policies and procedures by December 2017 • All SLAs and contracts reviewed by December 2017. Have an implementation plan for the renegotiation and/or re-letting of contracts by this date • Review the staff team and the relationship between national and regional ADASS staff

Resourcing the delivery of activity

The 2017 budget sets out planned income of £919,339, which excludes any new core funding yet to be negotiated. This is set against projected expenditure of £976,570, with a planned deficit of £57,231. Future draft budgets reflect the core staff position planned for the end of 2017, and assume continued co-location with the LGA. They also make the conservative assumption of no further funding from DH. The resulting year on year reduction in reserves means that ADASS will maintain over a year's worth of operational reserves until part way through 2021.

ADASS: income and expenditure budget

Five years from 1 January 2017 to 31 December 2021

	2017	2018	2019	2020	2021
Income					
Department of Health (core funding)	92,038				
Department of Health (project specific)	9,000				
LGA	50,000				
Membership fees: DASS	291,555	296,803	302,145	307,584	313,121
Membership fees: Associates	27,800	28,300	28,810	29,328	29,856
Sponsorship	220,000	220,000	220,000	220,000	220,000
Spring Seminar (delegate fees)	120,000	122,160	124,359	126,597	128,876
Other events and seminars	2,000	2,000	2,000	2,000	2,000
Research Group Income	3,000	2,500	2,000	1,500	1,000
Biennial Conference Surplus	100,146	100,147	100,000	100,000	100,000
Investment income	1,800	1,800	1,800	1,800	1,800
Other income	2,000	2,000	2,000	2,000	2,000
Total income	919,339	775,710	783,114	790,810	798,653
Expenditure					
Staff costs					
Salaries: LGA	312,396	310,783	316,377	322,072	327,869
Salaries: ADASS	138,919	110,124	112,107	114,124	116,179
Associates & Contractors	131,000	131,000	131,000	131,000	131,000
Press & Media Contract (LGA)	46,800	47,642	48,500	49,373	50,262
Staff Travel Expenses	5,200	5,294	5,389	5,486	5,585
Staff Training & Development	1,000	1,000	1,000	1,000	1,000
Strain on pension fund	20,306	20,201	20,565	20,935	21,311
	655,620	626,044	634,937	643,990	653,206
Premises and admin costs					
LGA Shared Support Services SLA	39,300	40,007	40,728	41,461	42,207
Software licences	2,200	2,240	2,280	2,321	2,363
Insurance	2,300	2,341	2,384	2,426	2,470
Research Group Expenses	2,500	2,250	2,000	1,750	1,500
Subscriptions	7,250	3,054	7,513	3,165	7,786
Bank Charges	1,000	1,000	1,000	1,000	1,000
Transport	500	509	518	527	537
Printing	6,800	6,922	7,047	7,174	7,303

Postage and Carriage	650	662	674	686	698
	<u>62,500</u>	<u>58,986</u>	<u>64,143</u>	<u>60,510</u>	<u>65,864</u>
Event costs					
Spring Seminar costs	67,000	68,206	68,888	69,577	70,273
Other events	3,000	3,000	3,000	3,000	3,000
Venues & Meeting Rooms (Non Trustee)	350	356	363	369	376
Technical Support	8,500	8,653	8,809	8,967	9,129
	<u>78,850</u>	<u>80,215</u>	<u>81,060</u>	<u>81,913</u>	<u>82,777</u>
Core activities					
Trustee Expenses	12,000	12,216	12,436	12,660	12,888
Trustee Meetings Expenditure	1,000	1,018	1,036	1,055	1,074
Sundry Expenses	500	509	518	527	537
Accommodation	600	611	622	633	644
Refreshments	2,000	2,036	2,073	2,110	2,148
Support to Trustee Board Members	18,000	18,000	18,000	18,000	18,000
VAT recharge	55,000	55,990	56,998	58,024	59,068
Bad Debts Written Off	25,000	24,000	23,000	22,000	21,000
	<u>114,100</u>	<u>114,380</u>	<u>114,683</u>	<u>115,009</u>	<u>115,359</u>
Professional and consultancy					
Audit Fees	9,000	9,000	9,000	9,000	9,000
Professional Fees	56,500	17,000	17,000	17,000	17,000
	<u>65,500</u>	<u>26,000</u>	<u>26,000</u>	<u>26,000</u>	<u>26,000</u>
Total expenditure	<u>976,570</u>	<u>905,625</u>	<u>920,822</u>	<u>927,422</u>	<u>943,206</u>
Surplus	<u>-57,231</u>	<u>-129,914</u>	<u>-137,708</u>	<u>-136,613</u>	<u>-144,553</u>
GENERAL FUNDS BROUGHT FORWARD	1,511,694	1,454,463	1,324,548	1,186,840	1,050,228
GENERAL FUNDS CARRIED FORWARD	<u>1,454,463</u>	<u>1,324,548</u>	<u>1,186,840</u>	<u>1,050,228</u>	<u>905,674</u>

Appendix 1: About ADASS

The Association of Directors of Adults Social Services is a charity. Our objectives are to:

- To encourage membership of the Association
- To promote the values of the Association
- To further comprehensive, equitable, social policies and plans which reflect and shape the economic and social environment of the time
- To further the interests of those who need social care services regardless of their backgrounds and status
- To promote high standards of social care services
- To influence legislation and policy in line with the values of the Association at local, regional, national and international level
- To promote partnership working with people who use social care services and organisations that provide services which share the values of the Association
- To publicise the work of the Association and to promote public understanding of social care needs and delivery, and related social policy issues
- To advise and support individual members pursuing their professional responsibilities whilst that is compatible with the values and objectives of the Association
- To further the professional development of the Association's members and provide opportunities for them to share knowledge and skills
- To foster international co-operation in accordance with the values and objectives of the Association

The Association is able to bring together tremendous breadth, depth and accumulated experience on all issues covering policy and professional activities of adult social services departments and cross cutting issues with children's services departments and NHS organisations.

Members have leadership responsibilities in local authorities to promote local access to services and to drive partnership working to deliver better outcomes for local populations. They participate in the planning of the full range of council services and influence health service planning through formal and informal arrangements and close partnership work with Directors of Public Health.

The governing body of the Association is its Trustees. The Association has nine geographical regions in England and there are thirteen policy networks focusing on broad policy areas. Representatives from the policy networks and regions, in addition to the Trustees, sit on the Executive Council, which is responsible for agreeing and co-ordinating policy. One of the policy networks is an active Associates Network for ex-directors.

Appendix 2: ADASS Regions' Business Priorities

Region	Priorities
Eastern	<ul style="list-style-type: none"> • Health integration which covers BCF, STPs DTOC • Workforce Leadership • Care Quality, Market Shaping and Commissioning • Financial Resilience, Resources and Intelligence • Transforming Care
NW	<ul style="list-style-type: none"> • Resources: Financial and Demand • Market Shaping: Quality, Workforce and Sustainability • Integration and Devolution • Workforce • Safeguarding
SW	<p>Strategic priorities</p> <ul style="list-style-type: none"> • Improve the quality of value for money of provision and services • Keep people safe • Effective commissioning and utilisation of resources <p>Priorities</p> <ul style="list-style-type: none"> • Systems Resilience • Quality of Commissioning • Market Suitability • Workforce • Safeguarding • Improving the quality of care in social care practice
Y&H	<ul style="list-style-type: none"> • Budget - Impact of cuts, future efficiency agenda and costs of care • Workforce Capacity across the whole Health and Social Care sector. • Market Sustainability, Market Failure and Quality of Care • Integration and partnership with Health, deliverability of the Better Care Fund, Delayed Transfers of Care and Transforming Care. • Embedding Making Safeguarding Personal • Deprivation of Liberty – capacity to deal with statutory requirements and the impact on the ability to deliver other demands which lead to backlogs and delays in assessments and reviews. • Prevention - changing organisational culture and developing the ASC workforce to focus on prevention and asset-based approaches to care and support
London	<ul style="list-style-type: none"> • Integration through devolved arrangements • Financial sustainability (Use of Resources) • Quality and safeguarding • Workforce • Housing
NE	<ul style="list-style-type: none"> • Health integration which covers BCF, STP's DTOC • Workforce Leadership • Care Quality, Market Shaping and Commissioning • Financial Resilience, Resources and Intelligence • Transforming Care

Region	Priorities
SE	<ul style="list-style-type: none"> • Deliver further high levels of savings in ASC • Develop the ASC workforce • Strengthen the strategic approaches to commissioning and market development • Extend the Peer Review programme • Continue support to regional networks for shared learning • Facilitate implementation of national policy including health and social care integration • Strengthen social care in managing transfers of care • Support councils to fulfil their role in the Transforming Care programme
WM	<ul style="list-style-type: none"> • Promoting effective care and health systems • Financial challenges facing local government • Improving how we use performance data and intelligence • Continuing to focus on resilience and identifying new ways of ensuring people are supported to stay active at home for longer • Developing approaches to sustaining the care market through better outcome focused commissioning
EM	<p>The Region's shared priorities:</p> <ul style="list-style-type: none"> • Demand management • Market supply • Integration • Workforce • Understanding our business <p>Shared and significant ASC risks across the region:</p> <ul style="list-style-type: none"> • Budget pressures • Market supply – and failure • Pressures on the NHS