Adult Social Care Strategy Consultation Report

Contents

Introduction

City of York Council (CYC) commissioned The National Development Team for Inclusion (NDTi) to develop a new Adult Social Care Strategy for the city.

This work aimed to ensure the strategy was shaped by a wide range of perspectives and reflected the shared ambitions of people with lived experience, frontline staff, and key partners across health, care, and community sectors.

The purpose of the strategy is to clearly communicate the vision, approaches, commitments and priorities for adult social care in York.

The strategy is designed to:

- reflect what matters most to people who draw on care and support, and those who work alongside them
- ensure alignment with wider strategic documents and plans, including the Council Plan, Health and Wellbeing Strategy, and Joint Strategic Needs Assessment
- provide a focused, high-level framework to guide future decision-making, commissioning, and service development
- be accessible, easy to understand, and consistent with the language and tone of other CYC strategic documents

The work undertaken to develop the strategy included:

- meetings and information from senior staff
- a grey literature review (this is a review of documents such as local strategies, plans, assessments, and internal reports)
- consultation and engagement

Consultation

The consultation was undertaken between December 2024 and March 2025. It included a survey and face-to-face sessions with staff, partners and interested Voluntary, Community and Social Enterprise (VCSE) sector groups.

To take part, people were given the option of completing an online, electronic or paper questionnaire, with help to access a computer or complete the survey over the phone if needed.

We provided an Easy Read version of the questionnaire, and a British Sign Language (BSL) instructional video. We offered it in alternative formats and languages on request.

This report summarises the outcome of the online survey and face-to-face conversations.

Summary of key findings

The feedback from the consultation showed strong overall support for the vision, priorities, and approaches in the draft strategy. The overall vision was described as "clear" and "positive", though aspirational.

Many respondents agreed with the direction being set and appreciated the inclusive tone, person-centred values, and ambition to improve quality, choice, and integration.

There was strong support for:

- delivering high-quality, safe, fair and flexible services
- being person-centred and outcomes-focused, and involving people in decisions
- supporting a skilled and valued workforce
- working in partnership with health, local authorities and other services and joined up care and support
- ensuring homes support independence and helping people get home from hospital
- valuing and supporting carers

However, respondents also highlighted some important areas where the strategy could be strengthened and clarified. These included:

Having a clear action plan: People wanted to see 'SMART' goals (specific, measurable, achievable, realistic and timebound) and transparent delivery plans. They wanted to know how the strategy will be implemented and how progress will be measured and reviewed.

Changing language that could be misinterpreted and removing duplication: Some priorities and approaches were seen as too vague or repeated in different forms. Terms like "reducing need" and "managing resources" should be framed in the context of prevention and early support, not cost saving.

Stronger emphasis on prevention and early intervention:
Respondents wanted more focus on preventing crisis, early intervention, and supporting wellbeing across the lifespan.

Funding and resources: There was scepticism about the strategy being achievable in practice without sufficient funding and resources and workforce support. Particularly as people felt we are not currently delivering in line with the strategy, including consistency across the workforce and timeliness. Affordability of care also came up as an issue.

Support for unpaid carers: Carers were consistently described as undervalued, overworked, and under-supported. Clear action was requested on respite, carer wellbeing, income security, and access to services and involvement in planning and decisions.

Workforce support: People highlighted issues with pay, retention, training and development, workloads and staff wellbeing in the social care and independent care sector. There were calls for focus on recruitment, offering career pathways, and embedding respect and compassion in how people are supported at work and how staff support others.

Human rights, equality, diversity and inclusion: Show how the strategy supports diverse communities, and addresses inequality and barriers to access, including how this links to human rights approaches and other related strategies.

Housing and environment: People felt housing options were lacking, particularly for older people and those wanting to live independently but not in care homes. Broader issues like pollution, transport, planning, and affordability were seen as directly linked to care and wellbeing.

Better information and communication about services and available support, ensuring information is clear and accessible, and communication between services and with people, is effective.

Support for VCSE partners: This was seen as critical and there is a need for greater partnership working and ongoing support, including funding.

Stronger partnership working: People shared examples of poor coordination between health and social care, including around hospital discharge and support planning. Joined up working across teams, services and sectors was seen as essential for improving service delivery and outcomes.

Involving people: Feedback highlighted experiences of people not being listened to, informed or involved in a meaningful way that results in change. There needs to be ongoing conversations between council services, individuals and communities, and consideration of how we effectively engage and work in partnership with different people.

Changes to the strategy following consultation

As a result of the feedback, we have made various changes to the strategy. These included:

- Changing the wording in the vision statement and throughout the strategy to make it clearer, simpler, more inclusive, accessible and person-centred.

- Removing or rewording vague terms to improve clarity and avoid unrealistic promises like 'longer lives', to keep the tone grounded.

- Changing the tone to acknowledge that the vision is aspirational, not a reflection of current delivery.

- Streamlining the commitments, priorities, and approaches, to remove duplication.

- Rewording the commitments to be less paternalistic and more inclusive. This included broadening the scope of 'helping people stay at home' to apply to all adults and include support for people in their communities.

- Linking the commitments more clearly to person-centred approaches.

- Explaining partnerships in specific terms including local and VCSE collaboration.

- Rephrasing the priority to 'reduce the need for care and support' to 'prevent and delay' to be clearer about the intended aim.

- Defining high-quality services through safety, reliability and suitability

- Changing the approach of 'using data to make the best decisions', to 'using evidence and insight…', to clearly reflect that decisions will take into account a mix of data, evidence and people's lived experience.

- Including a summary of the core elements of the strategy and how they fit together to support a more responsive adult social care system.

Next steps

We will:

- Publish and launch the Adult Social Care Strategy along with a detailed delivery plan that includes clear and measurable actions.

- Reach out to people who expressed an interest in being included in discussions about the strategy. We will invite them to form a working group to take elements of the Adult Social Care work forward.

- Use the consultation feedback to inform our strategy delivery and service improvement plans, taking into account specific issues people raised.

- Share feedback with wider teams and partner organisations to be considered for their own improvement plans.

Consultation findings

There were 112 responses to the questionnaire. 14 organisations were represented in the responses. Not all questions were mandatory so the number responding to each question differed.

Who completed the questionnaire

97 people responded to this question, as shown in the table below.

Please tell us who is completing this questionnaire	% of people that responded (highest to lowest)	Number of people
Other (mainly York residents)	27%	26
A City of York Council employee	18%	17
An unpaid carer for someone with care and support needs	16%	15
A person who uses adult social care services	13%	12
A family member of someone with care and support needs	13%	12
A charity, voluntary or community sector organisation	11%	10
An independent care sector provider	2%	2
A health professional	1%	1

Vision

The strategy sets out our vision for adult social care in York. We asked people questions about the proposed vision below:

York is a place where we recognise the unique strengths of individuals and communities. We support people to live happier, healthier, longer and more independent lives, reducing inequalities.

We work in partnership to provide support at home that is accessible, affordable, safe, high quality, and promotes fairness and independence.

How much do you agree or disagree that this is a clear vision for adult social care in York?

71 people responded to this question, and 48 people commented.

55% of people agreed or strongly agreed with the vision with 20% disagreeing or strongly disagreeing with the vision. This suggests a good level of support but also highlights areas where views may be more divided or uncertain.

General agreement with the vision in principle: Many respondents found the vision positive, clear, and inclusive. It was widely seen as aspirational and hard to disagree with as a vision.

If we achieve this vision, how much do you agree or disagree that it will improve the quality of care and support in York?

67 people responded to this question and 38 people commented.

Two thirds of respondents agreed or strongly agreed that delivering on this vision would improve the quality of care and support in York.

Key quotes:

"Because this would be great to achieve - accessible, affordable, safe, high quality."

"It is vital." "This is what care should be doing."

"The vision is clear. It has the potential to give us what we have long requested - something to hold providers to account. We were promised this with the creation of the York Dementia Strategy, which does not do that."

"It's glib. Words which say nothing, and which don't feel like the York I live in."

"As a vision, I can't fault it. However, the language suggests it's already in place, which it clearly is not."

"It reads as a cost-saving exercise, and I have concerns this will justify limiting support."

"Concise and to the point but with a hopeful and positive vision – collaboration at the core."

> "I can see that positive changes are being made in terms of direct service delivery…However, I feel the local offer to local people in particular the ageing population is poor. Care homes are very expensive in York."

> "If it's achieved, it can only be positive - because it's all good stuff - but achieving it in the current context of resource limitations, increasing demand, and lots of competing priorities will be extremely difficult."

Please tell us about any other things you think we should consider for our vision for adult social care

42 people responded to this question. Additional themes were:

Equity, inclusion and accessibility: The vision must acknowledge and address gaps and inequalities, including geographic and demographic disparities. This includes the needs of specific groups, including people with learning disabilities, young onset dementia, and unpaid carers.

We need to consider the accessibility of language and systems, particularly for people in complex or marginalised circumstances, and approaches for engaging with different individuals or groups.

Early intervention and prevention: A couple of respondents called for a preventative approach. This included support for social connection to reduce isolation and decline, environmental improvements like pollution reduction and dementia-friendly spaces, and day centres and community-based activities that support independence.

Human rights and values-based practice: Calls for the vision to be explicitly rooted in human rights and the social model of disability. Suggestions to ensure services are designed around person-centred values rather than cost-saving.

Communication and information: The need for clear, accessible information for individuals and families and better communication between services and those who use or support others to use them.

Financial pressures for people who use services: Strong concerns about affordability, the cost of care and limited financial support for many. This includes pressure on unpaid carers who are also balancing work and parenting. More funding is needed for VCSE sector services.

Key quotes:

"The partnership between the council & NHS needs to be more collaborative."

"How about having systems in place that mean people get the support they need - when they need it – people's needs can be complex - getting help shouldn't be."

"The actions that lead on from the vision are key. How are you going to change the culture in some areas, so that services really are person-centred and not run from a resource perspective?"

Commitments

We asked people how much they agreed with each of the commitments outlined in the strategy. The number of responses ranged from 57 to 60.

The percentage of people who agreed is shown in the table below.

Commitment	Agree or strongly agree	Disagree or strongly disagree
Joined up care and support	81%	9%
Valuing carers	81%	7%
Helping people stay at home	78%	7%
Keeping people safe	78%	7%
Wellbeing for all	77%	9%
Supporting our workforce	74%	4%
Making best use of our resources	71%	10%
Taking a strength-based approach	65%	10%

Some of these commitments have had their wording changed in the new strategy.

Joined up care and support

Respondents overwhelmingly agreed with the principle of joined up care, seeing it as essential for improving outcomes, reducing stress for individuals and families, and avoiding duplication.

However, there was strong frustration that this ambition is not being realised in practice.

In summary, while joined up care is widely supported in theory, many feel it is rarely delivered effectively and needs urgent attention to become a reality.

Key quotes:

"This has been an aspiration in York for over 20 years, with only limited progress."

"If you don't have the joined-up approach, everything falls down."

"Communication and working together reduces stress and avoids missing opportunities to support."

Valuing carers

There was strong and urgent support for the principle of valuing carers, both unpaid and paid professionals. Many respondents described this as critical to the future of adult social care but expressed deep concern that it is not currently reflected in practice.

In summary, respondents see carers as the backbone of the care system, and want to see tangible, well-resourced actions that back up this commitment.

Key quotes:

"Carers save the state a fortune. Imagine if they went on strike."

"The suffering of unsupported carers is a pandemic."

"You must value both sides of the caring relationship."

"Most of the trauma comes from trying to access the services that are meant to help."

Helping people stay at home

Most respondents agreed with the principle that people should be supported to stay at home if that is their choice, highlighting the emotional, practical, and safety benefits of familiar surroundings.

This approach was broadly supported but only when well-resourced, person-centred, and balanced with realistic alternatives.

Key quotes:

"If people want to stay at home, they will thrive."

"Sometimes being at home creates isolation."

"Not all people should be at home – my concern is that cost will play a leading role in the decision-making."

Keeping people safe

This commitment was widely supported, seen as a core duty of adult social care and a moral and legal obligation.

Keeping people safe was described as essential, but complex, requiring strong delivery, empowerment, and meaningful follow-through.

Key quotes:

"It is the absolute minimum that people feel safe and cared for."

"We all have a right to risk – don't let this become an excuse for controlling people's lives."

"Safeguarding thresholds are too high – it can feel like the only way to get a response."

Wellbeing for all

There was broad agreement that promoting wellbeing should be a central aim of adult social care. However, some felt the commitment needed more substance.

While the commitment is welcome, respondents want to see it translated into concrete, fair, and inclusive action that recognises the complexity of people's lives.

Key quotes:

"If people are well, they will need fewer services – prevention is essential."

"… 'wellbeing' is another word that's overused and under-defined."

"Inclusive approaches to improving wellbeing feel like a positive step forward for us all."

"This should include carers and those not yet receiving formal care – or it's not really 'for all'."

Supporting our workforce

There was strong agreement that supporting the workforce is not just desirable, but essential to delivering high-quality adult social care.

Respondents acknowledged the complexity, demands, and value of care work, and many highlighted that pay, training, morale, and retention are urgent issues needing action.

This commitment was seen as essential; however, people wanted to know how this would be delivered, measured, and sustained in practice.

Key quotes:

"Social care workers carry out some of the most challenging, personal and demanding tasks in society...They need to be respected and valued."

"Staff need to feel valued not just in pay, but in attitudes. Happy staff deliver better care."

"Burnt-out staff are no good to anyone."

"Bring back an allocated social worker. Going through five in two years doesn't help anyone."

"You risk losing experienced staff because they can't see things changing for the good."

"To support the workforce, you need to VALUE them – I cannot say that enough."

Making best use of our resources

Respondents generally agreed that making best use of limited resources is important, especially when budgets are stretched. However, many cautioned that this must not come at the expense of people's needs, quality of care, or person-centred approaches.

Overall, respondents wanted the best use of resources to be realistic, person-centred, and values-driven, not simply about cost control.

Key quotes:

"Innovation is good – but only if it works and saves resources."

"As long as this is about doing the right thing, not just saving money."

"We're all aware how limited resources are – this makes sense, but please look at internal processes too."

"You must make sure that the general needs of many do not overshadow the severe needs of a few."

Taking a strength-based approach

Most respondents agreed in principle with a strength-based approach, recognising its positive and empowering intent. They valued the focus on individual capabilities, choice, and control, and saw it as aligned with person-centred care.

A few stressed that this approach must be grounded in lived experience, not theoretical, and must acknowledge real need alongside strengths.

Key quotes:

"This helps people live the lives they want."

"The danger here is people are patronised – by the time they ask for help, they've used up all their strength."

"Hard to argue against, but it mustn't be used to justify not providing support."

Approaches

We asked people how much they agreed with the each of the approaches outlined in the strategy. The number of responses ranged from 55 to 57.

Overall, respondents expressed strong agreement with the approaches. Most received between 75-86% agreement, with particularly high support for:

- Ensuring safe and fair services (86%)
- A skilled and valued workforce (84%)
- Being person-centred and outcomes-focused (82%)
- Delivering high-quality and flexible support (81%)

The percentage of people who agreed or disagreed is shown in the table below.

Approach	Agree or strongly agree	Disagree or strongly disagree
Ensuring safe and fair services	86%	2%
A skilled and valued workforce	84%	4%
Being person-centred and outcomes-focused	82%	5%
Delivering high-quality and flexible support	81%	4%
Strong partnerships	79%	7%
Managing our resources well	75%	9%
Using our data for the best decisions	68%	7%
A focus on co-production	65%	7%

Some of these approaches have had their wording changed in the new strategy or have been removed due to duplication.

Out of these approaches which four are the most important to you?

60 people responded to this question. The top four approaches were:

1. Being person-centred and outcomes-focused (70%)
2. Delivering high-quality and flexible support (63%)
3. A skilled and valued workforce (55%)
4. Ensuring safe and fair services (45%)

These were also the top four scorers for people agreeing with them as an approach.

Key quotes:

"Staff need to feel valued not just in pay, but also in attitudes. Happy staff deliver better care."

"Being person-centred and listening to people's voices should be a rock-solid foundation."

"This is all quite comprehensive and enough to work with."

"To always be kind and compassionate – every single person in a role to help people should have this value."

Are there any other approaches you think we should include in our new strategy?

24 people responded to this question.

While there was general support for the approaches, people also raised several important themes about what is missing or needs more clarity:

More detail needed on delivery and measurement: Some people felt the approaches were positive in principle but lacked concrete actions, accountability, or 'SMART' goals. There is a clear call for outlining how these will be achieved, not just what is intended.

Human rights and inclusion: A few respondents raised the need to include stronger reference to equality and inclusion. Including how the strategy links to the council's Equity, Diversity and Inclusion strategy, human rights and the social and human rights models of disability.

Compassion, honesty, and respect: A few responses reinforced that kindness, listening, and treating people as human beings must be the foundation of any approach.

Individual suggestions included: specialist palliative care; learning from other successful approaches; updating and streamlining administrative processes; and providing priority housing for essential workers to maintain a stable service.

Priorities

We asked people how much they agreed with the each of the priorities outlined in the strategy. The number of responses ranged from 51 to 54.

The percentage of people who agreed is shown in the table below.

Priority	Agree or strongly agree	Disagree or strongly disagree
Work with health services to improve care	87%	0%
Make sure our services are high-quality	85%	0%
Work together with other local authorities to share resources and ideas	85%	2%
Involve more people in planning their care and in the design of services	81%	6%
Make sure homes support independence	77%	2%
Help people get from hospital to home quickly	77%	6%
Use technology to improve care and support	74%	0%
Get the best from a strength-based approach	73%	2%
Improve the data used in commissioning decisions	72%	0%
Ensure we meet our "best value duty" in delivering and commissioning services	67%	2%
Reduce the need for care and support	52%	11%

Some of these priorities have had their wording changed in the new strategy or have been removed due to duplication.

Overall, there was strong support for most of the priorities, with the majority receiving over 70% agreement. This reflects broad confidence in the direction being set.

The areas with the highest level of agreement signal strong backing for collaborative, integrated and people-centred approaches, especially when they focus on quality, independence, and participation.

The lowest level of agreement was with 'reducing the need for care and support' (52%), which some felt could be misinterpreted as a cost-saving measure rather than a focus on prevention.

The areas where there was no reported disagreement suggest strong consensus around providing high-quality services, modernising care by utilising digital technology, improving commissioning arrangements and working with health services.

Out of these priorities which four are the most important to you?

57 people responded to this question. The top four priorities were:

1. Make sure our services are high-quality (63%)

2. Work with health services to improve care (53%)

3. Involve more people in planning their care and in the design of services (39%)

4. Help people get from hospital to home quickly (37%)

Are there any other priorities you think we should include in our new strategy?

19 people responded to this question. Respondents offered a range of suggestions and themes included:

Resourcing and funding: A couple of responses highlight the need for sufficient funding and resources to ensure the strategy is deliverable.

Communication and engagement: A few respondents called for better communication and engagement with individuals and the public. One person expressed frustration over not having a point of contact at the council.

Planning for the future: There were a few proposals to better account for demographic change, such as the ageing population and rising complexity of needs. Incorporating futureproofing into planning, such as housing that supports ageing, technology, and climate adaptation.

Some of the other priority areas people suggested were: Direct Payments; making Continuing Healthcare (CHC) easier to navigate; manageable workloads for staff; and valuing and listening to other teams and sectors.

Key quotes:

"Receiving extra funds from government to replace the millions of pounds cut from the council budget over the last 15 years."

"Communication - in general people don't think about social care needs til they're staring them in the face and then they're often disappointed by how poorly resourced the available options are. Implementing this strategy effectively will require a lot more resource - the population is rapidly ageing - and opening up a debate about how this will be paid for is very important."

"Think about future changes / needs and the adaptability and responsiveness of adult social care e.g. ageing population, climate change, technological innovations."

"Valuing other teams and sectors which support the prevent, reduce, delay part of the Care Act, e.g. the vibrant VCSE and teams within the council like Local Area Coordinators."

Strategy

Is there anything else you feel may need to be considered in the strategy?

24 people responded to this question.

The key themes from the responses echo those already highlighted in this report. Particularly around having specific, measurable and achievable objectives and actions and the funding and resources required to deliver the strategy.

Other suggestions included:

- Providing acknowledgement of what is not working well and needs to be improved, or tangible examples of the past situation versus future.

- Consistency of social workers and social care teams and reviews being completed.

- Support and funding for self-advocacy.

- Achieving a better public profile for care and support services.

Key quotes:

"An acknowledgement of what isn't working well and needs to be improved - showing this humility and honesty would really make this feel like a meaningful strategy that people could show true engagement with and commitment to co-production."

"Don't penalise people with assets. Care should be delivered evenly and fairly and not be driven by the ability to pay."

"Unsure I can meaningfully add to the good work done on this."

"These practices are already pursued by the council but with overworked undertrained staff and underpaid and undervalued carers and looming cuts nothing is going to change."

"The strategy is fine as a collection of headline statements of principle and some high-level aspirations… It is only when we see plans with assessments of workforce, investment, partnership, engagement and outcomes that any of this will become real and capable of assessment."

Equality monitoring information

Of those who answered the equality monitoring questions:

- Most were aged 40 or over; the biggest proportion of respondents were aged 65 and over (33%)
- 67% were female
- 92% were White – English / Welsh / Scottish / Northern Irish / British
- 19% considered themselves disabled
- 44% were unpaid carers

Face-to-face conversations

Adult Social Care staff workshops

We held two staff sessions to ensure the strategy reflected the key priorities for staff and aligned with our service and team plans. We also wanted to make sure staff felt the strategy was practical, actionable, and impactful.

Key points raised were:

Vision: Needs to be clearer, more relevant and realistic. Simpler language to improve accessibility and readability. Calls for the vision to be more inclusive, specifically its lack of explicit representation for multicultural communities and younger age groups.

Commitments: Staff generally supported the scope of the commitments but raised issues around language, strategic alignment, and inclusivity. Calls for clearer alignment with practice models, accountability, transparency, and rights-based approaches.

Key quotes:

"Keeping people safe: broad, means different things to people, feels quite paternalistic."

"Care at home: this is more elderly focused."

"Commitments could have a really strong link to the practice model and must link back to service plans."

"Accountability, transparency, rights-based decision making [are] missing."

Approaches: Feedback clearly identified areas needing improvement. Staff felt co-production can appear repetitive without clear strategic implementation. The use of data was also criticised as ineffective and overly rigid, with staff suggesting a shift to a more flexible, evidence-based approach. Transparency and communication were recurrent themes, with suggestions for responsive feedback loops and clearer internal-external communications.

Key quotes:

"Co-production - [we're] not very good at this; feels like the vision on repeat."

"Could we think about how to incorporate a 'you said we did' instead of co-production?"

"Transparent decision-making and honesty with citizens [is needed]"

Priorities: Staff advocated streamlining and refining the current priorities to make them clearer, more actionable, and directly linked to the

commitments. There needs to be emphasis on prioritising prevention and early intervention and defining "high-quality". Workforce development emerged as a critical gap, with strong recommendations for it to be a priority. Commissioning was reported as better than it was but still needs improvement and to be a key area of focus.

Key quotes:

"Supporting staff should be an additional priority!"

"We say high quality, but it means different things to different people."

Current practice: Staff identified strengths in delivering person-centred, strength-based care. They raised operational challenges around flexibility, resource management, and effective collaboration. Concerns around data usage and communication particularly relating to commissioning decisions and joined-up care. Workforce support, including access to resources, training opportunities, and practical support during crises, was identified as needing targeted improvement.

Key quotes:

"Improving data used in commissioning decisions: placements for people with complex needs, e.g., mental health. Lack of placements in York."

"Joined-up care and support: currently not happening as it should, some people have multiple providers."

"Supporting the workforce: this needs more work. Access to facilities, information, systems, proper lunch break planned in, opportunities to have time for training."

Feedback from community groups

Conversations about the new strategy took place with people with learning disabilities and people from the Deaf community. The issues raised included:

- Not being listened to, informed or involved and frustration around views not being heard or valued.

- Difficulties contacting adult social care including not knowing who to contact, staff not getting back to people and not having an allocated social worker.

- Not getting social care reviews.

- People's communication and accessibility needs not being met, such as difficulties getting BSL interpreters, and information not being provided in Easy Read.

- Lack of trust in the council.

- Wanting to be able to be independent, choose where to live and have a choice of who cares for you.

- Concerns about needing care and support in the future and there not being suitable, inclusive accommodation options available in York for deaf people. And that those staying in their own homes may not have options to stay connected to the community.

- Not being made aware of or being provided with information about different services and available options.

- Descriptions used in the strategy about different approaches can be complicated for people to understand.

Partnership feedback

Conversations about the new strategy took place with two partnership groups representing the needs of older people. The content of the strategy was generally well-received by both groups, but the feedback highlighted some key considerations:

- **Simplify the language** to use more plain English, ensuring clarity and accessibility.

- **Review the vision statement** to ensure it is clear, concise, impactful and distinct from a mission statement. Suggestions to align with or adapt the Social Care Futures vision:

"We all want to live in the place we call home, with the people and things we love, in communities where we look out for each other, doing the things that matter to us."

- **Reframe messaging** around independence to emphasise keeping people safe and well within their community, rather than just helping individuals stay in their homes. Rewording might help clarify that "home" also includes one's broader living environment and social connections.

A shift in language from "home and safe" to "out and active" was suggested to better align with Age Friendly York's aspirations.

- **Clarify the role and remit of adult social care**, particularly how it links with other departments to improve community access and mobility. Feedback highlighted frustrations around transport and mobility in York.

- **Consider how the strategy supports community-led approaches** and how elements of the pre-COVID Future Focus model can be reintroduced and sustained.

- **Continuous feedback and discussion** with the community should be embedded across council services rather than restricted to formal engagement exercises within adult social care.

  Revisit pre-COVID 'Talking Points' and engagement spaces and explore how local area coordination can play a role in fostering community discussions.

- **Streamline commitments, priorities, and approaches,** identifying and reducing overlap where possible. A graphic showing how they are connected could be helpful. A comment was made about the priority of working with other Local Authorities and whether it needed to be separate to working with other partners.

- **Links to the Carers Strategy and other strategies** are important, ensuring a clear narrative between ambitions and efforts across the council and partners.

- **Valuing staff and the workforce** was welcomed as a priority particularly to improve low staff morale.

- **Consider how to develop a communications approach** to elevate the status of social care, addressing workforce morale and public perception.

A big thanks to everyone who has helped shape the new strategy by sharing their views or supporting us to reach more people.

If you have questions about this report or the Adult Social Care Strategy, please email: ASCtransformationteam@york.gov.uk

Alternative formats

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এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। (Bengali)

Ta informacja może być dostarczona w twoim własnym języku. (Polish)

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

(Urdu) یہ معلومات آپ کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔