



**Barking &  
Dagenham**

# **Adult Social Care and Support Plan, 2025-30**

March 2025

one borough; one community; no one left behind

# Living safe, happy, healthy lives: A summary of our plan

Adult Social Care

Barking &  
Dagenham

## Promote independence

Prevent, reduce and delay social care needs through the Prevention Plan.

Embed care technology across social care through a 'technology first' approach.

Provide short and long-term support that maximises independence.

Have an accessible social care 'front door' focused on enablement and community connection.

Support people to live independently at home and in their community for as long as possible.

Focus on people's strengths and skills through strengths-based practice.

Review existing projects to promote independence to ensure they are meeting their full potential.

## Practice and workforce development

Ensure practice is compliant and of a consistently good standard.

Focus on Making Safeguarding Personal and consistently good safeguarding practice.

Utilise new digital technologies in how we work, including AI and automation.

Have robust, smooth direct payment processes and practice.

Tackle the inequalities that our residents face and ensure support is inclusive.

Support workforce recruitment, development, wellbeing and equalities

Support young people to prepare for adulthood and adult social care where needed.

## Partnerships

Work in partnership with care providers and others so care provision is sustainable and is of a good quality.

Have a joined-up with approach with housing to meet accommodation-related support needs.

Work through the Safeguarding Adults Board to understand and address safeguarding risks.

Work in close partnership with health partners to deliver joined up support and shared objectives.

Co-produce support with people who need support, working together on an equal basis.

Support carers in their caring role by delivering the Carer Charter and action plan.

Support residents with a learning disability and autistic residents through the Learning Disability and Autism Strategy.

# Introduction

Adult social care in Barking and Dagenham supports adults with a physical disability, learning disability, mental health issue or long-term condition and unpaid carers to lead safe, fulfilling lives.

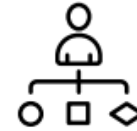
3,058 adults received long-term support throughout 2023-24, and more were supported through short-term support, information and advice and activity aimed at preventing, reducing and delaying the need for care and support. In addition, 822 unpaid carers received support.

This Adult Social Care Plan explains how we will put our co-produced vision and values into practice over the next five years and address the key risks and challenges we face. It is shaped around three priority areas:

1. **Promote independence:** Adult social care has a key role in supporting people to live independent lives, when they first contact with social care through to long-term support.
2. **Practice and workforce development:** Over 7,000 people work in social care in Barking and Dagenham. Our workforce is our biggest asset and is integral to the support provided.
3. **Partnerships:** Adult social care is part of a wider network of support, services and communities. Partnership working can enable shared objectives to be met and put resources to the best possible use.

This plan articulates the key actions we will carry out to meet these priorities over the next five years. Annual delivery plans will be produced as part of the local authority service planning process.

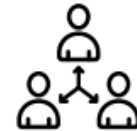
### Living safe, happy, healthy lives



***Our support***  
gives you choice  
and control



***Our support***  
keeps you well and  
as independent as  
possible



***Our support***  
connects you to  
your communities



***Our support***  
keeps you safe



***Our staff***  
treat you with  
dignity and respect



***Our staff***  
care and listen



***Our staff***  
respond to  
your needs



***Our staff***  
work with the  
right people at  
the right time

# Our challenges and risks

Our most significant risks are around our capacity to manage a future increase in demand and complex needs, and financial risks arising from budget pressures. We also face risks around market sustainability whilst trying to meet the increasingly complex needs of a changing and growing population. Our success has been to manage these risks whilst continuing to provide good support. The most significant risks on our risk register (as of March 2025) are as follows:

1. A risk of significant and unsustainable adult social care financial pressures.
2. A risk that the number of people requiring adult social care and the level of care required will significantly increase in future, resulting in increased financial pressures in social care and negatively impacting service delivery.
3. Risk that a decline in the quality, performance or resources of key statutory partner services will have a knock-on and negative impact on adult social care. This could result in increased demand for social care, increased pressure on resources, and an increased risk of poor resident experiences and outcomes. At the time of writing, this is particularly pertinent given the announced reform of Integrated Care Boards, NHS England and potential changes arising from the devolution agenda.
4. A risk of a depleted or unstable workforce arising from increased pressure and increasing demand, negatively impacting service delivery and people's experience of adult social care and our financial position.
5. Risk that the housing needs of adult social care users are not met now and in future, if there is insufficient accessible general needs housing that supports people to be as independent as possible, and/or insufficient or inappropriate care provision to meet the needs of a growing population with changing demographics and more complex needs.
6. Risk of ineffective and insufficient targeted activity to prevent, reduce and delay the need for care and support; resulting in increased demand for adult social care and an increase in complexity and chronicity of need.

The three priorities in this plan – promote independence, practice and workforce development and partnerships – are intended to mitigate these risks and build on our strengths.

## National policy context

Challenges and risks have to be addressed within the context of adult social care statutory requirements. These are largely described in the 2014 Care Act and include the following duties:

- Promoting wellbeing
- The provision of information and advice related to social care
- Providing preventative activities
- Carrying out assessments and reviews
- Support to people who meet the Care Act eligibility threshold
- Support to unpaid carers
- Safeguarding adults at risk of abuse or neglect
- Independent advocacy support
- Market shaping and promoting diversity and quality in service provision
- Promoting the integration of care and support with health services

# What we have achieved so far

The 2023 Adult Social Care Improvement Plan has been delivered over the last 1-2 years. Some of the key achievements arising from this are described below:



The introduction of a new reablement service with much improved outcomes for short-term support: 72% of people needed no ongoing support as of July 2024, compared with 44% for 2023-24.



Improved information and advice through an updated website and new printed leaflets on care needs assessments, charging and safeguarding.



The introduction of a new triage service for Occupational Therapy assessments, which reduced waiting times by 39% between June and December 2023.



Improving direct payment processes through a new calculator and a new Direct Payment Support Service that launched in January 2024.



Launching a new care technology service (Alcove) in September 2023 and Care Tech University. 1428 new referrals were made between September 2023 and September 2024.



Co-production has been carried out with adults with a learning disability and autistic adults, including through two conferences held in June 2024. A new Learning Disability and Autism Strategy has been developed through this work.



Work to support carers has included rolling out training to identify 'hidden carers', providing financial information and advice and expanding respite options through use of an extra-care sheltered housing unit.



Work to support young people with disabilities to transition to adult social care now begins at an earlier stage.



We have a new vision and values for adult social care, providing clarity on how we work and our ambition for people who need care and support.



Governance and assurance have been strengthened through the development of a risk register, complaints and compliment reports, a policy and procedure review, and the establishment of the One Panel as a central point of referrals and learning for SARs, DHRs and Child Safeguarding Practice Reviews

# Promote independence

Supporting residents who could or do need social care to be as independent as possible has major benefits for residents, their loved ones and services. It means residents have choice and control over their lives, staying as well as possible for as long as possible. As a growing, changing borough where people increasingly have complex health and care needs, promoting independence is a mechanism to help manage rising demand and help address the significant financial and system pressures facing adult social care. A description of each of our commitments in this area is described below.

1. Prevent, reduce and delay social care needs through the Prevention Plan.

The Prevention Plan is a 10-year plan focused on technology, culture change, early help and communities as enablers to prevent, reduce and delay social care needs. The plan is for adult social care, but references actions needed by the council and partners to ensure the plan is successful.

2. Embed care technology across social care through a 'technology first' approach.

Care technology can help prevent needs developing, and support people with care needs to be as independent as possible. Care technology is currently being used by over 4,000 residents. The number of people using it and the range of technology available has the potential for further expansion.

3. Provide short and long-term support that maximises independence.

Personalised, flexible support helps people to be as independent as possible. Our reablement service was launched in 2024 and aims to help people regain their independence as much as possible and will be further embedded in the coming years.

4. Have an accessible social care 'front door' focused on enablement and community connection.

Our hospital and community 'front doors' to adult social care play a crucial role as the first point-of-contact for people who may need support. We want to ensure that residents can get targeted information and advice at an early stage, linking people to community resources that can often help people to resolve their issues at an early stage.

5. Support people to live independently at home and in their community for as long as possible.

Studies suggest that older people and adult with support needs want to remain in their own homes for as long as possible, and community-based support (including equipment, adaptations and homecare) can enable this. We also want to support people to return to independent living where this is in line with their needs and wishes.

6. Focus on people's strengths and skills through strengths-based practice.

Strengths-based practice means focusing on people's strengths and not their deficits, understanding a person's existing support networks during assessments and reviews and connecting people to community resources. We want to ensure that this is reflected throughout support, including the level of support received by people in care homes.

7. Review existing projects to promote independence to ensure they are meeting their full potential.

There is already a lot of positive work in place to support people to be as independent as possible. We want to review these to make sure we are maximising their potential.



# Practice and workforce development

Our workforce is our biggest asset. Over 7,000 people worked in adult social care over 2023-24: This includes around 350 social workers, occupational therapists, other practitioners, brokers and commissioners in the local authority; as well as care workers and others working in the local care sector. The relationships staff build with residents and the way in which they work is core to adult social care, and focusing on practice and workforce development is therefore a key priority. A description of each of our commitments in this area is described below.

1. Ensure practice is compliant and of a consistently good standard.

Social work and occupational therapy practice is core to what we do. Our new Safeguarding, Quality Assurance and Practice Improvement team, in partnership with the wider leadership team, will focus on ensuring compliance and consistency through support, learning and development and quality assurance mechanisms.

2. Focus on Making Safeguarding Personal and consistently good safeguarding practice.

We will continually embed the principles of Making Safeguarding Personal in practice to safeguard adults at risk of abuse or neglect, making safeguarding person-centred and outcomes-focused. We will strengthen the quality assurance of safeguarding practice across the service to ensure consistently good practice.

3. Utilise new digital technologies in how we work, including AI and automation.

Digital technologies could improve the experience of residents contacting adult social care and make staff processes more efficient, freeing up staff time to focus on the person they are working with. Technologies could include Artificial Intelligence (AI), automation, predictive analytics; and are changing and developing all the time.

4. Have robust, smooth direct payment processes and practice.

Direct payments give people who need support the choice and control to organise what is right for them. We want to continue the improvement work that has been done in this area so that people and staff understand direct payment roles and responsibilities and can get support with this; and that processes and smooth and efficient.

5. Tackle the inequalities that our residents face and ensure support is inclusive.

People who need support can be at risk of unmet needs or poor outcomes due to their protected characteristics. We will agree and deliver equality objectives each year to understand and address the inequalities people face. We will make sure that support and practice is inclusive and culturally competent.

6. Support workforce recruitment, development, wellbeing and equalities.

The wider workforce includes local authority and care provider staff. We want to address recruitment pressures where they exist, maintain our good staff retention levels, support staff wellbeing and continue to invest in our staff through learning and development. We want to better understand and tackle systemic inequality in adult social care.

7. Support young people to prepare for adulthood and adult social care where needed.

We want to ensure the transition into adulthood is smooth and straightforward for all young people who are eligible for ongoing support. Planning for the transition to adult social care now starts at age 14, and we now want to focus on ensuring that the quality of this planning is consistently good, in line with our Transitions Protocol.

# Partnerships

Adult social care is part of a wider network of support and services that includes care providers, housing, health partners, neighbouring local authorities and the community and voluntary sector; as well as residents and communities. Close working can enable shared objectives to be achieved and ensure a better resident experience. This is particularly pertinent in the context of increasing demand and budget pressures: partnership working can ensure resources are put to the best possible use and avoid duplication.

1. Work in partnership with care providers and others so care provision is sustainable and is of a good quality.

To ensure people have a choice of good quality support, we will continue to support the sustainability and quality of provision. We will work across Northeast London boroughs to review need, demand and cost; pay a fair cost of care; and deliver commissioning intentions in our Market Position Statement.

2. Have a joined-up approach with housing to meet accommodation-related support needs.

Closer working with housing will enable people who could or do need support to live independently for as long as possible, have housing issues resolved early on, and ensure we have the right accommodation-based care settings. The Housing and Care Board and planned strategy can be the enablers for this.

3. Work through the Safeguarding Adults Board to understand and address safeguarding risks.

We will continue to work across the borough partnership to safeguarding adults at risk of abuse or neglect and seek assurance that local safeguarding arrangements and partnerships act. Plans are articulated in our Safeguarding Adults Board Strategic Plan.

4. Work in close partnership with health partners to deliver joined up support and shared objectives.

Joint working at an operational and strategic level with health partners (including the ICB, NELFT and BHRUT) is a key to improving support and outcomes for people, including through our Better Care Fund (BCF) plan. It will be particularly important to maintain partnerships through the planned reform of NHS England and ICBs.

5. Co-produce support with people who need support and carers, working together on an equal basis.

We want to embed co-production so that we move from pockets of co-produced work in some areas, to co-production being a routine part of what we do: Making decisions and creating services in equal partnership with people who need support and carers.

6. Support carers in their caring role by delivering the Carer Charter and action plan.

We will continue to respect carers as equal partners, and support carers in their caring role. The co-produced Carer Charter sets out the outcomes we are working towards, and the action plan describes the actions to be taken across the partnership to achieve this.

7. Support residents with a learning disability and autistic residents through the Learning Disability and Autism Strategy.

The Learning Disability and Autism Strategy has six priority outcomes to move towards across the partnership: Feeling safe and accepted, good health, the right support, a good home, more job opportunities and having friends, relationships and feeling connected to others.



# Measuring success

The table below proposes a set of measures to understand how much activity is being carried out, how well it is being carried out, and the impact it is having. It is important to note that many of the actions in this plan will need qualitative insights and other information to understand the impact: This includes understanding the impact of partnership working, work to reduce inequalities and aspects of staff practice. Mechanisms for understanding the impact include case file evaluations, staff supervision, and feedback from residents, staff and partners. These measures will be refined when the 2026 Corporate Plan is finalised, to agree consistency.

## How much

- 1) Number of people who complete reablement
- 2) Number of people using care technology
- 3) Proportion of people receiving a direct payment
- 4) Number of actions achieved in the Prevention Plan
- 5) Number of actions achieved in the Learning Disability and Autism Strategy
- 6) Number of actions achieved in the Carer Charter action plan.
- 7) Number of equality objectives achieved.

## How well

- 1) % of people who use services who are extremely/very satisfied with care and support
- 2) % of carers who are extremely/very satisfied with care and support
- 3) % of adult social care users living in their home or with family
- 4) % of people who use services who find it easy to find information about support
- 5) % of CQC registered providers rated good or outstanding
- 6) % of people who say they have choice over services.
- 7) % of people contacting adult social care via new digital options (when developed)

## What impact

- 1) Number of people getting support as a proportion of the population
- 2) Self-reported quality of life score for people using support
- 3) % of people who have received short-term support who no longer require support
- 4) % of people who use services who say support helps them have control over daily life
- 5) % of people who use services who say support helps them to feel safe
- 6) Staff retention levels
- 7) Staff vacancy rates

# Governance and interdependencies

## Governance

Within adult social care and support, the plan will primarily be monitored through the Adults Improvement Board and the Adults Programme and MTFS Monitoring Board. These report to the council-wide Corporate Assurance Board and Transformation Board.

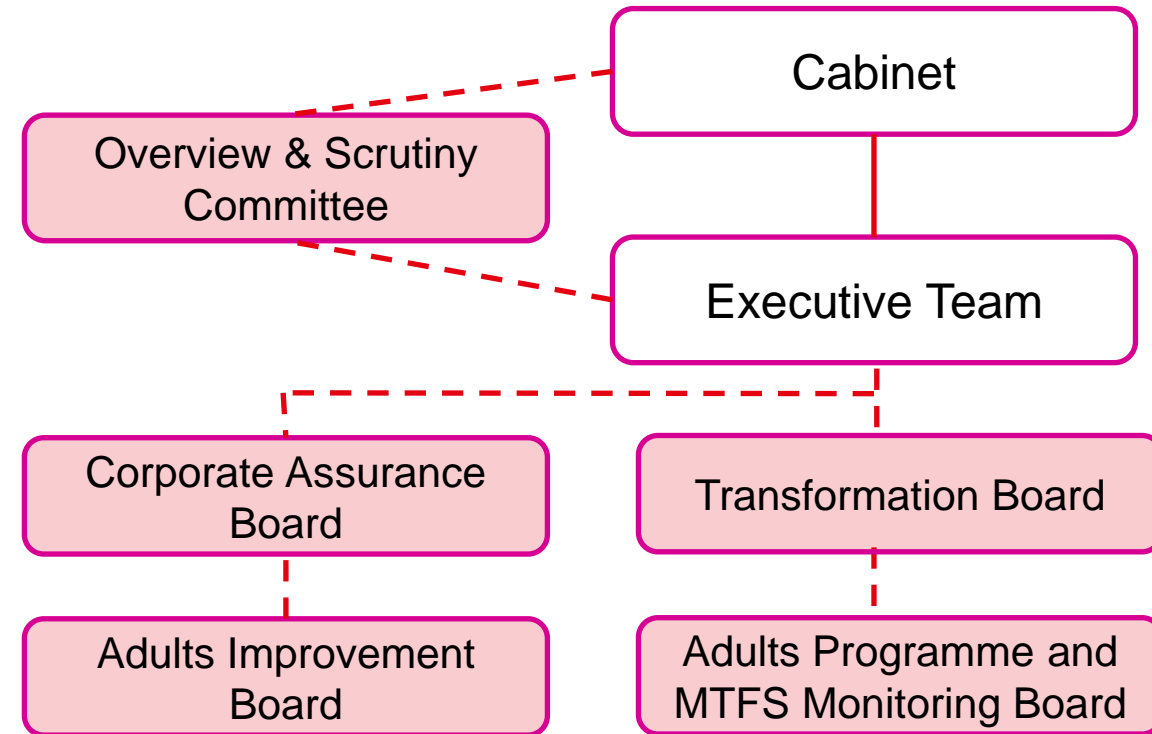
In addition, it is important to note that there are a number of partnership boards and groups overseeing specific priorities in the plan. These include:

- The Learning Disability and Autism Partnership Board
- The Adults Delivery Group and Executive Group
- The Safeguarding Adults Board
- The Carer Strategy group
- The Digital Innovation Board

## Interdependencies

The interdependencies with this Adult Social Care and Support Plan include:

- The [Health and Wellbeing Strategy 2023-28](#)
- The [Residents and Communities Strategy 2024-29](#)
- The [Corporate Plan 2023-26](#) (including Corporate equality objectives)
- The 2025 Better Care Fund Plan
- Adult Delivery Group priorities.
- The Neighbourhoods Programme
- The SEND Improvement Plan.



# Delivery

The annual adult social care and support service plan will act as the delivery plan accompanying this wider, five-year plan. A summary of the delivery plan for 2025-26 is provided below:

Promoting independence	Focus for 2025-26
1. Prevent, reduce and delay social care needs through the Prevention Plan.	<ul style="list-style-type: none"> <li>Joint work with public health, health and localities on agreed preventative work</li> <li>Carry out (2), (3) and 4)</li> </ul>
2. Embed care technology across social care through a 'technology first' approach.	<ul style="list-style-type: none"> <li>Embed care technology in practice</li> <li>Recommission care tech service</li> </ul>
3. Provide short and long-term support that maximises independence.	<ul style="list-style-type: none"> <li>Embed the new reablement service into practice</li> </ul>
4. Have an accessible social care 'front door' focused on enablement and community connection.	<ul style="list-style-type: none"> <li>Complete the front door review: Utilise AI and automation, enhance OT capacity, streamline hospital discharge</li> </ul>
5. Support people to live independently at home and in their community for as long as possible.	<ul style="list-style-type: none"> <li>Deliver supported living saving by using care cubed and negotiators</li> <li>Recommission learning disability supported living</li> </ul>
6. Focus on people's strengths and skills through strengths-based practice.	<ul style="list-style-type: none"> <li>Ongoing delivery of care reviews</li> <li>Monitoring review impacts</li> </ul>
7. Review existing projects to promote independence to ensure they are meeting their full potential.	<ul style="list-style-type: none"> <li>Review projects identified by Impower, embedding evidence-based approaches to the deployment of change resources,</li> <li>Develop dashboards to demonstrate impact and drive strategic decision-making</li> </ul>
Practice and workforce development	Focus for 2025-26
1. Ensure practice is compliant and of a consistently good standard.	<ul style="list-style-type: none"> <li>Build capacity within the SG, QA and PI team</li> <li>Strengthen compliance &amp; consistency of practice</li> </ul>
2. Focus on Making Safeguarding Personal and consistently good safeguarding practice.	
3. Utilise new digital technologies in how we work, including AI and automation.	<ul style="list-style-type: none"> <li>Build capacity within the SG, QA and PI team</li> <li>Strengthen compliance &amp; consistency of practice</li> </ul>

# Delivery (continued)

Practice and workforce development	Focus for 2025-26
3. Utilise new digital technologies in how we work, including AI and automation.	<ul style="list-style-type: none"> <li>Define direct payment staff roles and responsibilities and the interfaces between teams</li> </ul>
5. Tackle the inequalities that our residents face and ensure support is inclusive.	<ul style="list-style-type: none"> <li>Deliver 5 agreed equality objectives for 2025-26</li> </ul>
6. Support workforce recruitment, development, wellbeing and equalities.	<ul style="list-style-type: none"> <li>Agree and deliver staff learning and development offer</li> </ul>
7. Support young people to prepare for adulthood and adult social care where needed.	<ul style="list-style-type: none"> <li>Strengthen the quality of transitions planning</li> </ul>
Partnerships	Focus for 2025-26
1. Work in partnership with care providers and others so care provision is sustainable and is of a good quality.	<ul style="list-style-type: none"> <li>Work across NEL to review need, demand and cost</li> <li>Continued use of Care Cubed</li> <li>Launch new homecare framework</li> </ul>
2. Have a joined-up approach with housing to meet accommodation-related support needs.	<ul style="list-style-type: none"> <li>Deliver agreed Housing and Care Board outcomes and outputs</li> </ul>
3. Work through the Safeguarding Adults Board to understand and address safeguarding risks.	<ul style="list-style-type: none"> <li>Deliver the Safeguarding Adults Board Strategic Plan</li> </ul>
4. Work in close partnership with health partners to deliver joined up support and shared objectives.	<ul style="list-style-type: none"> <li>Work closely with health to deliver shared objectives, including via the Adults Delivery Group and the Better Care Fund plan. The three partnership priorities agreed for 2025-26 are:               <ol style="list-style-type: none"> <li>1) To improve health and wellbeing for residents of all ages, with a focus on early diagnosis/intervention and reducing health inequalities</li> <li>2) To take a preventative assets-based population health approach to maximising health and wellbeing, independence and self-care, reducing the need for health and care services</li> <li>3) To enable residents with a learning disability or autism to lead an ordinary life that supports independence and positive health</li> </ol> </li> </ul>

# Delivery (continued)

Partnerships (cont.)	Focus for 2025-26
5. Co-produce support with people who need support and carers, working together on an equal basis.	<ul style="list-style-type: none"><li>• Co-produce projects to design support &amp; pathways for LD&amp;A</li><li>• Co-production in recommissioning</li></ul>
6. Support carers in their caring role by delivering the Carer Charter and action plan.	<ul style="list-style-type: none"><li>• Develop staff understanding of the wider carer support offer</li><li>• Recommission carer support offer</li></ul>
7. Support residents with a learning disability and autistic residents through the Learning Disability and Autism Strategy.	<ul style="list-style-type: none"><li>• Delivery of autism friendly borough programme</li><li>• Develop a new community independence offer</li></ul>