

We care about Care

Our Vision To become an outstanding organisation delivering significant impact for our people and communities through creativity, coproduction and investment.

Our Mission Active Prospects enables people with learning disabilities, autism, physical and mental health needs to live full and aspiring lives

We are ambitious for our people, staff, and organisation to be the best we can and deliver outstanding care with our colleagues, people and partners.



Our plan is to ensure Social Care is at the heart of our communities, enabling everyone to live well in their own home and have their aspirations supported, in ways they shape.



If we cannot care about care, the foundations of our society fail, and Active Prospects’ mission cannot successfully be delivered.



It has become increasingly apparent that Social Care is in crisis. Decades of underfunding and neglect from Governments has seen thousands of people unable to get the care they need and a sector workforce that whilst bigger than the NHS, is not valued by society nor paid fairly in comparison to similar roles. We are actively leading campaigns to create a new and fair deal for social care, with people who are supported and for our social care staff – it is time to Care about Care.



Care about Care Strategy 2022-2025



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Mission

We enable people with learning disabilities, physical and mental health needs and autistic people to live full and aspiring lives.

Vision

We aim to become an outstanding organisation delivering significant impact for our people and communities, through creativity, co-production and investment.



Foreword:

Active Prospects provides high-quality impactful supported living, residential and community services, activities, and employment, for people with learning disabilities, physical and mental health needs, and autistic people across Southeast England.

We are ambitious for our people, staff, and organisation to be the best we can, and we are so proud of the energy, commitment and achievements that are made by everyone, not least through the Covid-19 pandemic and a challenging couple of years.

Covid-19 became a significant factor in March 2020 and will continue to have both a direct and non- direct impact on our people, staff, and communities over the next three years. Working together, we are prioritising peoples' and staffs' safety as robustly as we can, with our organisation remaining a resilient community provider. Two years later, we are getting more use to living with Covid and dealing with waves of infection and new variants.

It has become increasingly apparent that Social Care is in crisis. Decades of underfunding and neglect from Governments has seen thousands of people unable to get the care they need and a sector workforce that whilst bigger than the NHS, is not valued by society nor paid fairly in comparison to similar roles. We are actively leading campaigns to create a new and fair deal for social care, with people who are supported and for our social care staff – it is time to Care about Care.

This strategy outlines our plan to ensure Social Care is at the heart of our communities, enabling everyone to live well in their home and have their aspirations supported. If we cannot care about care, the foundations of our society fail, and Active Prospects' mission cannot successfully be delivered.

Equally the funding of Social Care is on a precipice. We are seeing cost of living increases not seen for thirty years, not backed by increases in public funding meaning yet further impossible squeezes for services and on our people and staff. This is simply not sustainable and acceptable. With no real new levels of money coming into social care for at least three years, the sector is predominantly looking at survival. This is not an acceptable place to be.

This strategy highlights our plans for the next three years and our key developments, targets, and goals.

Our strategy is focused in 5 key areas:

- Caring through the Covid-19 pandemic
- Caring together with our people
- Caring through campaigning and creating change and opportunities
- Caring about our staff recognition, development, and wellbeing
- Caring about our resilience, sustainability, and equity

Our critical success factors for our new plan include:

- To remain financially and operationally robust through a highly challenging funding and workforce position for social care and a cost-of-living crisis, so that we can deliver our purpose and support our people and staff.
- To deliver a bold PR and Influencing Plan with an annual strategic goals and delivery objectives, with a particular focus on 'It's time to Care about Care' campaign, health inequalities, people's coproduction voices and stories, people leaving secure hospitals and addressing narrowing opportunities.
- To minimise the negative impact of Covid-19 on our people, staff, and organisation, whilst embracing opportunities to re-shape social care and address health inequalities going forward.
- To enable people to lead aspiring lives with 95 % achieving positive outcomes in the areas that matter to them evaluated every 6 months.
- To support an additional 20 people with homes, care and/or employment opportunities each year.
- To continue to have all our services rated by CQC as good or outstanding (with a third rated as outstanding in domains) and achieve two overall outstanding ratings by December 2023.
- To maintain a Best Employer Award for sector leading staff engagement and development by March 2023 and deliver significantly better than average retention levels.
- To further increase our diversification of care income by 15 % by March 2025, becoming a provider of choice for 3 more local authority areas.
- To continue to support the Pro-Active Community to flourish, establishing user-led Networks in partnership in 3 further areas by December 2025.
- To significantly enhance our IT infrastructure and digital strategy and offer across all areas to support our objectives and people aspirations.
- To be an ethical organisation: championing equity, diversity, and inclusion; improving our sustainability to become carbon neutral by 2050 and upholding the highest standards of corporate governance.

Our strategic track record:

Everyone at Active Prospects has contributed to transforming our organisation to become one of the highest qualities, most responsive, creative, and values-based provider of housing, care, support, and employment services for people with learning disabilities, autistic people and/or people with mental health needs in Southeast England. We have grown from a turnover of £6.9 million in March 2016 to a turnover of £14 million in for the year to March 2023.

We have focused on three key things - quality, impact, and co-production.

Working together, is central to our purpose of enabling people to lead aspiring lives, establishing quality standards and approaches, with a drive to keep learning, improving, and innovating. Active Prospects has increased its quality ratings through this period of growth, investing heavily in staff training, clinical leadership, coaching and quality assurance. All our services are rated as good by CQC, with a third having outstanding domains.

Our co-produced outcome model evaluates how people are meeting their aspirational goals. We are driven to enable people live their best lives and to have a full range of choices and opportunities, leading the lives they want and achieving the things that matter to them.

We have become a regional leader in enabling people, often with complex needs and behaviours of concern, to leave hospital to live in bespoke homes in their community, supporting 38 people in the last two years and saving the public purse over £2 million each year. We have also delivered a 68% reduction in people's significant behaviours of concern through our specialist support programmes in the last year, and a 92% success rate of people living in their homes after two years. Recognising our expertise and delivery track record, several Commissioners have approached us to extend our offer into new areas and help more people which we are happening.

Active Prospects has an unwavering commitment to co-production giving people a voice at the very heart of our organisation. Our award-winning co-production body of people we support, the Pro-

Active Community is a user-led organisation which plays an important role in peer-led social activities and inclusion, community involvement and being active citizens.

Over the last couple of years, the Pro-Active Community has won both a national and regional awards for their innovative work, including The National Learning Disabilities and Autism People's Award and Surrey Care Service User Involvement Award. They facilitate the Surrey-wide People's Group with over 80 people regularly meeting to help shape local policy and inform their lives and services around what matters to them.

Our strategic planning processes

To inform our strategic plan, we conduct many reviews with staff, people we support and our Pro- Active Community, meetings with Commissioners and key partners.

In November 2021, 120 members of the Board, Pro-Active Community and staff came together to consider our key issues and prioritises around a theme of ‘Staying Resilient; Being Creative’ and presentations by both external strategic players, internally and People We Support. The workshops identified a range of issues and ideas which have been reflected in this strategy.

We utilise a wide range of tools to obtain feedback and intelligence, including SWOTs, PESTLE, horizon scans externally, team reviews, meetings, key document reviews, KPIs and performance analysis and benchmarking, internal and external policy reviews, and risk reviews.

Our strategic plan covers three years and is updated annually each February. Our Board consider delivery of our KPIs monthly and delivery of the detail of the strategic plan every six months. Our Executive Management Team consider delivery in detail quarterly – with portfolio led areas incorporated in detailed annual plans.

Our five-year financial business plan is also updated every six months and tested for assumptions, actual performance, and sensitivity tests to support key decision-making. This incorporates our projected growth and strategic ambitions, and challenges.

Our central support teams and individual services have annual plans to deliver their contribution to the Strategic Plan and local aspirations and improvements, which are updated continually to address quality assurance recommendations, learning from complaints and incidents, co-production developments, and new initiatives and requirements. There are supplementary strategies to support delivery of key areas such as marketing, equity diversity and inclusion, recruitment, and wellbeing.

Our staff have individual targets and development plans as part of their appraisals, linked to the Strategic Plan, their relevant local plans as well as ‘Being the Best I Can Reviews’ reflecting their aspirations and development needs.



What makes us unique

Local – we significantly invest in local people and communities and have a deep community anchor.

Responsive – we do everything we can to help and act quickly, with locally based senior managers highly involved in individuals' care, offering rapid decision making and ensuring deeply person-centred service design.

Creative – we create solutions, making things happen with innovation, drive and compassion. We have supported 38 people to leave hospital in the last two years outperforming many national players.

Co-produced – we are leading the way nationally on enabling people to shape our organisation and services together and to join up voices with others to improve opportunities and experiences, both locally and nationally.

Successful – we successfully support people to lead aspiring lives, including a track record of delivering transformative outcomes with people with complex needs and behaviours of concern to live successfully in their communities. We measure our outcomes and impact, demonstrating high levels of achievement and continuous improvement.

These values have been developed with our Pro-Active Community (our people we support governance and advisory group) along with staff teams. We embed our values through everything we do including recruitment, development and appraisal, rewards and recognition throughout our approaches and practice.

Our Active Values

Aspiring - We are ambitious for our people and ourselves

Caring - We care about people and their wellbeing, acting with kindness and empathy

Trusting - We act with integrity, and are open, honest and transparent

Including- We actively promote Equity Diversity and Inclusion in all we do

Valuing - We value others, and actively promote dignity and respect

Enabling - We shape our organisation and services together

Our underlying approaches to becoming an outstanding organisation

The key features required to develop an outstanding organisation are embedded in our culture and ways of working. They include:

A focus on quality and outcomes – we have significantly enhanced the quality of our provision over the last five years as this is absolutely the foundation to our success and that of our people. We have a clear plan to deliver outstanding services over the next three years.

Working Side by Side with our customers – our award-winning approach to coproduction with the people we support is one of our strengths and this centres everything we do and continues to drive us forward.

Being resilient – it is tough working in social care and being reliant on publicly funded services, but we do it because we believe in the power of great care to transform people's lives and widen opportunities.

Campaigning – we believe in the power to change things for the better together.

Problem-solving – we will always strive to make things work and overcome difficulties and challenges together. We are inspired throughout the organisation.

Focus on improvement – we invest in robust quality assurance giving us feedback and analytical reviews across all our areas. We identify, address, and learn from our mistakes and things that are not working, and we apply suggestions and adapt shared best practice.

Creative – We don't stand still: we constantly look for new ways to provide better care, and to help people to live aspiring lives through innovation.

Entrepreneurial – we invest in our future and look at ways to generate income to deliver our objectives, meet the aspirations of people we support and enhance our communities.

Horizon scanning

Some key issues we have considered in our plan (These have been informed in part through NCVO's work)

Political and Economic Drivers

Building towards an election in 2023 or 2024

After two snap elections in 2017 and 2019, we are now in a period of relative political stability despite significant challenges of the covid-19 pandemic and Brexit. However, the governments leadership remains under pressure following a series of revelations and reports.

This means charities should be able to plan their influencing activity with the expectation that there will be an election held next year.

We expect to see political parties start to develop their long-term policy agendas in the next year. Labour has already started its policy review process, with firmer policy plans expected to take shape over the next year.

Continuation of a culture war

Charities, alongside other institutions, have increasingly been drawn into the culture war spotlight. A culture war can broadly be defined as a conflict between those with different views about identity, values and culture.

In the voluntary sector, we have seen politicians criticise some charities for their stance on these issues. Politicians are likely to continue to seek dividing lines where they feel there is political advantage in doing so, so we should expect that culture wars will be a part of our political environment in the years ahead.

The Charity Commission has investigated well-known charities because of complaints about their actions on equity, diversity, and inclusion.

High profile investigations of the National Trust, Barnardo's and the Runnymede Trust found all had acted appropriately within charity law and Charity Commission guidance. But there remain potential pitfalls for other charities, particularly those operating in unfamiliar areas.

Charities must do what they think is right in support of their charitable purpose, which sometimes may mean taking unpopular stances. Providing charities are focusing on their charitable objectives, carefully considering the issues and implications, and taking their members with them, the Charity Commission will be on their side.

Charities will be most successful when they can find ways to create consensus on issues. They must think beyond public opinion and will want to take a principled approach towards engaging with a range of issues. Though clearly, it will be easier for them to do this if it is backed by at least a significant section of the public.

At Active Prospects we seek to join up our campaigning across the sector as we know this is how we can make most impact and make recommendations for Government Policy that have had the input of a wide range of voices.

Levelling up

The clear political priority for the government is levelling up, which is unlikely to change before the next election. A government white paper was published in February 2022.

Levelling up refers to an economic rebalancing towards areas, non-metropolitan areas in the north of England, which have missed the gains in prosperity felt in better-off areas.

At Active Proepcts whilst working in the Southeast we still see both our people and staff experiencing disadvantage economically and in other connect policy contexts such as housing, welfare benefits and health inequalities.

Social Care Reform

On 7 September 2021, the Prime Minister announced £5.4 billion for adult social care reform over the next 3 years. At the Autumn Spending Review 2021, it was confirmed that £1.7 billion of this funding would be for major improvements across the adult social care system. This white paper sets out how some of this money will be spent to begin to transform the adult social care system in England, such as new investments in:

- housing and home adaptations
- technology and digitisation
- workforce training and wellbeing support
- support for unpaid carers, and improved information and advice
- innovation and improvement

Together, the government said these measures aim to put people at the heart of social care and move us towards our 10-year reform vision.

The White Paper is the latest of four documents that together were intended to deliver the Prime Minister's promise of 'fixing' adult social care. We had already had the Health and Care Bill, the Build Back Better policy document and the autumn Spending Review.

The first introduced measures to give the Care Quality Commission oversight of local authority social care activities, with the possibility of intervention by the Secretary of State, if necessary, as well as moves to greatly improve data collection within (and therefore insight into) the sector. The second, funded by a slice of the Health and Care Levy, introduced the headline reforms: introduction of a cap on lifetime care costs and a loosening of the means test, along with promises of 'fair price for care' for self-funders and £500 million to support the workforce. The third set local government funding for the next three years.

Yet the detail – and the money available – has proved disheartening. Social care is getting just a small slice (£5.4 billion over three years) of the £30.3bn raised by the Health and Social Care Levy, with the majority of the money going to the NHS. The cap has been reconfigured to be less generous to people with low and moderate assets. Once you have taken off the extra costs that the policy document creates for local authorities, the spending power increase in the Spending Review is only 1.8 per cent at a time when social care costs – especially around workforce – and demand for services are surging. Directors of adult social services warned of a 'rapidly deteriorating' picture for social care. Reform has felt like it is faltering.

So, the White Paper was an opportunity for the government to regain the initiative, by offering a clear vision for the sector and a series of measures to begin realising it. The vision – of choice, control, quality, fairness and accessibility – is not at all bad. It may not break much new ground, but it efficiently articulates the objectives that many seek for social care and offers the sector something to work towards.

The real problem lies in the measures to bring about that vision. There are plenty of them, but they add up to something well short of delivering this. There is a welcome focus on housing, with £300 million to help develop new supported housing options, a new ‘handyperson’ service (though no details) and more money for Disabled Facilities Grants, which provide larger adaptations like wet rooms for people who need them. There is also £150 million to drive greater adoption of technology and small pots of money to improve services for carers (£25 million), improve local innovation (£30 million), and improve planning (£70 million). As the Kings Fund state, the idea that the White Paper will make any real difference to the recruitment crisis in the sector is fanciful.

On workforce, there is more detail of how the £500 million will be spent and it is all decent stuff: better training, mental health support, continuing professional development (CPD) for nurses, a digital hub for support and advice. But there is no plan for securing the staff needed and nothing to say about pay and without this detail the idea that the White Paper will make any real difference to the recruitment crisis in the sector is fanciful.

As well as workforce, there are other large gaps in the White Paper. Though the vision includes a major focus on personalisation – choice and control – there are no measures to do that, despite an acknowledgement that current approaches are faltering. And details of the ‘fair price for care – what it is and how it will work – are absent.

The big problem here is money. Of the £5.4 billion for social care from the Health and Care Levy, most has gone on the headline reforms, leaving little for the White Paper. Even a quick tot-up shows that the measures announced in it add up to barely £1 billion over three years, which must often be split across 150 different local authorities. That was never going to be enough to make any major difference to a sector offering public support to around one million people a year, delivered by 1.6 million staff and provided by 17,700 separate organisations.

At Active Prospects we can be contributing to these debates on social care reform and the current funding and workforce crisis with our membership bodies including Surrey Care Association, National Care Forum and Voluntary Disabilities Organisations Group. We have sought to engage with local MPs and Councillors.

We are also involved with a national project called Reinventing Social Care which aims to proactively inform and shape social care reform.

Devolution

There are potential opportunities arising from deeper devolution. We have seen a significant transfer, or in some cases, consolidation, of powers over the last ten years, and so charities that are not considering the local and regional landscape, and the decision-makers within it, are likely to be missing opportunities to further their cause.

One challenge is the different structures and powers between authorities and areas. Some areas now have a combined authority structure, with a directly elected mayor, and significant powers in areas such as health and transport, while many areas retain more traditional local government structures.

Surrey was considering becoming a Unitary Authority but paused on that idea last year. It is not to say that it might revisit this in future years.

Challenges to campaigning

The political environment is continuing to create challenges for campaigners working to generate lasting social change for the issues and people they care about. Some potential challenges for the year ahead are discussed below.

Managing relationships with government

The initial response to the pandemic saw several successful collaborations with government and campaign wins. However, campaigners are now working in an increasingly resistant political environment.

The Sheila McKechnie 2020 campaigner survey found that 63% of respondents said politicians have become more negative to campaigning in 2020 (up from 45% in 2019).

Past statements from the former Chair of the Charity Commission, government ministers and prominent parliamentarians have contributed to a challenging environment for campaigners to work in.

With a large government majority in the House of Commons, tactics such as appealing to opposition MPs will not achieve the desired results.

The government is heavily influenced by the desires of the public. As seen with the success of Marcus Rashford's school meals campaign, winning over the hearts and minds of the press and public can shift government decisions.

Taking on a values-based approach can help campaigners reframe an issue to align with Conservative perspectives and appeal to their motivational principles. Refugee Action's Lift the Ban report is an example of this values-based approach.

Amending or incorporating new ways of engaging is not to suggest that campaigners should never publicly disagree with government; rather, be strategic in picking battles and creating opportunities.

Active Prospects has developed the Care about Care campaign to help raise the profile and value of care, amplifying all voices under a simple umbrella.

Police, Crime, Sentencing and Courts bill

The Police, Crime, Sentencing and Courts bill seeks to give police new powers to severely restrict protest and criminalise trespassing.

The bill introduces new powers allowing police to decide where, when and how people can protest and increases penalties for those breaching police conditions on protest.

These proposed restrictions and tougher penalties could mean that fewer people are willing to participate in protest, including those already subject to systemic discrimination.

By limiting who is willing to protest, this new legislation would further compound the inequalities ingrained within our society.

Election's bill

The Elections bill contains new rules which could create confusion for charities, including the requirement to register as a non-party campaigner if they spend at least £10,000 on campaigning that meets certain tests during the registered period.

Charities may be reluctant to register in case they are perceived to be more political than they are.

Ensuring compliance with these rules will require considerable time and resources, which will be more likely to impact smaller charities who may not have enough capacity, or the policy and legal expertise.

As well as this, the spending threshold includes the costs associated with joint campaigning, which could discourage charities from forming collaborative campaigns.

Economic Drivers

The success of the on-going covid-19 vaccination programme means the government is feeling more confident in making predictions about the state of the national economy.

Although 2022 may see some measures implemented to contain spikes in covid-19 cases, the government is unlikely to reintroduce lockdown restrictions and accompanying support schemes on a similar scale to those announced at the start of the pandemic.

In 2021, gross domestic product (GDP) outperformed expectations and GDP bounced back from a low point in spring 2020.

Following the spending review in October 2021, the Office for Budget Responsibility (OBR) predicted that GDP will grow by 6% in 2022.

GDP is one indicator of the economy's health, alongside other more holistic indicators aside from GDP. Strong growth suggests that more people are doing more work and earning more money. This means more tax being paid and more money available for the government to spend.

Cost of Living crisis

However, prices are rising, which means the rate of inflation is high. The Bank of England predicts that inflation will continue to rise over the coming months, especially if fuel prices remain high, but that it will slow down within the next year, with predictions this may hit 7% later in 2022.

Sustained rises in wages could result in high inflation rates for longer. Charities should keep a close eye on inflation as this could impact staffing and service delivery costs as well as the cost of living and level of need in the communities that charities serve.

At Active Prospects we are seeing significantly higher prices and costs pressures, on our People and Staff. We are highly concerned that cost of living increases we see from our commissioners will not keep pace with these rises, leading to yet further funding squeezes where we have nowhere left to cut. The message across the Social Care sector currently is that survival is the key message for the next three years, as there is no new planned significant new funding coming into the sector during this period.

The labour market in flux

The labour market recovered beyond expectations in 2021, but in a way that experts find difficult to interpret. At the end of 2021, unemployment was low, but inactivity was relatively high in the same year.

Most people who were economically inactive were not looking for a job. For many, this was due to sickness or looking after family. Vacancies were reaching record highs and a large minority of charities reported that recruitment was increasingly difficult (October 2020 report pdf, 891KB).

In Social Care staffing vacancies are at their highest ever rates – with estimates in early 2022 from 10-20% of the sector (Skills for Care, NCF). On top of that it is projected that there will need to be 500k more care staff in the next 10 years to support changing demographics and rising numbers of older people and those living in the community with complex needs. This presents a significant challenge to Active Prospects with our current vacancy rates at 15% putting pressure on existing teams and managers, and higher costs through agency staffing. We also have higher sickness vacancy rates that pre-Covid running at double the rate.

This general workforce squeeze appears to be driven by people leaving the labour market altogether, rather than moving into different sectors.

Conversely, growing workforces in some sectors have been enabled by new people (re-)entering the workforce, such as mothers of young children.

Analysis suggests that most of the 1.2 million people who remained supported by the furlough scheme until the scheme had finished in September 2021 moved back into their jobs.

Analysis suggests that most of the 1.2 million people who remained supported by the furlough scheme until the scheme had finished in September 2021 moved back into their jobs.

However, the pandemic appears to have driven a long-term shift in the types of work that the economy requires, and the coming year may bring further redundancies and more people leaving the labour market.

All of this points to a mismatch between the jobs available and the skills and motivations of working-age people. This could drive wage growth, and therefore inflation, in the short- to medium-term, as organisations compete to attract staff.

It could also provide opportunities for organisations delivering education, training, and support for job seekers if more people begin looking to move into new sectors.

This flux in the labour market could have implications for volunteer availability. Higher numbers of people either in paid work, or inactive due to other commitments or sickness, could mean fewer people have time to volunteer.

NCVO's Almanac 2021 found that the voluntary sector paid workforce grew by 3% from 2019 to 2020, and 20% since 2010. Charities are economic agents with a collective expenditure of £55bn and play a vital role in supporting people to work.

At Active Prospects we also need to consider how we consider both how people we support may be affected by barriers and inequalities in accessing work, and what they as employers can do to hire more marginalised people and provide good-quality jobs.

Action on the economy

Government spending from 2022 is set to grow, with more long-term investment in priorities such as the transition to net zero and health and social care. To fund this, taxes are set to rise to 36% of GDP – the highest level since just after World War II.

The new health and social care levy will be payable from April 2022. As noted by the Charity Tax Group, even if charities can access some relief from the new levy, 'employees will still be liable, and this is likely to have a knock-on impact on charities' wage settlements and therefore payroll costs'.

Despite maintaining historically low interest rates throughout the pandemic, the Bank of England is expected to increase rates again in 2022 to combat rising inflation.

Increasing interest rates can have disproportionate impacts within and across generations as debt, such as mortgages and loans, becomes more expensive.

Almost 3 out of 4 people in their late 30s and early 40s have more debt than assets, whereas on average people in their late 60s have significantly more assets than debt.

Higher interest rates can also mean that, while borrowing may become more expensive for voluntary organisations, investments (including pensions) should become more valuable.

Additionally, the new Sustainability Disclosure Requirements (SDRs) and plans to update the Green Finance Strategy in 2022 should make it easier for charities to invest reserves and pensions in funds that align with their values.

Local government finances continue to be under serious pressure. While the autumn budget committed £4.8 billion in new grant funding to local authorities over the next three years, it also allowed for local authorities to raise council tax by 2% without a local referendum and raise the social care levy by 1%. At Active Prospects we have been campaigning for Surrey to apply the Social Care Precept as they did not do this last year, as local social care funding is under so much pressure.

At Active Prospects we also monitor the financial performance of local authorities as some have become bankrupt such as Croydon.

Where councils choose to do this, it will undoubtedly put additional pressure on low-income and non-working households, as well as reinforce gaps between affluent and deprived councils.

Regardless, it will not be enough for councils to maintain the level of pre-pandemic services: to meet all pressures through council tax alone, council tax would have to rise by 8%. In response, councils are highly likely to cut services and may be at risk of declaring bankruptcy.

Increasing pressures on households, deepening inequality within and between communities

Households were faced with multiple pressures at the end of 2021, as the cost of living rose, and the government ended the universal credit uplift and furlough scheme.

The real value of out-of-work benefits has been declining since 2011, and the autumn budget included little support for people who are not working.

Families on low or fixed income and who are out of work will be hit hardest by this set of pressures. There are around 4m households who are behind with at least one household bill or credit commitment, with the poorest families 28 times more likely to report problem debt than the richest.

Many charities reported increased financial vulnerability, housing issues, homelessness, and lack of employment amongst their users in 2021.

Analysts predict that increasing energy prices will add at least £139 per year to the average household's bills and that prices will jump by around 14% when the energy price cap next increases on 1 April 2022.

This could see many more households pushed into fuel poverty and result in poorer health outcomes for those affected. Government may take short-term targeted action to support the hardest-hit households.

Although average pay is rising, growth is unevenly distributed across industries and regions. Household incomes are lowest in urban areas in the midlands, north-west and north-east of England, and Yorkshire, while rural villages tend to have the highest disposable incomes.

While median income has steadily increased for the wealthiest 20% in recent years, wealth has been declining for the poorest 20%.

Increases in the national minimum and living wages and public sector pay will neither offset the impact of increasing financial pressures nor reverse trends in unequal income distribution.

New and shifting sources of income for charities

Giving and philanthropy

There is a risk that people who would previously have donated may no longer be able to and may therefore feel less connected to charities in their communities.

Legacy giving (leaving a donation in one's will) is a significant source of income for the sector and is predicted to grow generally. At Active Prospects whilst we are putting in a legacy strategy, we do not feel this will be a major area of income as many families of people we support do not have significant wealth. In addition, whilst a minority of people we support may have some funds, there is a very challenging line to ethically enable legacy giving where someone has a mental capacity issue.

Data is mixed with regard to trends in giving and philanthropy. According to the Charities Aid Foundation (CAF), more people donated more money in 2020 than in 2019, but this dropped off towards the end of 2020 and into early 2021.

The number of people saying they've recently donated to charity is also dropping, and two-fifths of people reported they will be cutting back on charity donations.

Despite an increase in the public's trust in charities, household income pressures and a slower recovery of consumer spending are likely to result in fewer people donating to charities in 2022.

The Bank of England expects well-off consumers to retain 90% of their pandemic-enabled savings over the next three years.

This could result in a smaller pool of wealthier donors giving larger average amounts to charities. As people are more likely to leave money to charity in their wills, this trend aligns with our expectation that donating will become less common amongst people with less disposable income in 2022.

Digital fundraising and cashless giving

Although trading activities and fundraising events were significantly reduced during lockdowns, there was a 'large and sustained' increase in cashless giving – a trend that is here to stay.

There is likely to be a sustained increase in digital and hybrid fundraising events, and social media will continue to be a critical space for awareness-raising and income generation.

These trends raise questions about how prepared the voluntary sectors' digital planning is. Although the number of voluntary organisations using digital technology to deliver services has doubled, most have said their staff and volunteers now require increased digital skills.

1 in 5 organisations report current staff/volunteer skills as their biggest barrier to using digital technology more.

The Fundraising Regulator is planning to review the Code of Fundraising Practice in 2022, with a particular focus on digital fundraising and the use of non-charitable platforms (such as crowdfunding sites).

In 2019, around half of donations made to charity were in cash. This fell sharply to fewer than 1 in 10 donations in summer 2020.

However, people did not stop giving – rather, they moved to give through websites and apps, and with debit cards.

Digital and cashless giving offer charities significant opportunities to influence donor behaviour and maximise donated income.

Younger donors are more likely to give through a website or app, while older donors are more likely to use direct debits and standing orders.

However, 2021 saw an increase in donors over 55 giving through a website or app, and with a debit card.

In general, people are more likely to donate via third-party websites (such as JustGiving) than directly through a charity's website.

Social media is an increasingly important source of income, with almost 2 out of 10 donors giving through a social media platform in 2021.

While 92% of millennials and Gen Z-ers are willing to donate through social media, only 44% of baby boomers are.

Online giving also provides an opportunity to boost individual donations and overall income. 'Anchoring', or suggesting a (typically high) donation amount, has been shown to influence the amount people give.

One study found that people were also strongly affected by the average amount of other people's donations when this was visible.

The proportion of people claiming Gift Aid on their donations rose substantially during the pandemic, to 61% in January 2021.

This may be because organisations can encourage the use of Gift Aid at checkout through online platforms.

Grants and partnerships

A number of funding bodies responded to the onset of the pandemic by making it easier for organisations to access and use funds (although accessing and using funds was not a universal experience). In 2022, funders should consider how to build upon this period of greater flexibility and collaboration.

The national awakening to the role of grassroots community action and mutual aid during the pandemic may lead to a strengthened appreciation – and a more favourable funding environment – for such hyper-local organisations.

This social trend may also strengthen support for the sharing economy.

However, funding sector leaders have mixed views on funding social movements, and most do not predict radical change for the funding sector over the next five years.

Some charities also receive income and support through corporate partnerships, and there is significant appetite within the private sector to partner more with the voluntary sector.

At Active Prospects a new Fundraising Strategy has been developed which outlines where we see our new income opportunities and our approaches to securing this, covering legacies, cooperate relations, individual fundraising, digital approaches, and marketing. We also submit tenders for public sector contracts and frameworks where these align with our organisational objectives.

Social and Health Drivers

Emerging inequalities and impact on charity service demand

Socioeconomic inequality continues to be arguably the biggest social issue affecting the UK. There has been greater recognition of the intersectional nature of how the pandemic has affected people by:

- class
- ethnicity
- gender
- sexuality
- geography
- age
- disability.

Emerging evidence is highlighting how the pandemic has worsened long-term systemic inequalities like access to public services such as education and learning, notably highlighted in the gap between public and state schools for GCSE results.

As highlighted in previous sections, political decisions and major economic challenges will likely see charities experiencing rising demand for their services.

Government decisions such as the end of the £20 per week universal credit uplift and rising National Insurance rates and economic trends such as rising rents including working-class neighbourhoods, increasing food and energy price and potential shortages will disproportionately hit those on lower incomes.

There will also be cost implications in response to long covid, worsening mental health, and the education and learning gap. The cost-of-living crisis will also disproportionately affect people on low incomes. Charities will likely need to adapt and expand their services to meet rising demand from the communities whom they serve.

Equity Diversity and Inclusion

Covid-19 has exacerbated racial inequalities and the need for change has never been clearer. Tackling racism and discrimination within the health and care system has become a priority, but addressing these issues is not the sole responsibility of current service providers. With health inequalities largely symptomatic of deeper inequalities in society, this is a much broader challenge. Covid-19 as well as the Black Lives Matter movement and protests around the world following the death of George Floyd in 2020 have placed racial injustice in the spotlight. Both have prompted individuals to reflect on their attitudes and behaviours, and organisations on their practices particularly around leadership and employment. Both have given further momentum to the work of Charity So White last year, which drew attention last year to the underrepresentation of BAME people within the charity sector and the discrimination and racism that they face. The report Home Truths published by ACEVO and based on the experiences of over 500 BAME people working in the sector highlighted the extent of the issue.

Active Prospects launched its new Equity Diversity and Inclusion strategy in January 2021, and updated compliance in September 2021 and we are playing a key part in shaping sector approaches across Surrey. This has led to an EDI post being funded for the VCSE sector for 18 months by Surrey County Council, to help support sector and community wide change and process, which we are co-mentoring.

The urgency of the situation encouraged greater flexibility, innovation, and collaboration. Active Prospects has been working together with community groups, other charities and social care providers, infrastructure bodies and the local authority and health bodies to good effect. This

Changing public opinion on social issues

Public attitudes on some social issues are changing - both over time and in response to the pandemic. On social security, public views have become less severe.

According to the latest British Social Attitudes Survey, those who thought that most unemployed people could find a job if they wished fell from 69 % in 2005 to 51 % in 2019 and scored 51 % and 42 % in two lockdown surveys.

Similarly, those who thought benefits were too high has fallen substantially from 2011 to 2019. Polling indicates widespread support of an implementation of a universal basic income, which has likely been influenced by the pandemic and furlough scheme.

On health, there has been a continued decline in vaccine hesitancy this year, albeit with persistently higher rates for some groups.

Despite negative media coverage, the issue of trans rights are less divisive than portrayed. Recent YouGov polling shows that 71 % of people in the UK would be broadly supportive if a child, sibling or family member came out transgender or non-binary.

There is more support than opposition to gender self-identification and rights to use chosen bathrooms and enter CIS gendered spaces such as women's support groups or emergency accommodation.

However, there is also evidence of differences in opinion between public attitudes and trans peoples' personal experiences. Recent research on the experiences of trans people in applying for jobs and in the workplace shows common instances of discrimination, bullying and exclusion.

These changes in public opinion will impact how charities target and deliver services in a way that is inclusive of diverse experiences and needs, both within the communities they work with or their own workforce and volunteers.

Active Prospects has been involved in a number of projects which consider areas such as welfare, health and rights-based advocacy and we need to consider further how we build on existing levels of public support to mobilise supporters, resources, and partnerships to further influence public and political opinion and push for legal and policy changes for the benefit of our people.

Active Prospects is also involved in a number of research projects with academic bodies aimed to understand and address health inequalities experienced by people with learning disabilities.



The future of volunteering and participation

Recent changes to volunteering may continue to affect organisations and volunteers. During the pandemic, levels of formal volunteering (through an organisation such as a charity) declined.

According to the Community Life Survey covering the year 2020/21, those over 16 years old who volunteered at least once a month for a formal organisation fell to 17% from 23% in 2019/20, and those who volunteered at least once a year decreased to 30% from 37%.

The biggest decline in volunteering was for older people and Disabled people, whereas a higher proportion of younger people volunteered for the first time.

These changes could have an impact on the diversity of volunteering over time and volunteer-involving organisations will need to consider how they create and manage opportunities that are inclusive and accessible.

Volunteering is increasingly conducted remotely through activities like befriending and social media, but this depends on - and can exclude those without - digital devices, skills, and confidence, broadband and data.

A greater proportion of volunteers overall are motivated by a sense of community and willingness to protect neighbours and their community, and organisations may need to consider adapting their offer or developing new opportunities for volunteers to give their time more flexibly.

Active Prospects is revitalising its volunteer plans – with some targeted roles for the charity shop, gardening and allotment projects, and befriending services.

Communities and the role of charities

The pandemic has highlighted the role of charities in communities. Civil society now has the opportunity to advocate for a place-based recovery that helps correct long-term geographic inequalities.

Power to Change, Locality and Cooperatives UK operate the Community Shares Unit to provide funding for community organisations to take over businesses and community assets.

The Community Ownership Fund, announced in March 2020, provides £150m over four years in matching funds of up to £250,000 for community benefit societies, charitable incorporated organisations, community interest companies and not-for-profit companies limited by guarantee to take over at risk-assets.

The future of work

ONS research claimed that, during 2020, 37% of the population had worked from home at some point. Coming out of lockdown, there is some pressure for people working remotely to return to the workplace.

This has established a divide between the right to ask to work remotely versus a push for the right to work remotely.

According to polling from Opinium, 89% of respondents back a fully flexible approach to returning to the office followed by 75% for working three days in the office and two days at home as the next favoured approach.

However, working from home is still not an option for most of the workforce. In 2020, professionals in wealthy suburbs in the south of England were more likely to work from home, while those outside the south of England, younger people, and those from some BAME groups were less likely to do so.

Outside of higher-paid, professional roles, most jobs probably depend on a level of personal interaction that cannot easily be replicated remotely.

In the voluntary sector, this would include many jobs in theatre, food banks, libraries, playgroups and nurseries, and social care, which will continue to be done face to face.

At Active Prospects we have introduced more flexible working for all staff, including being able to choose whether they wish to work more concentrated hours over fewer days for example. The vast majority of our staff because they are client serving which has to be done in a face-to-face interaction will be working in the services.

Health Drivers

Covid-19 may have been described as a ‘great leveller’ initially, but quickly, there were signs that this wasn’t the case – far from it. There is now more and more evidence clearly showing considerable inequalities in how people have been affected by the pandemic and by policy measures taken to address some of the consequences of the pandemic. This is true of health impacts but also of economic, social, and psychological impacts.

Mortality rates for the most deprived areas in England have been approximately double those of less deprived areas. People from Black, Asian, and Minority Ethnic (BAME) backgrounds have been disproportionately affected by Covid-19 and this has sharpened the focus on structural race inequalities that have existed

for a long time. Mortality rates have been significantly higher for men than women, however women have been affected by the disruption caused by Covid-19 in a way that reflects gender inequalities within society, particularly with regards to work and childcare. Lockdown has also seen a rise in domestic violence.

Disabled people make up two thirds of coronavirus deaths. This is not simply because of medical susceptibility, as campaigners highlight the rationing of healthcare, inappropriate use of DNR notices and lack of PPE. A recent review highlighted that people with learning disabilities were up to six times more likely to die from Covid-19 during the first wave of the pandemic. Mortality rates have been the highest for older people, especially for those in care homes.

At Active Prospects addressing the health inequalities that people with learning disability, autism and mental health experience is one of the key areas we wish to highlight and address.

Technical Drivers

Digital transformation in the post-covid world

The covid-19 crisis and resultant lockdowns forced charities to adapt their services and processes rapidly, both on the frontline and in the back office.

As society begins to re-open, organisations are now faced with decisions about which elements of their operations will be continued to be delivered digitally, which services will be used, and how the organisation will develop its digital capacity going forward.

At a strategic level, it is essential that charity leaders are confident knowing what their options are, and how they can maximise the benefits that digital technology can provide their organisation.

The 2021 Charity Digital Skills report found that over two thirds (67%) of charities said that digital was a priority for their organisation, but 58% reported that their board has low digital skills or room for improvement.

This may even be an underestimate, as there is a difference between digital skills required for delivering current operations, and the digital skills for understanding and identifying potential areas of development as technology advances.

Cyber security and the remote working environment

One of the most common changes organisations reported during Covid was an increase in remote working. While initially, lockdowns forced this as a necessity, it has opened huge opportunities for the sector and for people we support.

Remote working can substantially reduce the cost of transport for organisations and their people, reduce the need for expensive physical space, and support equality and diversity goals by making life easier and significantly less expensive for disabled people or those with care responsibilities.

This increase in remote working creates serious cyber security risks. Workplace information technology (IT) often makes use of physical security features, such as locating computers and servers in locked rooms. There are also technical solutions, such as firewalls and blacklisted IP addresses.

When staff are at home and using their home networks, these layers of protection are no longer as easy to ensure. Staff and volunteers may also be using their own personal devices for work.

This means that there is a greater risk of sensitive data being transferred into insecure environments or shared devices. There is some evidence that over the last year there was a substantial increase in phishing attacks - suggesting that criminals are already exploiting these risks. Organisations will need to make sure that their cybersecurity measures are robust, and that staff and volunteers are appropriately trained to undertake remote working safely. This may include implementing new measures like:

- two-factor authentication
- providing new devices
- offering additional IT support and guidance
- thinking about their backup processes
- or changing service providers.

Active Prospects achieved Cyber Essentials last year and complied with the NHS Data Toolkit.

Potential for reforms to data protection

The General Data Protection Regulation (GDPR) continues to be a major challenge for many organisations, with some small organisations adopting very – and sometimes excessively – cautious approaches to data management out of fear of the substantial fines that mistakes can cause.

Following Brexit, the UK government has announced its intent to move away from the European Union regulation, promising to limit ‘box-ticking’ by moving away from cookie popups and consent requests.

Consent requests have been a particular challenge for organisations that need to share client data – which includes anything from social services organisations working with vulnerable clients, to services who require the data to conduct impact evaluations.

The recent DCMS consultation *Data: A new direction* highlighted the risk of excessive regulation leading organisations to miss the full benefits of data and expressed concerns about the unnecessary burden on organisations.

It is likely that any changes will be some time in the making. Crucially, any reforms will need to be deemed adequate by international data protection regimes, including the European Union, or data transfers between the UK and other countries could be prevented.

So, while it is possible that the proposals could make the data regulations less onerous, voluntary organisations should not expect too fundamental a change.

5G wireless technology expanding access to artificial intelligence and machine learning

5G, the new generation of wireless technology, has been rolled out by the major mobile networks across the UK, and 5G-enabled devices are readily available.

5G is up to 100 times faster than 4G and means that thousands of devices will be able to connect at once in small geographic areas.

This has enormous positive implications for industries that rely on the transfer of large amounts of data: for instance, the use of live video feeds for autonomous machinery.

5G is expected to make the use of technologies like artificial intelligence (AI) and machine learning (ML) much more accessible over the medium and longer-term.

Examples of how voluntary organisations might be able to use these combined technologies include:

- the use of drones to monitor and maintain natural environments
- the use of home-based devices to monitor and help manage health by social care organisations
- or even the use of augmented reality experiences in the arts sector.

While in the short term most voluntary organisations are likely to be restricted more by digital skills capacity than by the quantity of data they can transfer, boards and leadership teams should keep an eye on the rapid increase in availability and accessibility of these tools and consider how their organisation might make use of them.

This will require considering both the huge potential benefits, but also the challenges around understanding data, identifying unreliable data or weak analyses, and using data in a scientific way.

Volunteer passports back on the agenda

Concerns about digital skills capacity have led to a renewed interest in the idea of the ‘digital civic passport’.

Last year, then-Bank of England chief economist Andy Haldane wrote that there were ‘digital skills surpluses’ in some sectors such as IT and professional services, but a huge deficit in the voluntary sector.

He argued that there are huge potential gains to be made if volunteers with digital skills can be matched to organisations needing them and suggested that centralised matching services could present a way to both record volunteers with specialist skills as well as make it easier to reward them.

More recently the Department for Culture, Media and Sport issued a study it had commissioned in April 2021 investigating different models of volunteer passports, but it stopped short of independently evaluating existing programmes and did not make recommendations about what approach government should adopt.

NCVO have partnered with Volunteering Matters to explore the role of volunteer passports.

We do not think there is currently enough evidence about how such a scheme might work effectively, and whether it is the most efficient use of limited government resources to support volunteering.

It remains unclear whether government has an appetite to move forward with the scheme.

Social media

For many voluntary organisations, social media is an essential part of their communications, marketing, and fundraising approaches. It provides a means to mobilise support, reach service users, and support operational delivery.

Social media also allows for the creation of online communities which can channel into local activities or online forms of democracy, making it a crucial tool for communities and civic engagement.

However, governments are starting to take the regulation of social media platforms more seriously. There are concerns about how platforms push and curate news to users and how this can spread fake news and malicious content with alarming speed.

This is because platforms typically monetise users' attention through paid advertisements and are incentivised to keep users online as long as possible – which in some cases means showing increasingly extreme content.

In the UK, the upcoming Online Safety Bill is reported to include criminal penalties for those causing 'psychological harm' to others on social media, in an attempt to control abuse and harassment.

There are indications that ending anonymity on social media is under consideration. Similar debates are occurring in the USA, where repeated social media scandals have resulted in growing calls for regulation around third party content.

This has significant implications for campaigners, whistle-blowers, and the public who use anonymous accounts to protect their personal and employment identities, especially those living in regimes where communications are monitored or restricted.

Moreover, there may be implications for organisations using social media functions to target posts to specific audiences or communities.

Given the early stages of these debates, it remains unclear what exactly will happen, but organisations may wish to keep an eye on debates in both the UK and the USA, where many tech giants are headquartered and the debate about social media regulation has been very politicised.

Active Prospects have adapted several of our activities and services to an online offer including the work of the Pro-Active Community, our activity programmes and some of Aspiring Prospects learning support. We have attracted funds for a lead practitioner Assistive Technology Role, and for increasing the number of digital devices for the people we support including Echoes and iPads.

We introduced a new Care System during 2020/21 through Sekoia which gives real time recording of care delivery, more responsive updating of plans and risks, recording behaviours, and driving and tracking of people's aspirations and outcomes. All services will be using Sekoia by the April 2022 and we look at how we use data to understand and support people's health and wellbeing conditions and be more creative at how we can better meet needs and aspirations.

This will join Omni and Cascade as the key management systems for finance, maintenance, and HR.

Digital technology has facilitated a higher level of collaboration in Active Prospects work. For many people attending digital meetings and forums is easier through removing transport and some disability barriers. However equally some people have been unable to participate as digital forms often require physical support to enable some people to engage, which is not always available, and some people simply prefer in person meetings and contact.

At Active Prospects we look to continue to understand our data and impact, to share our learning internally and drive for improvements, as well as provide information for our people and funders on how we are doing and our future actions.

Environmental Drivers

Rise of political and public recognition

The political debate over climate change has shifted from scientific evidence towards what actions to take to limit global warming.

Environmental sustainability and responding to climate change continue to increase as public priorities, matched with growing political support from the government and opposition who have both committed to net zero carbon by 2050, and to achieve the UN Sustainable Development Goals.

Recent polling shows that the public is supportive of action from government, business, industry and energy suppliers to tackle climate change.

Emerging divisions on the environment and climate change relate much more to the level, cost and pace of change and degree of responsibility of different sectors to ensure a fair, inclusive transition towards a green economy.

Charities and civil society will continue to play a major role in influencing the environment and climate debate, whether through the government on issues such as improving wastewater infrastructure or direct action such as marches, sit-ins, and walkouts during the UN Climate Change Summit (COP26) last November.

In the immediate future, COP26 will likely remain as a rallying point for civil society to pressure government to translate pro-environment commitments and perspectives into government policies to meet net-zero targets.

Changing practices during the pandemic – no going back vs pressure to ‘return to normal’

The pandemic has seen massive changes in behaviour resulting in a big, albeit temporary, reduction in emissions and air pollution.

More people are working from home, are more likely to cycle and walk, and have been less likely to fly abroad. Local authorities have introduced car-free streets, pop-up cycle lanes and low-emissions zones.

The end of lockdown restrictions and the return to commuting and international air travel provide a challenge of meeting an estimated 72% cut in transport emissions by 2035 to meet net zero by 2050.

Rising train fares, coupled with increased use of international flights and an announced decrease in domestic aviation taxes in the spending review, send confusing signals.

Responding to climate change will require increased public transport use, which needs to be cheaper and incentivise lower polluting options.

Going forward, charities and civil society will have a role in informing green urban planning design, such as lower emissions zones, car free streets, and public transport to better address inequalities.

This would include more regular, accessible, integrated public transport to underserved communities and more inclusive design and dispensation for disabled people who rely on vehicle transport and/or accessible public transport.

Role of charities and civil society in climate change

As more scrutiny falls on the public and private sectors, the voluntary sector is thinking about how it can advocate for the environment and embed sustainable practices.

Campaigns such as Crack the Crises and the Climate Coalition each involve a diverse range of subsectors beyond environmental ones.

The voluntary sector can hold national and local governments to account on environmental issues such as meeting UN Sustainable Development Goals and 2019 manifesto promises to make sure policy proposals meet net-zero.

Charities and green levelling up

The case continues to grow for a green levelling up. The Institute for Public Policy Research (IPPR) Environmental Justice Commission's final report recommended:

- a localised approach involving green housing
- jobs and retraining informed by citizens assemblies
- local power to take charge of land and buildings
- and free public transport.

Many charities are already practising or thinking about sustainability including practices such as recycling, green office buildings through:

- insulation
- wind and solar generation,
- applications to procurement
- investment and pensions schemes
- and sponsorships and partnerships.

Such behavioural changes will require charities to embed Environmental, Social and Governance (ESG) in identifying and mitigating risks.

This requires access to funding especially for smaller charities, including grant funding that includes an allocation to fund sustainability in projects or one-off expenses such as insulation.



Immediate needs of climate change mitigation

Despite a greater public and political willpower to address climate change, charities will inevitably need to consider the impacts which are already happening.

Gradual coastal erosion and increasingly erratic weather patterns such as nature fires and rainfall and flooding and higher temperatures have caused massive disruption in 2021.

The impact of weather changes falls disproportionately on working-class neighbourhoods which are more likely to be in low-lying areas that are more prone to floods and lack green space during heatwaves.

Higher temperatures are also more likely to affect people in urban areas and those with pre-existing health conditions. Charities will likely see rising service demand due to the impact of weather changes including illness, material loss and displacement from homes.

Any potential solutions that the voluntary sector might advocate for or be involved in, such as flood barriers and drainage, green infrastructure to cool homes and buildings, and green spaces to reduce temperatures, will need to consider how spending and activities can be allocated fairly.

Active Prospects has developed a new Environmental Strategy in 2022 which focuses on the energy efficiency of its buildings and vehicles, green incentives, and responsible purchasing and use. The strategy has clear accountable targets for taking this agenda forward but will need some consideration of investments in making the necessary changes particularly on our home with NHS covenants.

The people we support have also been very active in producing their own priorities for action of themselves and services with an environmental pledges and joint work with local communities.

Legal drivers

Charities bill

One of the key things for charities to look out for in 2022 and further ahead is the number of changes to charity law arising from the charities bill that is currently progressing through parliament.

The changes are based on the recommendations of the Law Commission, which carried out a major review of technical issues in charity law between 2013 and 2017, following on from Lord Hodgson's 2012 review of the Charities Act 2006.

While the changes are generally minor adjustments to the law, collectively they are deregulatory and likely to make complying with the law easier for charities and trustees.

The changes include making it easier for charities to amend their governing documents, simplifying land disposals, and providing more flexibility on permanent endowments (money or property originally intended to be held by the charity forever that has restrictions on how it can be used) and ex gratia payments (where a charity is not legally obliged to make a payment, but may feel there is a moral obligation to do so).

Whilst Active Prospects is not registered with the Charity Commission directly. Some of the legal changes may apply to it, but it is also operating under a more flexible regulatory framework as a Community Benefit Society.

Future legal reforms

The government has signalled it is prepared to introduce significant legal reforms, where it has found its policy agenda being frustrated by the courts.

That might be cause for concern for charities and civil society organisations that rely on our legal framework to protect rights and standards, but it is also making substantive changes.

One area where the government is already making changes is through the judicial review and courts bill, though the bill is less restrictive than had been originally expected when the government initiated the Independent Review of Administrative Law (IRAL) in July 2020, in response to high profile defeats for the government in the courts.

There is however concern over the introduction of remedies which rather than striking down unlawful decisions will allow public bodies more flexibility over how to address, potentially limiting the ability for individuals to properly hold the government to account.

The bill would also restrict the right of judicial review to challenge decisions of the Upper Tribunal, a particular concern for asylum and human rights cases.

Where NGOs and charities have used judicial review to hold the government to account this may cause concerns, but there could also be a knock-on effect for those working in these areas.

This could mean the government might push the boundaries further if there is less chance of a defeat in the courts.

Charities may also be concerned that a longstanding desire by the Conservatives to revisit the Human Rights Act may finally be on the table. Justice secretary Dominic Raab promised to 'overhaul' the Act in a speech at the most recent Conservative Party Conference.

While there are not currently any formal proposals, this looks like it will become a priority for the Ministry of Justice and could well form part of the next Queen's Speech.

Governance

In 2021 the High Court ruled against the official receiver's attempt to disqualify the former trustees and chief executive of Kids Company as directors.

An official receiver manages insolvencies of companies and has a duty to investigate the causes of insolvency, and the need to take enforcement action, including disqualification of directors.

While there was some disagreement within the sector on the scale of the problems within Kids Company and the extent to which the trustees bore responsibility, there is more general agreement that trustees acting in good faith should be given more benefit of the doubt than company directors.

The case should provide some reassurance that there is at the very least a high bar for trustees to be banned as company directors because of their actions as a trustee, with the judge stating:

Incompetent conduct which might merit a finding of unfitness in a director of a commercial company would not necessarily lead to the same conclusion in a different, charitable, context.

To cope with the demands of the pandemic last year, the government encouraged contracting authorities, whether local councils or central government departments, to offer support and flexibility to organisations delivering contracts. This was particularly important for charities delivering public service contracts.

Issues such as ethics, integrity and diversity are central tenants of Active Prospects governance. Recent changes to the Charity Governance Code have provided some recommended outcomes and steps charities can take. Designed to help Trustees ensure high standards of governance, the code has been updated after a consultation involving some 800 charities. The 'refresh' has focused on the principles on 'Integrity' and 'Diversity' (now 'Equality, diversity and inclusion'). The revised code includes the importance of values and power dynamics in decision making, as well as the need for boards to take a systematic approach to inclusion beyond their own composition.

The National Federation of Housing of which Active Prospects is a member has also updated its Governance Code where again Equity Diversity and Inclusion are key components as well as the voice and role of tenants/ people we support to be central in governance matters. Again, we have taken great steps forward in the last five years to build these areas as key pillars of our work and look to strengthen these even more going forward.

Active Prospects has adopted both governance codes.

Key trends in learning disability, autism, mental health and acquired brain injury

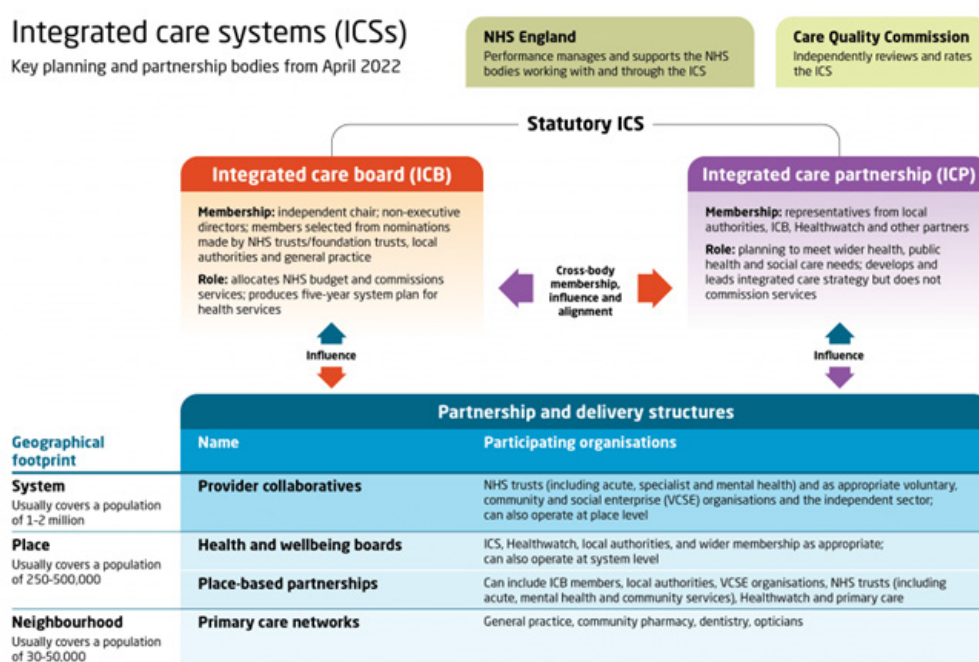


NHS and social care integration

Integrated care systems (ICSs) are geographically based partnerships that bring together providers and commissioners of NHS services with local authorities and other local partners to plan, co-ordinate and commission health and care services. They are part of a fundamental shift in the way the health and care system are organised – away from competition and organisational autonomy and towards collaboration, with health and care organisations working together to integrate services and improve population health. ICSs have been developing for several years – the Health and Care Bill plans to put them on a statutory footing from July 2022.

This diagram and accompanying narrative are based on the provisions in the Bill as currently drafted (which may be amended as it passes through Parliament).

Integrated care systems (ICSs): key planning and partnership bodies from July 2022 (was April 2022)



The diagram uses the framework of system, place, and neighbourhood to explain how organisations will contribute to system working at these different levels. Many organisations will work across more than one level, while there will be variation in ways of working between ICSs given their different sizes and how they have developed. This flexibility is an important feature of ensuring ICSs can work effectively to meet local needs.

Active Prospects seeks to work at all parts of the system.

Integrated care systems

The statutory ICS will be made up of two key bodies – an integrated care board (ICB) and integrated care partnership (ICP).

Integrated care boards

Integrated care board (ICBs) will take on the NHS planning functions previously held by clinical commissioning groups (CCGs) and are likely to absorb some planning roles from NHS England. ICBs will have their own leadership teams, which will include a chair and chief executive, and will also include members from NHS trusts/foundation trusts, local authorities, and general practice, selected from nominations made by each set of organisations. In consultation with local partners, the ICB will produce a five-year plan (updated annually) for how NHS services will be delivered to meet local needs. In developing this plan and carrying out their work, the ICB must have regard to their partner ICP's integrated care strategy and be informed by the joint health and wellbeing strategies published by the health and wellbeing boards in their area. Additionally, each ICB must outline how it will ensure public involvement and consultation.

ICBs will also contract with providers to deliver NHS services and will be able to delegate some funding to place level to support joint planning of some NHS and council-led services.

Integrated care partnerships

Integrated care partnerships (ICPs) will operate as a statutory committee, bringing together the NHS and local authorities as equal partners to focus more widely on health, public health, and social care. ICPs will include representatives from the ICB, the local authorities within their area and other partners such as NHS providers, public health, social care, housing services, and voluntary, community and social enterprise (VCSE) organisations. They will be responsible for developing an integrated care strategy, which sets out how the wider health needs of the local population will be met. This should be informed by any relevant joint strategic needs assessments (see below). In developing its integrated care strategy, the ICP must involve the local Healthwatch, the VCSE sector, and people and communities living in the area. ICPs will not directly commission services.

Partnership and delivery structures

A number of partnership and delivery structures will operate within an ICS at system, place, and neighbourhood level.

Active Prospects is playing a key role as part of the Surrey VSCE Alliance in helping shape how the sector will be represented on these new bodies and its priorities of the next 3 years.

NHS providers will work together at scale through provider collaboratives, new partnerships operating across ICSs to improve services. Provider collaboratives, which may involve voluntary and independent sector providers where appropriate, are expected to be operating across England by April 2022 and will agree delivery objectives with partner ICSs.

Health and wellbeing boards (HWBs) are formal committees of local authorities that bring together a range of local health and care partners to promote integration. They are responsible for producing a joint strategic needs assessment and a joint health and wellbeing strategy for their local population.

Place-based partnerships operate on a smaller footprint within an ICS, often that of a local authority. They are where much of the heavy lifting of integration will take place through multi-agency partnerships involving the NHS, local authorities, the VCSE sector and local communities themselves.

Primary care networks (PCNs) bring together general practice and other primary care services, such as community pharmacy, to work at scale and provide a wider range of services at neighbourhood level.

National bodies

The NHS organisations within ICSs, including ICBs, NHS trusts and foundation trusts, will be accountable to NHS England for their operational and financial performance. The Care Quality Commission (CQC) will independently review and rate the quality of partnership working within ICSs, alongside its existing responsibilities for regulating and inspecting health and care services.

Integration White Paper published February 2022 – the long-awaited, and overdue, accompaniment to the Adult Social Care White Paper and Health and Care Bill. As analysed by the National Care Forum, the overarching goal is to better integrate health and social care, although, unfortunately, the paper would appear to have conflated Local Authorities with social care and other local partners. It is completely focused on making NHS and LAs work better together. As such, this is a very dense, jargon heavy white paper that is full of various policy proposals and aspirations. The paper is focused on structures, frameworks and organisations. The Integrated Care Systems (ICS), which now go live in July 2022, are the lynchpin of this white paper, with the 'Place' level being the focus of integration. We note the absence of detail on engaging at system-level. We will have a set of resources explaining the structure of ICSs and how to engage with them in due course, in the meantime see The King's Fund for more detail on the ICS structures.

The NCF initial overall observations from this white paper

- There are policies we welcome in this white paper, but the detail is still missing – we are left with more questions and indeed it is telling that most sections are accompanied with questions for an upcoming consultation on this white paper.
- The potential of adult social care providers as key strategic partners in integration has been completely overlooked. Instead, the white paper conflates LAs with adult social care. There is also no recognition of the contribution of wider VCSE alliances. It doesn't address how systems avoid ICSs being dominated by the NHS
- The lynchpin of the entire reform agenda has been placed on Integrated Care Systems – there seems to be a lot for them to do very quickly.
- When it comes to leadership and accountability, the definition of 'clear accountability' is anything but. The place-based partnership board model suggested in chapter 3 looks rather like a CCG with LA involvement – and it is not clear how this fits with an Integrated Care Board (ICB) at the top of the system? It is also not clear how a 'single accountable person' at place level who has powers delegated from the ICB and LA will be able to navigate such a potentially tricky, highly political role
- Integration appears to be a substitute for adequate funding for the health and care system
- The section looking at pooling NHS and LA budgets is very limited and doesn't suggest anything concrete or mandatory
- There are welcome statements about the need to join-up health and social care workforce training and development, but there is still no dedicated information or firm requirement for a joint workforce plan for social care & health. It also focuses too much on 'Place' when this is a nationwide issue, and will certainly be a system wide issue?
- There is a big focus on data and digital which is welcome, but the timescales are very ambitious with relatively little resource to implement. The government aims to have a shared care records in place for everyone by 2024. Only 40% of social care providers have fully digitised records and there is no detailed plan to bridge that gap.

Learning Disability

There are 1.5 million people with a learning disability in the UK.

People with a learning disability are far less likely to have a job than the general population.

6 % of adults with a learning disability known to their local authority in England are in paid work (NHS Digital 2018).

17 % of all adults with a learning disability in England are in paid work (Emerson and Hatton 2008).

People with a learning disability have fewer chances to take part in leisure activities or socialise with their peers, and so may have fewer friends.

In a survey by Sense, over half of disabled people reported feeling lonely, rising to over three quarters (77 %) for those aged 18-34 (Sense 2017). Loneliness is associated with physical and mental health problems and poorer quality of life.

People with profound and multiple learning disabilities (PMLD) have smaller social networks, which consist mainly of family members. The friendship needs of people with profound and multiple learning disabilities (PMLD) are often ignored, perhaps due to their communication difficulties.

Over 1 million adults with a learning disability and/or autism in England accessed long-term or short-term social care support in England in 2017/18. Of the £5.5 billion that the government spent on support for adults with a learning disability in 2017/18, around 12 % was in the form of direct payments (NHS Digital, 2018).

People with a learning disability have worse physical and mental health than people without a learning disability. On average the life expectancy of a woman with learning disabilities is 18 years shorter than woman in the general population and the life expectancy for men with a learning disability is 14 years shorter than a man in the general population. Covid-19 has compounded these health inequalities with people with learning disabilities 4.1 times more likely to die from Covid-19 than the general population.

Relationships are very important to people with a learning disability. However, there are various barriers to people with a learning disability having the relationships they want.

Although some people with a learning disability may not be able to consent to having sex or a relationship, this is the minority. Generally, if they are given sufficient social support and accessible sex and relationships education, many people with a learning disability can engage in safe, healthy, and happy personal and sexual relationships.



Key developments within the NHS

10-year plan for people with learning disability and/or autism:

Health checks in primary care will be improved in both uptake and nature, with the aim of reaching 75% of people aged 14+ with a learning disability annually.

As outlined earlier in the Strategy Covid-19 has had a major impact on people with learning disabilities with people dying from the virus at a rate sixfold to the general population. This sits beside other significant health inequalities.

For the first time, autism-specific health checks will be trailed and then extended

People with learning disabilities and autism are more likely to be prescribed psychotropic medication inappropriately, so initiatives such as Supporting Treatment and Appropriate Medication in Paediatrics (STOMP-STAMP) will be supported.

Learning Disabilities Mortality Review Programme (LeDeR) will continue, with the aim of improving the lives of people with learning disabilities nationally.

Improve understanding of learning disabilities and autism within the NHS

NHS staff will receive training about how to best support people with learning disabilities and autism, with integrated care systems (ICSs) being expected to ensure all local healthcare providers are making reasonable adjustments.

Over the next five years, national learning disability improvement standards will apply to every NHS-funded service to promote greater consistency. Rights, the workforce, specialist care, and working more effectively with people and their families are illuminated as key themes.

Reduce waiting times for specialist services

The long waiting times for diagnostic assessments for children and young people suspected as being autistic is highlighted. Indeed, the next three years will see autism being included alongside mental health services to achieve timely assessments.

Increase investment in community support: reducing inpatient admissions

Care in the community should become more personalised and closer to home, with fewer people being subjected to preventable inpatient admissions. By March 2023/24, inpatient provision will have reduced to less than half of 2015 levels (on a like for like basis and considering population growth).

Every local health system will be expected to have a seven-day specialist multidisciplinary service and crisis care, and specialist community teams for children and young people will continue to be developed to limit institutional care.

Improve quality of inpatient care across NHS and independent sector

By 2023/24, all care commissioned by the NHS will need to meet the Learning Disability Improvement Standard, with a particular focus upon seclusion, long-term segregation, and restraint. Both the numbers of people in inpatient facilities as well as the length of admission will be closely monitored, with the aim of reducing inpatient admissions and supporting earlier transfers into the community.

DHSC new autism strategy

A new five-year strategy was launched in 2021 that will aim to improve the care for people and children with autism has been launched today by the Department of Health and Social Care. The strategy focuses on how to support the educational and employment needs of those with autism, and to improve understanding and acceptance within society.

The strategy has been formed through engagement activities with autism charities and was developed after the government issued a call for evidence in 2019. Although the strategy will run for five years, the commitments in the report only go up to 2022, because there is a government spending review in the Autumn.

The strategy will be supported by £74.88m in funding in year one, and has six key targets:

- Improve understanding and acceptance of autism within society: Developing and testing an initiative to improve the public's understanding of autistic people – both the strengths and positives as well as the challenges, working with autistic people, their families, and the voluntary sector.
- Strengthen access to education and support positive transitions into adulthood: Testing and expanding a school-based identification programme based on a pilot in Bradford from 10 to over 100 schools over the next three years. Early findings from the pilot show children are being identified earlier and getting support quicker.
- Support more autistic people into employment: Improving the accessibility of job centres for autistic people, to get them the right help to find jobs or employment programmes.
- Tackle health and care inequalities: Providing £13 million of funding to reduce diagnosis waiting times and increase availability of post-diagnostic support for children and adults, and address backlogs of people waiting made worse by the COVID-19 pandemic.
- Build the right support in the community and supporting people in inpatient care: Providing £40 million as part of the NHS Long Term Plan to improve community support and prevent avoidable admissions of autistic people and those with a learning disability, and £18.5 million to prevent crises and improve the quality of inpatient mental health settings.
- Improve support within the criminal and youth justice systems: Reviewing findings from the Call for Evidence on neurodiversity, and developing a toolkit to educate frontline staff about this, and the additional support people might need

The strategy will align with the National Disability Strategy and the Special Educational Needs and Disability (SEND).

In the first year improving the public's perception of autism is a key target and the government has committed to three actions to make people with autism feel less lonely and less isolated:

Develop and test a public understanding and acceptance initiative.

Continue to promote disability equality training package for transport operators.

Resume the 'it's everyone's journey' campaign to create a more inclusive and supportive public transport environment.

Active Prospects have been involved in new Autism Strategies in Surrey and is represented on the partnership board. Increasing the people we support with complex needs may have an autism diagnosis as opposed to a learning disabilities diagnosis.

Mental health

One-in-four adults and one-in-ten children experience mental illness during their lifetime, and many more of us know and care for people who do.

Improved mental health and wellbeing is associated with a range of better outcomes for people of all ages and backgrounds.

These include improved physical health and life expectancy- better educational achievement- increased skills- reduced health risk behaviours such as smoking and alcohol misuse- reduced risk of mental health problems and suicide- improved employment rates and productivity- reduced anti-social behaviour and criminality- higher levels of social interaction and participation.

Again Covid-19 has had a huge impact of the mental health and wellbeing of people with there being a huge latent build-up of demand from living through the pandemic, lack of access to services, loneliness and a wide range of health and societal pressures and trigger points.

The NHS in England planned to spend £13 billion on mental health services in 2019/20 - 14 % of local NHS funding allocations.

Waiting times for NHS psychological therapy (IAPT) vary from 4 days to 61 days in different parts of England. Two-thirds of people experience improvement after IAPT, but this varies in different parts of England and between social groups.

Employers have a duty of care to their staff to support their mental wellbeing and to make reasonable adjustments, with requirements to ensure there are trained staff to spot and help signpost where people are having difficulties.

Key developments in the NHS long term plan for people with poor mental health need personalisation, prevention, and social prescribing.

As these networks and teams grow and become established nationwide, it is essential that the opportunity is grasped to embed mental health support within them and ensure that they meet the needs of people with mental health difficulties, particularly those also living with physical health problems.

Self-management - the NHS' role is conceived as being not just to treat illness but to support people to live healthily, with a particular focus on helping people with long-term conditions to self-manage and preventing emerging problems from worsening.

Prevention - the plan makes several significant new proposals under the heading of 'prevention'. These include the provision of smoking cessation support for new mothers and their partners and "a new universal smoking cessation offer for long-term users of specialist mental health, and in learning disability services".

Alcohol Care Teams - the plan proposes to expand the provision of Alcohol Care Teams in hospitals with high levels of alcohol dependence admissions. These teams will need to establish effective links with mental health services and with local authority alcohol treatment services if they are to meet people's needs effectively and bridge the gap that leaves too many people with inadequate help.

Health checks - the plan seeks to build on progress made through the Five-Year Forward view for Mental Health in offering physical health checks to people using mental health services by expanding this further. It pledges to invest in specialist mental health provision for people who are rough sleeping. And it proposes to expand specialist clinics for people with serious gambling problems.

Acquired brain injury

The brain, along with the spinal cord and network of nerves, controls the information flow throughout the body, voluntary actions such as walking, reading, and talking, and involuntary reactions such as breathing and digestion. It is vulnerable to injury and acquired brain injury can be caused by a whole variety of different means.

The major causes of head injury are road traffic accidents, falls and accidents at home or at work. In more recent years, assaults are increasingly a cause of head injury. However, it happens, the symptoms are caused because a part of the brain has either been damaged or destroyed.

Each year, around 1.4 million people attend hospital A&E in the UK following head injury.

Of those, only around 135,000 people will be admitted due to the severity of their injury. As many as 75 per cent of mild brain injuries go unreported and they are not assessed by medical professionals.

The brain is divided into several different sections each with several different functions. The combination of symptoms which a person with a brain injury experience therefore depends upon the part of the brain that has been damaged. People with a brain injury have damaged different parts of the brain and that is why each one's condition is unique.

Key developments within the NHS 10-year plan for people with an acquired brain injury:

To build capacity and capability within primary care to support care planning, self- management, and independence for people with long term neurological conditions, especially those with complex care needs.

To demonstrate different ways of organising and delivering care and to support new care models, for example, by harnessing new opportunities offered by technology.

To exemplify how investment in well-coordinated community services can reduce pressures on the acute healthcare system by admission avoidance and through reduced lengths-of-stay, delivering better outcomes for patients and value for money for the NHS.

Active Prospects' strengths, weaknesses, opportunities, and threats analysis



Strengths

The Pro-Active Community and sector leading coproduction. Sector leading on delivering new community- based Transforming Care services. Regional sector leader in Positive Behaviour Support. Good financial track record. We have secured investment finance with strong lender partnerships. Our values are real and embedded. We are ambitious, forward looking and make things happen. We are innovative and expert. We deliver truly person-centred approaches. Our staff are truly compassionate and caring. Our commissioners really value us, and we have preferred provider status. Our training offer is good. We have good career pathways – 80 % of our managers are internally grown. We have strong CQC quality ratings. We have a desire to keep improving. We are open, transparent, and honest. We have developed robust impact tools. We have been extending our wider offer for people. Aspiring Prospects gaining a strong reputation. We value our staff. We are award winning and nationally recognised for some of our work. Outstanding rating by Best Companies. Have invested in some key additional roles in all areas over last 12 months (digital/assistive technology/specialist support). We are a diverse organisation committed to delivering EDI outcomes. Salaries above Real Living Wage and terms better significantly better than statutory levels.

Weaknesses

We need to continue to invest more in IT infrastructure and training. Our staff turnover is too high (especially in the first year), it is a waste of resources, investment and impact on people. Some of our systems are bureaucratic, outdated, and slow to change. Sometimes our task finish and complete is under delivered. Messages on positive impact to all on growth and investment benefits is not always well explained and understood in all parts of our organisation. There is stretch and exhaustion in teams – reflecting the impact of funding cuts over many years and two years of managing Covid-19. Communication cascading up, down and across in some areas could be improved. Miss in-person meeting energy and dynamics. Project management skills need further improvement.

Opportunities

To become well known across the Southeast and nationally. To become more environmentally sustainable. To form more and wider partnerships with commissioners and other aligned organisations. To keep enhancing our training and development offer. To extend our geographical footprint further across London and the Southeast. To invest more in systems to enhance our offer. That assistive technology and communication tools are increasingly used. To enhance our digital approaches. To keep developing existing and more new homes. To help more people leave hospitals or institutions. To develop more opportunities for learning and development for our people. To improve our communication and influence key policy externally. To enhance resources and approaches for our people with Profound and Multiple Learning Disabilities. To develop more refined health approaches for people. To deliver our wellbeing strategy for staff and people we support. To increase our levels of fundraising. To utilise the Intranet and extend visibility of key information. To develop more Acquired Brain Injury and short breaks/step-up/down services. To sell our training. To collaborate more both formally and informally.

Threats

To ensure salaries remain competitive when social care funding is not increasing at the same rate and no new substantial money coming into the sector in the next 3 years. Cost of Living Crisis. We have had to slow new developments due to workforce capacity pressures. We have an ageing profile of people in our residential services, and with commissioners less likely to place in residential services we may have increasing voids. The continued low funding of social care and dependency on public funding. There are potential risks on our reputation supporting more people with complex needs. There is a widening role of specialists NHS providers and lead commissioning roles. Cyber security threats. There are limited resources to support growth and stretch on teams. Staff resilience and wellbeing extremely tested after a year managing Covid-19. We are still very reliant on some key funders. Impact of Covid-19 on risk to life and public funds has been extraordinary. Government Policy makers are looking at Housing Benefit exempt rents again.

Objective	RAG Priority	Comments
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Critical Success Factors

To remain financially and operationally robust through a highly challenging funding and workforce position for social care and a cost-of-living crisis, so that we can deliver our purpose and support our people and staff. (Lead EMT)		<p>Like most organisations in Social Care, over the next three years our focus is remaining in operation and doing the best we can for our people and staff. It is going to be extremely challenging.</p> <p>Any funding increases or grants will be focused on front-line staff salaries, and we need to be to negotiate very carefully on what we can deliver commissioned services which do not compromise people's quality of life and safety, or which do not support salary levels.</p> <p>We need to support the financial resilience of our staff and people we support through the cost-of-living crisis through a range of support initiatives. We are also campaigning for a fair deal for care staff.</p>
To deliver a bold PR and Influencing Plan with strategic goals and delivery objectives, focused on 'It's time to Care about Care' campaign, health inequalities, people's co-production voices, people leaving secure hospitals and addressing inequalities. (Lead CEO/DBD)		<p>We are increasing our voice on key issues, as unless there is fundamental change the current position is unsustainable.</p> <p>Contributing to local and national conversations and campaigns on the future of social care, sustainable funding, and rewards for social care staff.</p> <p>We will review our external PR retainer to ensure we're receiving the best possible value for money.</p>
To support the health and wellbeing of our staff and people, and minimise the negative impact of Covid-19 (Lead CEO/DC)		<p>The Wellbeing Committee for both staff and people meets monthly with a range of enhanced resources available and joint dialogue and initiatives</p> <p>Clear Covid-19 Plan on-going.</p> <p>We have adhered to all government guidelines which are in place within all our services as well head office. It's an ever-moving environment with daily/weekly updates of guidelines from the relevant authorities which we ensure we are compliant with. However, there are conversations about what the long-term future of infection control may look like as we move through post pandemic stages.</p>
To enable people to lead aspiring lives with 95% achieving positive outcomes in the areas that		<p>Wellbeing outcomes launched – Wellbeing services first to pilot and fully embed. Training program now developed ready for roll out. Needs a sense check to ensure it is sufficiently aspirational across a range of outcome areas.</p> <p>Director of Care to undertake a fundamental review of our model of care in 2022</p>

Objective	RAG Priority	Comments
matter to them evaluated every 6 months. (Lead DC)		Need to consider how Sekoia will capture real time data on outcomes.
To support an additional 20 people with homes, care and/or employment opportunities each year. (Lead DPS/DBD)		We have slowed our new developments – but there is a smaller pipeline and Aspiring Prospects is growing. We still wish to be seen as an organisation that is addressing unmet needs and working with our people and strategic commissioners to deliver this.
To continue to have all our services rated by CQC as good or outstanding (with a third rated as outstanding in domains) and achieve two overall outstanding ratings by December 2023. (Lead DC)		Continue to be rated all good. We've had recent Covid compliance inspections which have been fully compliant. CQC changed way of inspecting in August 21 for more desk top reporting at present we are low risk from inspection. However, this does prevent from getting 'outstanding'. Head of Quality leading on compliance. Need to progress new supported living registration hubs. There is a narrative in the provider sector that inspections have become tougher – so there is greater risk of a poor rating – which can be highly damaging to the organisation.
To Maintain a Best Companies Employer Award for sector leading staff engagement and development by March 2023 and deliver significantly better than average retention levels (Lead DPR)		Organisational Employee Survey conducted in March 2021. We have been recognised as one of the Best 30 Charities to Work for in the UK, placed #21, and one of the Best 100 Companies to work for in the Southeast (placed #53), in the annual Best Companies listings. Our rating was an 'outstanding' level. There is an action plan in place, that needs to be fully progressed. We will look at doing a further survey in March 2023 and may consider Great places to Work accreditation.
To further increase our diversification of care income by 15% by March 2024, becoming a provider of choice for 3 more local authority areas. (Lead CEO/DBD)		We have revised this target as we balance our capacity over what looks like a very challenging funding period for Social Care next three years. However, we are still overdependent on Surrey which is a risk.
To continue to support the Pro-Active Community to flourish , establishing user-led Networks in partnership in 3 further areas by December 2023. (Lead DC)		Pro-Active Community continues to consolidate some good work locally, but we need to consider the leadership. Will need to refresh approach and detailed plans To focus on West Sussex and Brighton and Hove for growth.

Objective	RAG Priority	Comments
To significantly enhance our IT infrastructure and digital strategy and offer across all areas to support our objectives and people aspirations. (Lead DF/EMT)		Cyber Essentials achieved and GDPR NHS Toolkit. Cyber Essentials expires annually and is in process to be renewed for April 2023, GDPR Toolkit also needs to be updated annually and this need to be achieved by June 2023 Have secured significant resources to enhance people digital inclusion. Sekoia being rolled out. Need to consider further roll out of assistive technology and digital skills.
To be an ethical organisation: championing equity, diversity, and inclusion; improving our sustainability to become carbon neutral by 2050 and upholding the highest standards of corporate governance. (Lead EMT)		EDI strategy launched in January 2021. We've set up an internal EDI Forum and we are members of the Surrey EDI group. Monthly EDI events planned for all staff which are interactive. EDI training has been made mandatory and has been delivered to all staff (2021). We have now bought the training in-house and it forms part of our induction training for all new starters. There will be a requirement that the EDI training will need to be refreshed every 2 years. Bite-size EDI training on the protected characteristics is currently being developed. EDI work both internally and externally is being taken forward. Our Co-production work is key to empowering local voices. Environmental Strategy developed March 2022 Continue to seek paid employment and supported volunteering opportunities for people we support (we currently employ 7 people we support in paid roles, at Head Office and Re.Work.It)

Objective	RAG Priority	Comments
Caring through the Covid-19 Pandemic		
To minimise the impact on our staff and keep them safe and well. (Lead DC/DP)		We have adhered to all government guidelines which are in place within all our services as well head office to keep our staff safe. It's an ever-moving environment with daily/weekly updates of guidelines from the relevant authorities which we ensure we are compliant with. Need to look at how ongoing infection control practice fits in with personalised accessible service delivery and engagement with people. Will need to campaign is very standardised approach to guidance and regulation.
To ensure our service delivery models are adaptive and flexible, balancing remote and digital service offers and in person interactions shaped by our people. (Lead DC)		Coproduction strategy being agreed February 2022. Increase levels of in-person engagement as this works better for a large numbers of people, particularly in networking and coming together
To consider the impact on our finances and grant availability, with swift forecasting to understand challenges to our income and costs supporting swift decision making. (Lead DF)		Monitor costs and income and influence local and national grant programmes, as they move to more generic sector and workforce support. We have a tracker showing all income in and how these are offset to the P&L which is updated monthly as part of the month end process.
To advocate for sustainable funding arrangements with Commissioners. (Lead CEO/DC)		Social care funding is under extensive pressure so need to ongoing support is needed until a more sustainable funding model is achieved. Will need to tough decisions where we feel quality is compromised or resources make unsustainable.
To support effective communication and engagement throughout the organisation, with our people and with our partners. (Lead CEO/DC/DBD)		Regular communications to staff, families and partners: <ul style="list-style-type: none"> • Monthly Active People newsletter for people we support • Monthly Aspire newsletter for staff • Quarterly Active Partners newsletter for partner organisations • Monthly e-newsletter for families/friends - • Regular updates from Director of Care especially any impact on staffing levels • Monthly Team Brief for staff - weekly communications when high covid levels <p>Will undertake an internal communications review to consider what is working well, what can be better and what needs to change. To be undertaken Spring 2022.</p>

Objective	RAG Priority	Comments
To support peoples' and staffs' resilience and wellbeing now and on a long-term basis.		Key managers trained in being Mental Health First Aiders to support our staff and their wellbeing. In the process of setting up a MHFA forum for members to share experiences and knowledge. EAP is being utilised by about 10% of our staff. Wellbeing strategy launched this year and a Wellbeing Committee set up and meeting monthly to drive various initiatives forward in the business.
To consider opportunities for collaborations and joint work with other organisations, as the sector and communities are challenged. (Lead CEO)		To be aware of opportunities. We have framework in place to assess. We are doing more work with Transform Housing Association. More collaboration with Surrey charities i.e., EDI work, VSCE Alliance

Objective	RAG Priority	Comments
Caring together with our people		
To support accredited experts by experience training and initiatives in terms of new policy, New Models of Care which includes both People We Support, families and carers, with a clear offer in place by September 2022(Lead DC)		Quality Checkers restarted August 2021 Experts by experience program in place for Surrey Peoples Group Director of Care to undertake a comprehensive piece of work with people and staff looking at service offer and outcomes and how people shape their care and priorities for Active Prospects. Ensure strapline of people leading aspiring lives culture within services. Lead Surrey Systems Voices work – updated plan and targets required from April 2022 with refreshed approach
To develop a support network and platform for families and carers by December 2022 (Lead DC)		A complete refresh of family engagement required.
To support digital inclusion through digital champions programme and fundraising for free digital devices (Lead DC/ DBD/DF)		Grants secured for over 50 tablets for people we support. Training and support provided for each person where required. Assistive Technology Lead responsible for championing digital inclusion and managing digital champion programme. Need a refresh on where we are, who is Leading, impact, and future strategy – Need to ensure IT manager is involved in programme. New Care Systems Role for 2022
To further support establishing the Surrey People's Groups as the key people's voice, facilitating it to make an impact on people's lives and opportunities locally, with strategic engagement with statutory and political structures, including more digitally through the pandemic (Lead DC)		Beginning to shape, slow to start but now part of an annual program of strategic influence. Completed LeDeR review Opportunity for a refresh and updated strategy in 2022 with revision in Care and Support Management structure.
To link with Kent and Brighton and Hove coproduction bodies to establish a network in the region by December 2023 (Lead CEO/DC)		Need to look at leadership resource in this area as part of Care and Support Management restructure.

Objective	RAG Priority	Comments
To revisit Act Now: Our Planet environmental standards for people and providers and future approach(Lead DC and DPS)		Need to look at leadership resource in this area as part of Care and Support Management restructure. Link with the Environmental Strategy and Environmental Champions.
To continue to run Makaton sessions fortnightly for members and their staff from April 2022 (Lead DC)		Part of the Active Living programme Application for Makaton friendly certification
To enable a wide range of activities both in people's homes (increased due to the impact of Covid-19) digitally and those that people can do safely in their homes and communities (Lead DC)		Active Living Programme now diverse and offering of face to face and digital month at a time with key themes and challenges. Look at funding and objectives with updated strategy by September 2022 and whether to offer externally. Explore social enterprise status and paid employment for people who use service.
To increase paid roles for people as staff, quality checkers and experts by experience, with 15 members being paid by September 2023 (Lead DC/DBD)		Quality Checkers price list for paid work Oct 21 7 paid roles in organisation currently
To deliver training to members of the Proactive Community in health and safety, safeguarding, being safe from harm and IT ongoing (Lead DC and DPR)		All training delivered in house on a regular basis. KPI's met and reported to Board quarterly.
To support further system wide initiatives that aim to address health inequalities, including research, peer-led workshops, and best practice recommendations, training, and service provision guides (Lead DC/DBD)		PAC and SPG involved in several peer- led programs and training – peer health champions, NHS Obesity, primary care accessibility etc. Establish further links with National Government and NHS England and Public Health England.
To support financial inclusion and welfare benefits access through a range of workshop and peer-led sessions (Lead DPS)		Structure and resource in Housing services and needs some further planning and targeted programmes particularly with cost-of-living crisis. Need to consider the development of expertise and also links with advice agencies Expertise currently not in team, but we could link up with someone like CAB to provide workshops.
To support the effective governance of the Pro-Active Community as a separate charity and delivery of the service level agreement (Lead DC)		Membership structure and engagement needs more consideration and planning

Objective	RAG Priority	Comments
To further develop our accessible communication skills, approaches and tools with an annual plan updated every September (Lead DC/DBD)		New role started in October 2021 Innovation Lead with a PBS angle and digital support. Needs a programme of objectives and targeted measures. Increase our capacity to produce easy read information – either by training people in-house or procuring external expertise.
To further develop coproduction competencies across staff groups to enhance the foundation best practice and culture from April 2022 (Lead DC)		Co-production policy finalised, workshop for Senior team held in Oct 21 To ensure engagement and enabling across all services and all parts of the organisation
New care management structure to support the best outcomes for people and active engagement with local services, reviewed annually to consider most effective approach (Lead DC)		Clarify role responsibilities through the management structure to ensure added value in each area with creation of the Head of Care role, and new areas such as Brighton in 2023
To review and update our 'Journey to Outstanding' together with people we support by June 2022 (Lead DC)		Director of Care and Head of Quality to support clear quality and model of care improvement plan
To produce a new Quality Assurance Framework and approach by April 2022 (Lead DC)		New KPI framework recently produced. Head of Quality is currently renewing overall framework. Bi-monthly strategic internal meetings for senior team in care and support. Merge Quality with Safeguarding Committee
Revisit outcomes approach to ensure best captures aspirations for full, aspiring, and healthy lives by September 2022 (Lead DC)		Need to ensure 'aspiring' and clear ways to measure progress. Roadshows and workshop program
To ensure Sekoia is fully utilised in all services in 2022/3 enhancing real time data capture, performance improvement and outcomes information (Lead DC)		Will be in use at all service by July 2022. Need to embed evidenced based practice. Outcomes and health monitoring to be enhanced. To start looking at more sophisticated report writing and analysis to drive service improvement.
To achieve overall Outstanding CQC ratings – two by March 2022 with others all at least good (Lead DC)		This may be more challenging given new CQC approach. To continue to evidence Outstanding but ensure a consistent approach of what good looks like.

Objective	RAG Priority	Comments
To further develop support for CQC inspections including a review of 'Time to Shine', reflection and sharing after inspections, CQC awareness training and a programme of the development and coaching of Service Managers ongoing (Lead DC)		Head of Quality is delivering training and coaching at each managers meeting.
To update our standards of care and support embedded in models of care, training, probation reviews and appraisals by September 2022 (Lead DC)		Need to update documentation and training of our care practice so reconfirmed from start and in ongoing delivery. Need to keep challenging ourselves whether our services are aspiring and what we could do better together with our people.
To continue to evaluate, disseminate and embed initiatives and new regulations, including the new liberty safeguards standards (Lead DC)		Policy work and implementation has been delayed by Covid
To rollout our Active Wellbeing Strategy in line with the Surrey Mental Health Framework outcomes and next steps for the service in positioning offer (Lead DC)		To consider service offer, specialisms, and pricing.
To consider placement on Surrey Independent Living and Care at Home frameworks, and what it means for services and positioning in the marketplace (Lead CEO/DC/DBD)		There are a number of new frameworks coming in effect in 2022 and we need to consider our offer within these.
To undertake a health survey with people we support to provide a baseline on all health checks uptake and produce a Health Strategy for next 3 years by June 2022 (Lead DC)		Need base line health information and approaches post the intense Covid period
To ensure staff are trained in extended infection control, soft deterioration health signs, barrier nursing, end of life care and enhanced infection control (Lead DC)		Need to look at whether we establish health champions in services that along with ASMs and Managers have enhanced health training/reward
To have clear health monitoring systems which capture outcomes and highlight gaps including access to screenings, including STOMP reviews, and reported quarterly (Lead DC)		Health focused role established – need a clearer framework of objectives and targets

Objective	RAG Priority	Comments
To provide a Clinical Audit report annually with clear continuous improvement objectives (Lead DC)		Reports to the Board each November
To further introduce assistive technology, such as virtual reality, apps, and devices within services to support independence, experiences and communication, evidence by an annual review and support by Innovation Lead (Lead DC/DBD)		Need a clear action plan, around access, environment, service specifications and reduction of face-to-face support.
To develop a Residential Services Strategy by June 2022 regarding the Surrey County Council Strategic Reprofitting of services (Lead DC/CEO)		Will look at a further 2 residential services to transition into supported living models. Be clear on service specification for reminder services such as end of life and dementia care.
To further review and enhance our offer to People with Profound and Multiple Learning Disabilities by June 2022 (Lead DC)		Need to look at specialist tools and functional support skills to enable people to be as independent as possible and health and communication needs support. Review our accommodation offer around full accessibility for wheelchair use in supported living.
To implement the QEF from Surrey PBS Standards in all Transforming Care Services by December 2022 (Lead DC) and for three further Managers to complete PBS course for coaches training annually (Lead DC)		Need to better document our PBS approaches and model. Clear structure around coaches' programme to include frontline workers and internal coach's forum.
To further link with National Campaigns and Networks and speak at conferences promoting our expertise and insights on PBS (Lead DC)		This has had less focus due to Covid but may be opportunity as move to living with Covid. PAC to lead on a conference for late Autumn.
To further develop our Autism and Mental Health expertise and practice through a range of training, accredited learning and practice development by September 2022 (Lead DC)		Need clear learning pathways for these areas Link to new Surrey 5-year plan around Autism and market positioning.

Objective	RAG Priority	Comments
To fully build relationships with specialist teams within West Sussex and Brighton and Hove and attendance at key forums to support new services and people (Lead DC)		Brighton service will open in 2023 Need to consider West Sussex position and consolidation Review Care and Support Area Manager structure in Oct 22

Objective	RAG Priority	Comments
Caring about our staff recognition, development and wellbeing		
To annually benchmark our rewards and salaries to ensure we are competitive in our offerings and pay above real living wage (Lead DPR)		Focused on paying front line staff as well as possible and campaigning nationally on a fair reward for care and support staff Work with the Staff Forum on structure of payments i.e., base salaries/enhancements.
To look at how we support staff in a cost-of-living crisis i.e., loans for specified exceptional costs, support to access grants, Employee Assistance (Lead DPR/DF)		To see if can bring forward bank payments, employee advice and support, and other initiatives that can help staff. Currently looking to implement travel loan scheme.
To retain become an employer of choice with sector leading engagement and development levels, attaining a place in the Best Employers Top 100 in the Not-for-Profit Category by March 2023 (Lead DPR)		Organisational Employee Survey conducted in March 2021. We have been recognised as one of the Best 30 Charities to Work for in the UK, placed #21, and one of the Best 100 Companies to work for in the Southeast placed #53, in the annual Best Companies listings. Our rating was an 'outstanding' level. Organisational action plan finalised and shared with all staff and being actioned. Next survey planned for early 2023. Need a plan to support delivery by September 2022. May consider alternative accreditation such as Great Places to Work which is used by many in the sector.
To keep increasing employee engagement levels through a range of initiatives including CEO and DC Active Engagement meetings to all services, enhanced staff forum and communication and involvement processes to maintain Active Prospects' inclusive and connected 'feel' – blending digital and in person approaches going forward (Lead EMT)		Employee's engagement driven by various means: Ongoing dialogue with staff via CEO weekly emails to all staff, Monthly Staff Forum meetings, Bank workers meetings, Monthly Aspire magazine, regular EDI events, EDI Forum meetings. Covid has paused a number of in person service visits – which will be a priority to resume as we have come out of peak Covid waves. Working with marketing to share good news stories and insights about Active Prospects to assist with recruitment and employee engagement.
To deliver analytical data-based initiatives to drive up performance of our people, e.g., quarterly managers' meetings with their line management where they are able to demonstrate they are meeting their goals, KPIs (voluntary turnover in		Monthly probationary HRBP meetings with all service managers regarding their KPIs, Monthly Managers meetings. Monthly KPIs are produced for EMT. Quarterly reporting of all HR KPIs presented to each Committee meeting.

Objective	RAG Priority	Comments
service, retention, training stats, completed care certificates of new starters) and other service-related targets (Lead DPR)		
To develop a further organisational cultural programme focused on Active Prospects behaviours and key approaches, within a growing organisation, with a cultural plan devised by July 2022 (Lead DPR)		Focus of DPR to be more on organisational development and culture, and with Senior HR Business Partner (when back from maternity leave) more focused on compliance, systems, and ER.
To provide annual training and development plan, each September for accredited and professional development as well as inhouse training and development programmes (Lead DPR)		On-going and managed internally by DPR and TM. To look to enhance numbers of staff on accredited personal development courses. To further clarify and support the career pathways for key roles
To produce a succession plan for all tiers of the organisation, to ensure we have talent upskilled to the next stage of their careers and to support continuity risk by September 2022 (Lead DPR)		To identify and develop talent that can meet future turnover and growth, balanced with new talent to the organisation. We wish to support high levels of promotions and talent retention.
To have a dynamic values recruitment approach which maintains workforce capacity and meets growth, reviewed monthly		Clear action plans and linked to marketing approaches
To further our digital recruitment and staff reward processes to attract and retain talent, using the most efficient technology (Lead DPR)		All starter documents and screening documents are now digital. The Applicant Tracking system is working well for recruitment. Further developing the ATS to incorporate starter compliance documentation which can be actioned via the ATS. Staff have been offered the Blue Light Card which will enable them to access a number of discounted goods and services.
To improve staff retention in the first year by 50% by March 2024 with enhanced recruitment and first year support approaches (Lead DPR)		To date this has not really worked. We need to refresh our understanding on the first-year journey, and what the key issues are, and look at the actions to support better first year retention. Majority of our turnover is in the first year.

Objective	RAG Priority	Comments
To review responsibilities of managers and enhance their competencies to support employee relations issues, and further clarify when HR need to support managers more formally to ensure processes at the right level (Lead DPR and DC)		To ensure supportive and exploratory conversations on where there may be performance issues or learning needs happen in a timely way locally, and more formal processes happen only when relevant.
To work with the Staff Forum to consider recruitment, retention and rewards and deliver identified actions (Lead DPR)		Meetings now monthly.
To hold monthly decentralisation meetings, working group meetings and deliver identified actions, restarted from April 2022 (Lead DPR and DC)		Cultural piece on supporting decisions within teams and services, to proactively identify areas of improvements and initiatives. Work of Helen Sanderson to support more coaching based approaches and higher engagement giving better initiative support to people
To continue to deliver a comprehensive resilience and wellbeing offer for our people to promote a healthy lifestyle, supporting our employees' physical and mental health; giving them opportunities to maintain and improve their health and wellbeing while at work and at home. (Lead DC/DPR)		Key staff trained in being Mental Health First Aiders to support our staff and their wellbeing. EAP is being utilised by about 10% of our staff. Wellbeing strategy launched in 2021. Our Wellbeing Committee meets monthly and has set various initiatives forward in the organisation. We now offer meditation sessions, chair exercises, weekly walks in the park, fresh fruit for all staff, wellbeing week etc. Paid driving lessons initiative launched for essential AP car users. Mindfulness sessions, weekly chair exercises on zoom offered to all staff.
To become and maintain accredited Mindful Employer, and Disability Confident Leader status (Lead DPR)		We achieved a Disability Confident Leader status. Working towards becoming a Mindful Employer.

Objective	RAG Priority	Comments
Caring through Campaigning and Creating Change and Opportunities		
To deliver a bold PR and Influencing Plan with strategic goals and delivery objectives, focused on 'It's time to Care about Care' campaign, health inequalities, people's coproduction voices, people leaving secure hospitals and addressing inequalities. (Lead CEO/DBD)		<p>We are increasing our voice on key issues, as unless there is fundamental change the current position is unsustainable.</p> <p>Contributing to local and national conversations and campaigns on the future of social care, sustainable funding, and rewards for social care staff</p> <p>We will review our external PR retainer to ensure we're receiving the best possible value for money.</p>
To deliver the three-year marketing and campaigning strategy with increasing digital/social media impact evaluated each September (Lead DBD)		<p>Strategy 2020-22 is in place and being delivered. Strategy will be refreshed by September 2022 to reflect greater focus on PR since it was published.</p> <p>New website to be launched February 2022.</p> <p>Website and social media KPIs show growth in followers and engagement (these are monitored monthly).</p>
To plan and deliver positioning and promotional opportunities to support a higher profile for Active Prospects (Lead CEO/ DBD)		<p>PR support in place from Orchid. This will be reviewed in 2022 to ensure we are getting value for money.</p> <p>Marketing Strategy 2020-22 will be refreshed by September 2022 to reflect greater focus on PR since it was published.</p>
To establish links with universities and research foundations, and deliver two research projects each year from 2022 (Lead DBD)		<p>Projects underway with both University of Surrey and Kent/Surrey/Sussex Academic Health Science Network looking at improving use of virtual consultations with people with learning disabilities.</p> <p>PAC supported Manchester Metropolitan University with survey exploring experiences of people with learning disabilities during Covid.</p>

Objective	RAG Priority	Comments
To extend the Aspiring Prospects employment and skills programme from September 2024 supporting up to 15 (Lead DBD)		Second year of programme started in September 2021 with 5 attendees. SCC Commissioners have indicated that they would like to extend the programme beyond its 2-year pilot, to become part of SCC mainstream SEND Provision. Looking to increase to 15 attendees over the next two years.
To secure funding to drive the expansion of the Pro-Active Community by September 2022 (Lead DBD)		New Fundraising Manager started August 2021, who has been fundraising for Pro-Active Community as well as Active Prospects. Have raised £8k so far. New grant funding opportunities will open up once PAC have published their first set of annual accounts in April 2022.
To ensure sustainability of our social enterprises (e.g., Re. Work. It) beyond NLCF grant by June 2022 (Lead DBD)		Re.Work.It income has risen significantly since reopening in April 2021, but further work is needed to make it sustainable beyond grant period – this is a priority within the new Fundraising Strategy. NLCF have agreed to extend the grant period to at least Dec 2022.
To increase fundraising income to £300k a year from April 2022 (Lead DBD) to support key objectives supported by a fundraising strategy to be updated annually (Lead DBD)		New Fundraising Strategy 2022-24 now in place.
To increase digital and legacy based fundraising approaches by December 2022 (Lead DBD)		Digital fundraising platforms (notably KindLink, JustGiving) have contributed to income raised. New Fundraising Manager has objective to set up legacy giving programme, and to expand digital fundraising as part of new fundraising strategy
To develop a plan for extending our Acquired Brain Injury offer by March 2023 (Lead DBD)		Beech Lodge has been a very successful service.
To have a key capital fundraising project plan developed by September 2023 (Lead DBD)		This is part of Fundraising Strategy 2022-24.
To expand the use of assistive technology within the business - reviewed annually and sector leading (Lead DBD and DC)		Rapid increase in assistive technology available to services achieved through grant fundraising. Innovation Lead appointed.

Objective	RAG Priority	Comments
To develop an ongoing programme of community and corporate volunteering - April 2022 (Lead DBD)		Community volunteering applications have increased recently. Work done with Recruitment team to simplify application and on-boarding process. Corporate volunteering is still being affected by increase in home-working due to Covid. Will pursue more remote volunteering opportunities (e.g. JP Morgan Chase Force for Good programme).
To further establish Active Prospects as a provider of choice across the Southeast England winning tendered business in 3 more local authorities by April 2024 (Lead DBD)		Currently slowed due to funding crisis in social care sector. Services now in place in West Sussex and due to open in Brighton & Hove in 2022/3. Places secured on Frameworks in Kingston and Croydon.
Further deepen our representation and contribution with key strategic organisations and fora across social care, health, education, and community and deepen our collaborations (Lead CEO)		Represented on ICS VCSE Task group, LD ICS, added in AECVO (a bit disappointing may not renew) MHP, NCF, VODG, Autism Partnership Board, Learning Disability Partnership Board . Strategic review undertaken with some further enhancements required.
To successfully deliver our development programme for 2022/3 (Lead CEO/DPS)		2022/3 Great Meadows, 3 Brighton Road, Overdale, and Valley Drive. Need to consider approach for Fir Tree Road.
To increase our new homes by 20 each year for period of the strategic plan (Lead DPS)		Have slowed programme down due to funding and workforce capacity concerns Need to agree when the right time is to restart, given it takes c18 months to find, acquire and develop a new scheme. Awaiting borrowing strategy lead by Director of Finance.
To further consolidate our homes portfolios in key areas including Sussex, Brighton and Hove and look at our reach into other Southeast England counties (Lead CEO/ DBD/DPS)		May do this in partnership with another RSL provider and look at lease options as well as those developed by ourselves. But have significantly slowed until sector position is more robust.
To look at mortgage consolidation and/or refinancing options by June 2022(Lead DF)		Also, future of social finance borrowing options and programmes, need to be clear what our growth aims are vs our capacity to finance and have infrastructure to support in short, medium and long term.
To invest a further £500k/year in existing homes over the next two years (Lead DPS).		Annual programme established to be balanced with affordability and environmental targets.

Objective	RAG Priority	Comments
To identify and deliver our stock condition programme from June 2021(Lead DPS)		New surveyor appointed who will progress through 2022/3 so that long term maintenance plans can be identified.
To consider options in relation to our leased properties with Metropolitan Thames Valley Housing by August 2022 (Lead DPS)		Continue to get very poor service from MTVH and longer-term property viability and quality of buildings in question. To look at replacement buildings longer term. Set up review meeting with MTVH to see what their view is
To consider again our next phase NHS property strategy by December 2022 (Lead DPS)		Need to address environmental improvements and people's changing aspirations
To enhance our contractors lists so we have range and depth of competent suppliers ongoing (Lead DPS)		Prioritise weaker areas
Ensure landlord statutory checks are always compliant (Lead DPS)		Reporting and management systems enhancement required.
Caring about our resilience, sustainability, and equity		
To be an inclusive organisation and employer who promotes a culture of diversity and equity in all we do, delivering our EDI strategy and improved outcomes in all areas reviewed annually (Lead DPR)		Report comes to PRC each September on progress EDI Group meets monthly, Cultural calendar for 2022 launched highlighting dates for specific EDI days to be celebrated / events to be organised to raise awareness CEO co-mentoring Surrey VCSE EDI role on behalf of Surrey Charities
To deliver the Organisations new Environmental Strategy (Lead DPS)		To be considered by the Board in February 2022. Then need to implement the strategy in line with the timescales included in the action plan

Objective	RAG Priority	Comments
To carry out detailed SAP assessments of all of our homes to enable detailed improvement plans to be developed by March 2023 (lead DPS)		SAP rating of every home provided, and modelling carried out to identify the most effective improvement packages
For all services to have clear environmental goals agreed with their people from June 2022 and reviewed annually (Lead DC)		Consider the programme of pledges and service-based champions How does this link into the wider environmental strategy – need to ensure what we’re doing is joined up
To maintain the bi-monthly environmental champion meetings for staff and people we support and deliver identified actions (Lead DPS)		To ensure that actions remain dynamic and delivered, with engagement across the organisation.
To have an updated transport policy by September 2023, March 2023 supporting greener transport options (Lead DPS)		Look at energy charging and fleet strategy
To have a sustainable ‘products guide’ by March 2023, tested by people and services (Lead DPS)		Link with Care Systems Lead Role.
To have our people linked into Surrey’s Environmental Working Groups (Lead DPS)		There may be options to access funds and grants Also explore with Reigate and Banstead as they have been awarded grant funding of £1.7 million through the Social Housing Decarbonisation fund
To reduce paper usage by 90% by March 2023, particularly in services and finance teams (Lead DC/ DF)		Sekoia is supporting this. We also need to also examine our need to utilise colour printing
To develop sustainable standards for new buildings and new homes by June 2023 (Lead DPS)		Work with architects to ensure embedded in future work.
To facilitate the planting of wild gardens, more fruit trees and composting in homes as decided by people from December 2022 (Lead DPS)		To work with Active Living and Fundraising teams

Objective	RAG Priority	Comments
To review all suppliers and our purchasing processes to ensure we are maximising opportunities to reduce costs and are buying 'smartly'. As part of this process, we will review suppliers to increase sustainability and ethical sourcing with an annual plan. This will be an ongoing programme to 2024 (Lead DF/DPS)		Need to revise purchasing process from data management through to authorisation process and as part of this to ensure we are enabling ethical purchasing
To consider fully functionality of OMNI and software strategy ongoing forward for finance and maintenance systems by September (Lead DF/DP)		DP/DF as main users looking at enhanced functionality of OMNI how it can be best used in new updates/versions. From Finance point of view the main functionality we could use is the in-drawer capability for people to own and sign off their own areas of spend however this will increase admin and have a cost involved. Currently getting a quote to upgrade to latest version of OMNI – implement in July/August 2022. Can revamp repairs process so that repair requests are logged directly onto OMNI which would enable better monitoring of volume of repair request and timescales to complete
To continue to enhance Business Continuity Planning by March 2022. Following from this to ensure Risk Management ie Disaster recovery is embedded across all teams (lead DF)		CIT alongside DF have written new Disaster Recovery and Incident Response procedures that need to be reviewed and implemented alongside this review. New BC Plan to be launched in March 2022
To deliver a new Active Prospects website by April 2022 (Lead DBD)		New website due for launch February 2022
To further develop our intranet as a key part of our internal communications (Lead DBD)		Ongoing improvements made to intranet, and training provided to staff on how to access/navigate it. Further improvements planned. To undertake a more fundamental review in April 2022 to consider platform, accessibility, engagement and effectiveness.
To continually develop Active Prospects Impact Measurements so we can learn from our performance and improve and demonstrate externally our achievements (Lead CEO)		Impact published annually Look at real time data boards with Sekoia
To produce with our external IT provider an annual plan to provide strategic support and improvement goals along- side our in-house		CIT currently working on next stage road map. This will be updated ongoing.

Objective	RAG Priority	Comments
resource, ensuring robust secure infrastructure, and improvements to key systems (Lead DF) – This will be updated ongoing		
To maintain NHS Data Toolkit and Cyber Essentials standards and then consider Cyber Essentials Plus by December 2022 (Lead DF). –		Cyber Essentials achieved, we will evaluate Cyber Essential Plus we need to look at cost/resource/benefit to make sure it's right for us.
To continue to enhance the Organisation's data protection management (Lead DF)		Met initial compliance level for NHS toolkit. Need to meet full compliance. We need to spend time looking at what changes are in new update and what we will need to achieve to get full compliance – again for an organisation like ours we may need to address effort/cost/resource. We need to now implement theory into practice across organisation. We have utilised the internal audit programme to help build that programme and currently arranging high level training as per assessment and also specific training for system administrators to be provided by RWK.
To deliver a new approach for timesheets, rostering and payroll by Sept 2022 (Lead DF) –		Need clear set project time to work on this programme and be able to assess requirements. Currently mapping out full process to identify opportunities to simplify existing system before we look to migrate to new set up and seeing potential system suppliers. We will need full buy in from Service Managers to EMT in order to deliver a joined up solution. Any solution will need to be gradually rolled out across all services
To deliver training on IT based systems ongoing programme (Lead DF)		Training for intranet access in place – training schedule for Word, Excel, and Teams offered – Initial training sessions for MS suite given in 21/22, however these need to be repeated and followed up on a more regular basis.
To deliver continuous advancement in the IT and digital systems we currently by holding regular reviews across the organisation to assess all IT and digital systems in place. To ensure we are utilising the latest offerings that are available to us in order to deliver continuous improvement.		Overall digital strategy to be developed
To ensure health and safety is robustly complied with throughout the organisation, supported by annual audits from our external health and safety partner and annual improve plan each December (Lead DPS)		Currently Considering approach to roles and systems for managing health and safety once a decision on who to provide the support we can fine tune the how and system to record and monitor

Objective	RAG Priority	Comments
To provide an updated business plan every 6 months to ensure delivery of our financial goals and proactively manage risks and opportunities in the organisation's business (Lead DF)		New cash flow process and reporting built that records a historic view and also ongoing forecast. We are now reporting against forecast at a much more granular level and are breaking down income and spend on a daily basis as processed through banks transactions. New business plan far more granular than previous and can be adjusted and variance explained ongoing. This is particularly critical when funding is on such a knife edge, and to test sensitivities and risks.

Lead Staff Member	
CEO	Chief Executive Officer
DBD	Director of Business Development
DC	Director of Care
DF	Director of Finance
DPR	Director of People and Recruitment
DPS	Director of Property and Safety

Priority Code	
Red	Critical
Amber	Important
Green	Desirable