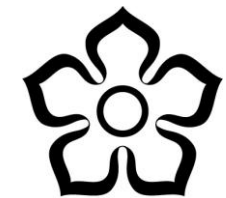
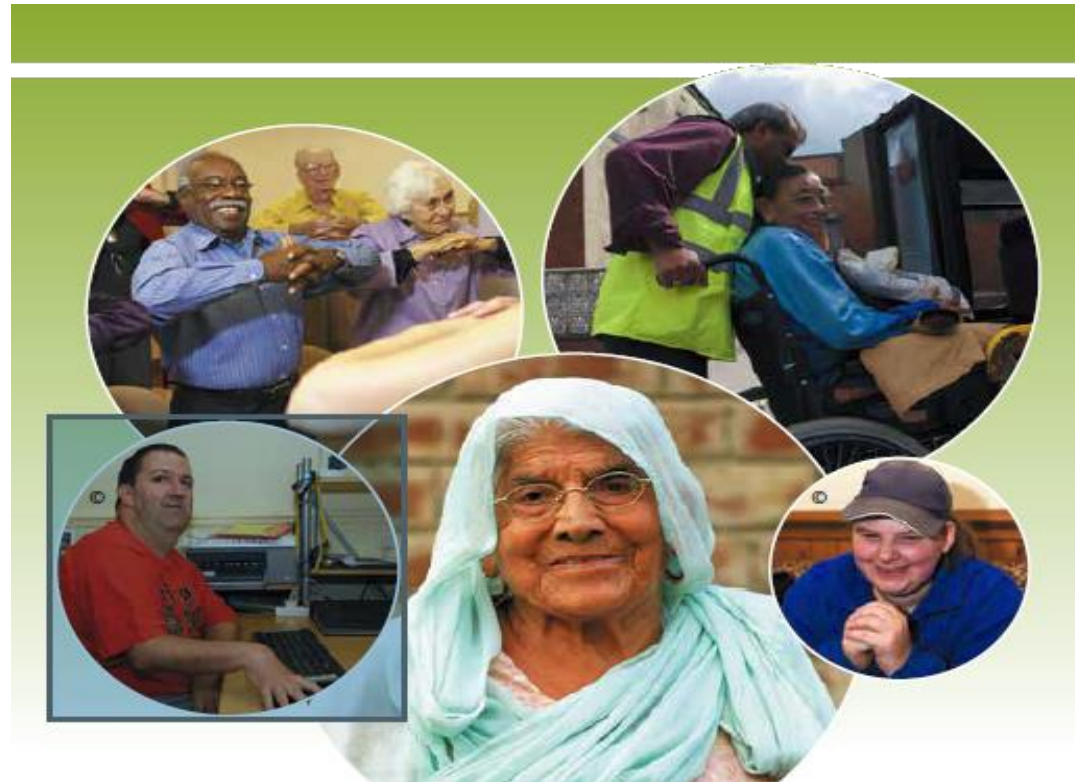


ASC Operational Strategy

3 Year Forward View

2021 – 2024



Leicester
City Council

Introduction

The delivery of high-quality Adult Social Care (ASC) improves the lives of people who, for many reasons, require additional support to achieve the things that are important to them.

The core ASC offer is enshrined in the Care Act 2014 and other important legislation including the Mental Health Act and Mental Capacity Act. This strategy aims to ensure we meet both the letter and the spirit of these key legal frameworks.

ASC uses a wealth of performance and quality information, to assess how well we are meeting the needs of local people and to understand the impact that we have on people's lives. This strategy focuses on making improvements in those areas that we identify as being less positive than comparator Council's, whilst recognising that there will be a substantial range of activity that continues as business as usual.

The voice of people who use services and their carers / families is critical. This strategy seeks to address issues that people have told us are difficult for them in their relationship with formal ASC support and looks to strengthen the way in which we co-produce our approach to ASC.

Our communities and individual people's needs are diverse, and this strategy seeks to support the delivery of a vibrant care and support market, that enables people to link to high quality community services as well as formal care services that are relevant and appropriate to them as individuals. We also seek to develop our approach to enabling people to have independent lives, by commissioning and providing services that focus on building strengths, skills, and resilience.

We have a core statutory duty in relation to keeping people safe from harm and abuse and unlawful restriction. This strategy aims to ensure that people are protected from harm and where harm occurs, it is identified and responded to quickly. We need to ensure people are at the centre of our safeguarding approaches and our work to protect their human rights.

We cannot deliver ASC to people effectively unless we work in partnership with other agencies and this strategy identifies where integrated working should be developed to enable people to have coordinated experiences of care and support.

The delivery of ASC is also dependent on our staff and this strategy identifies how we will support and develop our staff to be the best they can be, across the many different roles that make up the ASC workforce.

Whilst this strategy focuses on meeting outcomes for people through provision of strength-based quality social care it is important to note that there are national requirements in relation to [ICT] system integration and interoperability that must be met. These integrations, between health and social care systems, are fundamental in providing and improving access to high quality data and information to support decision making across the health and social care spectrum.

Our Vision, Principles and Values

Social Care and Education vision and values

Our strategy works to deliver the vision set out in the overarching Social Care and Education (SCE) shared goals and commitments framework:

We are committed to supporting children, young people, adults, and families to be safe, be independent, be ambitious for themselves and live the best life they can.

We also aim to ensure delivery of the Council's core values - **Be confident | Be clear | Be respectful | Be fair | Be accountable**

Adult Social Care Principles

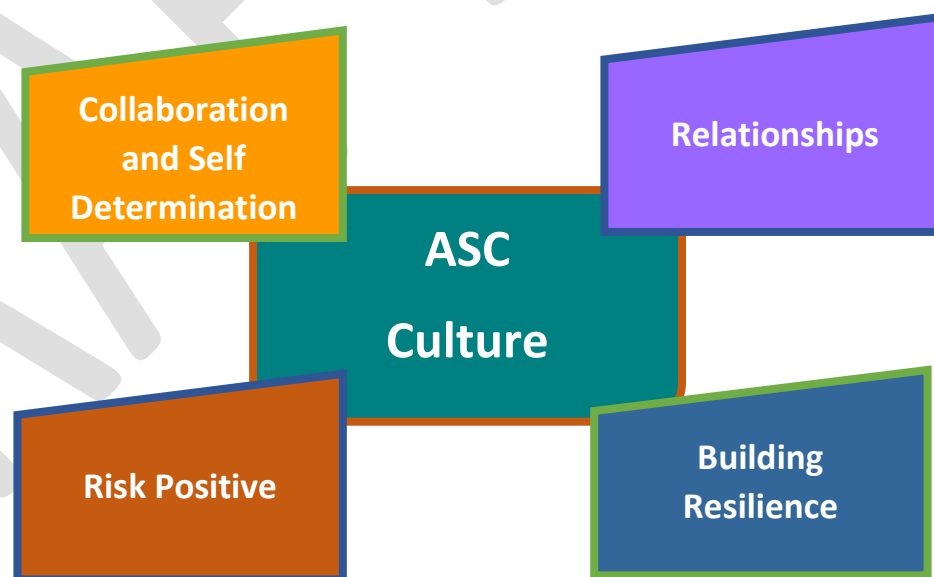
Our overall aim is to work together with people requiring social care support to live the life they want. Behind this sits a celebration of people as individuals with expectations of personalised approaches and actions that are positive and meaningful. The principles that drive this strategic approach are set out in our Practice Principles created in January 2020.

We use these principles to inform our day to day practice.

We strive to ensure that people are at the centre of our work.

We focus on building strength.

We approach risk proportionally, recognising that everyone takes risks to live a life that is fulfilling.



We need to recognise and address the challenges faced within the ASC sector. This includes the workforce capacity and skills, as well as persistent financial constraint, requiring us to be creative, build on existing resources and ensure support is available for those who need it to achieve what matters to them, in line with our statutory duties.

Practice Principles



ASC Culture – we operate within our ethical frameworks, with a focus on **professional accountability**, proportionality; we actively seek to remove barriers for people in accessing our support



Collaboration and Self Determination – people are respected **as experts in their lives** and we aim to use our skills to help people achieve what is important to them



Relationships – positive, trusting relationships are the **foundation of our approach**, where people can express their hopes for their life. Our direct and commissioned services are focussed on using relationships to improve lives and hold themselves to account for this.



Risk positive – we support people to focus on **capabilities rather than problems**; risks are professionally assessed, and differences of opinion are evidenced, where decisions are taken in relation to risk.



Building Resilience – we focus on **strengths**, learn from **feedback**, and continually seek to use this to improve our services

Our Approach

ASC has 6 key objectives, which serve to deliver the overarching SCE goals, common purpose, principles, and priorities. The areas of strategic focus within these objectives are informed by feedback from people who use services and our staff, performance data and quality analysis, set against the opportunities and challenges presented to ASC.

Priority one: We will support adults with a social care need to be safe from harm and abuse



As the framework for protecting people from unlawful deprivations of the liberty changes, we will ensure the successful introduction of the new **Liberty Protection Safeguards (LPS)**. By doing this, we will ensure people who lack capacity are not subject to care that restricts their freedoms, where this is not proportionate and in their best interests.

We will work with people who require safeguarding support to manage risks and enable people to achieve the outcomes that they want. We will achieve this by working creatively with the person and strengthening our approach to **Making Safeguarding Personal**.

Priority two: We will embed a strengths-based model of support to promote wellbeing, self-care, and independence



We will embed our approach to **strengths based practice** and commit to **Making it Real**. We will monitor and evaluate the impact that this has on helping people to achieve the outcomes that matter to them. In particular we will focus on helping people to feel connected to others. Within this, we will improve the experiences of unpaid / family carers, so that they feel supported, resilient and have a life of their own.

We will deliver the **Technology Enabled Care** strategy, so that people's independence is promoted, and their strengths maximised.

We will ensure a high quality **Therapy** offer

We will act on the outcome of our review of **Direct Payments** and ensure that Direct Payment Support Services are commissioned in a way that promote a sense of control and independence.

Priority three: We will improve the opportunities for those of working age to live independently in a home of their own, and continue to reduce our reliance on the use of residential care



We will implement the **Supported and Independent Living Strategy**, so that the supply of independent accommodation meets demands for people wishing to live independently.

We shall ensure robust delivery of the **Transforming Care Programme**, so that more adults with Learning Disabilities and Autism continue to move out of secure health units into a home of their own in the community.

We will contribute to consultation on **Reforming the Mental Health Act** and prepare to deliver any new requirements, to support people with mental health needs.

Priority four: We will improve our offer to older people, supporting more of them to remain at home and to continue to reduce our reliance on the use of residential care



We will deliver new **Extra Care Developments** to give people the opportunity to live independently.

We will work with partners to ensure an integrated and coordinated **Home First** offer – providing people with effective crisis support and short-term services that promote recovery at home. People leaving hospital will be supported wherever possible to return to their usual home.

We will work with health and community services to create **Integrated Neighbourhood Teams**, which ensure people with long term conditions are proactively supported, to reduce crisis and unplanned admissions to care / hospital.

We will ensure the **Dementia Support Service** helps people from the point of diagnosis and prevents their needs escalating to the point they need residential care.

Priority five: We will continue to work with children's social care, education (SEN) and health partners to improve our support for young people and their families in transition into adulthood



We will deliver the **Transitions Strategy**, to ensure young people have a planned and coordinated experience which focuses on independence, aspiration and being part of a community.

Priority six: We will improve people's experience by increasing our understanding of the impact and benefit of what we do. We will use this knowledge to innovate and improve the way we work and commission services



We will develop improved approaches to **co-production**, that work at a macro and micro-level across commissioning, contracting and social work practice.

Where people rely on long term support, particularly in a care setting, we will ensure this is **high quality, personalised and promotes dignity**.

We will **reduce bureaucracy and improve our processes**, to enhance the experience both of people who use access our support and our workforce.

We will **support our workforce** to achieve the ambitions above, through opportunity for learning and development, reflection practice and by enabling career pathways to support workforce resilience.

Our Priorities

Priority one: We will protect adults with a social care need from harm and abuse

Year one (2021/2022)	Year Two (2022/2023)	Year Three (2023/2024)
<p>Increasing the focus on Making Safeguarding Personal.</p> <p>Improving our oversight of quality provision across all markets.</p>	<p>Implementation of the Liberty Protection Safeguards.</p>	

Priority two: We will embed a strengths-based model of support to promote wellbeing, self-care, and independence

Year one (2021/2022)	Year Two (2022/2023)	Year Three (2023/2024)
<p>Improve the sense of control and experience that people using Direct Payments have in their relationship with us.</p> <p>Improving the support offered to unpaid / family carers by ensuring social work practice is helping to deliver the Carers Strategy.</p> <p>Improve data sharing for easily accessed information to provide quality care across Health and Social Care through development of shared care records (data extracts).</p> <p>Utilise the portal to digitise the way we send and receive documents to enable people [and/or their carers] to communicate with us online, reducing the amount of paper that is printed.</p>	<p>Embedding strengths-based practice and committing to Making it Real, this being everyone's responsibility – helping people to have the lives that they want to live</p> <p>Support the Tech Enabled Care strategy implementation through case management and care provider approaches as agreed.</p> <p>Embed a “digital first” approach to sending all documents to people and carers via the portal via the portal where it is possible and appropriate to do so.</p>	<p>Increasing the number of people and carers who feel they are connected to others.</p> <p>Work towards a single care record between health and social care will be scoped in partnership with regional health and social care partners.</p>

Piloting and learning from asset-based commissioning	Embedding asset-based commissioning	
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Priority three: We will improve the opportunities for those of working age to live independently in a home of their own and continue to reduce our reliance on the use of residential care.

Year one (2021/2022)	Year Two (2022/2023)	Year Three (2023/2024)
<p>Ensure people within the Transforming Care Programme are supported via good care management, to leave hospital when well enough into independent accommodation with support that helps people to achieve the outcomes that are important to them.</p> <p>Feed into the consultation on Reforming the Mental Health Act. Ensure that we are ready to deliver the service changes required.</p> <p>Deliver the Joint Health and Social Care LD strategy 2020-2023 so that people living with LD can maintain independence, stay safe and live a good life.</p> <p>Finalise All Age Autism Strategy.</p> <p>Launch Mental Health Strategy to improve services and peoples experience of them.</p>	<p>Maximise the opportunities for people to benefit from the increased availability of Supported Living & Extra Care.</p> <p>Review success of the LD strategy and delivery plan and begin refresh.</p> <p>Launch the All Age Autism Strategy.</p>	<p>Launch LD Strategy.</p> <p>Review success of Mental Health Strategy and delivery plan and being refresh.</p>

Launch Supported Living and Extra Care Housing Strategy to lay out our plans to improve accommodation and support to enable people to lead a good life.	Review the progress of the Supported Living and Extra Care Housing Strategy Delivery Plan.	Refresh the demand analysis for the Supported Living and Extra Care Housing Strategy.
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Priority four: We will improve our offer to older people, supporting more of them to remain at home and to continue to reduce our reliance on the use of residential care.

Year one (2021/2022)	Year Two (2022/2023)	Year Three (2023/2024)
<p>Increase the proportion of people leaving hospital who return to their usual home.</p> <p>Deliver the Dementia Strategy.</p> <p>Launch Supported Living and Extra Care Housing Strategy.</p> <p>Deliver the Carers Strategy.</p> <p>Build a proportionate approach to the provision of equipment and small adaptations, using trusted assessment and direct payments where appropriate</p>	<p>Deliver high quality Home First services that are integrated and meet the Ageing Well standards.</p> <p>Commence refresh of Dementia Strategy and launch.</p> <p>Review the progress of the Supported Living and Extra Care Housing Strategy Delivery Plan.</p> <p>Commence refresh of Carers Strategy and launch.</p>	<p>Create fully operational Integrated Neighbourhood Teams, focussing on Multi-Disciplinary Teams anticipatory approaches for people with complex health and care conditions.</p> <p>Refresh the demand analysis for the Supported Living and Extra Care Housing Strategy.</p>

Priority five: We will continue to work with children’s social care, education (SEN) and health partners to improve our support for young people and their families in transition into adulthood.

Year one (2021/2022)	Year Two (2022/2023)	Year Three (2023/2024)
	Ensure social work within Transitions is delivering the expectations and outcomes within the Transitions strategy.	

Priority six: We will improve the experience of people accessing our support by increasing our understanding of the impact and benefit of what we do. We will use this knowledge to innovate and improve the way we work and commission services.

Year one (2021/2022)	Year Two (2022/2023)	Year Three (2023/2024)
<p>We will seek to reduce bureaucracy and improve processes, to free up time for staff to work directly with people, improving confidence, trust, and outcomes</p> <p>Ensure that ASC is actively considering and addressing discrimination, including racism</p> <p>Review the pathway for people in contact with us and ensure it promotes a consistent, relationship based approach</p>	<p>Ensure both case review and quality assurance processes are effective, so that people who need long term support are receiving high quality services</p> <p>Develop a Workforce strategy that supports capacity planning, as well as increased skills and confidence for internal staff and the external workforce</p> <p>Create systematic approaches to using a Co-production model in the development of operational practice, procedure, and forms</p>	<p>Reduce the number of admissions into residential placements (short and long term) from hospital.</p>

How will we measure success?

We are using the Think Local, Act Personal toolkit to help us to describe what we aim to achieve ('we' statements) and what people will say about us when we are successful ('I' statements).

There are a number of critical statements that inform our approach to measuring success, using feedback from people who require additional care or support.

What people will say when we are successful

What we can say with confidence when we are successful

Priority one

I feel safe and am supported to understand and manage any risks.

We work with people to manage risks by thinking creatively about options for safe solutions that enable people to do things that matter to them.

Priority two

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths, and personal goals.

We talk with people to find out what matters most to them, their strengths and what they want to achieve and build these into their personalised care and support plans.

I can choose who supports me, and how, when and where my care and support is provided.

We work flexibly to meet people's fluctuating requirements for care and support, enabling the flexible use of personal budgets over time and with minimal restrictions.

Priority three

I have a place I can call home, not just a 'bed' or somewhere that provides me with care.

We have conversations with people to discover what they want from life and the care, support and housing that will enable this, without restricting solutions to formal services and conventional treatments.

I live in a home which is accessible and designed so that I can be as independent as possible.

We make sure people feel safe and comfortable in their own home, which is accessible, with appropriate aids, adaptations, technology, and medical equipment.

I know what my rights are and can get information and advice on all the options for my health, care, and housing.

We make sure that our organisational policies and procedures reflect the duties and spirit of the law and do not inadvertently restrict people's choice and control.

Priority four

I have care and support that is coordinated, and everyone works well together and with me.

We work in partnership with others to make sure that all our services work seamlessly together from the perspective of the person accessing services.

When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place before change happens.

We make sure that staff working in short-term settings or situations understand people's care, treatment and support requirements and work in a person-centred way.

Priority five

I am supported to plan for important changes in life that I can anticipate.

We support people to plan for important life changes, so they can have enough time to make informed decisions about their future.

Priority six

I am supported by people who listen carefully, so they know what matters to me and how to support me to live the life I want.

We see people as individuals with unique strengths, abilities, aspirations and requirements and value people's unique backgrounds and cultures.

I have considerate support delivered by competent people.

We have a 'can do' approach which focuses on what matters to people and we think and act creatively to make things happen for them.

Gathering Evidence

We will use a number of different ways to gather information that provides evidence about how successful we are in achieving the I and We statements.

This includes looking at data, information from case audits and reviews, talking to staff and people who draw on ASC support, undertaking surveys, looking at complaints and commendations, taking feedback from external sources such as the Care Quality Commission or our wider partners. This list is an illustration of the different methods of gathering information and is not exhaustive.

There is an ASC Quality Assurance Framework which describes this approach in more detail.

Governance and Accountability

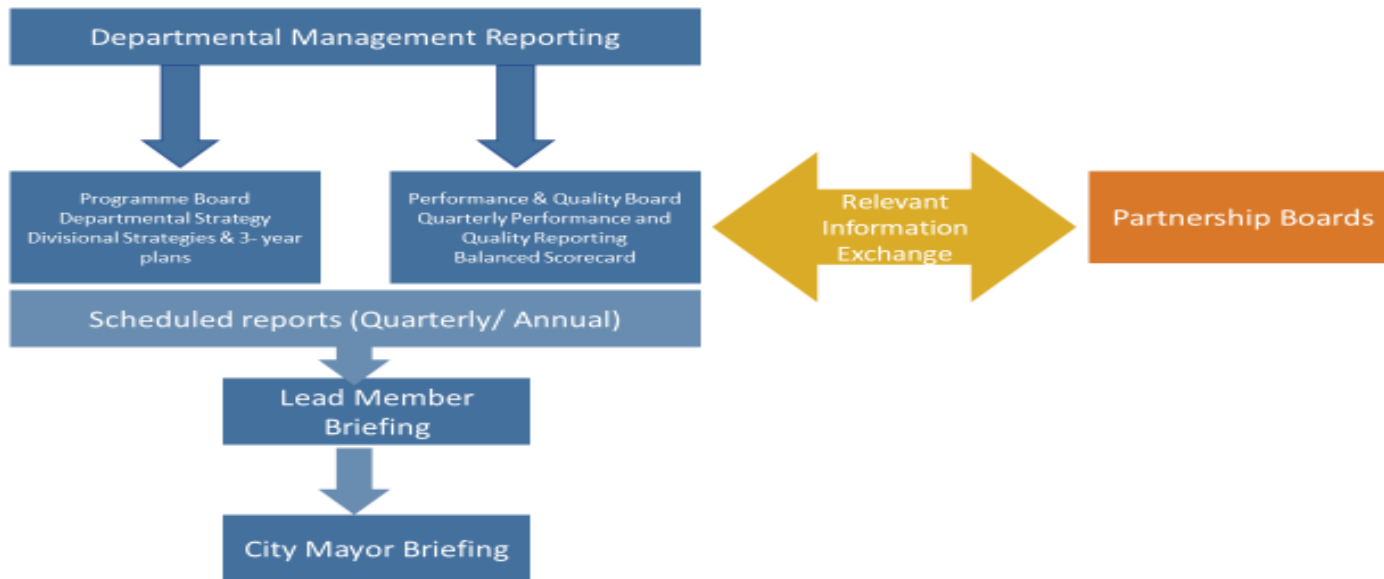
This strategy is owned by the Director, ASC and Safeguarding and the Director, ASC and Commissioning who are accountable for ensuring progress.

A separate implementation plan identifies specific officers responsible for the actions that will support delivery of the strategy.

The Directors will report progress through the SCE governance structures including Programme Board, Performance and Quality Board and Leadership Team.

Some actions rely on the engagement of partners and therefore the strategy is also of importance to the Integrated Systems of Care Group and Joint Integrated Commissioning Board. There are a range of working groups and forums that will support the delivery of actions and where barriers and issues can be taken for partnership support.

The Leicester Safeguarding Adults Board has a specific role in maintaining oversight of and seeking assurance about our role as a statutory partner, in keeping people safe from harm and abuse.



DRK